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NATIONAL HEALTH ACT 61 OF 2003**EMERGENCY MEDICAL SERVICES REGULATIONS, 2017**

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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.

(Signed)
DR A MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 26/10/2017

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PART 1

REGULATORY FRAMEWORK

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-

“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;

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

“air ambulance” means an airborne vehicle-

(a) appropriately equipped, designed or adapted solely for the purpose of providing emergency care and conveyance of patients;

(b) which is licensed to an Emergency Medical Service;

- (c) registered as an air ambulance in terms of the Civil Aviation Act, 2009 (Act No. 13 of 2009); and
- (d) staffed and equipped as per “[Annexures A](#) and [B](#)”;

“ambulance” means a motor vehicle-

- (a) appropriately equipped, designed or adapted solely for the purpose of providing emergency care and conveyance of patients;
- (b) owned by an Emergency Medical Service;
- (c) registered as an ambulance in terms of the National Road Traffic Act; and
- (d) staffed and equipped as per “[Annexures A](#) and [B](#)”;

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

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

“Basic Life Support (BLS)” means a level of emergency care provided primarily by emergency care providers that practise 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;

“Committee” means the Emergency Medical Services Advisory Committee appointed in terms of [regulation 3](#);

“dirty utility facility” means a facility that is dedicated to the laundering of dirty linen, cleaning of soiled equipment and sluice requirements;

“Education Institution Emergency Medical Service” means an organisation or body that is dedicated, staffed and equipped to operate as an ambulance or medical response vehicle in order to offer emergency care for the purpose of educating and training emergency care students who are registered with the Health Professions Council of South Africa in terms of the Health Professions Act;

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

“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;

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

“Emergency Medical Service” 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;

“Event Medical Service” means an organisation or body that is dedicated, equipped and staffed by persons registered with the Health Professions Council of South Africa in terms of the Health Professions Act to operate an ambulance or medical response vehicle in order to offer emergency care at mass gatherings or high risk events;

“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;

“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” means the body established in terms of [section 2](#) of the Health Professions Act;

“inspecting officer” means a person employed or appointed by the Provincial Health Licensing and Inspectorate Authority;

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

“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 Emergency Medical Services;

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

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

“medical rescue” means practices involving the location, access, extrication and emergency care of a person.

“medical rescue vehicle” means a vehicle-

- (a) appropriately equipped designed or adapted solely for the purpose of providing medical rescue;
- (b) owned by an Emergency Medical Service;
- (c) registered as a medical rescue vehicle in terms of the National Road Traffic Act; and
- (d) staffed and equipped as per “[Annexures A](#) and [B](#)”;

“medical response vehicle” means a vehicle-

- (a) appropriately equipped designed or adapted solely for the purpose of providing medical response;
- (b) owned by an Emergency Medical Service;
- (c) registered as a medical response vehicle in terms of the National Road Traffic Act; and
- (d) staffed and equipped as per “[Annexures A](#) and [B](#)”;

“**member**” means a person appointed in terms of [regulation 3](#) to serve on the Committee:

“**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;

“**response time**” means the time measured from when an Emergency Medical Service receives an emergency call to the time the first emergency care personnel or medical practitioner 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, registered with the Health Professions Council of South Africa, who establishes, extends, conducts, maintains or renders an emergency medical service;

“**Register of Emergency Medical Services**” means the register referred to in [regulation 9](#)(15);

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

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

“**Volunteer Emergency Medical Service**” means an organisation or body-

- (a) licensed to provide such volunteer emergency medical services as formally approved by the relevant Provincial Department of Health;
- (b) registered in accordance with the National Road Traffic Act; and
- (c) registered as a Non-Profit Organisation, as well as a Public Benefit Organisation as provided for in the Non-Profit Organisation Act, 1997 (Act No. 71 of 1997) and the Income Tax Act 1962 (Act No. 58 of 1962), respectively;

“**Volunteer Emergency Medical Service personnel**” means personnel who-

- (a) are registered practitioners with the Health Professions Council of South Africa in terms of the Health Professions Act;
- (b) are members of a licensed Volunteer Emergency Medical Service; and
- (c) do not receive any remuneration for the provision of emergency medical services, but may receive reasonable reimbursement for expenses incurred.

2. Scope of application

These Regulations apply to public and private Emergency Medical Services operating in the Republic of South Africa, excluding the South African National Defence Force.

PART 2 EMS ADVISORY COMMITTEE

3. Emergency Medical Services Advisory Committee

- (1) The Head of Department must appoint members of the Committee.
- (2) The Committee must-
 - (a) advise and make recommendations on licence applications referred to in [regulation 8](#); and
 - (b) advise the Head of Department on matters concerning licensing.
- (3) The Head of Department must determine the terms of reference of the Committee.
- (4)
 - (a) The Committee must be comprised of at least five (5) members.
 - (b) Members referred to in sub-regulation (5)(a), (c) and (d) must have a minimum of 10 years' experience in emergency medical services.
- (5) The Committee must consist of at least-
 - (a) one member who is a specialist in emergency medicine or an equivalent field;
 - (b) 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;
 - (c) one member with extensive technical expertise of public emergency medical services nominated by the National Department of Health;
 - (d) one member with extensive technical expertise from private emergency medical services; and
 - (e) one member representing health care users in the Province.
- (6) The Head of Department must appoint a member recommended by the Committee, 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 in terms of [regulation 8](#), co-opt any person to participate in the proceedings of the Committee, provided that the Chairperson is satisfied that such person will be able to assist the Committee in making a recommendation.
- (9) The Chairperson must ensure that a full record of the overall proceedings is kept, together with a record of attendance and of any resolutions taken at a meeting of the Committee.
- (10) The Committee must be convened as frequently as may be necessary, to deal with applications in terms of [regulation 8](#).
- (11) A quorum for a meeting is 50%+1 of the members of the Committee, but either the Chairperson or Deputy Chairperson must always be present.
- (12) Voting-
 - (a) a decision of the majority of members present at a meeting of the Committee is considered to be a decision of the Committee;
 - (b) in the event of the number of votes leading to a tie, the Chairperson or Deputy Chairperson presiding at the meeting, has a casting vote; and
 - (c) a person co-opted in terms of sub-regulation (8), does not have voting power when participating in proceedings of the Committee.
- (13) The Chairperson of the Committee must submit an annual report on the activities and expenditure of the Committee, to the Head of Department, within 40 working days of the end of the financial year.
- (14) The Head of Department must pay members who are not employed by the State-
 - (a) reasonable remuneration; and
 - (b) reasonable allowances for 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.

4. Exclusion of Members of Committee

- (1) A member of the Committee may not be present during, or participate in-
 - (a) a discussion;
 - (b) the taking of a decision; or
 - (c) the making of recommendations,

in respect of an application serving before the Committee in which that member, his or her spouse, an immediate family member, a business partner, associate or employer (other than the State) has any financial or material interest, or where that member, his or her spouse, an immediate family member, a business partner, associate or employer (other than the State) has had any such interest during the 12 months preceding the application in question.

- (2) For the purpose of sub-regulation (1), the term-
 - (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, whether by blood or in law, a grandparent, parent, child or sibling, irrespective of whether such a relationship results from birth, marriage or adoption.
- (3) A person may not, whilst serving on the Committee, accept any form of employment, remuneration, gratuity or reward, from-
 - (a) a person having an interest in an Emergency Medical Service; or
 - (b) a person who has applied for a licence in terms of [regulation 8](#).
- (4) Where a member of the Committee has a current or potential conflict of interest, that member must-
 - (a) declare such a conflict of interest to the Chairperson of the Committee timeously; and
 - (b) recuse himself or herself from any proceedings where such a conflict of interest may arise.

5. Declaration by Committee Members

- (1) A person who is appointed to the Committee in terms of [regulation 3](#)(1) must, upon receiving notice of his or her appointment, and prior to commencement of duties as a member, submit a written declaration to the Head of Department, detailing-
 - (a) any financial or other interest that he or she may have, which may be in competition or in conflict with such an appointment; and
 - (b) any relevant information about a conviction for an offence listed in Schedule 1 of the Criminal Procedure Act, 1977 (Act No. 51 of 1977).
- (2) Failure to submit the declaration referred to in sub-regulation (1)(a) will result in the appointment being suspended for a period not exceeding forty (40) working days until the declaration is received.
- (3) If a member of the Committee-
 - (a) experiences a change in circumstances pertaining to financial or other interests that may affect his or her ability to consider any matter impartially, such a member must, within ten (10) working days from the date of the change in circumstances and within a reasonable period prior to consideration of an affected matter, submit a written notice to the Head of Department outlining the relevant change in circumstances;
 - (b) fails to comply with sub-regulation (3)(a), his or her appointment as a member may be revoked;
 - (c) has their appointment revoked, as contemplated in sub-regulation (3)(b), the member may lodge an appeal to the MEC within twenty (20) working days of being notified,

which appeal must-

- (i) be in writing;
 - (ii) set out the reasons for the appeal being made; and
 - (iii) stipulate reasons as to why the membership of the person concerned should not be revoked.
- (4) A declaration submitted in terms of sub-regulation (1) must be for the sole purpose of determining whether any possible conflict of interest precludes the appointment, or the continued membership, of a person as a member 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 to the Committee as a means of promoting the financial or other interests of another person in relation to emergency medical services.
- (7) A member of the Committee who knowingly and willingly-
- (a) fails to give truthful answers, or provide a full declaration of financial, or a possible conflict of, interest;
 - (b) uses his or her appointment to promote the financial or other interest of any person; or
 - (c) fails to recuse himself or herself as contemplated in [regulation 4\(4\)\(b\)](#),
- commits an offence and is, upon conviction, liable to a fine not exceeding R25 000.00 and ceases to be a member of the Committee.

6. 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 twenty (20) working 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 un-rehabilitated insolvent;
 - (b) fails to-
 - (i) declare his or her financial interest or other conflict of interest; or
 - (ii) recuse himself or herself where he or she or an immediate family member has an interest in the outcome of a 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 brings or which could bring the Committee into disrepute or threatens the integrity of the Committee;

- (e) fails to attend two consecutive meetings of the Committee without having been granted leave of absence by the Chairperson;
- (f) fails to carry out the duties and functions of the Committee to the best of his or her ability; or
- (g) is convicted of an offence referred to in [regulation 5\(7\)](#).

PART 3

LICENSING OF EMERGENCY MEDICAL SERVICES

7. Licensing

- (1) A person, organisation or organ of state may not, without the requisite licence, establish, control, change ownership, rename, temporarily or permanently relocate, or alter the services of-
 - (a) an Emergency Medical Service;
 - (b) an Aeromedical Service;
 - (c) an Event Medical Service;
 - (d) a Volunteer Emergency Medical Service; or
 - (e) an Education Institution Emergency Medical Service.
- (2) The minimum licensing category must be Intermediate Life Support.
- (3) An Emergency Medical Service that is licensed at either intermediate Life Support level or Advanced Life Support level, must be allowed to operate up to, but not exceeding, 50% of the ambulances operated by the Emergency Medical Service at Basic Life Support level and the remaining 50% of the ambulances being operated by the Emergency Medical Service must be operated at either Intermediate Life Support level, or Advanced Life Support level, or a combination thereof.
- (4) The Head of Department may only issue a licence if the service has been inspected by an inspecting officer and is found to be in compliance with the requirements outlined in [Annexures A](#) and [B](#), and is considered suitable and adequate for the purpose of providing a service in respect of the licence application.
- (5) A Volunteer Emergency Medical Service must comply with the requirements for the licensing of an Emergency Medical Service with the exclusion of sections 2(b), 5(c) and 5(d) in [Annexure A](#).
- (6) A private Emergency Medical Service (excluding Event Medical Services) may only provide emergency medical services within the demarcated boundary within a health district as specified in its application for a licence and in which its station is located, unless it is transporting patients between health establishments or it is requested by the Head of Department.

8. 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 fee as per [Annexure D](#).
- (2) A Volunteer Emergency Medical Service must only pay annual licensing fees per ambulance or response vehicle, as stipulated in [Annexure D](#).
- (3) An application submitted in terms of sub-regulation (1)(a) must be an original application delivered by hand, by registered mail or by electronic mail, to the Head of Department.
- (4) An applicant may withdraw the application at any time before it has been evaluated by the Committee, in which case the application fee will be refunded to the applicant.
- (5) If an applicant withdraws the application after the Committee has considered it, the application fee will be forfeited.
- (6) The Head of Department may, on the receipt of an application relating to the relocation of a licensed vehicle from one Province to another, issue a temporary licence valid for a period of six (6) months, except-
 - (a) where the relocation occurs in the course of an inter-provincial patient transfer;
 - (b) in the case of the replacement of an existing licensed vehicle; or
 - (c) when additional vehicles are procured.
- (7) A temporary licence-
 - (a) must be issued within 10 working days of receipt of an application;
 - (b) may not be renewed; and
 - (c) must be considered to have expired in the event that an application for a licence is refused or if an application for a licence is withdrawn.
- (8) The prescribed annual licensing fee is payable in respect of a temporary licence issued in the event of a licensed vehicle moving from one Province to another.
- (9) An application received without proof of payment of the application fee may not be processed until the application fee is paid, but the Head of Department may then pend the application for a period not exceeding 60 working days, after which period, if the application fee has still not been paid, the application may be considered to have been withdrawn.
- (10) An applicant submitting an application for the licensing of an Emergency Medical Service must have a station located within the health district in which the applicant intends to operate so as to optimise service delivery and the station must adhere to the minimum norms and standards provided for in [Annexure A](#).

9. Processing of application

- (1) On receipt of the application, the Head of Department must, within five (5) working days and by way of registered mail or electronic mail, issue the applicant with an acknowledgement of receipt, indicating there upon the date on which the application was received.
- (2) The Head of Department must, within ten (10) working days of receipt of an application, review the application to determine whether it has been properly completed or whether additional information is required.
- (3) If the Head of Department is of the opinion that the application form 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 form or supply the additional information required within twenty (20) working days.
- (4) If an applicant fails to properly complete an application form or to supply the additional information within the period specified in sub-regulation (3), the applicant must be regarded as having withdrawn the application.
- (5) If the Head of Department is of the opinion that the application form has been properly completed, he or she must-
 - (a) refer the application to the Committee to advise and make recommendations on the application; and
 - (b) concurrently place a notice in a local newspaper and in the Gazette to inform the public of the application and invite public comment on the application, providing a period of fifteen (15) working days for such public comment.
- (6) The Committee must consider the application and public comments received (if any) within twenty (20) working days and make a recommendation to the Head of Department.
- (7) The Head of Department must, within fifteen (15) working days of receipt of recommendations from the Committee, consider the recommendations and make a decision.
- (8) The Head of Department may, prior to taking a decision in terms of sub-regulation (7), refer an application back to the Committee for reconsideration of its recommendations, stating in writing, the reasons for referring the 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 twenty (20) working days of the application being referred back to it.
- (10) The Head of Department must, within ten (10) working days of receipt of a final recommendation in terms of sub-regulation (9), consider the recommendation.
- (11) The Head of Department must, within ten (10) working days of deciding on an application as contemplated by sub-regulation (7) or (10), 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 21](#).
- (12) If the Head of Department has confirmed the Committee's recommendations that an application be approved, the Head of Department must, within ten (10) working days, instruct an inspecting officer, in writing, to inspect the Emergency Medical Service concerned.

- (13) The inspecting officer must carry out an inspection of the Emergency Medical Service and submit a written report, on the findings relating to the inspection, to the Committee within twenty five (25) working days of the instruction by the Head of Department.
- (14)
- (a) An applicant must provide a date for inspection to the Licensing and Inspectorate Authority within one hundred and twenty (120) working days of the date specified by the Head of Department.
- (b) If an applicant fails to provide a date for inspection as provided for in paragraph (a), the applicant must be regarded as having withdrawn the application.
- (15) If the Head of Department has confirmed the Committee's recommendations that a licence be approved, subject to the Emergency Medical Service being inspected by a duly authorised inspecting officer and the Emergency Medical Service is found to be compliant in terms of these Regulations, the Head of Department must issue a licence for the Emergency Medical Service to be registered in the Register of Emergency Medical Services.

10. Consideration of application for licence

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 justifiable need for the proposed Emergency Medical Service and may take into account the following:

- (a) The need to ensure consistency of health service planning and development at national, provincial and local levels and 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 and taking into account-
- (i) the demographic and epidemiological characteristics of the population 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;
- (b) the availability of existing emergency medical services;
- (c) the need to promote quality services which are accessible, affordable, cost-effective and safe;
- (d) the potential advantages and disadvantages of the application for any affected communities;
- (e) 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 small, medium and micro-enterprise sector, including cooperatives;
- (f) the potential benefits of training and research and development with a view to the improvement of health service delivery;
- (g) 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;

- (h) where applicable, the quality of health services rendered by the applicant in the past; and
- (i) where applicable, compliance with reporting requirements as set out in these Regulations in the past.

11. Recommendations of Committee

Following an analysis of the application, the Committee may make the following recommendations to the Head of Department:

- (a) That the application be approved;
- (b) that the application be approved subject to conditions which the Committee considers appropriate, including but not limited to, the nature or extent of services to be provided by the Emergency Medical Service; or
- (c) that the application be refused.

12. Decision of Head of Department

The Head of Department may make the following decisions;

- (a) Confirm the recommendation of the Committee;
- (b) confirm the recommendation to approve the application subject to the conditions recommended by the Committee; or
- (c) reject the recommendation of the Committee.

13. Issuing of licence and licence tokens

- (1) When an application for an Emergency Medical Service has been approved, or conditionally approved, subject to the Emergency Medical Service being inspected by a duly authorised inspecting officer and found to be compliant in terms of these Regulations, the Head of Department must-
 - (a) issue a licence to operate the service concerned; and
 - (b) issue a licence token for each vehicle to be used by that Emergency Medical Service as an ambulance, medical rescue vehicle or medical 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 station of the Emergency Medical Service within the health district;
 - (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.

14. Annual renewal of licence and licence token

- (1) The licence and licence tokens of a licensed Emergency Medical Service are valid for a period of twelve (12) months from the date of issue and must be renewed annually, subject to the Emergency Medical Service being inspected by a duly authorised inspecting officer and found to be compliant with these Regulations.
- (2) A licensed Emergency Medical Service must timeously apply for the renewal of its licence and related tokens, within twenty (20) working days prior to the expiry of such licence and licence tokens.
- (3) The renewal of a licence and related tokens is subject to re-inspection by a duly authorised inspecting officer.

15. Suspension or cancellation of licence

- (1) If an 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 a period 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 a period specified in the notice, regarding the proposed cancellation or suspension of the licence.
- (3) If, at the expiry of the period specified in terms of sub-regulation (2)(b), the noncompliance has not been rectified to the satisfaction of the Head of Department, the Head of Department may, having regard to all the relevant facts, including the report of the inspecting 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 ten (10) working days, inform the licence holder in writing of-

- (a) the decision;
- (b) the reasons for the decision; and
- (c) the right of appeal.

16. Reinstatement of licence and lifting of suspension

- (1) An 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 8](#) 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 in order to determine whether the Emergency Medical Service-
 - (a) complies with [Annexures A](#) and [B](#); and
 - (b) is suitable and adequate for the purpose of providing the service for which it is licensed 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.

17. Amendment of licence

- (1) In order to change the level of service provision for which a licence has been issued, a licence holder must apply to the Head of Department to amend the licence accordingly.
- (2) The provisions of [regulations 8](#) and [9](#) apply, with the changes required by the context, in respect of the application for the amendment of a licence.

18. Change of ownership

- (1) A licence for an Emergency Medical Service may not be transferred.
- (2) If an Emergency Medical Service is sold to a new owner-
 - (a) the new owner must submit an application in terms of [regulation 8](#);
 - (b) the new owner may operate on the existing licence for a maximum period of six (6) months or on a new licence or temporary licence if one has been issued in the name of the new owner; and
 - (c) the Head of Department must effect an inspection within the six (6) months period referred to in paragraph (b).

19. Fees

- (1) The fees for an application for a licence, renewal of a licence and inspection in respect of an application for, or renewal of, a licence are as set out in [Annexure D](#).

- (2) An applicant may make representations to the respective MEC for a waiver of the applicable fees.
- (3) The fee for the renewal of a licence is payable each year on completion of the annual inspection contemplated in [regulation 14](#).
- (4) The renewal licence and licence tokens must not be issued until proof of payment of the relevant fee is submitted.

20. Exemptions

- (1) 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 three months, in writing, grant an organisation or body an exemption from any requirements of these Regulations, provided the exemption would not adversely impact on patient care.
- (2) An exemption granted in terms of these Regulations and reasons for granting the exemption must be reflected in the Register of Emergency Medical Services.

21. Appeal

- (1) A person who-
 - (a) has applied for a licence for an Emergency Medical Service or for the renewal of such licence, and whose application has been refused; or
 - (b) whose licence has been suspended or cancelled,may lodge an appeal, in writing, to the MEC within ten (10) working days of being notified of the refusal, suspension or cancellation, and give reasons for the appeal.
- (2) The MEC must, within five (5) working days of receipt of an appeal, submit a copy of the appeal to the Head of Department.
- (3) The Head of Department must, within ten (10) working 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 (3) independent and suitable 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 twenty (20) working days of the date on which the Head of Department submits a response to the MEC in terms of sub-regulation (3).
- (5) 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, the decision, together with the reasons for the decision, must be communicated to the Head of Department in writing.
 - (b) On receipt of the decision, the Head of Department must make the necessary entry in

PART 4
INSPECTION OF EMERGENCY MEDICAL SERVICES

22. Inspection for new applications

- (1) Upon approval of an application by the Head of Department, the applicant must pay an inspection fee as per [Annexure D](#) and provide proof of payment of the inspection fee.
- (2) If an applicant fails to provide proof of payment to the Licensing and Inspectorate Authority, the inspection will not be undertaken until the inspection fee is paid.
- (3) An inspection in terms of these Regulations is carried out in order to determine whether the Emergency Medical Service-
 - (a) complies with the minimum criteria for accreditation set out in [Annexures A](#) and b; and
 - (b) is suitable and adequate for the purpose of providing the service for which it is applying or has applied, to be licensed.
- (4) 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 these Regulations-
 - (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; and
 - (c) any other information necessary to assess compliance with these Regulations, including compliance with the requirements listed in [Annexures A](#) and b.
- (5) The inspecting officer may request the submission of any other information related to the application, including but not limited to service performance data.
- (6) In the case of an Emergency Medical Service operating multiple stations, the inspecting officer must take into consideration that items such as the registers and clinical registers, including electronic records and registers, may be held at another station or office which may be the primary station or head office of the Emergency Medical Service.
- (7) Subject to a patient's right to privacy and confidentiality, and provided that the inspection process does not adversely affect service delivery, a person may not-
 - (a) in any way, obstruct an inspecting officer from carrying out her or his inspection;
 - (b) refuse to furnish, to the best of her or his knowledge, information requested by the inspecting officer;
 - (c) refuse when requested by the inspecting officer, to show any vehicle, apparatus or place;
or

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

23. Inspection of registered emergency medical services

- (1) The Head of Department must, at least once in every calendar year in addition to an inspection in terms of [regulation 22](#), inspect or cause to be inspected, by a duly authorised inspecting officer, every Emergency Medical Service registered in terms of these Regulations in order to determine whether the Emergency Medical Service-
 - (a) complies with [Annexures A](#) and [B](#); and
 - (b) is suitable and adequate for the purpose of providing the service for which it is licensed.
- (2) The Head of Department may, whenever it is considered necessary, in writing instruct the Licensing and inspection Authority to carry out additional inspections in order to determine whether the Emergency Medical Service-
 - (a) complies with [Annexures A](#) and [B](#); and
 - (b) is suitable and adequate for the purpose of providing the service for which it is licensed.

PART 5 EMS OPERATIONAL AFFAIRS

24. Display of licence and licence token

The Emergency Medical Service Manager must ensure that-

- (1) the licence referred to in [regulation 13](#)(1)(a) is displayed in a conspicuous position at the primary station or head office of the Emergency Medical Service;
- (2) the licence token referred to in [regulation 13](#)(1)(b) is displayed in a conspicuous position on every vehicle that is licensed.

25. Name of emergency medical service

- (1) The name of the Emergency Medical Service must-
 - (a) be approved by the Head of Department;
 - (b) contain the words Emergency Medical Service as the final three words;
 - (c) be unique and not be the same or similar to another accredited Emergency Medical Service provider; and
 - (d) be displayed on all vehicles.

26. Management of emergency medical service

- (1) An Emergency Medical Service must appoint, in a full time capacity, an Emergency Medical Services Manager who is qualified and registered with the Health Professions Council of South Africa, as, at least, an Ambulance Emergency Assistant, to manage the Emergency Medical Service.

- (2) A Volunteer Emergency Medical Service must appoint an Emergency Medical Services Manager who is qualified and registered with the Health Professions Council of South Africa, as, at least, an Ambulance Emergency Assistant, to manage the service.
- (3) 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 and safety constraint provisions;
 - (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 and the ethical rules of the Health Professions Council of South Africa;
 - (d) inform the Head of Department within twenty (20) working 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 emergency medical treatment by the Emergency Medical Service because of the patient's inability to pay, or on any other grounds;
 - (f) ensure that protocols exist for immediate intervention in the event of the exposure of personnel to situations that are hazardous biologically, chemically, psychologically or physically;
 - (g) maintain a formal set of standard operating procedures that staff members must adhere to;
 - (h) promote safe driving techniques, as well as awareness of defensive driving techniques;
 - (i) ensure that every vehicle operated by the Emergency Medical Service is fitted with a satellite tracking device that is capable of live satellite tracking, including current location, speed and route travelled and that is capable of generating historic reports;
 - (j) ensure that the Emergency Medical Service maintains valid calibration certificates for the relevant equipment in use by the Emergency Medical Service as prescribed in [Annexure B](#);
 - (k) ensure that every ambulance manufactured on, or after, the implementation date of these Regulations complies with the South African National Standards (SANS) Regulations applicable to a registered vehicle manufacturer;
 - (l) ensure that every operational and licensed vehicle is in a road worthy condition as per the relevant Road Traffic legislation;
 - (m) ensure that the Emergency Medical Service maintains copies of each of the following documents for every ambulance manufactured on, or after, the implementation date of these Regulations:
 - (i) A Manufacturer / Importer / Builder (MIB) Certificate of the manufacturer importer or builder of the ambulance;
 - (ii) a Builder's Certificate for each ambulance; and

- (iii) an eNaTIS Certificate for each ambulance as issued by the manufacturer of the ambulance;
- (n) ensure that scheduled medication is stored and recorded as per the Medicines and Related Substance Act, 1965 (Act No. 101 of 1965) and the Pharmacy Act; 1974, (Act No. 53 of 1974);
- (o) ensure that all Emergency Care Personnel are registered with the Health Professions Council of South Africa and practise within the Health Professions Council of South Africa's scope of practice and that patients are not over-serviced for financial gain;
- (p) ensure and maintain good conduct and high levels of professionalism;
- (q) ensure compliance with the provisions relating to emergency driving in the National Road Traffic Act;
- (r) ensure that in multiple patient situations, patients are treated and transported according to the triage priority and that there is compliance with the carrying capacity of the ambulance;
- (s) retain ultimate responsibility for ensuring ethical behaviour of Emergency Care Personnel;
- (t) ensure that there are mechanisms in place for the management of complaints, consultation, clinical governance and quality assurance;
- (u) ensure compliance with norms and standards determined by the Office of Health Standards Compliance;
- (v) ensure that all indicators for Emergency Medical Services as per the National Indicator Data Set are submitted as stipulated by the Auditor General of South Africa; and
- (w) ensure compliance with the Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997) and the applicable provisions of the Public Service Regulations, 2001, as amended.

27. Information concerning Emergency Medical Service

- (1) The Emergency Medical Service Manager must ensure that an individual patient care record is kept for every patient treated or conveyed by the service.
- (2) The Emergency Medical Service Manager must ensure that the following information is captured on a monthly basis, is properly secured and is readily available to inspect 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 names, qualifications, relevant Health Professions Council of South Africa registration details and number of hours worked per month of employees, contractors and volunteers;
 - (c) a file for each staff member employed by the Emergency Medical Service with the

following, as a minimum:

- (i) Copy of the identity document;
 - (ii) copy of Driver's Licence and Professional Driver's Permit;
 - (iii) copy of employment contract; and
 - (iv) company's payroll;
- (d) proof of registration of every staff member-
- (i) with the Compensation for Occupational injuries and Diseases Fund;
 - (ii) for Pay As You Earn;
 - (iii) for the Skills Development Levy; and
 - (iv) with the Unemployment Insurance Fund;
- (e) proof of the number of ambulances and response vehicles in the service;
- (f) a record of the number and nature of adverse patient incidents;
- (g) the monthly staff shift rosters; and
- (h) a record of complaints received and the resolutions thereof.

28. Powers of emergency care personnel

Emergency Care 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 reasonably 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;
- (d) cause to be removed from the scene any person who is dangerous, or is in danger, or who obstructs the Emergency Care Personnel in the performance of their duties; and
- (e) cause to be removed from the scene any Emergency Care Personnel that refuses appropriate levels of care to a patient that requires higher qualification intervention.

PART 6 MISCELLANEOUS PROVISIONS

29. Delegations

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 15\(3\)](#); and
- (c) the duty to submit a response to the appeal to the MEC in terms of [regulation 21\(3\)](#).

30. Offences and penalties

A person who-

- (a) establishes, operates, extends, manages, controls an Emergency Medical Service, or who changes the ownership of, renames, temporarily or permanently relocates the resources, or alters the services of, an Emergency Medical Service without a licence or without complying with these Regulations;
- (b) is the responsible person for, or is employed by an Emergency Medical Service and who-
 - (i) obstructs or refuses to allow an inspection officer or a person acting on the officer's behalf, access to such Emergency Medical Service for the purpose of an inspection in terms of these Regulations;
 - (ii) fails to comply with these Regulations;
 - (iii) obstructs or prevents access of Emergency Care Personnel to a patient in a situation requiring emergency care;
 - (iv) behaves, or allows staff members to behave (in the case of a responsible person), in a manner that may reasonably be considered to be bringing the industry into disrepute;
 - (v) conducts clinical procedures that are not within the scope of practice of the relevant Emergency Care Personnel as defined by the Health Professions Council of South Africa;
 - (vi) has knowledge of a situation requiring emergency care and wilfully or negligently withholds relevant information from an Emergency Medical Service;
- (d) abuses or summons a service while he or she knows that there is no reason to do so;
- (e) displays on, or fits a vehicle not licensed 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", "Emergency Medical Services", "Emergency Care Practitioner", "ECP", "Advanced Life Support", "ALS", "Intermediate Life Support", "ILS", "Emergency Care Technician", "ECT", "Emergency Care Assistant", "ECA", "ambulance", "Emergency Medical Response", "Basic Ambulance Assistant", "BAA", "Basic Life Support", "BLS", medic or a derivative thereof;
- (f) displays the word "Paramedic", "Intensive Care Unit", "ICU", or the phrase "Advanced Life

Support”, “ALS” or “Emergency Care Practitioner”, “ECP”, medic on a vehicle where such vehicle is not-

- (i) staffed by at least one person registered as a medical practitioner, emergency care practitioner or paramedic registered with the Health Professions Council of South Africa;
 - (ii) equipped to provide an advanced life support service;
 - (iii) licensed in terms of these Regulations as an ambulance, medical response vehicle or medical rescue vehicle;
- (g) impersonates Emergency Care Personnel; or
- (h) obstructs Emergency Care Personnel in the performance of their functions in terms of [regulation 28](#).

is guilty of an offence and liable, on conviction to a fine not exceeding R500 000.00 or imprisonment for a period not exceeding five (5) years or both, such fine and imprisonment for a period not exceeding five (5) years.

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 (1) year after the commencement of these Regulations.
- (2) The Emergency Medical Service referred to in sub-regulation (1) must be licensed in terms of these Regulations before it may continue to operate after the period of one (1) year following the commencement of these Regulations.
- (3) Failure to licence an Emergency Medical Service referred to in sub-regulation (1) constitutes an offence as provided for in regulation 30(a).

32. Repeal

The Emergency Medical Services Regulations, 2015, published in Government Notice No. R413, Government Gazette No. 38775 dated 8 May 2015 are hereby repealed.

33. Short title

These Regulations are called the Emergency Medical Services Regulations, 2017.

ANNEXURE A REQUIREMENTS FOR EMERGENCY MEDICAL SERVICES

1) Service levels

- a) An Emergency Medical Service will operate in accordance with its licence, and the infrastructure shall be capable of supporting it over the period of its intended operation.
- b) Emergency Medical Services must be registered to provide services within the following categories:

- i) Intermediate life support;
 - ii) advanced life support;
 - iii) aeromedical service;
 - iv) event medical service; or
 - v) education institution Emergency Medical Service
- c) Where such service requires in addition to provide medical rescue services, it shall ensure that it has personnel trained in accordance with courses approved by the Health Professions Council of South Africa, be in possession of the appropriate specialised rescue equipment and vehicles registered as Medical Rescue Vehicles in accordance with the National Road Traffic Act.
- d) Event Medical Services and education institution Emergency Medical Services must adhere to the minimum requirements for either Intermediate Life Support or Advanced Life Support or Aeromedical Service and classified as such.

2) General requirements

- a) The service must be supervised by an Emergency Medical Service Manager who is qualified in at least Ambulance Emergency Assistant and registered with the Health Professions Council of South Africa.
- b) The service must have a base or station that-
 - i) has rest facilities; and
 - ii) has permanent, plumbed, clean and hygienic ablution facilities.
- c) There must be available, including a service level agreement with appropriate providers for such facilities-
 - i) dirty utility facilities with which to clean contaminated equipment and linen; and
 - ii) vehicle washing facilities which have the appropriate medical waste traps built in that comply with Local Municipal By-laws.
- d) There must be an adequate medical waste management system and the Emergency Medical Service must have documentary proof available of a current agreement with a registered waste management disposal company or health establishment for the disposal of such medical waste.
- e) Medical store room that complies with the requirements for the safe storage of medicines and pressurised vessels as per the relevant legislation.
- f) The Emergency Medical Service must be registered in accordance with the appropriate legislation:
 - i) 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); and with the Board of Healthcare Funders subsequent to being licensed and prior to commencement of practice;

- ii) In the case of a Volunteer Emergency Medical Service the applicant must be registered as an entity incorporated not- for-profit, as well as a Public Benefit Organisation as per Non-Profit Organisation Act, 1997 and Income Tax Act, 1962 respectively.
- g) Proof of liability insurance must be available for the said Emergency Medical Service, the amount of which must be determined by the type and size of service provision.
- h) An Emergency Medical Service must operate according to the Ethical and Professional Rules of the Health Professions Council of South Africa and the Ethical Guidelines for good practice in the health care professions. The Responsible Person, Supervising Medical Practitioner and Emergency Service Manager must at all times be in good standing with the Health Professions Council of South Africa.

3) Personnel

- a) A minimum of two persons must staff an ambulance or medical rescue vehicle, and a minimum of one person must staff a medical response vehicle.
- b) Personnel must be registered with the Health Professions Council of South Africa as determined by the level of service offered and must be as follows:
 - i) Basic Life Support
 - (1) Personnel must be registered as a Basic Ambulance Assistant.
 - ii) Intermediate Life Support
 - (1) The patient attendant must hold a minimum registration as an Ambulance Emergency Assistant or Emergency Care Assistant, whilst the second crew must hold a minimum registration of Basic Ambulance Assistant.
 - iii) Advanced Life Support - Ambulance
 - (1) The patient attendant must hold a registration of Paramedic or Emergency Care Technician or Emergency Care Practitioner whilst the second crew must hold a minimum registration of Basic Ambulance Assistant, though it should preferably be a person holding a minimum registration of Ambulance Emergency Assistant or Emergency Care Assistant.
- c) The crew of an ambulance, medical response unit or medical rescue unit must hold an appropriate valid driver's licence and, in the case of a patient carrying vehicle both the second crew as well as the patient attendant must also be in possession of a valid professional driving permit which must be in the category "Passengers".
- d) All personnel must be dressed in appropriate uniform protective clothing, with their first name or initial, surname and registration category clearly depicted on the said clothing.
- e) Emergency Care Personnel must at all times, remain in the company of the patient while he or she is in the care of the Emergency Medical Service or until hand over at a health establishment.
- f) Emergency Care Personnel must not exceed the maximum working hours as per the regime of shift workers as guided by the Basic Conditions of Employment Act, 1997 and the applicable

4) Minimum staff requirements

a) An Emergency Medical Service must employ the following, minimum number of operational staff members:

i) Advanced Life Support

- (1) In a health district where the total population is more than 150 000 persons as described by Statistics South Africa in the most recently published “Census” report, an Emergency Medical Service licensed at Advanced Life Support level shall ensure that a Paramedic or Emergency Care Technician or Emergency Care Practitioner registered with the Health Professions Council of South Africa, is staffing at least one vehicle per operational shift at all times.
- (2) In a health district where the total population is less than or equal to 150 000 persons as described by Statistics South Africa in the most recently published “Census” report, an Advanced Life Support service should employ at least one registered Paramedic or Emergency Care Technician or Emergency Care Practitioner.

ii) Intermediate Life Support

- (1) An Emergency Medical Service should employ a minimum of one Ambulance Emergency Assistant or Emergency Care Assistant per ambulance licensed to the respective Emergency Medical Service at all times for all ambulances that are intended to be operated at intermediate life support level.
- (2) This must be in addition to the Emergency Medical Service Manager.

iii) Medical Response Vehicle

While it is preferred that this vehicle is staffed by two members, it must be staffed with at least one staff member, who must hold a minimum registration of Ambulance Emergency Assistant with the Health Professions Council of South Africa.

iv) Medical Rescue

- (1) Both personnel must be registered with the Health Professions Council of South Africa and at least one of the personnel must hold a minimum registration of Ambulance Emergency Assistant.
- (2) In addition to this both personnel must hold a minimum qualification of Basic Medical Rescue or equivalent.

v) Aeromedical Service

The senior medical staff member on the air ambulance must be registered in the category of a Paramedic or Emergency Care Technician or Emergency Care Practitioner with the Health Professions Council of South Africa, who must hold valid CAT 138, Aviation Health Care Provider, Advanced Cardiac Life Support, Intermediate Trauma Life Support or Advanced Trauma Life Support and Paediatric Advanced Life Supporter equivalent certificates.

vi) Second Staff Member on an Ambulance

- (1) The minimum staffing requirement for the second staff member on an ambulance must be a person registered in at least the category of Basic Ambulance Assistant with the Health Professions Council of South Africa.

vii) Nurses

- (1) A nurse may assist a fully staffed ambulance with a minimum of two ambulance crew members that are registered at a minimum level of Basic Ambulance Assistant.
- (2) The nurse must not be considered to be one of the two staff members required to staff the ambulance, unless the nurse in question holds dual registration with both the Health Professions Council of South Africa as well as South African Nursing Council (SANC).

viii) Supervising Medical Practitioner

- (1) One supervising Medical Practitioner with suitable emergency medical qualifications and experience must be appointed to or contracted by the service in a supervisory clinical capacity for each health district in which it operates.
- (2) The supervising Medical Practitioner must be registered with the Health Professions Council of South Africa in terms of the Health Professions Act
- (3) The supervising Medical Practitioner must not be contracted to more than three Emergency Medical Services simultaneously.
- (4) The supervising Medical Practitioner is regularly consulted by Emergency Care Personnel as and when required.
- (5) The Emergency Medical Service must hold a current, written, service level agreement with the supervising medical practitioner that confirms that the supervising medical practitioner is available to assist with clinical governance, medical advice as well as supervision and training, where necessary.

5) Vehicles

- a) All Emergency Medical Service vehicles utilised must comply with the National Road Traffic Act or the relevant vehicle registration and safety legislation, as applicable.
- b) Ambulances must-
 - i) be configured in such a way that the medical personnel have complete access to a patient in order to begin and maintain life support;
 - ii) be fitted with a two way radio or cellular communication system or a combination thereof which allows for communication at all times with the dispatch centre;
 - iii) be fitted with red warning lights that must be visible from the front, rear and both sides of the vehicle at all times, and siren in accordance with the relevant vehicle registration and safety legislation:

- iv) display the word “Ambulance” on the front and rear of all ambulances and must adhere to the following minimum dimensions: 600mm X 150mm; or large as possible proportionate to make of the vehicle.
- v) be configured in such a way that the interior of the patient compartment, excluding the driver’s cab section, must be a minimum of-
 - (1) height 1222mm;
 - (2) width 1333mm;
 - (3) length 1900mm;
- vi) be configured in such a way that adequate, permanently installed lighting is provided in the patient compartment;
- vii) have installed within the ambulance a minimum of a 2 000 watt electrical inverter, capable of providing a 220 volt power supply to the patient treatment compartment of the vehicle;
- viii) have an adequate entry that allows for the loading and off-loading of the patient without compromising the condition of the patient;
- ix) be configured in such a way that a patient can be carried in the supine position with specialised medical equipment fitted;
- x) have an approved restraining device fitted for all patients and emergency care personnel;
- xi) have a stretcher restrained with a restraining device, approved by the manufacturer of the stretcher, which shall be permanently fitted to the vehicle and shall restrain both the front and rear of the stretcher;
- xii) have a stretcher that is secured in such a way that it allows medical personnel clear view of, and access to, the patient and specialised medical equipment;
- xiii) have a stretcher that is fitted in such a way that it does not block the entry or emergency exits of the vehicle;
- xiv) have a stretcher that is fitted in such a way that it does not block access to the airway of the patient and in such a way that the performance of advanced airway techniques will not be hindered;
- xv) be configured in such a way that medical equipment and medical gas cylinders are secured in brackets that are attached to the body of the vehicle and do not allow any vertical or horizontal movement of the medical equipment or medical gas cylinders within the compartment of the ambulance;
- xvi) be configured in such a way that medical equipment and medical gas cylinders are fitted in such a way that they do not obstruct the entry or emergency exits of the vehicle or pose a potential threat to personnel or patients;
- xvii) have medical gas cylinders and outlets marked in accordance with SANS Codes of Practice and that have been subjected to visual and hydrostatic inspection by a

Department of Labour approved testing facility;

- xviii) have an adequate supply of convenient hanging devices that are fitted for intravenous therapy - such must be fitted in such a way as not to inflict injury to patients or medical personnel;
 - xix) have a patient compartment that is lined with a non-porous material to avoid blood and other body fluids from contaminating the area, and allows for the cleaning of the compartment;
 - xx) have surfaces and equipment within the ambulance free from the visible appearance of any and all contaminants including but not limited to: dust, dirt, blood, faeces, urine, vomit, human tissue or any other bodily fluid;
 - xxi) have a patient compartment separated from the driver compartment in such a way that the patient, treatment of the patient, and actions of the patient must in no way interfere with the driving of the vehicle;
 - xxii) in the case of a vehicle with a gross vehicle mass which exceeds 3 500kg, be fitted with retro-reflective red and retro-reflective yellow chevron strips on the rear of the vehicle, as required by the National Road Traffic Act;
 - xxiii) in the case of a vehicle with a gross vehicle mass which exceeds 3 500kg, be fitted with yellow, retro-reflective strips to both the sides of the vehicle as well as the rear of the vehicle, in addition to the chevron, which must be fitted no more than 600mm from the lower part of the body of such vehicle, as required by the National Road Traffic Act;
- c) The number of emergency medical response vehicles registered to an Emergency Medical Service may not exceed the number of ambulances registered to that Emergency Medical Services unless there is a service level agreement with an accredited Emergency Medical Service. The accreditation requirements of the contracted party will also be reviewed to ensure compliance with these Regulations.
 - d) The vehicles included on the licence for the Emergency Medical Service must be listed as being owned by the applicant of an Emergency Medical Service and registered in the category “Owner” on the “Certificate of Registration” as per the National Road Traffic Act or other relevant vehicle registration and safety legislation.
 - e) Volunteer Emergency Medical Service registered as an entity incorporated not-for-profit, as well as a Public Benefit Organisation as per the Non-Profit Organisation Act, 1997 and the Income Tax Act, 1962 respectively, are permitted to register a maximum of three (3) medical response vehicles.
 - f) Each vehicle operated as an ambulance, medical response vehicle or medical rescue vehicle must be clearly marked, licensed, registered as per the National Road Traffic Act or other relevant vehicle registration and safety legislation and in accordance with nationally approved livery.
 - g) Livery that is not reflective of the functions of an emergency medical service will not be approved.

6) Emergency telephone number

- a) Every emergency vehicle operated by the emergency medical service must display the emergency telephone number of the respective ambulance service on the rear and both sides

of the respective emergency vehicle.

7) Licence token

- a) All ambulances, medical response vehicles and medical rescue vehicles operated by the Emergency Medical Services must display a valid licence taken in a prominent position on the windscreen of the ambulance where it is easy to view in terms of the National Road Traffic Act.

8) Aeromedical service

- a) In the case of an aero-medical service, the aircraft operator must hold the appropriate G7 licence and CATS/Part 138 accreditation as specified by the Civil Aviation Authority of South Africa.

9) Communication system

- a) All Emergency Medical Services must have an appropriate communication system that allows for easy communication between the station and vehicles.

10) Complaints mechanism

- a) All Emergency Medical Services must have an appropriate complaints mechanism that aligns with the National Complaints Management Protocol for the Public Health Sector of South Africa, 2014 the details of which must be made available to Emergency Medical Service users, including by the clearly visible posting of such details in each vehicle and at each Emergency Medical Service station.

11) Equipment

- a) All ambulances, medical response vehicles and medical rescue vehicles must have, as a minimum, the equipment as listed in [Annexure B](#).

**[ANNEXURE B](#)
EQUIPMENT**

**[ANNEXURE C](#)
EMERGENCY MEDICAL SERVICE LICENCE APPLICATION**

**[ANNEXURE D](#)
EMERGENCY MEDICAL SERVICES FEES**