Department of Emergency Medical Care |
University of Johannesburg
| P O Box 17011 | Doornfontein | 2028
www.ecssa.org.za

20 October 2014

The Director-General
Department of Health
Republic of South Africa
Private Bag X828
Pretoria
0001

Attention: Director: Emergency Medical Services

Dear Sir/Madam

COMMENT ON PROPOSED EMERGENCY MEDICAL SERVICES REGULATIONS

The request for substantiated comments on proposed regulations (Emergency Medical Services Regulations) contained in the Government Gazette of 24 Jul 2014 refers. The Board of Directors of the Emergency Care Society of South Africa has considered the proposed amendments and has attached its comments on the regulations below.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

Christopher Stein
ECSSA President

Fax: +27 11 559-6609 | e-mail: president@ecssa.org.za

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Section	Comment(s)
Section 1	No fewer than four emergency care qualifications, leading to registration on three Professional registers, currently fall within the scope of Advanced Life Support (ALS) level of care. It would thus clarify this definition to list these already-defined registration categories (namely Emergency Care Technician, Paramedic and Emergency Care Practitioner) as all falling under the definition of ALS, in addition to the existing definition. It should also be clarified in the definition whether ALS includes medical practitioners.
Section 1 and Section 3 (2) (n)	A consulting medical practitioner (defined on p4) must be qualified in emergency medicine, rather than just have "…demonstrative emergency medicine experience…". This qualification could be a Diploma in Primary Emergency Care, a Master's degree in Emergency Medicine or a fellowship in Emergency Medicine. Specialist emergency medicine education, in a variety of forms, has been in existence for long enough that its omission as a requirement here is no longer an excuse to have unqualified medical practitioners acting as consultants in a specialised area of emergency medicine. Even with the above, emergency medicine experience (specifically pre-hospital) should still be required and these requirements must be defined in greater detail in the regulations. It is suggested that this experience should be not less than five years of pre-hospital experience in a consulting role.
Section 3 (2) (k)	If the intention is to limit the deployment of response vehicles without ambulances (which is supported), this subsection should be written to refer to the ratio of <u>response vehicles to ambulances</u> (which should be at least 1:1). The way it is currently written, it can be interpreted as meaning that for every ambulance there must be at least one response vehicle, meaning that response vehicles are mandatory (which they should not be).
Section 9 (1) (2)	There seems to be a numbering error – this should refer to 9 (1) (a) instead of 9 (1) (a).
Sections 18 (1)-(3)	These three subsections refer to both the "emergency service manager" and the "ambulance service manager". The correct term is "ambulance service manager" as listed under Section 1.
Section 28 (e) (1)	The term "paramedic" is used incorrectly as referring to all emergency care personnel at ALS level. Section 1 makes it clear that a paramedic is a person registered on the paramedic register, which includes only the Critical Care Assistant and National Diploma: Emergency Medical Care qualifications. This subsection must include and refer to the Emergency Care Technician and Emergency Care Practitioner registrations.

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Annexure A Section 2 (Personnel)	Although there is a long history of response vehicles in South Africa being placed in service with a single person, this practice ***is unprofessional, dangerous and unethical.*** Considering that response vehicles are staffed by ALS personnel, and that these vehicles will typically be dispatched to high acuity incidents, it is essential that ALS personnel on response vehicles have another person to assist them with patient care and other tasks related to management of these complex and demanding cases. The drafting of these regulations is an opportunity to correct the current unacceptable practice of single-staffed response vehicles, a practice which has taken root simply because it is more cost-effective to services, and to make the operation of response vehicles with two people mandatory. The assistant should be at least BLS qualified, and preferably ILS.
Annexure A Section 2 (Personnel) (c)	This is the same error as for Section 28 (e) (1). Emergency Care Technician and Emergency Care Practitioner registrations must be added.
Annexure A Section 2 (Personnel) (d)	This is the same error as for Section 28 (e) (1). Emergency Care Technician and Emergency Care Practitioner registrations must be added.
Annexure A Section 2 (Personnel) (e)	There are currently no medical rescue qualifications approved by the Professional Board.
Annexure A Section 3 (Vehicles) (i)	What is an “approved” restraining device? This needs to be defined.
Annexure A Section 3 (Vehicles) (p)	It must be stated how often visual and hydrostatic testing of medical gas cylinders must be performed.
Annexure B	A bougie must be added as a part of the advanced airway management equipment. It is a basic, and essential, piece of equipment at this level.
Annexure B	Why is an end-tidal CO_2 monitor required on an ALS ambulance but not on a response vehicle, where the level of care is the same? This error must be corrected – an end-tidal CO_2 monitor is a mandatory piece of equipment for ALS personnel, regardless of the vehicle they are working on.
Annexure B	It is not necessary to require head blocks to be kept in a response vehicle.
Annexure B	Under “Map: current map of area covered by ambulance or GPS” the number given is “11”. This should perhaps be “1 + 1”.
Annexure B	There are no numbers for nasal cannula for BLS and ILS services. These items should be included in relevant numbers.

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Annexure B	There is no reason why Entonox (Nitrous Oxide 50%; oxygen 50% Premix) should not be included in the equipment list for a response vehicle, especially when it is included for an ALS ambulance.
Annexure B	The short spine board should be removed from all equipment lists. It is an outdated piece of equipment which is never used.

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