



PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2025

Practice Code Number Application Form EMERGENCY MEDICAL SERVICES – ALS / AMS QUESTIONNAIRE

ADVANCED LIFE SUPPORT/AEROMEDICAL SERVICE Combination of MICU Transfers and ALS AND MICU categories (Neonatal MICU Transfers.)

This document is to be submitted together with the Application form; supporting documents and completed criteria to pcns_admin@bhfglobal.com

This level of patient transfer and treatment refers to a seriously ill or injured patient requiring invasive medical intervention and continuous advance life support medical care. If required intensive care management and transportation may also be offered for the transfer by road or air from or to an intensive care unit of a critically ill or injured patient requiring continuous advanced life support medical care.

Advanced Life Support ☐

Aeromedical Service ☐

(Please tick the appropriate discipline)

Name of Service: _____

Name/s of Owner/s: _____

Physical Address: _____

Telephone No: _____

Emergency Tel No: _____

E-Mail Address: _____

PROPRIETOR

Person in Charge: _____

Qualifications: _____

T 087 210 0500 | Lower Ground Floor, South Tower, 1Sixty Jan Smuts, Rosebank, 2196 | P O Box 2863, Saxonwold, 2131



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CONTACT DETAILS:

Questionnaire completed by: _____

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 ALS & Aeromedical 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:

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	
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	

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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
1.14. 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:

2. Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.1. Airway Equipment								
2.1.1. Oropharyngeal airway No. 00	2 each		2 each		2 each		2 each	
2.1.2. Oropharyngeal airway No. 0	2 each		2 each		2 each		2 each	
2.1.3. Oropharyngeal	2 each		2 each		2 each		2 each	

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2. Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
airway No. 1								
2.1.4. Oropharyngeal airway No. 2	2 each		2 each		2 each		2 each	
2.1.5. Oropharyngeal airway No. 3	2 each		2 each		2 each		2 each	
2.1.6. Oropharyngeal airway No. 4	2 each		2 each		2 each		2 each	
2.1.7. Hard Suction Catheter (Paediatric)	2		2		2		2	
2.1.8. Neonatal Suction Catheters Size No. 5 FG	2		2		2		2	
2.1.9. Neonatal Suction Catheters Size No. 6 FG	2		2		2		2	
2.1.10. Neonatal Suction Catheters Size No. 8 FG	2		2		2		2	
2.1.11. Paediatric Suction Catheters Size No. 10 FG	1		1		1		1	
2.1.12. Adult Suction Catheter Size No. 12 FG	1		1		1		1	
2.1.13. Adult Suction Catheter Size No. 14 FG	1		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		1	
2.1.16. Neonatal Suction Catheters Size No. 8 FG	1		1	1	1		1	
2.1.17. Paediatric Suction Catheters Size No. 10 FG	Optional		Optional	1	Optional		Optional	
2.1.18. Adult Suction Catheter Size No. 12 FG	1		1	0	1		1	
2.1.19. Adult Suction	2		2	2	2		2	

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2. Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
Catheter Size No. 14 FG								
2.1.20. Portable Suction Apparatus (Combination of Battery and Electrically Operated)	2		2	2	2		2	
2.1.21. Manual Hand Operated Portable Suction Apparatus (As a backup device)	1		1	1	1		1	
2.1.22. Stethoscope (Combination of diaphragm and bell type head)	1		1	1	1		1	

SURVEYORS' COMMENTS:

2.2. Endotracheal Intubation Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.2.1. Laryngoscope set for adult and paediatric including the following:								
Handle with batteries in full working condition	1		1		0		1	
Batteries - spare for laryngoscope	2		2		0		2	
Size 0 blade	1		1		0		1	
Size 1 blade	1		1		0		1	
Size 2 blade	1		1		0		1	
Size 3 blade	1		1		0		1	
Size 4 blade	1		1		0		1	
Size 5 blade	Optional		Optional		0		Optional	
2.2.2. Disposable, sterile ET tubes including the								

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2.2. Endotracheal Intubation Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
following:								
Size 2.5m ID ET tube	2		2		0		2	
Size 3m ID ET tube	2		2		0		2	
Size 3.5m ID ET tube	2		2		0		2	
Size 4m ID ET tube	2		2		0		2	
Size 4.5m ID ET tube	2		2		0		2	
Size 5m ID ET tube	2		2		0		2	
Size 5mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
Size 5.5mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
Size 6mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
Size 6.5mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
Size 7mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
Size 7.5mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
Size 8mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
Size 8.5mm ID ET tube (cuffed, high volume, low pressure)	2		2		0		2	
2.2.3. Sub-glottic Laryngeal Mask (LMA), size 1	2		2		0		2	
2.2.4. Sub-glottic Laryngeal Mask (LMA), size 1.5	2		2		0		2	
2.2.5. Sub-glottic	2		2		0		2	

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2.2. Endotracheal Intubation Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
Laryngeal Mask (LMA), size 2								
2.2.6. Sub-glottic Laryngeal Mask (LMA), size 2.5	2		2		0		2	
2.2.7. Sub-glottic Laryngeal Mask (LMA), size 3	2		2		0		2	
2.2.8. Sub-glottic Laryngeal Mask (LMA), size 3.5	2		2		0		2	
2.2.9. Sub-glottic Laryngeal Mask (LMA), size 4	2		2		0		2	
2.2.10. Sub-glottic Laryngeal Mask (LMA), size 4.5	2		2		0		2	
2.2.11. Sub-glottic Laryngeal Mask (LMA), size 5	2		2		0		2	
2.2.12. Small ET tube introducer	1		1		0		1	
2.2.13. Large ET tube introducer	1		1		0		1	
2.2.14. Gum Elastic Bougie	1		1		0		1	
2.2.15. Magill forceps - adult	1		1		1		1	
2.2.16. Magill forceps - paediatric	1		1		1		1	
2.2.17. 10ml syringes	1		1		0		1	
2.2.18. 20ml syringes	2		2		0		2	
2.2.19. Pair sharp, clean scissors	1		1		0		1	
2.2.20. 1m Tape / ET tube securing device	2		2		0		2	
2.2.21. Water soluble lubricant gel	2		2		0		2	
2.2.22. Heimlich type Flutter valves	2		2		0		2	
2.2.23. Heat moisture exchanger valve for ventilated patients	1		1		0		1	

SURVEYORS' COMMENTS:

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

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2.3. Breathing Ventilation Equipment / (size 0)	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.3.12. Oxygen Humidification Device	1		1		0		1	

SURVEYORS' COMMENTS:

2.4. Oxygen Supply	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.4.1. Minimum of a portable oxygen cylinder. Size "D"	2		2		2		2	
2.4.2. Portable oxygen cylinder gauge with flow meter	1		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	
2.4.4. Fitted oxygen cylinder gauge with flow meter	1		0		0		1	

SURVEYORS' COMMENTS:



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2.5. Ventilator	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.5.1. Mechanical volume cycled ventilator with PEEP valve & pressure relief valve, with appropriate fitting allowing connection to fitted oxygen supply within the ambulance, including the following features (requires annual calibration certification):	1		1		0		1	
Volume and pressure control								
Volume								
Inspiratory Pressure								
PEEP								
FiO2								
Rate								
Alarms (Peak Inspiratory Pressure, Low Pressure)								
2.5.2. Heat moisture exchange valve for both manual as well as mechanical ventilation methods.	2		2		2		2	

SURVEYORS' COMMENTS:

2.6. Diagnostic / Therapeutic Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.6.1. Sphygmomanomet	1		1		1		1	

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2.6. Diagnostic / Therapeutic Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
er including adult, paediatric and neonatal cuffs								
2.6.2. Pupil torch	1		1		1		1	
2.6.3. Glucometer and blood glucose monitoring strips	1		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		1	
2.6.5. Automated External Defibrillator (AED) (annual calibration not required due to self-testing and self-calibration of the unit)	0		0		0		0	
2.6.6. 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 Monitoring and an ECG rhythm printer/recorder feature (Vital Signs Monitor requires annual calibration certification)	0		0		1		0	
OR								
2.6.7. ECG monitor and defibrillator featuring 3 lead ECG monitoring capability, 3 lead cable, AED capability, AED pads, manual defibrillation, recorder I printer	0		0		1		0	

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2.6. Diagnostic / Therapeutic Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
with paper and hard defibrillation paddles (requires annual calibration certification)								
2.6.8. ECG monitor and defibrillator featuring 3 lead ECG monitoring capability, external cardiac pacing, cardioversion, pacing /AED pads, manual defibrillation, recorder / printer with paper and hard defibrillation paddles (requires annual calibration certification)	1		1		0		1	
2.6.9. Defibrillation gel	1		1		1		1	
2.6.10. End Tidal CO2 Monitor - Capnograph (if not included as a feature of an ECG monitor or electronic patient monitor)	1		1		0		1	

SURVEYORS' COMMENTS:

2.7. Miscellaneous Disposable Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.7.1. Boxes of disposable examination gloves (S, M, L)	1 each		1 each		1 each		1 each	
2.7.2. Wound	5		5		5		5	

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dressings 100mm x 100mm								
2.7.3. Wound dressings 100mm x 200mm	4		4		4		4	
2.7.4. Hydrogel Burn Dressing 100mm x 100mm	2		2		2		2	
2.7.5. Hydrogel Burn Dressing 200mm x 200mm	1		1		1		1	
2.7.6. Hydrogel Burn Dressing 200mm x 450mm	2		2		2		2	
2.7.7. Gauze swabs (100mm x 100mm)	20		20		20		20	
2.7.8. Roll of 25 mm adhesive tape (zinc oxide)	1		1		1		1	
2.7.9. Roll of 10 mm adhesive tape (hypoallergenic)	1		1		1		1	
2.7.10.75mm elasticised bandages	4		4		4		4	
2.7.11.100mm elasticised bandages	4		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 mucous extractor)	1		1		1		1	
2.7.13.Regurgitation bags OR	4		0		0		4	
Large kidney bowl / receiver (may not be a bedpan)	1		0		0		4	
2.7.14.Sealed space blanket	4		4		4		4	
2.7.15.Clear safety	2		2		2		2	

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goggles								
2.7.16.Range of nasogastric tubes, including:	1		1		0		1	
Size 5 French	1		1		0		1	
Size 8 French	1		1		0		1	
Size 10 French	1		1		0		1	
Size 12 French	1		1		0		1	
Size 14 French	1		1		0		1	
Size 18 French	1		1		0		1	
2.7.17.Urine drainage bag	2		2		0		2	
2.7.18.Foleys catheters FG5, 8, 10, 12, 14, 16, 18	1		1		0		1	

SURVEYORS' COMMENTS:

2.8. Intravenous Therapy Equipment	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.8.1. Alcohol Swab (30mm x 30mm)	30		30		30		30	
2.8.2. 14-gauge intra-venous catheters	2		2		2		2	
2.8.3. 16-gauge intra-venous catheters	2		2		2		2	
2.8.4. 18-gauge intra-venous catheters	2		2		2		2	
2.8.5. 20-gauge intra-venous catheters	2		2		2		2	
2.8.6. 22-gauge intra-venous catheters	2		2		2		2	
2.8.7. 24-gauge intra-venous catheters	2		2		2		2	
2.8.8. 60 micro drops / ml - Administration Sets	2		2		2		2	

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2.8.9. Intraosseous needle or device with needle	1		1		0		1	
2.8.10.15 drops /ml or 20 drops /ml- Administration Sets	2		2		2		2	
2.8.11.10 drops 1 ml - Blood Administration Set	2		2		2		2	
2.8.12.High Capacity 10 drops / ml Administration Set	1		1		0		1	
2.8.13.Volume Control Administration Set (e.g. Buretrol, Dosifix)	1		1		0		1	
2.8.14.200m1 Normal Saline - 1V Fluid	2		2		2		2	
2.8.15.1000m1 Ringers Lactate - IV Fluid Or 1000m1 Balsol - IV Fluid	2		2		2		2	
	2		2		2		2	
2.8.16.500m1 Synthetic Colloid e.g. Haemaccel I Haes -sterile	1		1		1		1	
2.8.17.Transparent, waterproof, IV securing dressing (e.g. Tegaderm or similar) minimum of 10cm x 12cm dimensions	8		8		8		8	
2.8.18.Infusion flow regulators (e.g. Dial -a- Flow, Dosi Flow)	2		2		2		2	
2.8.19.3 Way Stopcock	2		2		1		2	
2.8.20.Spencer Wells Artery Forceps	2		2		2		2	
2.8.21.Pressure Infusion Bags	2		2		0		2	

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2.9. Medicines Sundries	Therapy	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
2.9.1. 50 ml syringes		1		1		0		1	
2.9.2. 20 ml syringes		2		2		2		2	
2.9.3. 10 ml syringes		2		2		2		2	
2.9.4. 5 ml syringes		2		2		2		2	
2.9.5. 2 ml syringes		2		2		2		2	
2.9.6. 1 ml syringes		2		2		0		2	
2.9.7. 16-gauge needles		4		4		4		4	
2.9.8. 20-gauge needles		4		4		4		4	

SURVEYORS' COMMENTS:

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

SURVEYORS' COMMENTS:

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

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

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5. Requirements for MICU transfers - the following requirements are per station, and not per vehicle (mandatory)	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
5.1. Vital signs monitor (requires annual calibration certification) - or separate automated NIBP, SpO2, electronic capnograph	1		1		0		1	
5.2. Infusion pump including appropriate administration sets (requires annual calibration certification)	1		1		0		1	
5.3. Syringe driver including approved syringes (requires annual calibration certification)	1		1		0		1	

SURVEYORS' COMMENTS:

6. Requirements for MICU neonatal transfers - the following requirements are per station, and not per vehicle (optional):	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
6.1. Automated neonatal ventilator (requires annual calibration certification) - or mechanical ventilator featuring neonatal, paediatric,	access		access		0		1	

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6. Requirements for MICU neonatal transfers - the following requirements are per station, and not per vehicle (optional):	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
and adult ventilation modes								
6.2. Transport incubator with backup power and on-board alarms (requires annual confirmation of servicing)	access		access		0		1	
6.3. Vital signs monitor with neonatal probes (requires annual calibration certification)	access		access		0		1	
6.4. Oxygen inspired analyser	access		access		0		1	
6.5. Incubator head box	access		access		0		1	
6.6. Neonatal SPO2 probe and monitor (if not included as a feature of the vital signs monitor)	access		access		0		1	

SURVEYORS' COMMENTS:

7. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
Equipment								
7.1. Hydraulic Pump	1		1		1		1	
7.2. Hydraulic Spreader	1		1		1		1	
7.3. Hydraulic Cutter	1		1		1		1	
7.4. Hydraulic Hand Pump	1		1		1		1	
7.5. Hydraulic Hose	3		3		3		3	
7.6. Hydraulic Rams (Short, Medium, Long)	3		3		3		3	
7.7. Reciprocating saw	1		1		1		1	
7.8. Generator, minimum 3,5 kW	1		1		1		1	

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7. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
7.9. Lighting system	1		1		1		1	
7.10. Petrol angle grinder	1		1		1		1	
7.11. Step Chocks	2		2		2		2	
7.12. Wedges	4		4		4		4	
7.13. Chocks	4		4		4		4	
7.14. Road cones	20		20		20		20	
7.15. Multi-purpose tool e.g. Haligan Tool	1		1		1		1	
7.16. Hacksaw	1		1		1		1	
7.17. Axe	1		1		1		1	
7.18. Rubber hammer	1		1		1		1	
7.19. Hammer	1		1		1		1	
7.20. Bolt cutter	1		1		1		1	
7.21. Toolbox	1		1		1		1	
7.22. Rescue Tool Storage bag	1		1		1		1	
7.23. Chain saw	1		1		1		1	
7.24. Bow Saw	1		1		1		1	
7.25. Crowbar	1		1		1		1	
7.26. Ratchet straps	2		2		2		2	
7.27. Glass cutter	1		1		1		1	
7.28. Spade	1		1		1		1	
7.29. Broom	1		1		1		1	
7.30. Duct tape	2		2		2		2	
7.31. Trolley jack	1		1		1		1	
7.32. Bottle jack	1		1		1		1	
7.33. High Lifting Jack	1		1		1		1	
7.34. Jimmy jack	1		1		1		1	
7.35. Soft protection	1		1		1		1	
7.36. Hard protection	1		1		1		1	
7.37. Seatbelt cutter	1		1		1		1	
7.38. Centre punch	1		1		1		1	
7.39. Large pliers	1		1		1		1	
7.40. Barrier tape	2		2		2		2	
7.41. Jerry can with appropriate fuel	1 x 10 litre		1 x 10 litre		1 x 10 litre		1 x 10 litre	
7.42. Basket stretcher with straps e.g. Stokes	1		1		1		1	
7.43. Scoop stretcher	1		1		1		1	
7.44. Webbing	1		1		1		1	
7.45. Oxygen cylinder and gauge	1		1		1		1	
7.46. Bag-Valve-Masks (Adult, child, Neonate)	1 each		1 each		1 each		1 each	
7.47. Face Mask N95 rating	1 box		1 box		1 box		1 box	
7.48. Red Plastic Bags	5		5		5		5	
7.49. Jumper cables	1 set		1 set		1 set		1 set	
7.50. 10-litre	1		1		1		1	

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7. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
compressed-air cylinder								
7.51. Pneumatic airbags	1		1		1		1	
7.52. Pneumatic Hoses	1		1		1		1	
7.53. Pneumatic Controls and Air Cylinder	1		1		1		1	
7.54. Pneumatic Chisel Set	1		1		1		1	
7.55. Torch	1		1		1		1	
7.56. Pedal cutter	1		1		1		1	
7.57. Tool sheet (Staging)	1		1		1		1	
7.58. Dry powder portable fire extinguisher	1 x 2.5kg		1 x 2.5kg		1 x 2.5kg		1 x 2.5kg	
7.59. Abseil Harness with 1 ascender device	2		2		2		2	
7.60. Helmets	2		2		2		2	
7.61. Rescue gloves	2 pairs		2 pairs		2 pairs		2 pairs	
7.62. Ropes 50 meters Main line	2		2		2		2	
7.63. Ropes 50 meters Safety line	2		2		2		2	
7.64. Edge roller	1		1		1		1	
7.65. Ascenders	1		1		1		1	
7.66. Prussik Loops	4		4		4		4	
7.67. Light-use Ascenders	2		2		2		2	
7.68. Descenders	1 set		1 set		1 set		1 set	
7.69. Figure 8 descenders	2		2		2		2	
7.70. Brake Bar Racks	1		1		1		1	
7.71. Self-Braking Descender e.g. Petzl ID	2		2		2		2	
7.72. Carabiners	14		14		14		14	
7.73. Anchor plate	2		2		2		2	
7.74. Slings (S, M, L)	2 each		2 each		2 each		2 each	
7.75. Rope grabs	2		2		2		2	
7.76. Cow Tail	6		6		6		6	
7.77. Directional pulley	4		4		4		4	
7.78. Haul hoist	1		1		1		1	
7.79. Breathing apparatus and cylinders	2		2		2		2	
7.80. Bunker kit	1		1		1		1	
7.81. Helmets with visor	1		1		1		1	
7.82. Utility rope	1		1		1		1	
7.83. Tarpaulin	1		1		1		1	
7.84. Torpedo Buoys	2		2		2		2	
7.85. Personal Flotation Devices	2		2		2		2	

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7. Rescue Equipment Requirements	Ambulance	Yes/No	Response Vehicle	Yes/No	Medical Rescue Vehicle	Yes/No	Air Ambulance	Yes/No
7.86. Trauma board	1		1		1		1	
7.87. Scoop stretcher	1		1		1		1	
7.88. Roll-able Toughened Plastic Rescue Stretcher e.g. SKED stretcher	1		1		1		1	
7.89. Step ladder	1		1		1		1	
7.90. Head blacks	1		1		1		1	
7.91. Spider harness	1		1		1		1	
7.92. Short Spinal Board e.g. Kendrick Extrication Device	1		1		1		1	
7.93. Suction unit	1		1		1		1	
7.94. Jump bag	1		1		1		1	
7.95. Sharps Container	1		1		1		1	

8. Minimum Personnel for Advanced Life Support Ambulance (NB Refer to the latest 2017 EMS Regulation)

Personnel	Min Quantity (per vehicle)	Actual Quantity
8.1. Basic Ambulance Assistant (BAA)	2	
8.2. Ambulance Emergency Assistant (AEA)	2	
8.3. Paramedics (ANT / ECP HPCSA registered staff only)	2	

Additional personnel

- State registered Nurse with SANC with approved Neonatal training in addition to ALS staff i.e. CCA/Paramedic (Optional)
- Medical Practitioner with a valid practice number
- Emergency Medical Service Manager | who is qualified in at least Ambulance Emergency Assistant or higher qualification at HPCSA

All staff members above are required to have valid PDP's.

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 ALS patient attendants be assisted by a minimum Ambulance Emergency Assistant.

In the event of an ICU transfer the patient attendant/s shall be Advanced Life Support qualified and registered with HPCSA, alone or in addition to an ICU trained Registered Nurse with the SANC approved ICU training.

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 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.



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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 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. **NB: The following documents are only applicable to the Aeromedical Services Application: CAT 138, Aviation Health Care Provider, Advanced Cardiac Life Support, Intermediate or Advanced Trauma Life Support, Paediatric Advanced life support.**

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 PrDP (v)	Certified copy of Valid CAT 138 (v)	Certified copy of Aviation Health Care Provider (v)	Certified copy of Advanced Cardiac Life Support (v)	Certified copy of Intermediate or Advanced Trauma Life Support (v)	Certified copy of Paediatric Advanced Life Support (v)	Signed and Dated Employment Contract or SLA (v)	RWOPS Approval for staff members employed by the state. (v)
EMS Staff												
Supervising Medical Practitioner					N/A							

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SERVING MEDICAL SCHEME MEMBERS



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Please capture the relevant information and indicate by way of a tick that the listed documents for each aircraft are visible, have a valid certification (*not older than 6 months and are 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 aircraft(s) are operational or stand-by in case of maintenance/breakdown.**

AIRCRAFT REGISTRATION INFORMATION (LICENSING DEPARTMENT)

AIRCRAFT					
Owner of EMS Aircraft	Category of EMS Aircraft	Type and Registration of Aircraft	Date of Expiry	Document Submitted (v)	Operational/Standby

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SERVING MEDICAL SCHEME MEMBERS



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Please capture the relevant information and indicate by way of a tick that the listed documents for each vehicle are visible, have a valid certification (*not older than 6 months and are 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)	Make of EMS Vehicle	VIN Number of EMS Vehicle	Date of Expiry of Registration	Document Submitted (v)	Operation al/Standb y

Please capture the relevant information and indicate by way of a tick that the listed documents for each vehicle are visible, have a valid certification (*not older than 6 months and are 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 DoH token is for a vehicle/aircraft that is operational or stand-by in case of maintenance/breakdown.**

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DoH LICENSING INFORMATION (PROVINCIAL DEPARTMENT OF HEALTH)

DOH Tokens						
EMS Vehicle/ Aircraft owner	Vehicle Licensed as	Vehicle License Number	Category Level of Service	Date of Expiry of DoH token	Document Submitted (v)	Operational/Standby

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SERVING MEDICAL SCHEME MEMBERS



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SURVEYORS' COMMENTS:

9. Name of Person Completing Questionnaire _____

Designation _____

Signature _____

Date _____

KINDLY RETURN THE COMPLETED QUESTIONNAIRE TOGETHER WITH THE APPROPRIATE SURVEY FEE TO:
pcns_admin@bhfglobal.com

OFFICIAL USE ONLY

RECOMMENDATIONS OF THE INSPECTION TEAM

10. 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 _____

Names of Surveyors

Designation

Signature

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Company Registration No. 2001/003387/08