
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF HEALTH**NO. 1023****29 OCTOBER 2015****NATIONAL HEALTH ACT, 2003 (ACT NO 61 OF 2003)****REGULATIONS RELATING TO EMERGENCY MEDICAL SERVICES AT MASS
GATHERING EVENTS**

I, Dr A Motsoaledi, the Minister of Health intend, in terms of section 90((1)(a), 90(1)(m) and 90(1)(w) read with section 43(1) of the National Health Act, 2003 (Act No.61 of 2003), on the recommendation of the National Health Council (NHC), to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Department of Health (For attention of Cluster Manager: Trauma, Violence, EMS and FPS, Ms P Netshidzivhani, Private Bag X828, Pretoria, 0001, within a period of three months from the date of publication of this notice.

SCHEDULE**1. Definitions**

In these Regulations, a word or expression to which a meaning has been assigned in the Act, bears the meaning so assigned and, unless the context otherwise indicates -

“**AEA**” means an emergency care practitioner registered as an Ambulance Emergency Assistant with the Health Professions Council of South Africa (HPCSA);

“**BAA**” means an emergency care practitioner registered as a Basic Ambulance Assistant with the HPCSA;

"disaster" means a progressive or sudden, widespread or localised natural or human made occurrence in an urban, peri-urban or rural area which—

- (a) causes or threatens to cause-
 - (i) death, injury or disease;
 - (ii) damage to property, infrastructure or the environment; or
 - (iii) disruption to a community;
- (b) is of a magnitude that exceeds the ability of the Province or a municipality within the Province affected by the disaster, to cope with its effects using only its existing resources;

"emergency care" means the rescue, evaluation, treatment and care of an ill or injured person in an emergency situation and the continuation of treatment and care during the transportation of such a person to a health establishment or between health establishments;

"emergency care practitioner" means a person registered with the HPCSA as a Paramedic, AEA or BAA;

"emergency medical service" means any private or state organisation which is solely dedicated, staffed and equipped to offer-

- (a) the pre-hospital medical treatment and the transport of the ill or injured;
- (b) the inter-hospital referral of patients requiring medical treatment en-route;((c) where appropriate, the medical rescue of patients from a medical rescue situation.

"EMS" means "Emergency Medical Services"

"emergency services" means the EMS, South African Police Force, Metropolitan Police, Traffic Police and Fire Services;

"environmental health" means situations or state of affairs relative to the environment which impact on, or have the potential to impact on the mental, physical and social health and well-being of people;

"Environmental Health Authority" means the component of the Local Authority that is responsible to render Municipal Health Services;

“event” means an entertainment event (including live acts), a recreational, educational, cultural, religious event, a political rally, a business event (including marketing, public relations and promotional), a charitable, exhibitional, conferential, organisational event and similar activities hosted at a stadium or a venue or along a route or its precinct;

“event organiser” means a person who plans, is in charge of, manages, supervises, holds an event or holds sponsorship rights to, or in any manner controls or has a material interest in the hosting of, an event;

“first aider” means a person who has been trained through a training institution registered with the Department of Labour and whose credentialed qualification is current;

“hazard” means a potentially damaging physical incident or occurrence, phenomenon or human activity (or all of these) that may cause the loss of life, property damage, social and economic disruption or environmental degradation;

“incident” means the occurrence of an event, that may require the intervention of one or more emergency services;

“major incident” means the occurrence of an event which requires the implementation of special arrangements by one or more of the emergency services;

“mass casualty incident” means an incident in respect of which extraordinary health and medical resources are required owing to the number, severity, type or location of live casualties;

“mass gathering” means an event where the expected attendance is more than 1,000 participants simultaneously at any given time;

“medical centre” means a facility, fixed or temporary, staffed and equipped to provide stabilisation, symptomatic relief and a certain degree of definitive treatment to ill or injured patients;

“medical coordinator” means a medical person appointed by the medical service provider to be responsible for the coordination of health and medical services at the event;

“medical facility” means a medical post or medical centre;

“medical personnel” means a medical practitioner, professional nurse, emergency care practitioner or first aider;

“medical post” means a facility, fixed or temporary, staffed to and equipped to provide the initial stabilisation of ill or injured patients and for the treatment of minor ailments;

“medical service provider” means a medical person or organisation appointed by the event organiser to be responsible for the provision and coordination of health and medical services for the event;

“paramedic” means an emergency care practitioner registered with the HPCSA as a Paramedic;

“professional nurse” means a person registered with the Nursing Council of South Africa as a Nurse;

“precinct” means a demarcated space which is designated to restrict the movement of general public or traffic and requires a ticket or accreditation with which to access such space;

“provincial EMS manager” means the government official appointed by the respective Provincial Health Departments to manage emergency medical services within that province, or his or her delegate;

“risk” means the probability of harmful consequences or losses (deaths, injuries, damage to property, disrupted economic activity or environmental damages) resulting from interactions between hazards and vulnerable conditions that is quantified;

“risk assessment” means the process of evaluating threats and vulnerabilities, known and postulated, to determine the probability of harmful consequences or losses;

“venue” means any area or place where an event is to be hosted, which may consist of a temporary or permanent structure, seating for spectators, attendees or an audience, a field of play or a permanent or temporary podium or other recreational area;

“venue operations centre” means a temporary or permanent facility located inside an event venue, which houses an on-site operational control centre involving multi-agency operations, including but not limited to, South African Police Force, Metropolitan Police, Traffic Police services, fire services, security companies, emergency medical services, disaster management representatives, other relevant municipal services, promoters, other stakeholders, and the venue managers;

“VOC” means **“venue operations centre”**;

2. Scope of application

- (1) A person or organisation wishing to hold an event which involves the attendance of a crowd greater than 1,000 spectators or participants at any given time must comply with these Regulations.
- (2) Where an event with a crowd of less than 1,000 spectators is considered to be a high risk event, risk assessment must still be carried out for such an event and adequate health and medical services must be provided, where indicated.

3. Duties of Event Organiser

The event organiser must-

- (1) prepare plans to show the layout of the venue, entries and exit points, emergency routes, medical facilities and triage areas, positioning of toilets, merchandising stalls, parking etc;
- (2) ensure that medical requirements such as EMS access and egress routes, parking areas, medical facilities, rendezvous points and triage areas are carefully assessed and positioned in the appropriate places and are readily accessible;
- (3) take responsibility for the cost of providing all health and medical services for the event;
- (4) appoint a competent medical service provider for the event whose duties must include responsibility for health and medical services at the event;

- (5) ensure that the medical service provider has experience in the management of events of a similar nature;
- (6) consult with the provincial EMS manager in relation to the provision of emergency medical services for the event;
- (7) invite the provincial EMS manager to attend all operational planning meetings;
- (8) ensure that at least one medical facility is available for spectators and participants;
- (9) where the participants are segregated from the spectators for reasons of safety and security, provide a separate medical facility for the participants;
- (10) where an event lasts for more than 4 hours, ensure that there is a separate rest area, readily accessible to the medical facility for health care workers;
- (11) ensure that adequate and clear, well lit signage and signposts are available for the location of medical facilities. Signage must comply with the relevant requirements of all parts of SANS 1186 and SANS 7001 documents; and
- (12) consult with the Environmental Health Authority in relation to all aspects of environmental health.

4. Duties of medical service provider

The medical service provider must—

- (1) provide an appropriate management and operational infrastructure for the provision of emergency medical services at the event;
- (2) designate a medical representative who must attend the pre-event operational planning meetings to liaise with all the event stakeholders and role players;
- (3) undertake an in depth risk assessment of the health and medical requirements for the event, which includes the use of the risk management assessment tool and an inspection of the venue, to determine additional venue specific risks, which could impact on the number and type of medical staff, vehicles and equipment to be deployed at the event.(Table 2).

- (4) submit the risk assessment and an operational plan for health and medical services provision at the event to the provincial EMS manager for approval, at least 7 days prior to the event. The operational plan must include-
 - (a) a command and control structure;
 - (b) a detailed communications plan, utilising both 2 way radios and cell phones, and incorporating any other form of communication available at the venue;
 - (c) the number and type of resources to be deployed (vehicles, equipment and personnel);
 - (d) a strategic staff and vehicle deployment schedule;
 - (e) standing operational procedures for the management of patients;
 - (f) access and egress routes for emergency medical vehicles;
 - (g) a designated helicopter landing site;
 - (h) identification of target hospitals for the referral of patients; and
 - (i) a venue specific operational plan for mass casualty incidents;
- (5) appoint an on-site medical coordinator when required to by the risk assessment tool, to oversee the provision of health and medical services throughout the duration of the deployment;
- (6) ensure that identified hospitals are notified of the date, time and nature of the event;
- (7) take responsibility for the treatment of all medical or injured patients at the event and transportation to hospital of any patient if required;
- (8) where a patient is transported, ensure that the personnel and vehicle utilised for such transport are replaced within 30 minutes;

- (9) ensure that a medical representative is positioned in the VOC in order to liaise with other role players for the duration of the event;
- (10) keep confidential medical records for all patients treated, and record all medical incidents in an event occurrence log book;
- (11) ensure that medical waste is disposed of by medical personnel in accordance with existing legislation;
- (12) if two (2) or more suspected cases of food poisoning occur during an event, immediately report this to the Environmental Health Authority for investigation;
- (13) submit an event summary report to the venue manager, the event organiser and the provincial EMS manager, within 7 days after the event.

5. Medical facility criteria

- (1)
 - (a) At least one (1) Medical Centre must be established per venue for use by the event staff, participants and the general public when the risk assessment score is in excess of 39.
 - (b) For a risk assessment of less than 40 at least 1 Medical Post must be established.
 - (c) For an event where the participants must be segregated from the spectators, for reasons of safety and security, a separate medical facility must be provided for the participants.
 - (d) Additional Medical Posts may be strategically situated within the venue depending on the venue size and layout, or if there is restricted access to the primary Medical Centre.
- (2) A Medical Centre and a Medical Post must be clearly marked, sign posted and easily accessible.
- (3) The entrance of a Medical Centre and a Medical Post must be accessible to wheeled stretchers and wheelchairs.
- (4) A Medical Centre and a Medical Post must be easily accessible to ambulances to facilitate the referral of patients to hospital.

- (5) Lighting and plug points must comply with existing South African National Standards (SANS) for trauma centres and must be linked to the venue emergency backup power source.
- (6) A Medical Centre and a Medical Post must each have at least one hand washing facility with clean water.
- (7) Waste disposal facilities must be available in all areas for general, non-sharp health risk and sharp health risk waste to facilitate proper waste segregation. The smallest containers appropriate and available must be used.
- (8) The size of the Medical Centre must be determined by the crowd capacity of the stadium. Allowance must be made for at least 1 bed per 10 000 participants, or part thereof. A minimum of 1 bed must be equipped as a resuscitation bed with a treatment area of at least 9 square metres. All other beds must have a treatment area of at least 4 square metres per bed.
- (9) The number of resuscitation beds must increase with an increase in the size of the event, with 1 in every 5 beds designated for resuscitation.
- (10) The Medical Centre must have the following designated areas:
 - (a) Reception Area;
 - (b) General Treatment area;
 - (c) Resuscitation area;
 - (d) Secure store for drugs and equipment;
 - (e) Sluice facilities for the cleansing of used medical equipment; and
 - (f) A toilet in close proximity.
- (11) The Medical Centre must be provided with adequate emergency care and medical equipment appropriate to the level of the health care provider on duty and appropriate for the type and size of the event being held. The medical equipment must be additional to that contained in ambulances utilised for the event.
- (12) A medical facility must be designated as a no smoking area.

6. Emergency medical services provision

- (1) An individual risk assessment must be undertaken for every event. The risk assessment must be based on the type of event, the number of spectators, etc as listed in the tables below. The tables set out the method of calculating the minimum number and levels of resources required for the management of spectators.
- (2) The tables are not a substitute for a full risk assessment of the event and more resources may be required based on the medical service provider's assessment of the event and venue.
- (3) The calculations do not include dedicated medical cover for participants and VIPs. The medical cover for the participants in sporting events must be based on guidelines provided by the relevant sporting body in conjunction with the Department of Health.
- (4) Table 1 must be used to allocate a score based on the nature of the event.
- (5) Table 2 must be used to allocate a score based on available history and pre-event intelligence.
- (6) Table 3 must be used to take into consideration additional elements, which might have an effect on the likelihood of risk.
- (7) Table 4 must be used to indicate a suggested resource requirement.
- (8) Under each item the highest relevant score for the specific event must be selected (e.g. if a low risk event e.g. a classical performance (score = 2) will have a pyrotechnic display as well (score = 4), the higher score (i.e. 4) must be selected.
- (9) Calculations:
 - (a) To calculate the overall score for the event add the total scores for Tables 1, 2 and 3 above to give an overall score for the event.
 - (b) Use the score from the calculation in sub-regulation (a) to gauge the minimum levels of resource indicated for the event (See Table 4 for minimum resource requirement).

- (c) The score refers to the minimum resources that must be available on duty at any one time during the event and not the cumulative number of personnel deployed throughout the duration of the event.
- (10) At events where a VOC is established, a medical VOC commander must participate in the coordination of the event.
- (11) Under the category of BAA that are not part of the ambulance crews, it is acceptable to utilise volunteer qualified Level 3 first aiders at a maximum of 75% of the predicted BAA (except for an event where only two BAA are required where it would be acceptable to utilise one Level 3 first aider).

7. Duties of provincial EMS manager

- (1) The provincial EMS manager must approve event risk assessments and medical operational plans for events submitted to him or her at least 7 days prior to the event taking place.
- (2) The provincial EMS manager may convene a pre-event meeting with the event organiser and medical service provider to review the event risk assessment and operational plan, if it is considered to be inadequate for the size and nature of the event.
- (3) If the risk of holding the event, either due to inadequate health and medical services provision, or due to the nature of the event itself, is considered to be detrimental to the wellbeing of the spectators or participants, the provincial EMS manager may-
 - (a) augment or replace the medical service provider with provincial EMS staff, vehicles and equipment, at the cost of the event organiser;
 - (b) delay the event until such time that the deficiencies are rectified; and
 - (c) prevent the event from taking place.
- (4) The provincial EMS manager must ensure that the operational plan is fully implemented. If the operational plan is not properly implemented, due to

inadequate numbers and levels of qualification of EMS staff, lack of medical facilities or inadequate number of emergency vehicles, medical supplies or medical equipment, the Provincial EMS manager may suspend the event until the deficiencies are rectified.

- (5) The Provincial EMS manager may delegate the responsibility for approving event operational plan to a qualified person within the Provincial or Local Authority EMS department.

8. Offences and Penalties

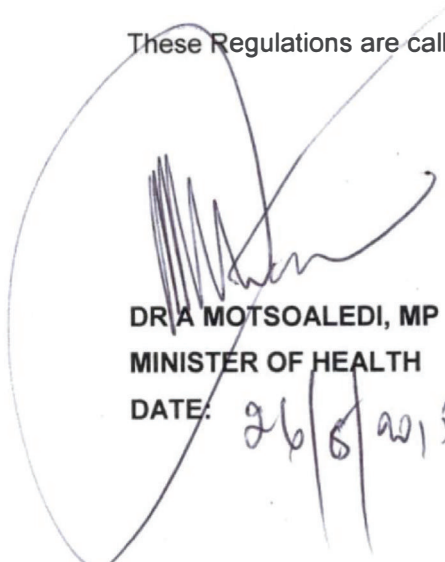
A person who contravenes a provision of these Regulations is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.

9. Appeal

The Provincial HOD for Health arbitrate.

10. Short Title

These Regulations are called Emergency Medical Services for Mass Gathering Events, 2014.



DR A MOTSOLEDI, MP
MINISTER OF HEALTH

DATE:

26/8/2015

Table 1 — Event nature

Item	Details	Score
(A) Nature of event	Classical performance	2
	Public exhibition	3
	Pop/rock concert	5
	Dance event (Rave / Disco)	8
	Agricultural/country show	2
	Marine	3
	Motorcycle display	3
	Aviation	3
	International event	3
	Motor sport	4
	State occasions	2
	VIP visits/summit	3
	Music festival	3
	Bonfire/pyrotechnic display	4
	New Year celebrations	7
	Demonstrations/marches	5
	Sport event with Low risk of disorder	2
	Sport event with Medium risk of disorder	5
	Sport event with High risk of disorder	7
	Opposing factions involved	9
(B) Venue	Indoor	1
	Stadium	2
	Outdoor in confined location, e.g. park.	2
	Other outdoor, e.g. festival	3
	Widespread public location in streets	4
	Temporary outdoor structures	4
	Includes overnight camping	5
(C) Standing/seated	Seated	1
	Mixed	2
	Standing	3
(D) Audience profile	Full mix, in family groups	2
	Full mix, not in family groups	3
	Predominately young adults	3
	Predominately children and teenagers	4
	Predominately elderly	4
Add A+B+C+D	Total score for Table 1	

Table 2 — Event intelligence

Item	Details	Score
(E) Past history	Good data, low casualty rate previously (less than 0,05%)	-1
	Good data, medium casualty rate previously (0,05% - 0,2%)	1
	Good data, high casualty rate previously (more than 0,2%)	2
	First event, no data	2
(F) Expected numbers	>1000 < 3000	2
	< 5000	4
	< 10 000	8
	< 20 000	16
	< 30 000	20
	< 40 000	24
	< 50 000	28
	< 60 000	32
	< 70 000	36
	< 80 000	42
	< 90 000	46
	< 100 000	50
	< 200 000	60
	< 300 000	70
Add E+F	Total score for Table 2	

Table 3 — Additional considerations

Item	Details	Score
(G) Expected event duration (including queuing)	Less than 4 hours	1
	More than 4 less than 12 hours	2
	More than 12 hours	3
(H) Time of year (outdoor events)	Summer	2
	Autumn	1
	Winter	1
	Spring	1
(I) Proximity to definitive care (nearest suitable A&E facility)	Less than 30 min by road	0
	More than 30 min by road	2
(J) Profile of definitive care	Choice of A&E departments	1
	Large A&E department	2
	Small A&E department	3
(K) Additional hazards	Carnival	1
	Helicopters	1
	Water Hazard	1
	Parachute display	1
	Street theatre	1
	Onsite alcohol use	1
(L) Additional on-site facilities	Suturing and or Plastering	2
	Vending machine for over the counter medication	2
	Public access AED	1
	Existing full time operational medical facilities on-site	2
Add G+H+I+J+K Subtract L	Total score for Table 3	
TOTAL	Total score for all 3 tables	

Table 4 — Minimum resource requirement

1	2	3	4	5	6	7	8	9
Score	Ambulance	BAA	AEA	Paramedic	Ambulance crew	Doctor	Nurse	Medical Coordinator
<20	0	2	0	0	0	0	0	0
21-25	0	4	0	0	0	0	0	0
26-30	1	4	1	0	2	0	0	0
31-35	1	6	1	1	2	0	0	0
36-40	1	8	1	1	2	0	0	1
41- 45	2	12	1	1	4	1	0	1
46- 50	2	16	2	2	4	1	1	1
51-55	3	20	3	3	6	2	1	1
56-60	3	24	3	3	6	2	2	1
61-65	4	32	4	4	8	2	2	1
66-70	5	40	5	5	10	3	3	1
71-75	6	48	6	6	12	3	3	1
76-80	8	64	8	8	16	4	4	1
81-85	10	80	10	10	20	5	5	2
86+	15	120	15	15	30	6	6	2