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GOVERNMENT NOTICE

DEPARTMENT OF HEALTH**No. R. 413****8 May 2015****NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)****EMERGENCY MEDICAL SERVICES REGULATIONS**

I, Dr Aaron Motsoaledi, the Minister of Health has, in terms of section 90(1)(m) read with section 43(1) of the National Health Act, 2003 (Act No. 61 of 2003), made the Regulations in the Schedule.



DR A MOTSOALEDI, MP

MINISTER OF HEALTH

DATE: 6/5/2014

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-

“adverse patient incident” means an event or circumstance that leads to unintended harm or injury to, suffering or illness of, a patient;

“Advanced Life Support ” or **“ALS”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act;

“ambulance” means an appropriately equipped vehicle which is either waterborne, airborne, or land-based, and designed or adapted for the purpose of providing emergency care and the transportation of patients and licensed under the National Road Traffic Act, 1996 (Act No.93 of 1996) as an ambulance;

“ambulance service” means a person, organisation or body that is dedicated, equipped and staffed with a minimum of two emergency care providers both of whom must hold current registration with the HPCSA;

“ambulance service manager” means a person duly appointed on a full time basis as the responsibility manager for an ambulance service;

“base” means a dedicated self-contained facility for the housing of emergency vehicles, personnel and associated emergency equipment;

“Committee” means the Emergency Medical Services Advisory Committee appointed in terms of regulation 7;

“consulting medical practitioner” means a medical practitioner who-

- (a) is contracted or employed by an ambulance service in a supervisory clinical capacity ;
- (b) is regularly consulted by ambulance personnel; and
- (c) holds additional emergency medical qualifications;

“dirty utility room” means a room that includes a sluice, dirty linen or a cleaner's room;

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

“emergency care situation” means circumstances during which an ill or injured person is in need of emergency care;

“Emergency Medical Service” or **“EMS”** means a person, organisation or body that is dedicated, staffed and equipped to offer-

- (a) emergency medical care;
- (b) inter-health facility medical treatment; or
- (c) transport of the ill or injured;

“emergency medical services manager” means a person who is duly appointed as the responsible manager for the Emergency Medical Service and who is registered with the Health Professions Council of South Africa in terms of the Health Professions Act;

“emergency medical services personnel” means personnel who are registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act;

“Head of Department” means the accounting officer for a provincial health department;

“Health Professions Act” means the Health Professions Act, 1974 (Act No.56 of 1974);

“Health Professions Council of South Africa” or **“HPCSA”** means the body established in terms of section 2 of the Health Professions Act;

“Intermediate Life Support” or **“ILS”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act;

“inspecting officer” means a person employed with, or appointed by, the provincial health Licensing and Inspectorate Authority;

“licence” means a licence issued in terms of these Regulations which authorises the provision of an emergency medical service;

“Licensing and Inspectorate Authority” means the provincial health component appointed by the Head of Department for the licensing and inspection of health establishments;

“Licensed Emergency Medical Service” means the person, organisation or organ of state that has been granted a licence in accordance with these Regulations;

“medical practitioner” means a person registered as such in terms of the Health Professions Act;

“medical response service” means a person who or organisation which, is a licensed emergency medical service or has a service level agreement with a licensed emergency medical service and operates medical response vehicles;

“medical response vehicle” means a vehicle registered to a Medical Response Service;

“MEC” means the member of the Executive Council responsible for Health;

“paramedic” means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act;

“response time” means the time measured when an emergency medical service receives an emergency call to the time the first medical responder arrives at the scene;

"responsible person" means a person, a nominee, in the case of a company or an association of persons (whether corporate or not) or an organ of state, who establishes, extends, conducts, maintains or renders an emergency medical service;

"register of emergency medical services" means the register referred to in regulation 22(12);

2. Scope of application

(1) These Regulations apply to-

- (a) public and private emergency medical services operating in the Republic of South Africa, excluding the South African National Defence Force;
- (b) the South African Military Health Services when providing a service within the civilian environment to non-military patients.

3. Licensing

(1) A person, organisation or organ of state may not establish, extend, operate, conduct, maintain, manage, control or render-

- (a) an emergency medical service;
- (b) an aero-medical service;

(c) an event medical service; or

(d) a medical response service,

unless the service is licensed in accordance with these Regulations and the responsible person is in possession of a valid licence issued to him or her in respect of the service by the Head of Department.

(2) A person, organisation or organ of state may not-

(a) operate a training institution emergency medical service vehicle;

(b) extend or alter the services referred to in sub-regulation (1) (a) to (d); or

(c) change ownership of, rename, relocate or permanently relocate the resources of, an Emergency Medical Service,

unless the vehicle or the service is licensed as required by these Regulations and the responsible person is in possession of a valid licence issued to him or her in respect of the service by the Head of Department.

(3) The Head of Department may only issue a licence on the following conditions:

- (a) The service must have been inspected by an inspecting officer and found to be suitable and adequate for the purpose of providing a service in respect of the licence application;
- (b) the service must be supervised by an emergency medical services manager who is qualified in at least ILS and registered with the HPCSA;
- (c) the service must have a base or station that–
 - (i) has rest and sleep facilities;
 - (ii) is available 24 hours per day;
 - (iii) has permanent, plumbed, clean and hygienic ablution facilities; and
 - (iv) adheres to the minimum norms and standards provided for in Annexure A;
- (d) the staff, vehicles and equipment must comply with the minimum prescribed requirements determined in Annexures A and B;
- (e) there must be available–
 - (i) dirty utility room facilities with which to clean contaminated equipment and linen; and
 - (ii) vehicle washing facilities which have the appropriate medical waste traps built in;
- (f) there must be an adequate medical waste management system and the ambulance service must have contractual

proof of a current agreement with a registered waste management disposal company for the disposal of such medical waste;

- (g) in the case of private sector services, the applicant must be registered as a company in terms of the Companies Act, 2008 (Act No. 71 of 2008);
- (h) the vehicles included on the licence for the Emergency Medical Service must be listed as being owned by the applicant Emergency Medical Service on the "Certificate of Registration in Respect of Motor Vehicle (National Road Traffic Act 1996)", in the category "Owner";
- (i) each vehicle of the service used as an ambulance or medical response vehicle must be clearly marked as such;
- (j) the ratio of ambulances to response vehicles must be one ambulance to one response vehicle, including those vehicles from other services with whom a service level agreement has been entered into;
- (k) the relevant legal requirements must have been complied with;
- (l) proof of liability insurance cover must be available for the said emergency medical service;

- (m) a consulting medical practitioner with suitable emergency medicine experience must be appointed or contracted by the service; and
- (n) the Emergency Medical Service must hold a current, written, service level agreement with the consulting medical practitioner that confirms that the consulting medical practitioner is available to assist with clinical governance, medical advice as well as supervision and training, where necessary.

4. Application for licence

- (1) An application for the licensing of an Emergency Medical Service must be-
 - (a) submitted on the prescribed form (Annexure C) to the Head of Department for the Province where the service will operate;
 - (b) accompanied by the required supporting documents; and
 - (c) accompanied by the prescribed application and inspection fees (Annexure D) based on the number of premises and vehicles to be inspected.
- (2) An application submitted in terms of sub-regulation (1) must be an original application delivered by hand or by registered mail to the Head of Department.

- (3) (a) An applicant may withdraw the application at any time before it has been evaluated by the Committee.
- (b) If an applicant withdraws the application after the Committee has considered it, the application fee will be forfeited.
- (4) (a) An application received without proof of payment of the application fee, may not be processed until the application fee is paid.
- (b) If the application fee is not paid within 30 days of submission of the application, the applicant must provide valid reasons in writing to the Head of Department as to why the deadline has not been met.
- (c) The Head of Department may then pend the application for a period not exceeding 90 days after which period, if the application fee has still not been paid, the application may be considered to have been withdrawn.
- (5) An applicant submitting an application for the licensing of an Emergency Medical Service must have a base or station which adheres to the minimum norms and standards provided for in Annexure A.

5. Processing of application

- (1) On receipt of the application, the Head of Department must issue the applicant, by registered mail, with an acknowledgement of receipt of

the application, which indicates the date on which the application was received.

- (2) The Head of Department must, within 30 days of receipt of an application, review the application to determine whether it has been properly completed or whether additional information is required.
- (3)
 - (a) If the Head of Department is of the opinion that the application has been properly completed, he or she must, within 30 days, instruct an inspecting officer to inspect the Emergency Medical Service concerned as contemplated in regulation 6.
 - (b) The inspection of the Emergency Medical Service must be carried out within 30 days of receipt of the instruction.
- (4) If the Head of Department is of the opinion that the application has not been properly completed or that additional information is required, the Head of Department must inform the applicant, in writing, of the incompleteness of the application and request the applicant to properly complete the application or supply the additional information required, as the case may be, by a specified date.
- (5) If an applicant fails to properly complete an application or to supply the additional information by the date specified by the Head of Department in terms of sub-regulation (4), the applicant must be regarded as having withdrawn the application.

6. Inspection

- (1) The Head of Department must instruct the Licensing and Inspection Authority to perform an inspection of an Emergency Medical Service, which inspection must be carried out within 30 days of the instruction.

- (2) Subject to a patient's right to privacy and confidentiality, the owner of an Emergency Medical Service or any other person responsible for the management or control of an Emergency Medical Service or who is in charge of the service, must provide to an inspecting officer acting in terms of regulations 6 (1) and 17–
 - (a) the information that the inspecting officer may require with regard to the organisation and management of that Emergency Medical Service, including the accommodation, care and treatment of the patients;
 - (b) registers, clinical records and any other records of patients, staff and vehicles.
 - (c) In the case of an Emergency Medical Service operating multiple bases, the inspecting officer must take into consideration that, items such as the registers and clinical registers may be held at another base or office which may be the primary base or head office of the Emergency Medical Service.

- (d) The inspecting officer may request the submission of any other information, including but not limited to service performance data.

- (e) Subject to a patient's right to privacy and confidentiality, a person may not—
 - (i) in any way, obstruct an inspecting officer from carrying out her or his inspection;

 - (ii) refuse to furnish, to the best of her or his knowledge, information requested by the inspecting officer;

 - (iii) refuse when requested by the inspecting officer, to show any vehicle, apparatus or place; or

 - (iv) refuse, when requested by the inspecting officer, to unlock a cupboard or storage compartment or area.

- (f) (i) The Licensing and Inspectorate Authority must, within 30 days of the completion of an inspection by a duly authorised inspecting officer, submit a written report on the findings relating to the inspection to the Committee.

- (ii) The report must indicate the comments and responses received in respect of the application referred to in regulation 4.

7. Emergency Medical Services Advisory Committee

- (1) The Head of Department must appoint members of the Committee.
- (2) The Committee must advise and make recommendations on an application referred to in regulation 4 as well as advise the Head of Department on matters concerning licensing.
- (3) The Head of Department must determine the terms of reference of the Committee.
- (4) The Committee must be comprised of not more than 8 members with extensive experience in emergency medical service.
- (5) The Committee must at least consist of—
 - (a) one staff member of the Department, who must not be from the emergency medical services component of the Department;
 - (b) one member who is a specialist in emergency medicine;
 - (c) one member nominated by an organisation recognised in terms of the Organised Local Government Act, 1997 (Act No. 52 of 1997), to represent local government in the Province;

- (d) one member with extensive technical expertise of emergency medical services; and
 - (e) one private ambulance services representative.

- (6) The Head of Department must designate one of the members as the chairperson of the Committee.

- (7) At the first meeting of the Committee—
 - (a) the chairperson must determine the procedure to be followed at the meetings of the Committee;

 - (b) the Committee must appoint a deputy chairperson; and

 - (c) the Committee must establish a code of conduct for members.

- (8) The chairperson may, at any stage in the consideration of an application, call upon any person to participate in the proceedings of the Committee, if the chairperson is satisfied that that person will be able to assist the Committee to make a recommendation, but that person may not vote.

- (9) The chairperson must ensure that a full record is kept of attendance at, the proceedings of, and any resolutions taken at a meeting of the Committee.

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- (10) A quorum for a meeting is three members of the Committee, but either the chairperson or deputy chairperson must always be present.
- (11) (a) A decision of the majority of members present at a meeting of the Committee is a decision of the Committee.
- (b) In the event of an equality of votes leading to a tie, the chairperson or deputy chairperson presiding at the meeting has a casting vote.
- (12) The chairperson of the Committee must submit an annual report on the activities and expenditure of the Committee to the Head of Department within 60 days of the end of the financial year.
- (13) The Head of Department must pay members who are not employed by the State-
- (a) remuneration; and
- (b) allowances for reasonable actual subsistence and travelling expenses necessitated by the attendance of a meeting of the Committee,
- as determined by the MEC, with the concurrence of the MEC responsible for finance.

8. Exclusion of members of Committee

(1) A member of the Committee may not be present during, or take part in, a discussion of, or the taking of a decision in respect of, or the making of recommendations on, an application before the Committee in which-

(a) that member or a spouse, immediate family member, business partner, associate or employer (other than the State), of that member; or

(b) a business partner, associate, immediate family member or employer (other than the State) of the spouse of that member,

has a direct or indirect financial interest or has had such an interest during the previous 12 months.

(2) For the purpose of sub-Regulation (1)-

(a) "spouse" includes a person with whom the member lives as if they were married or with whom the member habitually cohabits; and

(b) "immediate family member" means a parent, child, brother, sister, brother-in-law, sister-in-law, whether or not such a relationship results from birth, marriage or adoption.

(3) A person may not, while he or she is a member of the Committee, accept any form of employment, gift or reward from a person who has

a direct financial interest in an Emergency Medical Service, or a person who has applied for a licence in terms of regulation 4.

- (4) Where a member of the Committee has a current or potential financial or other conflict of interest, such member must timeously recuse himself or herself from any proceedings where such a conflict of interest may arise.

9. Declarations by members of Committee

(1) A person who is appointed to the Committee in terms of regulation 7(1) must, within 14 days of receiving notice of his or her appointment, submit a written declaration to the Head of Department which must contain-

(a) any financial or other interest which is or may be related to, or is in conflict with, such an appointment; and

(b) relevant information about any conviction for an offence listed in Schedule 1 to the Criminal Procedure Act, 1977 (Act No. 51 of 1977).

(2) Failure to submit the declaration referred to in sub-Regulation (1) will result in the appointment being suspended for a period not exceeding 60 days until the declaration is received .

(3) (a) If a member of the Committee experiences a change in financial or other interests which may affect his or her ability to consider any matter impartially, such a member must, within 10 days from the date of the changed circumstances submit a

written notice of such change of financial or other interests to the Head of Department.

(b) If a member fails to comply with paragraph (a), his or her appointment as a member may be revoked.

(4) A declaration submitted must be for the sole purpose of determining whether such financial or other possible conflicts of interest may preclude the appointment of the person as a member or preclude his or her continued membership of the Committee.

(5) The Head of Department must ensure that a declaration submitted is confidential and is not publicly disclosed.

(6) A member of the Committee may not use his or her appointment as a member of the Committee to promote the financial or other interest of another person in relation to emergency medical services.

(7) A member of the Committee who—

(a) fails to give truthful answers or provide the full declaration of financial or possible conflicts of interest;

(b) uses his or her appointment as a member of the Committee to promote the financial or other interest of any person; or

(c) fails to recuse himself or herself as contemplated in regulation 8(4),

is guilty of an offence and—(i) must forthwith cease to be a member of the Committee and(ii) is liable, on conviction, to a maximum fine of R25, 000.00.

10. Termination of membership

(1) A member of the Committee may, at any time, resign as a member of the Committee by giving not less than 30 days written notice to the Head of Department.

(2) The Head of Department may terminate the appointment of a member of the Committee with immediate effect if the member-

- (a) is or becomes an unrehabilitated insolvent;
- (b) fails to—
 - (i) declare his or her financial interest or other conflicts of interests; or
 - (ii) recuse himself or herself where he or she or an immediate family member has an interest in the outcome of any decision to be made or made by the Committee;
- (c) is suffering from an infirmity of mind or body which prevents him or her from properly discharging his or her duties as a member of the Committee;

- (d) has engaged in conduct, which, in the opinion of the Head of Department, brings or could bring the Committee into disrepute or threatens the integrity of the Committee;
- (e) fails to attend three consecutive meetings of the Committee without having been granted leave of absence by the chairperson; or
- (f) fails to carry out duties and functions of the Committee to the best of his or her ability; or
- (g) contravenes regulation 8(3).

11 Consideration of application for licence

- (1) When considering an application for a licence, the Committee must consider the comments and responses received in respect of the application in order to determine whether there is a need for the proposed Emergency Medical Service and may take into account the following:
 - (a) The need to ensure consistency of health service development at national, provincial and local levels;
 - (b) the need to promote equitable distribution and rationalisation of health services with a view to correcting inequities based on racial, gender, economic and geographical factors;

-
- (c) the need to promote an appropriate mix of public and private emergency medical services taking into account—
 - (i) the demographic and epidemiological characteristics of the populations to be served;
 - (ii) the total and target population in the area;
 - (iii) the age and gender composition of the population; and
 - (iv) the morbidity and mortality profiles of the population;
 - (d) the availability of alternative sources of emergency medical services;
 - (e) the need to promote quality services which are accessible, affordable, cost-effective and safe;
 - (f) the potential advantages and disadvantages of the application for existing public and private emergency medical services and for any affected communities;
 - (g) the need to advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998), the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003), the Co-operatives Act, 2005 (Act No. 14 of 2005) and the emerging

small, medium and micro-enterprise sector, including cooperatives;

- (h) the potential benefits of training and research and development with a view to the improvement of health service delivery;
- (i) the need to ensure that ownership of emergency medical services does not create perverse incentives for service providers to over service patients or refer them inappropriately; and
- (j) where applicable, the quality of health services rendered by the applicant in the past.

12. Committee's recommendations

- (1) The Committee must be convened as frequently as it may be necessary to deal with applications.
- (2) The Committee must make a recommendation within 60 days of receipt of the application and the report on the findings of the inspection from the Licensing and Inspectorate Authority.
- (3) Following an analysis of the application, the Committee may make the following recommendations to the Head of Department:

- (a) That the application be approved and the licence be granted subject to conditions which the Committee considers appropriate, including but not limited to-
- (i) the nature or quantum of services to be provided by the Emergency Medical Service;
 - (ii) requirements for insurance cover to be carried by the relevant Emergency Medical Service;
 - (iii) the provision of personnel appropriately trained with a valid registration to the level of the emergency medical services applied for;
 - (iv) quality assurance being conducted by the Department;
 - (v) provision for appropriate complaint mechanisms which must be made available to users of the Emergency Medical Service; or
- (b) that the application must not be granted.

13. Decision of Head of Department

- (1) The Head of Department must, within 30 days of receipt of recommendations from the Committee, consider the recommendations and make a decision.

- (2) The Head of Department may make the following decisions:
- (a) Confirm the recommendation of the Committee;
 - (b) Reject the recommendation of the Committee; or
 - (c) Amend and confirm the recommendation of the Committee.
- (3) The Head of Department may, prior to taking a decision in terms of sub-regulation (1), refer an application back to the Committee for reconsideration of its recommendations.
- (4) The Head of Department must give reasons for referring an application back to the Committee.
- (5) If the Head of Department refers the application back for reconsideration, the Committee must make its final recommendation on such an application within 30 days of the application being referred back to it.
- (6) The Head of Department must, within 30 days of receipt of a final recommendation in terms of sub-regulation (5), consider the recommendation in accordance with sub-regulation (1).
- (7) The Head of Department must, within 30 days of deciding on an application as contemplated by sub-regulation(1) or (6), inform the applicant in writing of the decision and, if the application is refused,

give written reasons for the refusal and also inform the applicant of his or her right to appeal in terms of regulation 25.

- (8) If the Head of Department has confirmed the Committee's recommendations that an application be approved, the Head of Department must issue a licence for the Emergency Medical Service to be registered in a register of emergency medical services.

14. Issuing of licence and licence tokens

- (1) If an application for an Emergency Medical Service is granted, or conditionally granted, the Head of Department must, within 30 days, ensure that the service is re-inspected in order to determine that the service complies with regulation 3 (2) (a) to (n) and thereafter issue the applicant with-

- (a) a licence to operate the service concerned; and
- (b) a licence token for each vehicle to be used by that service as an ambulance or response vehicle.

- (2) A licence contemplated in sub-regulation (1)(a) must contain the following:

- (a) The name of the owner of the Emergency Medical Service;
- (b) the name of the Emergency Medical Service;

- (c) the geographical location of the bases of the Emergency Medical Service;
 - (d) the type of service to be rendered by the Emergency Medical Service;
 - (e) the type and number of vehicles the Emergency Medical Service will operate; and
 - (f) any other information which the Head of Department may consider necessary.
- (3) A licence token contemplated in sub-regulation (1)(b) must contain the following:
- (a) The name of the Emergency Medical Service;
 - (b) the registration number of the vehicle;
 - (c) the date on which the licence token was issued;
 - (d) the date on which the licence token expires; and
 - (e) the type of vehicle.

15. Display of licence and licence token

The ambulance service manager must ensure that-

- (1) the licence referred to in regulation 14(1)(a) is displayed in a conspicuous position at the base of the Emergency Medical Service referred to in regulation 3(2)(c);
- (2) the licence token referred to in regulation 14(1)(b) is displayed in a conspicuous position on every vehicle so licensed.

16. Annual renewal of licence and licence token

- (1) The licence and licence token of a Licensed Emergency Medical Service must be renewed on an annual basis.
- (2) The annual renewal is subject to the successful inspection of such service in terms of regulation 6(2), (3) and (4).
- (3) The inspection for annual renewal is subject to the payment of fees determined by the Head of Department in terms of regulation 25(1).

- (4) Upon the satisfactory inspection for the purpose of the annual renewal as provided for in sub-regulation (2), the Head of Department must issue a licence and licence token upon which must reflect the new period of validity.

17. Inspection of registered Emergency Medical Service

- (1) The Head of Department must, at least once in every calendar year, inspect or cause to be inspected, by a duly authorised inspecting officer, every Emergency Medical Service registered in terms of these Regulations.
- (2) Despite any other applicable law, by-law or any provision of these Regulations, an inspection referred to in regulation 6(1) must determine whether-
- (a) the Emergency Medical Service is still suitable and adequate for the purposes of providing an emergency medical service in terms of these Regulations;
 - (b) the equipment complies with the minimum requirements as per category of care as indicated in Annexure B;

- (c) the vehicles used or intended to be used for providing the approved emergency medical service are clearly marked as prescribed in Annexure A;
 - (d) the vehicles used or intended to be used for providing the approved emergency medical service have been modified, adapted and configured according to Annexure A and the National Road Traffic Act, 1996 ; and
 - (e) the Emergency Medical Service has adequate liability insurance cover.
- (3) Despite regulation 6(1), the Head of Department may, whenever it is considered necessary, in writing instruct the Licensing and Inspection Authority to carry out an inspection.

18. Management of Emergency Medical Service

- (1) An Emergency Medical Service must appoint a person who is qualified and registered to at least ILS to manage the service.
- (2) The emergency medical service manager must-
 - (a) ensure that the number of patients conveyed in an ambulance does not exceed the maximum number permitted in terms of its design;

- (b) ensure that the emergency medical service is operated in a way that provides quality care and does not compromise the safety of the public, patient or personnel;
- (c) keep patient records confidential, as required by law;
- (d) inform the Head of Department within 30 days of any change in the particulars furnished by or on behalf of the licence holder in terms of these Regulations;
- (e) ensure that a patient is not refused care or transport by the Emergency Medical Service because of the patient's inability to pay for such treatment or transportation; and
- (f) ensure that protocols exist for immediate intervention in the event of the exposure of personnel to situations of a hazardous, biological, chemical, psychological or physical nature.

19. Information concerning Emergency Medical Service

- (1) The emergency medical service manager must, upon request by an inspecting officer, furnish the inspecting officer with the information

necessary for the purposes of licensing or continued licensing, of the service.

- (2) The emergency medical service manager must ensure that an individual patient care record is kept for every patient treated or conveyed by the service.

- (3) With regard to an ambulance service, the ambulance service manager must ensure that the following information is captured on a monthly basis, properly secured and readily available to be provided at the request of an inspecting officer or the Head of Department:
 - (a) Response time performance appropriately categorised into the response categories for urban and rural areas;

 - (b) the number, names, qualifications and relevant Health Professions Council or Nursing Council registration details of employees, contractors and volunteers;

 - (c) the number of ambulances and response vehicles in the service;

 - (d) the number and nature of adverse patient incidents; and

 - (e) the monthly staff shift rosters.

20. Cancellation and suspension of licence

- (1) If a licensed emergency medical service contravenes or does not comply with these Regulations, the Head of Department must give written notice of the non-compliance to the licence holder.

- (2) The notice must state-
 - (a) the nature and extent of the non-compliance which must be rectified;

 - (b) that failure to rectify the non-compliance within the time specified in the notice may lead to the cancellation or suspension of the licence; and

 - (c) that the licence holder is entitled to make written representations to the Head of Department, within the time specified in the notice, regarding the proposed cancellation or suspension of the licence.

- (3) If, at the expiry of the time period specified in terms of sub-regulation (2)(b), the non-compliance has not been rectified to the satisfaction of the Head of Department, he or she may, having regard to all the relevant facts, including the report of the inspection officer and any

representation by the licence holder, cancel or suspend the licence of the Emergency Medical Service.

- (4) If the licence is cancelled or suspended, the Head of Department must within 10 days inform the licence holder in writing of—
- (a) the decision;
 - (b) the reasons for the decision; and
 - (c) the right of appeal.

21. Reinstatement of licence and lifting of suspension

- (1) A licensed emergency medical service whose licence has been cancelled or suspended may, at any time, apply for the reinstatement of the licence or the lifting of its suspension.
- (2) The provisions of regulation 4 apply, with the changes required by the context, in respect of the application for the reinstatement of a licence.
- (3) Before the Head of Department reinstates a licence or lifts its suspension, an inspecting officer must inspect the Emergency Medical Service concerned and make a recommendation to the Head of Department;

- (4) The Head of Department may submit the representation for the reinstatement of the licence or the lifting of the suspension to the Committee for further consideration and recommendation.

22. Amendment of licence

- (1) A licence holder who wishes to change the status of the service for which a licence has been issued, may apply to the Head of Department to amend the licence accordingly.
- (2) (a) The Head of Department must, within 30 days, direct the Licensing and Inspectorate Authority to re-inspect the service concerned, based on the amendments for which an application has been made.
- (b) The Licensing and Inspectorate Authority must make recommendations to the Head of Department within 45 days.
- (3) The Head of Department must, within 30 days after receipt of the recommendation of the Licensing and Inspectorate Authority, submit the application and the inspection report to the Committee for further consideration and recommendation.
- (4) The Committee must make a recommendation to the Head of Department within 45 days of receipt of the application and inspection report from the Licensing and Inspectorate Authority.

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- (5) The Head of Department must, within 30 days of receipt of recommendations from the Committee, consider the recommendations and make a decision.
- (6) The Head of Department may make the following decisions:
- (a) Confirm the recommendations of the Committee;
 - (b) reject the recommendations of the Committee; or
 - (c) amend and confirm the recommendations of the Committee.
- (7) The Head of Department may, prior to taking a decision in terms of sub-regulation (5), refer an application back to the Committee for reconsideration of its recommendations.
- (8) The Head of Department must give reasons for referring an application back to the Committee.
- (9) If the Head of Department refers the application back for reconsideration, the Committee must make its final recommendation on such an application within 30 days of the application being referred back to it.

- (10) The Head of Department must, within 30 days of receipt of a final recommendation, reconsider the application.
- (11) The Head of Department must, within 30 days of deciding on an application–
- (a) inform the applicant in writing of the decision;
 - (b) if the application is refused, give written reasons for the refusal; and
 - (c) inform the applicant of the right to appeal in terms of regulation 25.
- (12) If the Head of Department has confirmed the Committee's recommendations that an application be approved, the Head of Department must issue an amended licence for the Emergency Medical Service to be registered in a register of emergency medical services.

23. Change of ownership

- (1) A licence for an Emergency Medical Service may not be transferred.
- (2) If an Emergency Medical Service is transferred or sold to a new owner, the new owner must submit an application in terms of regulation 4.

24. Fees

- (1) The Head of Department must from time to time determine the fee which must accompany an application, the fee for the renewal of a licence and the fee for an inspection for the renewal of a licence.
- (2)
 - (a) The fee for renewal of a licence is payable each year on completion of the annual inspection contemplated in regulation 6(2).and
 - (b) The renewal licence and licence tokens must not be issued until proof of payment of the relevant fee is submitted.

25. Appeal

- (1) A person who-
 - (a) has applied for a license for an Emergency Medical Service or for the renewal of such licence, and whose application has been refused in terms of regulation 13(7);
or
 - (b) whose licence has been cancelled or suspended in terms of regulation 20,

may lodge an appeal, in writing, to the MEC within 30 days of being notified of the refusal, cancellation or suspension, and give reasons for the appeal.

- (2) The MEC must, within 30 days of receipt of an appeal, submit a copy of the appeal to the Head of Department.
- (3) The Head of Department must, within 30 days of receipt of a copy of an appeal, submit a response to the appeal to the MEC.
- (4) The MEC may appoint up to three persons, who are not employees of the Department or members of the Committee, to advise the MEC on the appeal.
- (5) The MEC may uphold or refuse an appeal and may, in the event that the appeal is upheld, replace the decision of the Head of Department and grant the application.
- (6) An appeal must be finalised within 60 days of the date on which the Head of Department submits a response to MEC in terms of sub-regulation (3).
- (7) The MEC must communicate the decision on the appeal to the appellant in writing and, if the appeal is refused, give the reasons for the refusal of the appeal.

- (8) (a) If the MEC upholds an appeal, this decision, together with the reasons for the decision, must be communicated to the Head of Department in writing.
- (b) The Head of Department must make the necessary entry in the register for Emergency Medical Services.

26. Exemptions

The Head of Department may, at any time and on such conditions and for such period as he or she may determine, but not longer than six months, grant a responsible person an exemption from any requirements of these Regulations, if the exemption would not adversely impact on patient care.

27. Powers of emergency medical service personnel

- (1) Emergency medical services personnel may, whenever they regard it necessary or expedient in order to perform their functions of saving life or preventing bodily harm, perform any act necessary in order to enable them to perform their functions, and may also, subject to the applicable law-
- (a) close any road or street;
 - (b) enter or break into any premises;

- (c) damage or destroy any property; and
- (d) cause to be removed from the scene any person who is dangerous, or in danger, or who obstructs the emergency medical care provider in the performance of his or her duties.

28. Incident management and coordination of Emergency Medical Services

During a major incident or disaster, provincial Emergency Medical Services must assume responsibility for the co-ordination of such situation with regard to the triage, treatment and distribution of patients to appropriate medical facilities.

29. Offences and penalties

- (1) A person who-
 - (a) establishes, extends, conducts, maintains, manages, controls or renders an Emergency Medical Service without a licence ;

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- (b) fails to renew a license to provide an Emergency Medical Service;
- (c) is the responsible person for, or is employed by, an Emergency Medical Service and who-
- (i) obstructs or refuses to allow the inspection officer or a person acting on its behalf, access to such Emergency Medical Service for the purpose of an inspection in terms of these Regulations;
 - (ii) fails to comply with the provisions of these Regulations;
 - (iii) obstructs or prevents access of emergency medical services personnel to a patient in an emergency medical care situation;
 - (iv) has knowledge of an emergency medical care situation and wilfully or negligently withholds information from emergency medical services; or
 - (v) abuses or summons a service while he or she knows that there is no reason to do so;

- (d) displays on, or fits an unlicensed vehicle in terms of these Regulations with-
- (i) a siren;
 - (ii) red flashing lights;
 - (iii) the "star of life" symbol or other symbols, emblems, logos, heraldic devices, marks, words or phrases in a way associated with emergency medical services; or
 - (iv) the phrases, "paramedic", "medical", "emergency medical services", "Emergency Care Practitioner", "advanced life support", "ILS", "Emergency Care Technician", "ambulance", "emergency medical response", "basic life support", or a derivative thereof;
- (e) displays the word "paramedic", or a derivative thereof, or the phrase "advanced life support" on a vehicle where such vehicle is not-
- (i) staffed by at least one person registered as a medical practitioner or paramedic with the HPCSA;

- (ii) equipped to provide an advanced life support service; or
- (iii) a licensed emergency medical service vehicle;
- (f) impersonates emergency medical services personnel; or
- (g) obstructs emergency medical services personnel in the performance of their functions in terms of regulations 27 and 28,

is guilty of an offence and liable, on conviction, to–

- (i) a fine to be determined by the Head of Department;
- (ii) imprisonment for a period not exceeding five (5) years;
- (iii) both such fine and imprisonment for a period not exceeding five (5) years; or
- (iv) the penalties that may be imposed in terms of the National Health Act, 2003 (Act No. 61 of 2003).

30. Delegations

- (1) The Head of Department may delegate a power or function conferred or imposed upon her or him in terms of these Regulations to an official, except-
- (a) the power to decide on an application in terms of these Regulations;
 - (b) the power to cancel or suspend a licence in terms of regulation 20(3) ; or
 - (c) the duty to respond to an appeal in terms of regulation 25(3).

31. Transitional provisions

- (1) An Emergency Medical Service which is operational before the commencement of these Regulations must be allowed to continue to provide services for a maximum period of one year after the commencement of these Regulations.
- (2) (a) After the expiry of the period of one year, the Emergency Medical Service referred to in sub-regulation (1) must be licensed.
- (b) Failure to license an Emergency Medical Service referred to in sub-regulation (1) constitutes an offence as provided for in regulation 29(1)(a).

32. Short Title

- (1) These Regulations are called the Emergency Medical Services Regulations, 2015.