

South Africa

National Health Act, 2003

Regulations relating to the Standards for Emergency Medical Services, 2022

Government Notice 2819 of 2022

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Regulations relating to the Standards for Emergency Medical Services, 2022

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The Minister of Health has, under section 90(1)(m) 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.

Dr MJ Phaahla, MP

Minister of Health

Definitions, application and purpose

1. Definitions

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 user which is licensed to an EMS registered, staffed and equipped in terms of the EMS 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;

“**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, 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;

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

“EMS” means Emergency Medical Service, 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;

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

“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;

“EMS sub-station” means a small, dedicated self-contained facility for the housing of emergency vehicles, personnel and associated emergency equipment which reports to a main EMS station within the geographic area where the supervisory and administrative functions are held and may be developed into a fully-fledged station;

“Health Professions Act” means 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; 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;

“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;

“Planned user transport services” means the systematic transportation of nonemergency user from one health facility to another within an established referral system;

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

“Register of EMS” means the publicly available register referred to in Regulation 9(15) of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017;

“Satellite point” means a specific location where EMS vehicles are located on an *ad hoc* bases to be on stand by for emergency response during high profile events or during peak seasons to provide timeous emergency response thereby reducing emergency response times;

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

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

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

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

2. Scope and application

These Regulations apply to public and private EMS operating in the Republic of South Africa, excluding the South African National Defence Force to the extent specified in measurement tools derived from these Regulations.

3. Purpose of regulations

The purpose of these Regulations is to promote and protect the health and safety of user, health care personnel and general public.

Chapter 1

Health care user rights

4. Dignity of health care user

- (1) The EMS must have systems in place to ensure that users are treated with dignity and respect at all times.
- (2) The EMS must have organisational policies and practices regarding user’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.

5. Information for health care users

The EMS must provide users with adequate information about the health care services provided, including information:—

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

6. Stakeholder satisfaction surveys

- (1) The EMS must have the mechanisms and systems to enable the stakeholders and users 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 annually.

7. Complaints management

- (1) The EMS must have a system for monitoring, assessing and responding to complaints.
- (2) The EMS must provide users with information about the process of lodging a complaint.
- (3) The EMS must record and analyse complaints to improve quality of care provided to the users.
- (4) The EMS must have a system to provide feedback to the complainant.

Chapter 2

Clinical governance and clinical care

8. Health care users records

- (1) The station must ensure that accurate and comprehensive records of the health care services provided to users are created and maintained.
- (2) The EMS must record accurate biographical information for users.
- (3) The accurate and comprehensive records of clinical care provided to users must be documented by the EMS to facilitate continuity of care.
- (4) The EMS must ensure that users health records are stored, accessible and can be retrieved when needed.

9. Clinical management of emergency care

- (1) The EMS must put in place an efficient call management system to facilitate access to communication systems to facilitate the provision of effective and appropriate emergency care.
- (2) The EMS must ensure that contingency plans for communication system failure or malfunction are available and known to personnel and managers.

10. Dispatch of emergency vehicles

- (1) An efficient vehicle dispatch system must be in place to ensure user have rapid and safe access to services.
- (2) For the purposes of sub-regulation (1), the EMS 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; and
 - (c) monitor response times for each stage of the call management and dispatch process.

11. Response management

- (1) Emergencies must be responded to in a co-ordinated and efficient manner by the EMS.
- (2) For the purposes of sub-regulation (1), the EMS must—
 - (a) ensure emergency vehicles are appropriately equipped and staffed; and
 - (b) have systems to ensure that users are treated in accordance with current Health Professions Council of South Africa approved evidence-based guidelines to reduce variations in care and improve user outcomes.
- (3) For the purposes of sub-regulation (2)(b)—
 - (a) health care professionals must have and adhere to evidence-based clinical practice guidelines on stabilising user before and during transportation; and
 - (b) comply with the standardised method of user handover to a receiving health care provider.

12. Clinical leadership and clinical risk

- (1) Systems to support the provision of quality health care services and prevent user safety incidents must be implemented by the EMS.
- (2) For the purposes of sub-regulation (1), the EMS station must—
 - (a) participate in local and regional clinical governance activities; and
 - (b) have systems in place to ensure that user requiring resuscitation receive an immediate response by emergency care personnel trained in resuscitation.

13. Interfacility transfers

- (1) Interfacility transfers must be managed in a manner which promotes user safety.
- (2) For the purposes of sub-regulation (1), the EMS must implement—
 - (a) a standardised process for the arrangement of interfacility transfers, and
 - (b) a standardised process for the pickup, transfer and drop off of user requiring an interfacility transfer.

14. Planned user transport services

- (1) Planned user transport services must be managed in a manner which promotes efficiency.
- (2) For the purposes of sub-regulation (1), the EMS must implement a standardised process for the arrangement of planned user transport services.

15. User safety incidents

- (1) A system to report and monitor all user safety incidents, as per the current National Guideline for Patient Safety Incident Report and Learning in the Health Sector of South Africa, must be implemented.
- (2) For the purposes of sub-regulation (1), the EMS must—
 - (a) implement a system for recording, investigating and managing user safety incidents to minimise the risk of harm and the risk of recurrence; and
 - (b) have systems in place to report user safety incidents to the responsible authority.

16. Infection, prevention and control of infections

- (1) An infection, prevention and control programme, as per the current National Department of Health's National Infection Prevention and Control Strategic Framework, to minimise the risk of health care associated infections must be implemented.
- (2) For the purposes of sub-regulation (1), the EMS 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 must be provided in a safe and effective manner, as per the current National Department of Health's National Infection Prevention and Control Strategic Framework.

- (4) For the purposes of sub-regulation (3), the EMS 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 user or EMS personnel must be implemented.
- (6) For the purposes of sub-regulation (5), the EMS 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.

17. Waste management

- (1) Health care risk waste and general waste must be handled, stored, and disposed of safely in accordance with relevant environmental legislation.
- (2) For the purposes of sub-regulation (1), the EMS 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.

Chapter 3 Clinical support services

18. Medicines and medical supplies look at flow

- (1) Safety protocols in relation to the administration of medicines must be made available to EMS personnel to protect user from medication errors.
- (2) For the purposes of sub-regulation (1), the EMS must ensure that medicines are administered safely in accordance with standard operating procedures to minimise the risk of user safety incidents.
- (3) Efficient stock management processes to ensure sustainable service delivery and minimisation of waste must be in place.
- (4) For the purposes of sub-regulation (3), the EMS 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 user transported by the EMS are available;
 - (c) implement controls for the management, recording and disposal of expired medicines and medical supplies;
 - (d) including expired medicines ensure medicines are stored in accordance with Good Pharmacy Practice and manufacturer's guidelines; and
 - (e) implement controls for the management, recording and distribution of medicines listed in Schedules 5 and 6 of the Medicines and Related Substances Act, 1965 ([Act No. 101 of 1965](#)).

19. Medical equipment management

- (1) A medical equipment management programme must be implemented.
- (2) For the purposes of sub-regulation (1), the EMS must—
 - (a) ensure medical equipment is available and functional to provide care to user; and
 - (b) ensure medical equipment is maintained and repaired according to a planned maintenance schedule, developed in accordance with the manufacturer's specifications.

Chapter 4 Leadership and governance

20. Oversight and accountability

- (1) The provincial department must oversee and support the EMS.
- (2) For the purposes of sub-regulation (1)—
 - (a) The EMS are licensed as per the requirements of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017 and any other applicable legislation; and
 - (b) A functional governance structure oversees service delivery to ensure quality services are provided.

Chapter 5 Operational management

21. General management

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

22. Human resources management

- (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 EMS must—
 - (a) ensure copies of the most up to date human resource policies and relevant legislation are available at the EMS;
 - (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 the management of contracted service providers and volunteers maximises the benefit for the service while minimising risk to users and the service.

23. Occupational health and safety

- (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 EMS must—
 - (a) ensure that the health and safety of personnel is protected by implementing 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;
 - (c) make available comprehensive wellness services to EMS personnel; and
 - (d) facilitate claims of 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 must—
 - (a) ensure 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 user transport episodes;
 - (e) implement a system for the reporting of safety incidents;
 - (f) ensure the EMS station or ECC manager utilises the national safety incident reporting database; and
 - (g) implement a system for the management of safety incidents including outcomes and feedback to ensure quality improvement.

24. Emergency and disaster preparedness

- (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 EMS 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 EMS must have systems in place to respond to fire in the EMS station or ECC.

25. Fleet management

- (1) The vehicles used to transport user and personnel must be safe and well maintained.

- (2) For the purposes of sub-regulation (1), the EMS must—
 - (a) ensure all vehicles are licensed and maintained;
 - (b) ensure all drivers have a valid driver's licence and public transport driving permit;
 - (c) ensure all EMS 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.

Chapter 6

Facilities and infrastructure

26. Management of buildings and grounds

- (1) The building occupied for service delivery must meet the requirements of the National Building Regulations and Building Standards Act, 1977 ([Act No. 103 of 1977](#)) and the national building regulations made thereunder.
- (2) For the purposes of sub-regulation (1), the EMS 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.

27. Facility management services

- (1) The facility management services must be functional and enable safe and uninterrupted delivery of EMS.
- (2) For the purposes of sub-regulation (1), the EMS must ensure routine and emergency electrical and water supplies are available on a continuous basis.

28. Security services

- (1) Security systems must be in place to protect users, personnel and property from security threats and risks.
- (2) For the purposes of sub-regulation (1), the EMS must implement a security plan to protect users and personnel.

29. Linen services

- (1) Clean linen is provided as required for the type of services delivered.
- (2) For the purposes of sub-regulation (1), the EMS must—
 - (a) monitor the EMS station linen stock; or
 - (b) manage the service provider effectively where laundry services are outsourced.
 - (c) ensure the appropriate management of contaminated linen.

General provisions

30. Short title and commencement

These Regulations are called the Regulations relating to the Standards for Emergency Medical Services, 2022, and will come into operation 12 months after the date of promulgation.