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**GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS**

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**DEPARTMENT OF HEALTH**

NO. 94

16 February 2021

**NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)****REGULATIONS RELATING STANDARDS FOR EMERGENCY MEDICAL SERVICES**

The Minister of Health intends, under section 90(1A) of the National Health Act, 2003 (Act No. 61 of 2003), and after consultation with the Office of Health Standards Compliance, to make Regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for attention of the Director: Emergency Medical Services and Disaster Medicine, [Raveen.Naidoo@health.gov.za](mailto:Raveen.Naidoo@health.gov.za)), within three months from the date of publication of this Notice.

**DR ZWELINI LAWRENCE MKHIZE, MP****MINISTER OF HEALTH**

DATE: 16/11/2020

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## DEFINITIONS, APPLICATION AND PURPOSE

### Definitions

1. In these Regulations any word or expression to which a meaning has been assigned in the Act, has the meaning so assigned, and unless the context otherwise indicates—

**“Advanced Life Support (ALS)”** means a level of care provided within the Paramedic, Emergency Care Technician or Emergency Care Practitioner scope of practice as determined by the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act No. 56 of 1974);

**“Ambulance”** means an appropriately equipped vehicle which is either airborne, or land-based and designed or adapted for the purpose of providing emergency care and the transportation of patients which is licensed to an Emergency Medical Service registered, staffed and equipped in terms of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017;

**“Ambulance Emergency Assistant”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Basic Ambulance Assistant”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Basic Life Support (BLS)”** means a level of emergency care provided primarily by emergency care providers that practice within the Basic Ambulance Assistant scope of practice as determined by the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Critically ill or injured”** means a patient who has an actual or potentially life-threatening health problem which requires an immediate response;

**“Emergency Care”** means the evaluation, treatment and care of an ill or injured person in a situation in which such emergency evaluation, treatment and care is required, and the continuation of treatment and care during the transportation of such person to or between health establishments;

**“Emergency Communication Centre”** means a dedicated self-contained facility for housing of call handling and dispatch personnel;

**“Emergency Medical Service”** or **“EMS”** means an organisation or body that is dedicated, staffed and equipped to operate an ambulance, medical rescue vehicle or medical response vehicle in order to offer emergency care;

**“Emergency Medical Service 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, 1974;

**“Emergency Care Assistant”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Emergency Care Personnel”** means personnel who are registered with the Health Professions Council of South Africa under the auspices of the Professional Board for Emergency Care;

**“Emergency Care Practitioner”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Emergency Care Technician”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Emergency Communication Centre”** or **“ECC”** means the building which houses call handlers and dispatch personnel for the EMS;

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

**“EMS Station Manager”** means a person who is duly appointed as the responsible manager for the EMS Station and who is registered with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“ECC Manager”** means a person who is duly appointed as the responsible manager for the ECC and who is registered with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Health Professions Council of South Africa” or “HPCSA”** means the body established in terms of section 2 of the Health Professions Act; 1974

**“Intermediate Life Support (ILS)”** means a level of emergency care provided within the Ambulance Emergency Assistant scope of practice as determined by the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Medical emergency”** means conditions requiring rapid intervention to avert death or disability, and those for which treatment delays of hours or less make interventions less effective;

**“Medical Rescue Vehicle”** means a vehicle registered to an Emergency Medical Service as such and registered as per the National Road Traffic Act, 1996, as amended and staffed and equipped as defined in these standards;

**“Medical Response Vehicle”** means a vehicle registered to an Emergency Medical Service as such and registered as per the National Road Traffic Act, 1996, as amended and staffed and equipped as defined in these standards ;

**“National Road Traffic Act”** means the National Road Traffic Act, 1996 (Act No.93 of 1996);

**“Paramedic”** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**“Remedial actions”** means actions taken to remedy any gaps identified; this may be a one-time action, such as the purchase of goods and services, a sustained activity over time such as a quality improvement plan or implementation of a PDSA (Plan, Do, Study, Act) cycle, monitoring and evaluation of newly instituted practices to determine if changes are providing the required benefit, training provided to address identified gaps in knowledge or the need for refresher training, or any other action undertaken to address gaps in service delivery;

“**Response time**” means the time measured from when an Emergency Medical Service receives an emergency call to the time the first medical responder arrives at the scene;

“**Register of Emergency Medical Services**” means the publicly available register referred to in Regulation 5 (13) of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017;

“**Service Licence**” means a licence issued to an EMS service in terms of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017, which authorises the provision of an Emergency Medical Service;

“**Station Licence**” means a license issued to an EMS Station in terms of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017, which authorises the delivery of EMS from that building;

“**the Act**” means the National Health Act, 2003 (Act No. 61 of 2003);

“**Triage**” means to sort patients according to medical priority using an evidence-based triage scale; and

“**Vehicle Licence**” means a license issued to a vehicle adapted for use as an emergency vehicle in terms of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017.

### **Scope and application**

2. These Regulations apply to Emergency Medical Services to the extent specified in the measurement tools obtainable from the national Department of Health.

### **Purpose of Regulations**

3. The purpose of these Regulations is to promote and protect the health and safety of patients and health care personnel.

## **PATIENT RIGHTS**

### **Dignity of patients**

4. (1) The emergency medical service must have systems in place to ensure that patients are treated with dignity at all times.

(2) The emergency medical service must have organisational policies and practices regarding patient's rights that are consistent with sections 10, and 27(1)(a) and (3) of the Constitution of the Republic of South Africa, 1996 and Chapter 2 of the Act.

### **Information for patients**

5. The emergency medical service must provide patients with adequate information about the health care services, including information: -

- (a) about the service is made available to patients, including costs for services; and
- (b) relating to the quality of services provided.

### **Stakeholder satisfaction surveys**

6. (1) The emergency medical service must have the mechanisms and systems to enable the stakeholders and patients to communicate their experiences of care.

(2) The EMS station or ECC must implement systems and processes to assess, monitor and improve their stakeholder satisfaction with the services provided.

### **Complaints management**

7. (1) The emergency medical service must record and analyse complaints to improve quality of care provided to the patients and must also provide patients with information about the process of making a complaint.

(2) The emergency medical service must have a system for monitoring, assessing and responding to complaints contemplated in sub-regulation (1).

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## CLINICAL GOVERNANCE AND CLINICAL CARE

### Patient health records

8. (1) The station must ensure that accurate records of the health care services provided to patients are created and maintained.

(2) The emergency medical service must record accurate biographical information for patients.

(3) The accurate and comprehensive records of clinical care provided to patients must be documented by the emergency medical service to facilitate continuity of care.

(4) The emergency medical service must ensure that patient health records are accessible and can be retrieved when needed.

### Clinical management of emergency care provision

9. (1) The emergency medical service must put in place an efficient call management system to facilitate access to services communication systems to facilitate the provision of effective and appropriate emergency care.

(2) The emergency medical service must ensure that contingency plans for communication system failure are available and known to personnel and managers.

### Dispatch of emergency vehicles

10. (1) An efficient vehicle dispatch system must be in place to ensure patients have rapid and safe access to services.

(2) For the purposes of sub-regulation (1), the emergency medical service must -

(a) have a Computer Aided Dispatch (CAD) system that facilitates vehicle allocation, routing and tracking and where an ECC does not have a Computer Aided Dispatch (CAD) system, a paper-based system must facilitate vehicle allocation, direction and tracking

(b) have a standardised process for dispatching vehicles.

- (c) monitor response times for each stage of the call management and dispatch process.

### **Response management**

11. (1) Emergencies must be responded to in a co-ordinated and efficient manner by emergency medical service.

(2) For the purposes of sub-regulation (1), the emergency medical service must -

- (a) ensure emergency vehicles are appropriately equipped and staffed, and
- (b) have systems to ensure that patients are treated in accordance with current evidence-based guidelines to reduce variations in care and improve patient outcomes.

(3) For the purposes of sub-regulation (2) -

- (a) Health care professionals must have and adhere to evidence-based clinical practice guidelines on stabilising patients before and during transportation of patients.
- (b) There is a standardised method of patient handover, which is implemented.

### **Clinical leadership and clinical risk**

12. (1) Systems to support the provision of quality health care services and prevent patient safety incidents must be implemented by the emergency medical service.

(2) For the purposes of sub-regulation (1), the emergency medical service station must -

- (a) participate in local and regional clinical governance activities.
- (b) have systems in place to ensure that patients requiring resuscitation receive an immediate response by emergency care personnel trained in resuscitation.

### **Inter-facility transfers**

13. (1) Interfacility transfers must be managed in a manner which maximises patient safety.

- (2) For the purposes of sub-regulation (1), the emergency medical service must implement -
  - (a) a standardised process for the arrangement of inter-facility transfers, and
  - (b) a standardised process for the pickup, transfer and drop off of patients requiring an inter-facility transfer.

### **Planned patient transport services**

14. (1) Planned patient transport services are managed in a manner which maximises efficiency.

(2) For the purposes of sub-regulation (1), the emergency medical service must implement a standardised process for the arrangement of planned patient transport services.

### **Patient safety incidents**

15. (1) A system to report and monitor all patient safety incidents is implemented.

- (2) For the purposes of sub-regulation (1), the emergency medical service must -
  - (a) implement a system for recording, investigating and managing patient safety incidents to minimise the risk of harm and the risk of recurrence, and
  - (b) have systems in place to report patient safety incidents to the responsible authority.

### **Prevention and control of infections**

16. (1) An infection prevention and control programme to minimise the risk of health care associated infections must be implemented.

- (2) For the purposes of sub-regulation (1), the emergency medical service must -
  - (a) ensure infection prevention and control processes are implemented to reduce the risk of transmission of infection, and
  - (b) ensure personnel receive training on the prescribed infection prevention and control practices.

(3) The decontamination of medical devices and equipment are provided in a safe and effective manner.

- (4) For the purposes of sub-regulation (3), the emergency medical service must -
  - (a) have systems in place for the decontamination of medical devices and equipment, and
  - (b) ensure equipment used for decontamination is managed and maintained to ensure sustainability of decontamination services.
  
- (5) Effective environmental cleaning which minimises the risk of disease outbreaks and the transmission of infection to patients or emergency medical service personnel must be implemented.
  
- (6) For the purposes of sub-regulation (5), the emergency medical service must -
  - (a) ensure cleaning agents and equipment are approved by the relevant authority and available for cleaning personnel, and
  - (b) ensure that the performance of the cleaning service is monitored, and corrective actions are taken where necessary.

### **Waste management**

17. (1) Health care risk waste and general waste must be handled, stored, and disposed of safely in accordance with relevant legislation.
- (2) For the purposes of sub-regulation (1), the emergency medical service must -
    - (a) ensure health care risk waste and general waste is handled, stored and disposed of safely, and
    - (b) ensure procedures for recording of waste removed for destruction are implemented.

## **CLINICAL SUPPORT SERVICES**

### **Medicines and medical supplies**

18. (1) Safety protocols in relation to the administration of medicines must be made available to protect patients from medication errors.

(2) For the purposes of sub-regulation (1), the emergency medical service must ensure that medicines are administered safely in accordance with standard operating procedures to minimise the risk of patient safety incidents.

(3) Efficient stock management processes ensure sustainable service delivery and minimise waste must be in place.

(4) For the purposes of sub-regulation (3), the emergency medical service must –

- (a) ensure stock control and inventory procedures for medicines and medical supplies are implemented and maintained,
- (b) ensure medical supplies required for the care of patients transported by the emergency medical service are available,
- (c) ensure medicines are stored in accordance with Good Pharmacy Practice and manufacturer's guidelines, and
- (d) implement controls for the management, recording and distribution of medicines listed in Schedules 5 and 6 of the Medicines and Related Substances Act.

### **Medical equipment management**

19. (1) A medical equipment management programme must be implemented.

(2) For the purposes of sub-regulation (1), the emergency medical service must -

- (a) ensure medical equipment is available and functional to provide care to patients, and
- (b) ensure medical equipment is maintained and repaired according to a planned maintenance schedule, developed in accordance with the manufacturer's specifications.

## LEADERSHIP AND GOVERNANCE

### Oversight and accountability

20. (1) The Provincial Department of Health must oversee and support the emergency medical services.
- (2) For the purposes of sub-regulation (1) -
- (a) The emergency medical services are licensed as per requirements of the Emergency Medical Services Regulations, published in the Government Gazette of 1 December 2017, and
- (b) A functional governance structure oversees service delivery to ensure quality services are provided.

## OPERATIONAL MANAGEMENT

### General management

21. (1) Management of the service ensures the provision of safe, effective and efficient patient care.
- (2) For the purposes of sub-regulation (1), the emergency medical service must -
- (a) ensure the service is managed by an appropriately qualified individual, who is responsible for ensuring the provision of quality services.
- (b) ensure that financial management and supply chain management processes facilitate business continuity and efficient service delivery.

### Human resources management

22. (1) Systems must be in place to manage personnel in line with relevant legislation, policies and guidelines.
- (2) For the purposes of sub-regulation (1), the emergency medical service must -

- (a) ensure copies of the most up to date human resource policies and relevant legislation are available at the emergency medical service,
- (b) ensure human resource practices which maximise the efficiency of service delivery and personnel management are implemented,
- (c) ensure healthcare professionals maintain their registration with the relevant statutory health professional councils,
- (d) implement a performance management system in place for all employees, and
- (e) ensure management of contractors and volunteers to maximize the benefit for the service and the volunteer / contractor while minimising risk to patients and the service.

### **Occupational Health and Safety**

23. (1) Personnel must be protected from workplace hazards by the establishment and implementation of occupational health and safety systems.

- (2) For the purposes of sub-regulation (1), the emergency medical service must -
  - (a) ensure the health and safety of personnel is protected by implementation of the requirements of the Occupational Health and Safety Act, 1993 (Act No.85 of 1993),
  - (b) implement measures to minimise the incidence of occupationally acquired injuries and diseases are implemented,
  - (c) make available comprehensive wellness services to EMS personnel, and
  - (d) facilitate claims for compensation for occupational injuries or diseases.

(3) A comprehensive safety programme must be designed and implemented to ensure the safety of vehicle crew members and uninterrupted service delivery to the community.

- (4) For the purposes of sub-regulation (3), the emergency medical service must -
  - (a) ensures that the EMS station collaborates with all relevant stakeholders in the design and implementation of the EMS safety plan,
  - (b) facilitate a programme of community engagement that builds relationships between EMS personnel and the communities they serve,
  - (c) ensure EMS personnel participate in activities designed to improve social solidarity in the local community,
  - (d) ensure all EMS personnel receive training to mitigate the risk of confrontation and violence during patient transport episodes,

- (e) implement a system for the reporting of safety incidents,
- (f) ensure the EMS station / ECC manager utilises the national safety incident reporting database to safeguard EMS personnel, and
- (g) facilitate a comprehensive approach to the management of safety incidents.

### **Emergency and disaster preparedness**

**24.** (1) The EMS provider must participate in District emergency and disaster planning processes and the provision of emergency and disaster response.

- (2) For the purposes of sub-regulation (1), the emergency medical service must -
  - (a) attend local emergency and disaster planning meetings, and
  - (b) implement systems to ensure adequate response during emergencies and disasters.
- (3) Systems must be in place to ensure the safety of personnel in the event of fire.
- (4) For the purposes of sub-regulation (3), the emergency medical service must have systems in place to respond to fire in the EMS station / ECC.

### **Fleet management**

**25.** (1) The vehicles used to transport patients and personnel must be safe and well maintained.

- (2) For the purposes of sub-regulation (1), the emergency medical service must -
  - (a) ensure all vehicles are licensed and maintained,
  - (b) ensure all drivers have a valid driver's license and public transport driving permit,
  - (c) ensure all emergency medical service vehicles must comply with the National Road Traffic Act, 1996, or the relevant vehicle registration and safety legislation, as applicable, and
  - (d) implement an effective fleet management system.

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## FACILITIES AND INFRASTRUCTURE

### Management of buildings and grounds

26. (1) The building occupied for service delivery must meet the requirements of the building regulations.

- (2) For the purposes of sub-regulation (1), the emergency medical service must -
- (a) have all the required compliance certificates in terms of the building regulations,
  - (b) be equipped with the facilities required for service delivery, and
  - (c) inspect and maintain building premises and grounds in accordance with a maintenance schedule.

### Building engineering services

27. (1) The building engineering services must be functional and enable safe and uninterrupted delivery of emergency medical services.

(2) For the purposes of sub-regulation (1), the emergency medical service must ensure routine and emergency electrical and water supplies are available on a continuous basis.

### Security services

28. (1) Security systems must be in place to protect patients, personnel and property from security threats and risks.

- (2) For the purposes of sub-regulation (1), the emergency medical service must implement a security plan to protect patients and personnel.

### Linen services

29. (1) Clean linen is provided as required for the type of services delivered.

- (2) For the purposes of sub-regulation (1), the emergency medical service must –
- (a) monitor the EMS station linen stock, or
  - (b) manage the service provider effectively where laundry services are outsourced.

## GENERAL PROVISIONS

### Short title and commencement

30. These Regulations are called the Regulations relating to the Standards for Emergency Medical Services, 2020, and will come into operation 12 months after the date of promulgation.