

**MINIMUM NORMS AND STANDARDS FOR PRIVATE AMBULANCE SERVICES AS ACCREDITED BY THE BOARD OF HEALTHCARE FUNDERS OF S A**

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REVISED January 2006

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**PREAMBLE**

The Board of Healthcare Funders of S A (BHF) and South African Private Ambulance and Emergency Services Association (SAPAESA) have set norms and standards guidelines for private ambulance services in South Africa seeking accreditation by the BHF.

The guidelines take into account the means of achieving accreditation, the minimal listing of equipment required on the transporting vehicle, the qualifications of the ambulance crew managing the patient, a minimal safe configuration of the vehicle used in patient transportation and the communications media used by the crew in conjunction with the medical supervisor (an appropriately experienced and qualified registered medical practitioner.)

As this is a working committee committed to achieving a "norm" standard for private ambulance services seeking a reputable private ambulance accreditation, consider this as a draft standard which is not excessive but provides quality patient care within the ambit of the BHF and SAPAESA. Please appreciate that these standards are not carved in stone and may be amended at any time to accommodate the respective authorising agencies required minimum standard. Your comments on these norms would be most appreciated but keep in mind the following:

- a. We are attempting to achieve and maintain an accreditation with BHF.
- b. We are governed by various rules and regulations including HPCSA, Professional Board, BHF, SAPAESA, tight finances and an acceptable ethical standard if we are to remain in the marketplace of professional pre-hospital care. The Working Committee and BHF will be happy to consider improvements to the attached norms and standards.

**Please post/ fax comments to:**

Client Services  
Board of Healthcare Funders of S A  
P O Box 2324  
PARKLANDS  
2121

or fax: (011) 880-5959/6437  
or phone: (011) 537-0200 / 0861 30 20 10 (office hours)  
or e-mail: [clientservices@bhfglobal.com](mailto:clientservices@bhfglobal.com)

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**REGULATIONS FOR THE BOARD OF HEALTHCARE FUNDERS (BHF) ACCREDITATION OF PRIVATE AMBULANCE SERVICES**

**1. Definitions:**

For the purpose of these regulations, unless the context otherwise indicates:

**'Ambulance'** means a vehicle registered in terms of the Road Traffic Act 1989 and may be marked in such a way to indicate the Category of medical care and transportation of the said vehicle.

**'Inspecting Officer'** means an authorised inspector appointed by the BHF for the purpose of inspecting the private ambulance service in question.

**'Private Ambulance Service'** means any private commercial venture which is involved in the transport, transfer or pre-hospital medical treatment of the ill and injured.

**'Proprietor'** means the person, or the nominee in the case of a company or an association of persons (whether corporate or not), who establishes, extends, conducts, maintains or renders a private ambulance service.

**'Minister'** means the Minister of National Health and Population Development.

**'Ambulance Personnel'** means personnel registered as such in terms of the Medical, Dental and supplementary health Services Professions Act, 1974, (Act 56 of 1974).

**'Medical Response Vehicle'** means a vehicle registered in terms of the Road Traffic Act 1989 and clearly marked in such a way as to indicate the category of registration.

**'ATLS<sup>R</sup>'**

Advanced Trauma Life Support<sup>R</sup>

**'ACLS<sup>R</sup>'**

Advanced Cardiac Life Support<sup>R</sup>

**'PALS<sup>R</sup> / APLS<sup>R</sup>'**

Advanced Paediatric Life Support<sup>R</sup>

**'Consulting medical practitioner'** - A registered medical practitioner associated with an emergency medical service in a consulting or clinical advice capacity who is consulted by paramedics on a regular basis and who ensures compliance with the capabilities and protocols of INMDC approved levels of pre-hospital care personnel i.e. levels 6/7/8. It is recommended that the medical practitioner has successfully completed ATLS<sup>R</sup> / ACLS<sup>R</sup> and PALS<sup>R</sup> courses.

**'BHF and/or SAPAESA Inspectorate'** - An inspectorate tasked by the BHF to inspect premises, vehicles and staff of private ambulance services seeking accreditation with the BHF.

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## REGISTRATION

1. Private ambulance services seeking accreditation with the Board of Healthcare Funders of S A (BHF), shall apply to the BHF in writing for an inspection to be undertaken.
2. An ambulance service shall not be registered as such, and no certificate or token of registration shall be issued in respect thereof, unless:
  - a) The ambulance service has been inspected by a BHF and/or SAPAESA appointed inspecting officer and has been found to be suitable and adequate for the purposes of the said private ambulance service.
  - b) The vehicles, equipment and staff comply with the minimum requirements as per Category of care per vehicle as laid down in the accreditation document e.g. staff uniforms.
  - c) The vehicles are clearly marked as to the specific category of care that will at least be undertaken by the unit (vehicle, staff, equipment).
  - d) The vehicles are all roadworthy and have been modified, adapted and configured according to the category of care that will at least be undertaken on that vehicle.
3. All the relevant legal requirements regarding health and traffic have been adhered to.
4. Liability insurance cover which is adequate should be available for the said private service.
5. All requirements according to the schedules of basic patient care, advanced patient care, mobile intensive care and neonatal mobile intensive care are met as per standards laid down.
6. The consulting medical practitioner of an ALS level ambulance service shall be registered with the HPCSA, appropriate to the level of care offered.
7. All Staff of the said private ambulance service will comply with such accreditation standards.
8. The ambulance service shall keep adequate patient records as to the satisfaction of the BHF and various legal requirements.
9. The proprietor shall immediately obtain prior approval from the BHF and/or SAPAESA Inspector, in writing, of any change in the particulars furnished by him in terms of sub-regulation (1) as indicated on the current certificate or token of registration issued in terms of these standards.
10. **Application for registration or renewal of registration.**

Not later than 90 days before the date on which a certificate or token of registration expires, the proprietor shall apply for the renewal of such registration.
11. Every application for application or renewal of registration of a private ambulance service shall be made to the BHF and/or SAPAESA Inspectorate.
12. **Handling of application.**

Upon the receipt of an application for registration or renewal of registration, the BHF and/or SAPAESA Inspectorate shall decide either:-

  - i. to register the proposed private ambulance service and issue a certificate and token of registration in respect thereof
  - ii. to refuse registration, in which event he shall not issue any certificate nor token of registration
  - iii. to renew the registration of the private ambulance service and issue a certificate and token of registration thereof
  - iv. to refuse the renewal of registration, in which event no certificate nor token of registration shall be issued
  - v. in application for registration to conduct a private ambulance service, the proprietor shall complete the necessary application form in full and shall furnish any further information required by the BHF and/or SAPAESA Inspectorate in order to consider the application
  - vi. the proprietor shall immediately report to the BHF and/or SAPAESA Inspectorate in writing any change in the particulars furnished by him in terms of sub-regulation (1) or indicated on the current certificate or token of registration issued in terms of regulation 12 (1) or 12 (3) of these regulations

13. The BHF and/or SAPAESA Inspectorate may for the purposes of regulation 12 carry out or cause to be carried out by an inspecting officer, an inspection of the premises and the vehicles in respect of which the application was made.

**Manner of inspection**

The BHF Norms and Standards Committee will in conjunction with the BHF Scales of Benefit Department, appoint regional BHF and/or SAPAESA inspectors who will undertake local or regional inspections of ambulance services applying for accreditation. The respective inspection form will be duly completed and a copy provided to the manager or proprietor of the said service. The original inspection form only once completed will be returned to the BHF office for appropriate accreditation purposes. In the event of a local dispute the BHF Norms and Standards Committee in conjunction with the BHF Clinical Advisory Panel will appoint a regional or national representative to undertake inspection of the aggrieved ambulance service. The report of the inspection will be submitted via the Norms and Standards Committee with a recommendation to the BHF Clinical Advisory Panel for a final decision. The final decision will be binding on all parties.

14. **Management of Private Ambulance Services**

The proprietor of a private ambulance service shall:-

- i) not convey more ill or injured persons in a vehicle than the number of persons which it is registered to convey.
- ii) not convey an ill or injured person without his written / implied consent.
- iii) ensure that the private ambulance service is not managed or will not be managed in a manner which will be detrimental to the physical, psychological or moral welfare and well being of the ill or injured patient under the said private ambulance services' care.

15. **Re-application for registration**

Any proprietor who has applied for registration of a private ambulance service and whose application has been refused or any proprietor whose application for renewal of registration has been cancelled in terms of regulation 17 or any proprietor who failed to apply timeously for renewal of registration and whose certificate or token of registration has expired or any proprietor or prospective proprietor who lodged an appeal against the refusal by the BHF and/or SAPAESA Inspectorate of registration or renewal of registration or against the cancellation by the BHF and/or SAPAESA Inspectorate of a certificate or token of registration and whose appeal has been dismissed may at any time re-apply for registration or renewal of registration of the same private ambulance service: Provided that, if registration or renewal of registration has been refused or the certificate or token of registration has been cancelled because of failure by the applicant to comply with all the conditions and requirements imposed by the BHF and/or SAPAESA Inspectorate in terms of regulation 12 (1) or 12(3), such further application shall not be made until and unless all such conditions and requirements have been complied with.

16. **Exemption from requirements in respect of registration**

The BHF and/or SAPAESA Inspectorate may at any time, on such conditions and for such period as he may determine, grant a proprietor exemption from any requirements in respect of registration in terms of these regulations.

17. **Cancellation of registration**

A certificate or token of registration may at any time be cancelled.

- i. by the BHF and/or SAPAESA Inspectorate, if the proprietor
  - a. Fails to comply with any conditions and requirements imposed in terms of 12 (1) or 12 (3), or
  - b. fails to furnish the returns, particulars for information which he is required to furnish in terms of these regulations
  - c. is found guilty of an offence in terms of the provisions of these regulations.
- ii. by the BHF and/or SAPAESA Inspectorate if he deems it to be in the public safety that the specific said private ambulance service in respect of which such certificate or token of registration

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has been issued should cease to operate.

18. Whenever the BHF and/or SAPAESA Inspectorate cancels a certificate or token of registration in terms of regulation 15, he shall give notice in writing to the proprietor that he is so canceling the certificate or token of registration and that the private ambulance service in respect of which it was issued shall cease to operate on or before a date specified in such notice.

19. Upon the cancellation of a certificate or token of registration in terms of regulation 17 the registration of the private ambulance service in respect of which such certificate or token of registration was issued shall lapse on the date specified in the written notice.

20. **Display of certificate of registration of Private Ambulance Services and of token of registration**

The holder of a valid certificate of registration shall display or cause to be displayed in a conspicuous place on the premises to which such certificate relates the certificate of registration mentioned in regulation 12(1) or 12 (3) and shall display or cause to be displayed the token of registration in a conspicuous place on the vehicle to which such token relates.

21. The BHF and/or SAPAESA Inspectorate may at any time, and as often as he may deem necessary, inspect or have inspected by an inspecting officer the private ambulance service at no cost to the ambulance service.

22. a. The proprietor of a private ambulance service or any other person responsible for the management or control thereof or, who is in charge thereof shall render to the inspecting officer all information, which is necessary for the purposes of registration and continued registration of the said private ambulance service.

b. Should any relevant information not be available nor made available due to medical or financial confidentiality, the BHF and/or SAPAESA Inspectorate shall give notice in writing to the said private ambulance service to have such confidential information made available to the BHF and/or SAPAESA Inspector(s) and the BHF and/or SAPAESA Inspector(s) shall keep such confidential information confidential unless such information is in conflict with these regulations.

23. No person shall in any way obstruct any inspecting officer carrying out his inspection or refuse to furnish to the best of his knowledge any information requested by such officer or to show any apparatus or vehicle.

24. The BHF and/or SAPAESA Inspectorate may at any time direct the proprietor of such private ambulance service by notice in writing to effect, within a reasonable period stated in the notice, such alterations of such improvements in regard to the organisation or management of the said private ambulance service or to acquire or replace such equipment or vehicle or to remedy such defects as may be specified in the said notice.

25. **Appeals**

The proprietor or respective proprietor of a private ambulance service may appeal in writing to the BHF Clinical Advisory Panel against any decision made by the BHF and/or SAPAESA Inspectorate in terms of any provision of these regulations in respect of such proprietor or prospective proprietor, as the case may be, of a private ambulance service.

26. An appeal to the BHF Clinical Advisory Panel shall be lodged within 30 days of the decision appealed against having come to the knowledge of the proprietor or prospective proprietor, as the case may be, and shall clearly state.

- i. against which decision such appeal is lodged, and
- ii. the ground on which such an appeal is lodged.

27. Any appeal in terms of these regulations lodged against the BHF and/or SAPAESA Inspectorate shall be submitted to the BHF Clinical Advisory Panel together with the reasons for the decision against which the appeal is being lodged.

28. **Offences and penalties**

Any person who –

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1. establishes, extends, conducts, maintains, manages, controls or renders a private ambulance service which is not registered in terms of the provisions of these regulations; or
2. extends or makes unacceptable alterations to the vehicles of a private ambulance service after BHF accreditation without the prior written approval of the BHF and/or SAPAESA Inspectorate
3. is the proprietor of / or is employed by a private ambulance service and who-
  - i. fails or refuses to allow the BHF and/or SAPAESA Inspectorate or any person acting on his behalf, access to such private ambulance service for the purpose of an inspection in terms of regulations; or
  - ii. fails to comply with the provisions of regulation 21 or 23
  - iii. obstructs or hinders the Inspectorate or any person acting on his behalf in the performance of his duties in terms of regulations 22 or
  - iv. who contravenes or fails to comply with such provisions.

shall be liable –

to cancellation of certificate or token registration until corrections have been made to correct the offence under consideration.



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**Staff (Validity confirmed with respective authorising/registering organisations)**

	Numbers
State Registered Nurse: I.C.U	
State Registered Nurse: Neonatal	
Paramedic i.e. CCA/Dip.AEC	
Ambulance Emergency Assistant	
Basic Ambulance Assistant	
First Aid Level	

**Please attach list of names and respective HPCSA/SANC Registration Numbers.**

Are you registered with your Provincial Administration as an Ambulance Service	Yes	No
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**Areas covered by your service:**

Cities/Town \_\_\_\_\_

Regions: \_\_\_\_\_

Provinces: \_\_\_\_\_

Do you have any other branches: If <b>YES</b> please attach list of branch location and telephone numbers.	Yes	No
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**DECLARATION:**

I, the undersigned, hereby declare that the above information is valid and correct and duly authorise the PCNS Division of the Board of Healthcare Funders of Southern Africa (BHF) to disseminate this information to participants in the system for reimbursement purposes only. I undertake to advise the Practice Code Numbering System Division of any changes to my practice profile in the event that such changes may occur. I further declare that I will abide by the following:

**I agree to pay an annual fee as determined by BHF towards the maintenance and running of the PCNS system ("maintenance fee") for the period that my practice number remains active. I acknowledge that failure to renew registration on an annual basis and to pay the maintenance fee will result in my practice number being rendered inactive. I agree to comply with all relevant legislation.** In terms of regulation 5(f) of the Medical Schemes Act (Act 131 of 1998), it is a requirement that all registered providers of healthcare services include diagnostic codes on accounts or statements that may be used to claim benefits from medical schemes and administrators. I declare that I will comply with the requirement of regulation 5(f) of the General Regulations to the Medical Schemes Act and will use the ICD 10 Code for this purpose. In terms of regulation 5(h) of the Medical Schemes Act (Act 131 of 1998), it is a requirement that all registered providers of healthcare include the full cost of accounts or statements that may be used to claim benefits from medical schemes and administrators. I declare that I will comply with the requirement of regulation 5(h) of the General Regulations to the Medical Schemes Act requiring the full cost of rendering a service to be included on all accounts or statements. I declare that I am registered with the relevant South African statutory professional body. I agree to comply with all obligations in terms of the Income Tax Act. I acknowledge that a practice number does not necessarily guarantee payment by a medical scheme or medical scheme administrator.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## Banking Details Verification Form

**To: BHF Client Services**

I/ We declare that the details on this Banking Verification Form are correct and may be used by the medical schemes and their administrators for reimbursement of claims.

I/ We authorise medical schemes and their administrators to pay any amounts which accrue to me / us to the credit of my / our account into the below mentioned bank account.

Service Providers are requested to complete and submit this form via registered mail to:

BHF Client Services  
 PO Box 2324  
 Parklands  
 2121.

**Please ensure that the form is endorsed by the relevant bank by obtaining a bank stamp on the bottom left corner.**

<b>Practice No</b>											
<b>Practice Name</b>											
<b>Name of Bank</b>											
<b>Name of Branch</b>											
<b>Account Name</b>											
<b>Branch Code</b>											
<b>Account Number</b>											
<b>Type of Account</b>	Current	Savings	Transmission								
<b>New Account</b>	Yes	No									
If yes, state date on which account became effective (dd/mm/yyyy)											
<b>Provider's Initials &amp; Surname</b>						<b>Authorised Signature</b>					
<b>Bank account particulars certified as correct</b>		<b>Name of Bank Official</b>				<b>Signature Of Bank Official</b>					
YES	NO										
<b>BANK STAMP</b>											

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**INTERMEDIATE LIFE SUPPORT SERVICE**

This level of care involves the transportation of patients who may require medical assistance up to and including Intermediate Assistant level.

**SPECIFIC REQUIREMENTS**

**Vehicle type:**

1. The vehicle shall be modified, adapted and configured to resemble an ambulance enabling accommodation of at least one stretcher patient.	Yes
2. The vehicle shall be registered as an 'Ambulance' with the relevant authorities according to existing Acts, ordinances or regulations.	Yes
3. The vehicle shall be clearly marked as an 'Ambulance' on the front and rear with a sign board whose minimum size shall be 400mm x 300 mm.	Yes
4. Red warning lights and/or sirens must be attached to the registered ambulance.	Yes
5. The vehicle shall be fitted with radio or telephonic communication so as to provide continuous communication with the ambulance's control room.	Yes
6. The interior of the patient compartment , excluding the driver's cab section shall be a minimum of Width 1500mm Height(front and back) 1333mm Length 2400mm	Yes
7. The vehicle must be fitted with a fire extinguisher.	Yes

**Equipment:**

4 x Adult Oxygen Masks providing at 40% inhaled oxygen and tubing	Yes
Ambulance stretcher with straps and mattresses with 'body elevation' facility with appropriate fixation device	Yes
Antiseptic Solution - 100ml or equivalent	Yes
1 x Adult Bag-Valve-Mask Reservoir Resuscitator with a range of masks	Yes
3 x 75mm Bandages Elasticised	Yes
2 x 100mm Bandages Elasticised	Yes
1 x Blanket, pillow and sheet	Yes
Blood glucose monitoring strips	Yes
Case Book or patient record sheet	Yes
1 x Cricothyroidotomy equipment	Yes
Defibrillator gel or pads	Yes
Defibrillator electrodes & paper	Yes
Drugs according to HPCSA Scope of practice for AEA ❖ Aspirin ❖ Dextrose 50% ❖ Activated Charcoal ❖ 25ml x Glucose powder or gel ❖ 1 x Entonox ❖ Fenoterol ❖ Ipratopium Bromide ❖ Salbutamol	Yes
1 x ECG Monitor / Defibrillator with leads	Yes

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ECG electrodes Adults and Paediatric and Paper	Yes
1 x Entonox	Yes
1 x Fire Extinguisher	Yes
1 x Full set cervical collars	Yes
70 x gauze swabs	Yes
1 x Kendrick Extrication device	Yes
Gloves (disposable), various sizes	Yes
1 x Glucometer and blood glucose monitoring strips	Yes
Glucose powder or gel, 25mg minimum	Yes
1 x set Head Blocks	Yes
Intravenous fluids : ❖ 2 x Normal Saline 200ml ❖ 4 x 1000ml Ringers Lactate ❖ 2 x 500ml Synthetic colloid eg. Haemacel / HAES – sterile (optional)	Yes
1 x Long Spine Board or equivalent with straps	Yes
1 x Lower extremity traction splint (eg. Trac 3/Thomas Tarangua etc)	Yes
1 x Magills forceps – adult	Yes
2 x Oxygen Masks (adult), nebuliser type	Yes
1 x Maternity Pack	Yes
2 x Nasal cannula for oxygen, with tubing	Yes
2 x Neonatal suction catheters No. 5	Yes
2 x Neonatal suction catheters No. 8	Yes
Nitrous oxide 50% / oxygen 50% premix apparatus complete with delivery device	Yes
2 x Oropharyngeal airway No. 000	Yes
2 x Oropharyngeal airway No. 00	Yes
2 x Oropharyngeal airway No. 0	Yes
2 x Oropharyngeal airway No. 1	Yes
2 x Oropharyngeal airway No. 2	Yes
2 x Oropharyngeal airway No. 3	Yes
Oxygen supply, providing 30 minutes of oxygen at 15 litres per minute minimum; i.e. 1 fixed 10 litre O <sub>2</sub> cylinder and gauge minimum; 1 portable 2 litre O <sub>2</sub> cylinder and gauge minimum	Yes
2 x Paediatric oxygen masks providing at least 40% inhaled oxygen and tubing	Yes
2 x Paediatric oxygen nebuliser masks	Yes
1 x Paediatric Bag-Valve-Mask Reservoir Resuscitator with a range of masks	
1 x Pair scissors	Yes
1 x Pulse Oximeter	Yes
1 x Pupil Torch	Yes
Range of hard and soft suction catheters	Yes
Range of Intravenous Catheters	Yes
4 x 60 micro drops/ml – Administration set	Yes
4 x 15 or 10 drops/ml – Administration set	Yes
1 x high capacity i.e dropper – Administration set	Yes

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4 x Infusion flow regulators	Yes
2 x Infusion pressure bags	Yes
Range of syringes and needles	Yes
Regurgitation Bags or receiver	Yes
2 x Rolls Adhesive Tape	Yes
1 x Scoop Stretcher	Yes
1 x Short Spine board or equivalent with straps (if vehicle involved in patient extrications)	Yes
1 x Space Blanket	Yes
1 x Sphygmomanometer with adult cuff	Yes
6 x Splints - long (leg) i.e. rigid support material e.g. cardboard, metal, vacuum, wood, plastic etc.	Yes
4 x Splints - short (arm)	Yes
1 x Stethoscope	Yes
1 x Suction apparatus (hand, foot or battery operated)	Yes
1 x Space Blanket	Yes
1 x Spider Harness	Yes
2 x Urine drainage bags	Yes
1x Bedpan/Urinal	Yes
Waste Disposal Facility and Sharps Container	Yes
1 x Water Bottle	Yes
5 x Trauma dressings 100mm x 200mm	
5 x Wound dressings - 100mm x 100mm	Yes
5 x Wound dressings - 100mm x 200mm	Yes
1 x Wound dressing - extra large (254mm x 762mm)	Yes

**Optional**

PASG / MAST	Yes
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**Personnel for Intermediate Life Support Ambulance**

There shall be a supervising CCA or N Dip or Medical Practitioner available 24 hours per day for medical supervision and control.

**PLEASE NOTE: ALL PERSONNEL MUST BE IN THE FULLTIME EMPLOY OF THE SERVICE**

- Two (2) BAA
- Two (2) AEA

The Driver, besides having a valid appropriate Driver's License and Public Driver's Permit , for the specific type of vehicle being manned, shall at least have a BAA qualification registered with the HPCSA. The patient attendants shall be intermediate life support qualified and registered (i.e. AEA) with HPCSA.

The ambulance crew should be dressed in an appropriate uniform.