

**Practice Code Number Application Form  
EMERGENCY MEDICAL SERVICES – ILS QUESTIONNAIRE**

**INTERMEDIATE LIFE SUPPORT SERVICE**

This document is to be submitted together with the Application form; supporting documents and completed criteria to [pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)

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

Name of Service	:	<hr/>
Name/s of Owner/s	:	<hr/>
Physical Address	:	<hr/> <hr/> <hr/>
Postal Address	:	<hr/> <hr/> <hr/>
Telephone No.	:	<hr/>
Facsimile No	:	<hr/>
Emergency Tel No	:	<hr/>
E-Mail Address	:	<hr/>
VAT number	:	<hr/>



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DIRECTORS NJ Khauoe (Chairperson) • G Goolab (Deputy Chairperson) • JK Mothudi (Managing Director) • GA Bartlett • BC Kamanga (Malawi) • NPB Khumalo • JH Joubert • SM Mkhonta (eSwatini) • TM Mloyi-Ncube (Zimbabwe) • CM Mokgosana (Botswana) • BOS Moloabi • FM Mosoeu • MS Mphomela • RR Nandkoomar • FV Nompumza • HC Schäfer (Namibia) • MC Wilson

**PROPRIETOR**

Person in Charge : \_\_\_\_\_  
Qualifications : \_\_\_\_\_

**CONTACT DETAILS:**

Name of Person Completing Questionnaire : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Date of Completion : \_\_\_\_\_

- The answers to this questionnaire are to be interpreted by the Surveyors in accordance with the guidelines as set down in the Criteria for ILS Services
- Recommendations by the surveyors can only be made following an on-site inspection of the respective service.
- Please ensure that your Ambulance service meets the 2017 EMS Regulation requirements.
- The following documents and records, if applicable, should be made available for scrutiny by the surveyors at the time of inspection:



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**A. REGISTRATION**

	Yes/No
1.1. Does your service comply with the EMERGENCY MEDICAL SERVICES REGULATIONS, 2017 as published under Government Notice Published under Government Notice 1320 in Government Gazette 41287 of 1 December 2017.	
1.2. Has the institution been granted any exemption from Compliance with these Regulations	
1.3. Date of original registration	
1.4. Copy of current certified License from Provincial Department of Health to be attached hereto.	

**SURVEYORS' COMMENTS:**

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**B. SPECIFIC REQUIREMENTS**

1. Vehicles (please be advised that the requirements stated below apply to all vehicles that are made use of as ambulances):	Ambulance Yes/No
1.1. The ambulance must be configured in such a way that the medical personnel have complete access to a patient in order to begin and maintain life support	
1.2. The ambulance must 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	
1.3. The ambulance must 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	
1.4. The ambulance must 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	
1.5. The ambulance must be configured in such a way that the interior of the patient compartment, excluding the driver's cab section, must be a minimum of- a. height 1222mm. b. width 1333mm. c. length 1900mm	
1.6. The ambulance must be configured in such a way that adequate, permanently installed lighting is provided in the patient compartment	
1.7. The ambulance must 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	
1.8. The ambulance must have an adequate entry that allows for the loading and off-loading of the patient without compromising the condition of the patient	



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1. Vehicles (please be advised that the requirements stated below apply to all vehicles that are made use of as ambulances):	Ambulance Yes/No
1.9. The ambulance must be configured in such a way that a patient can be carried in the supine position with specialised medical equipment fitted	
1.10. The ambulance must have an approved restraining device fitted for all patients and emergency care personnel	
1.11. The ambulance must 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	
1.12. The ambulance must 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	
1.13. The ambulance must have a stretcher that is fitted in such a way that it does not block the entry or emergency exits of the vehicle	
1.14. The ambulance must 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	
1.15. The ambulance must 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	
1.16. The ambulance must 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	
1.17. The ambulance must 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	
1.18. The ambulance must 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	
1.19. The ambulance must 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	
1.20. The ambulance must 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	
1.21. The ambulance must 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	
1.22. The ambulance must 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	
1.23. The ambulance must 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	
1.24. The ambulance must be registered as an 'Ambulance' with the relevant authorities according to existing Acts, ordinances or regulations.	

**SURVEYORS' COMMENTS:**

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2. Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
<b>2.1. Airway Equipment</b>						
2.1.1. Oropharyngeal airway No. 00	2 each		2 each		2 each	
2.1.2. Oropharyngeal airway No. 0	2 each		2 each		2 each	
2.1.3. Oropharyngeal airway No. 1	2 each		2 each		2 each	
2.1.4. Oropharyngeal airway No. 2	2 each		2 each		2 each	
2.1.5. Oropharyngeal airway No. 3	2 each		2 each		2 each	
2.1.6. Oropharyngeal airway No. 4	2 each		2 each		2 each	
2.1.7. Hard Suction Catheter (Paediatric)	2		2		2	
2.1.8. Neonatal Suction Catheters Size No. 5 FG	2		2		2	
2.1.9. Neonatal Suction Catheters Size No. 6 FG	2		2		2	
2.1.10. Neonatal Suction Catheters Size No. 8 FG	2		2		2	
2.1.11. Paediatric Suction Catheters Size No. 10 FG	1		1		1	
2.1.12. Adult Suction Catheter Size No. 12 FG	1		1		1	
2.1.13. Adult Suction Catheter Size No. 14 FG	1		1		1	
2.1.14. Neonatal Suction Catheters Size No. 5 FG	1		1		1	
2.1.15. Neonatal Suction Catheters Size No. 6 FG	1		1		1	
2.1.16. Neonatal Suction Catheters Size No. 8 FG	1		1		1	
2.1.17. Paediatric Suction Catheters Size No. 10 FG	1		1		1	
2.1.18. Adult Suction Catheter Size No. 14 FG	1		1		1	
2.1.19. Portable Suction Apparatus (Combination of Battery and Electrically Operated)	1		1		1	
2.1.20. Manual Hand Operated Portable Suction Apparatus (As a backup)	2		2		2	



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2. Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
device)						
2.1.21. Stethoscope (Combination of diaphragm and bell type head)	1		1		2	

**SURVEYORS' COMMENTS:**

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2.2. Endotracheal Intubation Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.2.1. Magill forceps - adult	1		1		1	
2.2.2. Magill forceps - paediatric	1		1		1	

**SURVEYORS' COMMENTS:**

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2.3. Breathing / Ventilation Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.3.1. Adult oxygen masks providing 40% inhaled oxygen with tubing	4		4		4	
2.3.2. Adult non-rebreather masks providing 100% inhaled oxygen with tubing	2		2		2	
2.3.3. Adult oxygen nebuliser masks including tubing and fluid	2		2		2	



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2.3. Breathing / Ventilation Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
reservoir						
2.3.4. Nasal cannula with tubing	2		2		2	
2.3.5. Paediatric oxygen masks providing 40% inhaled oxygen with tubing	2		2		2	
2.3.6. Paediatric non-rebreather masks providing 100% inhaled oxygen with tubing	2		2		2	
2.3.7. Paediatric oxygen nebuliser masks including tubing and a fluid reservoir	2		2		2	
2.3.8. Oxygen T-Piece with tubing	2		2		2	
2.3.9. Adult Bag-Valve-Mask with Reservoir and adult mask (size 4)	1		1		1	
2.3.10. Paediatric Bag-Valve-Mask with Reservoir and paediatric mask (size 1)	1		1		1	
2.3.11. Neonatal Bag-Valve-Mask with Reservoir and neonatal mask (size 0)	1		1		1	
2.3.12. Oxygen Humidification Device	1		0		0	

**SURVEYORS' COMMENTS:**

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2.4. Oxygen Supply	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.4.1. Minimum of a portable oxygen cylinder. Size "D"	2		2		2	
2.4.2. Portable oxygen cylinder gauge with flow meter	1		1		1	
2.4.3. Fitted oxygen cylinder/s, size "F" capable of supplying a minimum of 30 minutes of oxygen at a flow rate of at least 15 litres per minute	2		0		0	
2.4.4. Fitted oxygen cylinder gauge with flow meter	1		0		0	



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**SURVEYORS' COMMENTS:**

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2.5. Ventilator	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.5.1. Heat moisture exchange valve for both manual as well as mechanical ventilation methods.	2		2		2	

**SURVEYORS' COMMENTS:**

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2.6. Diagnostic / Therapeutic Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.6.1. Sphygmomanometer including adult, paediatric and neonatal cuffs	1		1		1	
2.6.2. Pupil torch	1		1		1	
2.6.3. Glucometer and blood glucose monitoring strips	1		1		1	
2.6.4. Pulse Oximeter (if not included as a feature of an ECG monitor or electronic patient monitor)	1		1		1	
2.6.5. Automated External Defibrillator (AED) that is approved by the manufacturer for use in a moving vehicle, To be used in combination with a Vital Signs Monitor that includes visual 3 lead ECG	1		1		1	



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Monitoring and a ECG rhythm printer /recorder feature (Vital Signs Monitor requires annual calibration certification)						
<b>OR</b>						
2.6.6. ECG monitor and defibrillator featuring 3 lead ECG monitoring capability, 3 lead cable, AED capability, AED pads, manual defibrillation, recorder I printer with paper and hard defibrillation paddles (requires annual calibration certification)	1		1		1	
2.6.7. Defibrillation gel	1		1		1	

**SURVEYORS' COMMENTS:**

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2.7. Miscellaneous Disposable Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.7.1. Boxes of disposable examination gloves (S, M, L)	1 each		1 each		1 each	
2.7.2. Wound dressings 100mm x 100mm	5		5		5	
2.7.3. Wound dressings 100mm x 200mm	4		4		4	
2.7.4. Hydrogel Burn Dressing 100mm x 100mm	2		2		2	
2.7.5. Hydrogel Burn Dressing 200mm x 200mm	1		1		1	
2.7.6. Hydrogel Burn Dressing 200mm x 450mm	2		2		2	
2.7.7. Gauze swabs (100mm x 100mm)	20		20		20	
2.7.8. Roll of 25 mm adhesive tape (zinc oxide)	1		1		1	
2.7.9. Roll of 10 mm adhesive tape (hypoallergenic)	1		1		1	
2.7.10.75mm elasticised bandages	4		4		4	
2.7.11.100mm elasticised bandages	4		4		4	
2.7.12.Sealed maternity pack (including 2 x sealed & sterile surgical blades, 4 x sealed sanitary pads, 2 x sealed space blankets, 4 x sealed & sterile umbilical cord clamps, 1 x sealed & sterile	1		1		1	

mucous extractor)						
2.7.13.Regurgitation bags OR Large kidney bowl I receiver (may not be a bedpan)	4		0		0	
2.7.14.	1		0		0	
2.7.15.Sealed space blanket	4		4		4	
2.7.16.Clear safety goggles	2		2		2	

**SURVEYORS' COMMENTS:**

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2.8. Intravenous Therapy Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.8.1. Alcohol Swab (30mm x 30mm)	30		30		30	
2.8.2. 14-gauge intra- venous catheters	2		2		2	
2.8.3. 16-gauge intra- venous catheters	2		2		2	
2.8.4. 18-gauge intra- venous catheters	2		2		2	
2.8.5. 20-gauge intra- venous catheters	2		2		2	
2.8.6. 22-gauge intra- venous catheters	2		2		2	
2.8.7. 24-gauge intra- venous catheters	2		2		2	
2.8.8. 60 micro drops / ml - Administration Sets	2		2		2	
2.8.9. 15 drops /ml or 20 drops /ml- Administration Sets	2		2		2	
2.8.10.10 drops 1 ml - Blood Administration Set	2		2		2	
2.8.11.200m1 Normal Saline - 1V Fluid	2		2		2	
2.8.12.1000m1 Ringers Lactate - IV Fluid Or 1000m1 Balsol - IV Fluid	2		2		2	
2.8.13.Volume Control Administration Set (e.g. Buretrol, Dosifix)	2		2		2	
2.8.14.500m1 Synthetic Colloid e.g. Haemaccel I Haes -sterile	1		1		1	
2.8.15.Transparent, waterproof, IV securing dressing (e.g. Tegaderm or similar) minimum of 10cm x 12cm dimensions	8		8		8	
2.8.16.Infusion flow regulators (e.g. Dial -a-	2		2		2	



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Flow, Dosi Flow)						
2.8.17.3 Way Stopcock	1		1		1	
2.8.18.Spencer Wells Artery Forceps	2		2		2	

**SURVEYORS' COMMENTS:**

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2.9. Medicines Therapy Sundries	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.9.1. 20 ml syringes	2		2		2	
2.9.2. 10 ml syringes	2		2		2	
2.9.3. 5 ml syringes	2		2		2	
2.9.4. 2 ml syringes	2		2		2	
2.9.5. 16-gauge needles	4		4		4	
2.9.6. 20-gauge needles	4		4		4	

**SURVEYORS' COMMENTS:**

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2.10. Medicines	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
2.10.1.Medicines to be carried by the on - duty registered practitioner as per HPCSA approved scope of practice for a registered Ambulance Emergency Assistant or a registered Emergency Care Assistant.						

**SURVEYORS' COMMENTS:**

3. Transport and Immobilisation Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
3.1. Hard/Stiff Neck Cervical Collars - Small	2		2		2	
3.2. Hard/Stiff Neck Cervical Collars - Medium	2		2		2	
3.3. Hard/Stiff Neck Cervical Collars - Large	2		2		2	
3.4. Full set of Soft Cervical Collars (Small, Medium, Large)	Optional		Optional		Optional	
3.5. Patient Extrication Device -Adult (e.g. KED)	1		Optional		Optional	
3.6. Patient Extrication Device - Paediatric (e.g. KED)	1		Optional		Optional	
3.7. Long spine board	1		0		0	
3.8. Scoop stretcher	1		0		1	
3.9. Vacuum Mattress	Optional		0		0	
3.10. Set Head Blocks	2		Optional		Optional	
3.11. Spider harness	2		Optional		Optional	
3.12. Lower extremity traction splint - Adult	1		Optional		Optional	
3.13. Lower extremity traction splint - Paediatric	1		Optional		Optional	
3.14. Long splints - Leg	6		6		6	
3.15. Short splints - Arm	4		4		4	

#### SURVEYORS' COMMENTS:

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4. Other	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
4.1. Pillow	2		0		0	
4.2. Sheet	6		1		0	
4.3. Blanket	2		0		0	
4.4. Bedpan/urinal	1		0		0	
4.5. Waste disposal facility (enclosed container)	1		0		0	
4.6. Red, medical waste disposal plastic bags	6		6		6	
4.7. Enclosed, commercially manufactured, disposable sharps container	1		1		1	
4.8. Suitably manufactured Jump Bag for safe, clean and secure storage and transportation of medical equipment	1		1		1	
4.9. Pair rescue scissors	1		1		1	
4.10. High visibility, reflective vest and / or jacket	2		1		2	
4.11. Safety helmet	2		1		2	
4.12. Fire Extinguisher (minimum of 2KG dry powder)	1		1		1	
4.13. Thermometer (standard)	1		1		1	
4.14. Casebook or patient record sheet	1		1		1	
4.15. Map book or fitted GPS device	1		1		1	

**SURVEYORS' COMMENTS:**

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5. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
5.1. Equipment						
5.2. Hydraulic Pump	1		1		1	
5.3. Hydraulic Spreader	1		1		1	
5.4. Hydraulic Cutter	1		1		1	
5.5. Hydraulic Hand Pump	1		1		1	



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5. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
5.6. Hydraulic Hose	3		3		3	
5.7. Hydraulic Rams (Short, Medium, Long)	3		3		3	
5.8. Reciprocating saw	1		1		1	
5.9. Generator, minimum 3,5 kW	1		1		1	
5.10. Lighting system	1		1		1	
5.11. Petrol angle grinder	1		1		1	
5.12. Step Chocks	2		2		2	
5.13. Wedges	4		4		4	
5.14. Chocks	4		4		4	
5.15. Road cones	20		20		20	
5.16. Multi-purpose tool e.g. Haligan Tool	1		1		1	
5.17. Hacksaw	1		1		1	
5.18. Axe	1		1		1	
5.19. Rubber hammer	1		1		1	
5.20. Hammer	1		1		1	
5.21. Bolt cutter	1		1		1	
5.22. Toolbox	1		1		1	
5.23. Rescue Tool Storage bag	1		1		1	
5.24. Chain saw	1		1		1	
5.25. Bow Saw	1		1		1	
5.26. Crowbar	1		1		1	
5.27. Ratchet straps	2		2		2	
5.28. Glass cutter	1		1		1	
5.29. Spade	1		1		1	
5.30. Broom	1		1		1	
5.31. Duct tape	2		2		2	
5.32. Trolley jack	1		1		1	
5.33. Bottle jack	1		1		1	
5.34. High Lifting Jack	1		1		1	
5.35. Jimmy jack	1		1		1	
5.36. Soft protection	1		1		1	
5.37. Hard protection	1		1		1	
5.38. Seatbelt cutter	1		1		1	
5.39. Centre punch	1		1		1	
5.40. Large pliers	1		1		1	
5.41. Barrier tape	2		2		2	
5.42. Jerry can with appropriate fuel	1 x 10 litre		1 x 10 litre		1 x 10 litre	
5.43. Basket stretcher with straps e.g. Stokes	1		1		1	
5.44. Scoop stretcher	1		1		1	
5.45. Webbing	1		1		1	
5.46. Oxygen cylinder and gauge	1		1		1	
5.47. Bag-Valve-Masks (Adult, child, Neonate)	1 each		1 each		1 each	
5.48. Face Mask N95 rating	1 box		1 box		1 box	
5.49. Red Plastic Bags	5		5		5	
5.50. Jumper cables	1 set		1 set		1 set	

5. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
5.51. 10-litre compressed-air cylinder	1		1		1	
5.52. Pneumatic airbags	1		1		1	
5.53. Pneumatic Hoses	1		1		1	
5.54. Pneumatic Controls and Air Cylinder	1		1		1	
5.55. Pneumatic Chisel Set	1		1		1	
5.56. Torch	1		1		1	
5.57. Pedal cutter	1		1		1	
5.58. Tool sheet (Staging)	1		1		1	
5.59. Dry powder portable fire extinguisher	1 x 2.5kg		1 x 2.5kg		1 x 2.5kg	
5.60. Abseil Harness with 1 ascender device	2		2		2	
5.61. Helmets	2		2		2	
5.62. Rescue gloves	2 pairs		2 pairs		2 pairs	
5.63. Ropes 50 meters Main line	2		2		2	
5.64. Ropes 50 meters Safety line	2		2		2	
5.65. Edge roller	1		1		1	
5.66. Ascenders	1		1		1	
5.67. Prussik Loops	4		4		4	
5.68. Light-use Ascenders	2		2		2	
5.69. Descenders	1 set		1 set		1 set	
5.70. Figure 8 descenders	2		2		2	
5.71. Brake Bar Racks	1		1		1	
5.72. Self-Braking Descender e.g. Petzl ID	2		2		2	
5.73. Carabiners	14		14		14	
5.74. Anchor plate	2		2		2	
5.75. Slings (S,M,L)	2 each		2 each		2 each	
5.76. Rope grabs	2		2		2	
5.77. Cow Tail	6		6		6	
5.78. Directional pulley	4		4		4	
5.79. Haul hoist	1		1		1	
5.80. Breathing apparatus and cylinders	2		2		2	
5.81. Bunker kit	1		1		1	
5.82. Helmets with visor	1		1		1	
5.83. Utility rope	1		1		1	
5.84. Tarpaulin	1		1		1	
5.85. Torpedo Buoys	2		2		2	
5.86. Personal Flotation Devices	2		2		2	
5.87. Trauma board	1		1		1	
5.88. Scoop stretcher	1		1		1	
5.89. Roll-able Toughened Plastic Rescue Stretcher e.g. SKED stretcher	1		1		1	
5.90. Step ladder	1		1		1	
5.91. Head blacks	1		1		1	
5.92. Spider harness	1		1		1	
5.93. Short Spinal Board e.g. Kendrick Extrication Device	1		1		1	
5.94. Suction unit	1		1		1	



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5. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No
5.95. Jump bag	1		1		1	
5.96. Sharps Container	1		1		1	

**SURVEYORS' COMMENTS:**

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**6. Personnel for Intermediate Life Support Ambulance (NB Refer to the latest 2017 EMS Regulation)**

Personnel	Min Quantity (per vehicle)	Actual Quantity
6.1. Basic Ambulance Assistant (BAA)	2	
6.2. Ambulance Emergency Assistant (AEA)	2	

**Additional personnel**

- 1 Medical Practitioner with an active practice number.
- 1 Emergency Medical Service Manager | who is qualified in at least Ambulance Emergency Assistant or higher qualification at HPCSA

The patient attendants shall be advanced life support qualified and registered (i.e. CCA or Nat. Dip. AEC) with the HPCSA. It is recommended that the ILS patient attendants be assisted by a minimum Ambulance Emergency Assistant.

There shall also be a consulting registered Medical Practitioner, available 24 hours per day, for medical advice or intervention by radio, telephone or on scene intervention. It is highly recommended that the registered Medical Practitioner hold currently valid ATLS / ACLS/ PALS or (APLS) certificates or equivalent.

The ambulance crew must be dressed in an appropriate uniform.

All staff members above are required to have valid PDP's. All staff members are required to have a employment contract or employment confirmation signed by both the employer and employee. NB: Personal information such as residential address or remuneration are to be excluded.

An SLA agreement is required to be signed by both the Medical Practitioner and owner of the Ambulance Service.

Please capture the names of the staff members and indicate by way of a tick that the listed documents under each column for each staff member are clearly visible, have a valid certification (*not older than 6 months and signed and dated by a commissioner of oaths*), and have all been submitted to avoid delays in having your application inspected and the practice number issued.

**AMBULANCE SERVICE STAFF AND DOCUMENT REQUIREMENTS**

PERSONNEL							
Level of Personnel	Name of Staff Member	Certified Copy of Identity Document (v)	HPCSA Card (v)	Certified Copy of HPCSA Certificate (v)	Certified Copy of Valid PrDP (Indicate Expiry Date) (v)	Signed and Dated Employment Contract or SLA (v)	RWOPS Approval for staff members employed by the state. (v)
Paramedic							
Ambulance Emergency Assistant (AEA)							
Basic Ambulance Assistant (BAA)							
Supervising Medical Doctor					N/A		

Please capture the relevant information indicate by way of a tick that the listed documents for each vehicle are clearly visible, have a valid certification (*not older than 6 months and is signed and dated by a commissioner of oaths*), and have all been submitted to avoid delays in having your application inspected and the practice number issued. **Please indicate which vehicle(s) are operational or stand-by in case of maintenance/breakdown.**

**VEHICLE REGISTRATION INFORMATION (LICENSING DEPARTMENT)**

VEHICLE					
Owner of EMS Vehicle	Type of EMS Vehicle (Ambulance/Response Vehicle)	VIN Number of EMS Vehicle	Date of Expiry of Vehicle Registration	Document Submitted (v)	Operational /Standby

**DoH LICENSING INFORMATION (PROVINCIAL DEPARTMENT OF HEALTH)**

DOH TOKENS					
Vehicle Licensed As	Vehicle License Number	Category Level of Service (ALS/ILS)	Date of Expiry of DoH Tokens	Document Submitted (v)	Operational /Standby



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**SURVEYORS' COMMENTS:**

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7. Name of Person Completing Questionnaire \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

C. KINDLY RETURN THE COMPLETED QUESTIONNAIRE TOGETHER WITH THE APPROPRIATE SURVEY FEE TO: [pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)

RECOMMENDATIONS OF THE INSPECTION TEAM		OFFICIAL USE ONLY												
7. RECOMMENDATIONS OF SURVEYORS TO BHF														
10.1	Date of on-site inspection of Ambulance Service _____													
10.2	The _____ service should / should not be granted ILS status in terms of the PCNS requirements and EMS Regulations.													
10.3	Reasons for recommendation													
	_____													
	_____													
	_____													
	_____													
10.4	BHF advised of recommendation on _____													
10.5	EMS Service advised of recommendation on _____													
<table border="0"> <thead> <tr> <th>Names of Surveyors</th> <th>Designation</th> <th>Signature</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Names of Surveyors	Designation	Signature	_____	_____	_____	_____	_____	_____	_____	_____	_____
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