ILS PRACTITIONER PROTOCOLS

2005
(CURRENTLY UNDER REVIEW)

SOUTH AFRICA
IMPORTANT NOTICE TO ALL REGISTERED INTERMEDIATE LIFE SUPPORT PRACTITIONERS

Herewith the booklet containing the most recently approved Medications, Protocols, Capabilities, Regulations and Ethical Rules for Registered Intermediate Life Support Practitioners (Ambulance Emergency Assistant and Operational Emergency Care Orderly) as approved by the Professional Board for Emergency Care Personnel (PBECP).

It is imperative that you familiarise yourself with the entire content thereof, as this document and the inherent recommendations and guidelines replace all previous versions and publications issued under the authority of the Professional Board for Emergency Care Personnel.

Any comment or enquiries in this regard can be directed in writing to Mr E. Chanza, the Secretary of the Professional Board for Emergency Care Personnel, at the above address or via email on EmmanuelC@hpcsa.co.za

Yours faithfully

L D CHRISTOPHER
CHAIRPERSON: PROFESSIONAL BOARD FOR EMERGENCY CARE PRACTITIONERS
# ILS Practitioner Protocols

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1. BEHAVIOUR OF EMERGENCY CARE PRACTITIONER IN EMERGENCY CARE SITUATIONS

The present guidelines are as follows:

1. In the event of an emergency, an individual with the highest medical qualification automatically assumes charge, control and responsibility of a patient if he/she (the medical practitioner) so wishes.
2. An emergency care situation means an event which leads to a person being injured or to his/her being in mortal danger for some or other reason and in need of emergency care.
3. Emergency Care Practitioners are normally obliged to carry out the written instructions of a medical practitioner regarding medical treatment.
4. The patient is taken to a specific medical facility on the written instructions of the medical practitioner.
5. In the absence of a medical practitioner, the patient is taken to the nearest appropriate medical facility in an emergency situation.
6. When a medical practitioner takes over a case, he/she should inform the ambulance personnel present at the scene of his/her intention to do so and should also identify himself/herself with relevant Health Professions Council of South Africa documentation.
7. Emergency Care Practitioners should introduce themselves to a medical practitioner in an emergency situation by means of their identifying HPCSA Card.
8. Adequate and well documented forms regarding the emergency call should be completed.
9. The ethical rules should be complied with at all times.

2. CONDITIONS UNDER WHICH A REGISTERED INTERMEDIATE LIFE SUPPORT PRACTITIONER MAY PRACTICE HIS/HER PROFESSION

1. PRACTICE

A registered ILS Practitioner performs diagnostic and therapeutic duties in an emergency care situation within the scope of the profession in an independent capacity or under direct or indirect supervision of a registered medical practitioner, or Advanced Life Support Practitioner under his/her instruction or on his/her oral or written request, and transports the patient to a medical facility or, on the written instruction of a medical practitioner to a specific medical facility.

2. EMERGENCY MEDICAL RESCUE

(a) Stabilisation of a patient to limit mortality and morbidity, as necessary, in an independent capacity or under direct or indirect supervision, by means of the application of specialised apparatus. Subject to successful completion of the relevant rescue training.
(b) Relief of a patient from his/her constraints in order to make emergency care available to the patient which may include the use of mechanical and/or hydraulic or any other rescue apparatus. Subject to successful completion of the relevant rescue training.

3. RECORD KEEPING/PATIENT REPORT FORMS

A registered ILS Practitioner must accurately record the emergency care rendered to a patient by means of completing patient-records. These records must be handed to the medical practitioner in charge at the medical facility to where the patient was transferred and a copy thereof kept by the emergency care provider.
4. TRANSPORT

When transporting a patient, a registered ILS Practitioner should have regard for the patient’s physical comfort and safety and adhere to hygienic standards.

5. CAPABILITIES

A registered ILS Practitioner may perform the capabilities as set out in this booklet, subject to having undergone sufficient training by an approved training institution and having gained acceptable experience in these procedures.

ILS PRACTITIONER PROTOCOLS

3. MEDICATIONS APPROVED FOR ADMINISTRATION BY REGISTERED INTERMEDIATE LIFE SUPPORT PRACTITIONERS ACCORDING TO APPROVED PROTOCOLS

Protocols for medications

- Activated Charcoal 7
- Aspirin 8
- Beta_2 stimulants (Hexoprenaline, Fenoterol, Salbutamol) 10
- Ipratropium Bromide 13
- Dextrose 50% (Intravenous) 15
- Oxygen 17
- Entonox 19
Oral Glucose

Intravenous fluid therapy protocols

Pre-Hospital Intermediate life support protocols
Acute asthma

Chest pain

Intravenous dextrose 50%

ILS PRACTITIONER PROTOCOLS

DESCRIPTION:
- Classification: Carbon
- Schedule: 1

PHARMACOLOGICAL ACTION:
- Activated charcoal adsorbs many poisonous compounds to its surface, thereby reducing their absorption by the GIT

ADVERSE EFFECTS:
- The patient may experience mild constipation

INDICATIONS:
- To assist in the treatment of certain cases of overdoses and poisonings where the agent/s was/were orally ingested

CONTRA-INDICATIONS:
- There are no absolute contra-indications, but there are a number of poisonings where it is ineffective and may cause further problems: - Of no value in poisonings due to methanol, caustic acids and alkalis, iron tablets or lithium - Cyanide poisoning - Unprotected airway in a patient with decreased level of consciousness
Do not use if the container was not properly sealed (de-activation due to moisture exposure)

PRECAUTIONS:
• It should not be administered simultaneously with Ipecac in order to avoid vomiting and thus possible aspiration of activated charcoal

PACKAGING:
• Fine black powder in bottles of 25g and 50g

DOSAGE AND ADMINISTRATION:
• Adult and paediatric: 0.5g/kg - 1g/kg mixed with water, given orally.

DESCRIPTION:
• Classification: Non-steroidal anti-inflammatory / platelet aggregation inhibitor
• Schedule: 1

PHARMACOLOGICAL ACTION:
• Prostaglandins are responsible for:
  - Somatic pain
  - Inflammatory reaction
  - Hyperthermia
  - Bronchodilation
  - Gastric mucosa protection
  - Platelet aggregation
  - Uterine contractions
  - Patency of foetal ductus arteriosus
• Aspirin inhibits the production of prostaglandins and thereby leads to the opposite effects as noted above, as well as inhibiting the production of SRS-A, which can cause acute anaphylaxis

ADVERSE EFFECTS:
• Anaphylactic reaction (some patients, especially asthmatics exhibit notable sensitivity to aspirin, which may provoke various hypersensitivity / allergic reactions)
• Bronchoconstriction in asthmatics
• Gastric mucosa irritation (dyspepsia; peptic ulceration; peptic bleeding)
• Bleeding tendency
• Foetal distress due to obliteration of foetal ductus arteriosus
• Suppression of uterine contractions

INDICATIONS:
• Suspected myocardial infarction
• Decompression sickness

ADVERSE EFFECTS:
• Known hypersensitivity / allergy to aspirin
• Bronchial asthma
• Peptic ulceration
• Bleeding tendency
• Patients already receiving Platelet Aggregation Inhibitors or Anticoagulants
• Pregnancy
PRECAUTIONS:

• Patient must be conscious

PACKAGING:

• Junior aspirin : 150mg tablet
• Regular aspirin : 300mg tablet
• Double strength : 500mg tablet
• Disprin CV : 100mg tablet (purpose-produced for anti-coagulation)

DOSAGE AND ADMINISTRATION:

• Administer 150mg - 300mg orally, chewed, crushed, or dissolved

DESCRIPTION:

• Classification : Bronchodilators
• Schedule : 2 - Aerosol : 3 - Inhalant solutions and unit dose vials : 4 - Ampoules

PHARMACOLOGICAL ACTION:

• Hexoprenaline, Fenoterol and Salbutamol are selective \( \beta_2 \) stimulants acting on the \( \beta_2 \) receptors in the lungs:
  - Bronchial smooth muscle: bronchodilation
• At higher / repeated dosages, the systemic absorption progressively increases, thus acting on other organs with \( \beta_2 \) receptors e.g.
  - Skeletal muscle: contraction
  - Vascular smooth muscle: vasodilation
  - Bladder smooth muscle: relaxation
  - Intestinal smooth muscle: decreased peristalsis
  - Uterine smooth muscle: tocolysis
  - Glycogen stores: break down of glycogen to glucose
• At higher / repeated dosages, the selectivity is also progressively lost and \( \beta_1 \) effects (myocardium) are experienced:
  - Positive inotrope
  - Positive chronotrope
  - Positive dromotrope
  - Increased myocardial oxygen consumption

PHARMACO-KINETICS:

• Onset of action : 5-15 minutes
• Duration of action : 3-6 hours

ADVERSE EFFECTS:

• Tremors, restlessness, anxiety, confusion, headache
• Hypotension
• Tachycardia, palpitations
• Cramps
• Nausea, vomiting
• Urinary retention
Tocolysis
Hyperglycaemia

**ILS PRACTITIONER PROTOCOLS**

- **Acute bronchospasm**

**CONTRA-INDICATIONS:**
- Known hypersensitivity / allergy to \( \beta \) stimulants
- Neonates

**PRECAUTIONS:**
- Special caution must be used when a patient presents with a pulse rate greater than 120 beats / minute

**PACKAGING:**
- Fenoterol
- Hexoprenaline Sulphate
- Salbutamol

: Berotec aerosol : Resp. solution : UDV : IV solution
: Ipradol aerosol : Resp. solution : UDV : IVI solution
: Ventolin aerosol : Resp. solution : UDV : IV solution : 100µg : 1mg/ml : 1.25mg/2ml or 0.5mg/2ml :
: 100µg : 0.25mg/ml : : 5µg/2ml or 25µg/10ml
: 100µg : 5mg/ml : 2.5mg/2.5ml or 5mg/2.5ml : 0.5mg/ml or 1mg/ml

**ILS PRACTITIONER PROTOCOLS**

A. **ACUTE BRONCHOSPASM**

**Aerosol:**
- 2 puffs may be administered by the patient or ILS Practitioner during an episode, which may then be repeated every 2 minutes

**Inhalant solution:** (use half the dosage for paediatrics)
- 2 ml Fenoterol (1.25mg/2ml)(UDV) + 3 ml NaCl
- 2 ml Fenoterol (0.5mg/2ml)(UDV) + 3 ml NaCl (paediatric solution)
- 1 ml Fenoterol solution (1mg/ml) + 4 ml NaCl
- 2 ml Hexoprenaline (0.25mg/ml) + 3 ml NaCl
- 1 ml Salbutamol (5mg/ml) + 4 ml NaCl
- Repeat if necessary
- Diluent is optional in the case of UDV’s.

**ILS PRACTITIONER PROTOCOLS**

**DESCRIPTION:**
- Classification : Bronchodilators - inhalants
- Schedule : 2
PHARMACOLOGICAL ACTION:

- Ipratropium bromide causes relaxation of bronchial muscles due to its anti-cholinergic effects (blocks parasympathetic system).
- Its bronchodilation action is particularly effective in conjunction with β₂-stimulants.

PHARMACO-KINETICS:

- Onset of action: 30 minutes
- Duration of action: 4-6 hours

ADVERSE EFFECTS:

- With larger/repeated dosages, it is absorbed from the lungs into the systemic circulation resulting in systemic anti-cholinergic effects.
- Tachycardia
- Dry, hot skin
- Mydriasis
- Urinary retention

INDICATIONS:

- To be used in conjunction with β₂-stimulants for acute bronchospasm

CONTRA-INDICATIONS:

- Known hypersensitivity to ipratropium bromide or other anti-cholinergic drugs
- Children up to the age of 4 years

PRECAUTIONS:

- The onset of action is only after 30 minutes, which is much longer than the β₂-stimulants.
- The duration of action is 4-6 hours, which is also longer than the β₂-stimulants.

ILS PRACTITIONER PROTOCOLS

- Unit dose vial (UDV) containing 0.25 mg or 0.5 mg/2ml
- Aerosol spray (home medication) 0.04mg
- Nebulizer solution (bottle) 0.25mg/ml

DOSAGE AND ADMINISTRATION:

**Adults: UDV:**

- Ipratropium bromide 0.5mg + appropriate β₂-stimulant + balance of NaCl to a total of 5ml solution
- Nebulised over 10 minutes
- May be repeated
- Use of diluent is optional in the case of UDV

**Aerosol:**

- The patient or ILS Practitioner may administer this during an episode. Two puffs of ipratropium bromide are administered if no improvement occurs following β₂-stimulant administration
- May be repeated

**Children 5 years and older:**

- Use half the adult dose
- Ipratropium bromide 0.25mg + appropriate β₂-stimulant + balance of NaCl to a total of 5ml solution
- Nebulised over 10 minutes
NOTE:
- Ipratropium bromide + β₂ stimulant have a synergistic effect
- May be particularly useful in patients with bronchospasm who have taken beta-blockers

**ILS PRACTITIONER PROTOCOLS**

**DESCRIPTION:**
Classification: Carbohydrate Schedule: 1

**PHARMACOLOGICAL ACTION:**
- Monosaccharides (basic units/building blocks of carbohydrates)
- Because monosaccharides are the most basic units to which all carbohydrates are broken down, glucose is therefore immediately available as a source of energy

**ADVERSE EFFECTS:**
- Local irritation of vein
- Thrombophlebitis
- Extravasation
- Local tissue necrosis
- Hyperosmolarity
- Diuresis
- Hyperglycaemia

**INDICATIONS:**
- Acute management of symptomatic hypoglycaemia
- HGT < 4.4 mmol/l

**CONTRA-INDICATIONS:**
- There are no absolute contra-indications in the presence of true symptomatic hypoglycaemia
- Do not administer dextrose routinely during resuscitation unless there is confirmed hypoglycaemia

**PRECAUTIONS:**
- Dehydration and hypovolaemia
  - High concentrations of IVI dextrose cause an increase in osmolarity that draws H₂O from the cells and causes diuresis, aggravating dehydration

  **ILS PRACTITIONER PROTOCOLS**

  - Dehydration/hypovolaemia and hypoglycaemia must be corrected simultaneously
    - Intracranial haemorrhage
      - Glucose leaking into the cerebral tissue will aggravate the injury and result in cerebral oedema
    - Careful titration in all head injured patients is vital
  - Renal failure
- Excessive glucose is excreted through the kidneys

**All complications and adverse effects can be prevented by:**

- Limiting the use of dextrose to symptomatic hypoglycaemic patients
- Administering dextrose slowly through a free-flowing IV line
- Re-assessing the HGT 5 minutes post administration
- Avoiding hyperglycaemia
- Never combine dextrose and sodium bicarbonate in the same infusion (i.e. hyperosmolarity)

**PACKAGING:**

- 20/ 50ml ampoules of a 50% solution (0.5g/ml)
- 50ml vacolitre containing a 50% solution

**DOSAGE AND ADMINISTRATION:**

**Adults:**

- 10g (20ml of a 50%) slowly IVI
- Repeat every 5 minutes should blood glucose remain low
- Repeat to a total of 60ml of 50% solution, to proceed the ILS Practitioner must ask for ALS or Medical Practitioner’s advice

**Children > 8 years of age:**

- 1ml/kg of a 50% solution which is then diluted to a 25% solution
- Repeat every 5 minutes should blood glucose remain low
- Repeat to a total of 80ml of 25% solution, to go further the ILS Practitioner must ask for ALS or Medical Practitioner’s advice

**NOTE:**

- If blood glucose remains low after 3 doses, reassess patient, equipment and administration technique
- Treat the patient and not the test result

**ILS PRACTITIONER PROTOCOLS**

**DESCRIPTION:**

- Classification: Naturally occurring atmospheric gas

**PHARMACOLOGICAL ACTION:**

- Oxygen is an odourless, tasteless, colourless gas present in the atmosphere at a concentration of approximately 21%
- It reverses the deleterious effects of hypoxaemia on the brain, heart and other vital organs
- Expired air contains 16-17% oxygen
- During optimal active CPR only 25-30% of the normal cardiac output is maintained and for these reasons supplemental oxygen should be administered

**INDICATIONS:**

- Glasgow Coma Scale of less than 15/15
- Any patient with abnormal vital signs
- Any respiratory insufficiency or arrest
- Confirmed or suspected hypoxia
- Chest pain of medical or trauma origin
• Multiple or severe trauma
• Cardiac arrest
• Toxic inhalations
• Prophylactically during air transportation
• Snorkel, Scuba and Surface Supply diving accidents

CONTRA-INDICATIONS:
• There are no absolute contra-indications for the use of oxygen in the emergency setting

PRECAUTIONS:
• High concentrations of oxygen may reduce the respiratory drive of a COPD patient; therefore, careful monitoring of the patient is required. Do not withhold oxygen from these patients if their prevailing condition is such that oxygen is required
• Long exposures to high concentrations of oxygen may result in retrolental fibroplasia in neonates and pulmonary fibrosis
• Long exposures in divers may lead to oxygen toxicity

ILS PRACTITIONER PROTOCOLS

• Neonates with a patent ductus arteriosus (PDA - a rare condition characterised by a significant heart murmur). Signs of hypoxia may occur after oxygen administration. Remove oxygen if PDA is confirmed
• Oxygen supports combustion - do not use in the presence of fire, smoke or cigarette smoking
• High pressure oxygen should not be used with oil or grease based substances as it causes an exothermic reaction with the risk of explosion
• Production of oxygen super radicals in the presence of Paraquat

PACKAGING:
• Pressurised cylinder containing 100% medical oxygen

DO dosage AND ADMINISTRATION:
• Administered via:
  - Oxygen masks
  - Nasal cannulae
  - Bag-valve-mask / reservoir device
  - Nebulizer device
  - Jet insufflation
• At the correct flow rate the following devices will deliver approximately the following percentages of oxygen:

- Sampson’s neonatal = 2 - 4 litres/minute
- Simple face mask = 35 - 60% at 6 - 10 litres/minute
- 24% and 28% face masks = 4 litres/minute or as manufacturer’s instructions
- 35% and 40% face masks = 8 litres/minute or as manufacturer’s instructions
- Nasal cannulae = 24 - 40% at 1 - 5 litres/minute
  \[ \text{litres/minute} \times 4 + 20\% \times \text{l/min} \left( \frac{\text{l/min}}{X} \right) = \% \]
- Partial re-breather mask = 60% at 10 - 15 litres/minute
- Non-re-breather mask = 95% at 10 - 15 litres/minute
- Bag-valve-mask = 50% at 12 - 15 litres/minute
- Bag-valve-reservoir mask = 100% at 12 - 15 litres/minute
- Adequate flow rate = Reservoir bag inflated > 2/3 at all times

NOTE:
- Oxygen is a non-explosive gas

ILS PRACTITIONER PROTOCOLS

DESCRIPTION:
- Classification: Analgesic gas
- Schedule: 4

PHARMACOLOGICAL ACTION:
- Colourless, sweet-smelling, non-irritant gas
- Heavier than room air/oxygen
- Nitrous oxide has mild analgesic and anaesthetic effects depending on the dose inhaled
- When inhaled it depresses the central nervous system causing anaesthesia
- In addition, the high concentration of oxygen delivered along with the nitrous oxide increases oxygen tension in the blood, thereby reducing hypoxia
- It provides rapid, easily reversible relief of mild to moderate pain

PHARMACO-KINETICS:
- Extremely blood-insoluble
- Not metabolised by the body
- Eliminated via lungs (small amounts are eliminated through the skin)
- Onset of action: 30-60 seconds (maximum 3-4 minutes)

ADVERSE EFFECTS:
- Light-headedness
- Drowsiness
- Nausea and vomiting

INDICATIONS:
- Relief of pain from:
  - Acute myocardial infarction
  - Musculo-skeletal trauma
  - Burns - not including burns of the respiratory tract
  - Active labour
  - Any other condition requiring pain relief provided there are no contra-indications present

ILS PRACTITIONER PROTOCOLS

- Neurological impairment:
  - Any altered level of consciousness
  - Inability to comply with instructions
  - Head injuries
- Air entrapment:
  - COPD/asthma patient during an acute episode
  - Acute pulmonary oedema
  - Chest injuries
  - Abdominal injuries
Diving accidents (specifically Acute Decompression Illness)
-Burns to the respiratory tract
-Other limitations:
  - Hypotension (SBP < 90 mmHg)
  - Major facial trauma (anatomic)

PRECAUTIONS:
- The constituent gases nitrous oxide and oxygen disassociate at < 4°C. It is imperative that the cylinder is inverted a few times and then placed horizontal when used in cold conditions as the patient will otherwise inhale pure nitrous oxide
- Nitrogen has decreased solubility in blood. Once in a gas-containing space the gas dissociates and nitrogen diffuses out slower than nitrous oxide diffuses in, and there is a net increase in gas volume
- When the mask is removed after prolonged use, the gas will come out of solution in the lungs and displace the oxygen in the alveoli, causing hypoxia
- In order to prevent this, the mask must not be strapped to the patient’s face, and the patient must receive oxygen for ± 5-10 minutes, especially after prolonged use
- Nitrous oxide is a non-explosive gas

PACKAGING:
- Pressurised cylinders containing a mixture of 50% nitrous oxide and 50% Oxygen (N₂O+O₂: 50/50%)

ILS PRACTITIONER PROTOCOLS
- Entonox is a self-administered gas
- The administration procedure is to be explained to the patient carefully before hand to prevent unnecessary complications
- Once the patient has inhaled enough Entonox to control his / her pain the patient will remove the mask thereby preventing any chances of overdosing
- Registered ILS Practitioners are entitled to administer entonox to the patient, but as a self-administered drug. This requires careful monitoring of the patient in order to prevent complications arising
- If the patient becomes drowsy, remove the Entonox and replace immediately with oxygen
- If in doubt as to the use of Entonox, call for assistance

DESCRIPTION:
- Classification: Carbohydrate
- Schedule: 1

PHARMACOLOGICAL ACTION:
- Administration of an oral glucose solution/ preparation provides a source of soluble carbohydrates to the tissues in order to raise the blood glucose levels

ADVERSE EFFECTS:
- Hyperglycaemia

INDICATIONS:
Acute management of hypoglycaemia in a conscious patient
- HGT < 4.4 mmol/l

CONTRA-INDICATIONS:
- None

PRECAUTIONS:
- Patient must be lateral if unconscious
- Avoid aspiration

PACKAGING:
- 25g and 50g powder sachet
- 25g and 50g gel

DOSAGE AND ADMINISTRATION:
- 25g of gel applied to the buccal mucosa of the patient with a gloved finger
- Preferably dilute powder in glass of water
- Repeat after 5 minutes should blood glucose remain low
- Unconscious patients may receive only buccal gel and must be lateral during drug administration

ILS PRACTITIONER PROTOCOLS

INTRAVENOUS FLUID THERAPY PROTOCOLS

<table>
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<tr>
<th>INDICATION</th>
<th>LIFELINE</th>
<th>REPLACEMENT</th>
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<tbody>
<tr>
<td>SITUATION</td>
<td>To be set up in all Priority 1 (Code Red) patients, to keep vein open.</td>
<td>To replace body fluids which are lost e.g. haemorrhage, shock, burns, vomiting, diarrhoea, dehydration</td>
</tr>
<tr>
<td>FLUID UNIT</td>
<td>MEDICAL 0.9% Sodium Chloride</td>
<td>TRAUMA Ringers Lactate / Balanced Salt Solution</td>
</tr>
<tr>
<td>ADMINISTRATION SET</td>
<td>INITIAL Ringers Lactate / Balanced Salt Solution</td>
<td>SUBSEQUENT Synthetic Colloid</td>
</tr>
<tr>
<td>RECOMMENDED CANNUILA SIZE</td>
<td>RATE PRECAUTIONS</td>
<td></td>
</tr>
<tr>
<td>200 ml</td>
<td>200 ml</td>
<td>1 000 ml</td>
</tr>
<tr>
<td>80 drops per ml Microdropper</td>
<td>10 or 15 drops per ml administration set</td>
<td>10 or 15 drops per ml administration set</td>
</tr>
<tr>
<td>18-20 g</td>
<td>14 - 16 G</td>
<td>14-16 G</td>
</tr>
<tr>
<td>1 drop per second</td>
<td>As required</td>
<td>As required</td>
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</tbody>
</table>
Be very careful not to overload patient.

Increase rate if shock develops (proceed to REPLACEMENT)

Adjust rate according to response and vital signs

Infuse 2 000ml Ringers Lactate / Balanced Salt Solution first before commencing with a Synthetic Colloid. Before administration of Colloid content, contact duty ALS or supervising Medical Officer. May infuse up to 2 000ml Synthetic Colloid if necessary.

January 2003

ILS PRACTITIONER PROTOCOLS

1. 1.1 If IV access is not established within five minutes on scene, commence transportation to hospital and continue attempts en route and contact duty paramedic / supervising medical officer.

2. 1.2 No IV line may be inserted into a patient under the age of eight years. For a patient under the age of eight, permission must be sought from the duty paramedic / supervising medical officer.

3. 1.3 Avoid overloading the patient. Do not exceed the volumes or rates of flow as listed in the accompanying table. Extreme care is required with respect to all fluid administered to patients with underlying heart disease or cardiac injury.

4. 1.4 Record all fluids administered on the patient report form. Specify the type, quantity and times of administration.

5. 1.5 For patients with pre-existing heart disease, thoracic injury / cardiac injury, all administration rates must be reassessed against vital signs after every 250ml fluid infused.

6. 1.6 For patients 8-12, and 60 years of age and older, administration rates must be reassessed against vital signs every 250ml fluid infused.

7. 1.7 For patients 12-60 years old, all administration rates must be reassessed against vital signs after every 500ml of fluid infused.

8. 1.8 Contact duty paramedic/supervising medical officer if 2 litres of fluid was required prior to reaching the hospital.

9. 1.9 IVI line may only be inserted into peripheral veins on a limb (arm / leg).

ILS PRACTITIONER PROTOCOLS

ASTHMA - Adult

- Safety
- Responsiveness
- Airway
- Breathing
- Circulation
- Monitors
- HCT
- IV line
- Vital signs
- History
- Physical assessment

- Nebulise B3 stimulant and Ipratropium bromide 0.5mg over 10 minutes
  (Repeat if necessary)
ASTHMA - Paediatric

- Safety
- Responsiveness
- Airway
- Breathing
- Circulation
- Monitors
- HGT
- IV line
- Vital signs
- History
- Physical assessment

• Nebulise B₂ stimulant 0.25mg ipratropium bromide over 10 minutes
  (Repeat if necessary)

NON-TRAUMATIC CARDIAC CHEST PAIN - Adult

- Safety
- Responsiveness
- Airway
- Breathing
- Circulation
- Monitors
- HGT
- IV line
- Vital signs
- History
- Physical assessment

• 150mg - 300mg Aspirin p.o.
COMA (non-trauma) - Adult/Paediatric

- Safety
- Responsiveness
- Airway
- Breathing
- Circulation
- Monitors
- HGT
- IV line
- Vital signs
- History

ILS PRACTITIONER PROTOCOLS

\[ \text{Physical assessment} \]

\[ \text{HGT} \]

**Adult**
- 20ml of a 50% solution slowly IV through a free-flowing line
- Repeat every 5 minutes should blood-glucose remain low
- Repeat to a total of 80ml – to proceed ask for ALS advice

**Paediatric (> 8 years)**
- 1ml/kg of a 50% solution diluted to a 25% solution slowly IV through a free-flowing line
- Repeat every 5 minutes should blood-glucose remain low
- Repeat to a total of 80ml of a 25% solution – to proceed ask for ALS advice

CAPABILITIES

These ILS capabilities are as per the BLS Protocols and, in addition to the following, but not limited to, however, within the confines and constraints of the PBEC approved ILS curriculum.
These capabilities are with reference to all emergencies falling within the scope of the profession of emergency care, and are applicable to patients of all ages unless otherwise specified in the ILS protocols.

<table>
<thead>
<tr>
<th>No.</th>
<th>CAPABILITY</th>
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<tbody>
<tr>
<td>1</td>
<td>ILS patient assessment, treatment, management and transportation</td>
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<td>2</td>
<td>Use of Magills forceps</td>
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<td>3</td>
<td>Needle cricothyroid membrane puncture</td>
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<td>Electrical defribillation for &gt;8 years of age</td>
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<td>5</td>
<td>Intravenous limb cannulation (according to protocol)</td>
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<td>6</td>
<td>Pulseless rhythm interpretation and management</td>
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<td>7</td>
<td>Application of PASG (legs only in adults)</td>
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<td>8</td>
<td>Use of Pulse Oximeter</td>
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<td>Suturing of wounds under medical supervision</td>
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<td>Injection under medical supervision</td>
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<td>Needle thoracentesis</td>
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<td>12</td>
<td>Malpresentation management (Breech only)</td>
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<td>13</td>
<td>Intravenous, nebulization and oral administration medication (according to protocol)</td>
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<td>14</td>
<td>Incubator transport and management of a stable infant</td>
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<td>15</td>
<td>Declaration of death</td>
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</tbody>
</table>

**ILS PRACTITIONER PROTOCOLS**

1. Patient Rights Advocacy
2. Patient confidentiality
3. Consent
4. Patient handover
5. Patient record keeping
6. Reporting duties
   - 6.1 Rape
   - 6.2 Abuse (Children, women, elderly)
   - 6.3 Ethics
   - 6.4 Malpractice
7. Counselling for the prevention of illness and injury and to improve the individuals state of health
ILS PRACTITIONER PROTOCOLS

Death may be declared to have occurred by a registered ILS Practitioner if:

A. The person is obviously dead due to/ or evidenced by:
   1. Decapitation or mortal disfigurement
   2. Generalised charring due to extensive burns
   3. Putrefaction
   4. Post mortem lividity

OR

B. 1. There is no evidence of cardiac electrical activity on the Electrocardiogram in all 3 leads and
   2. There are no palpable pulses and
   3. There are no audible heart sounds and
   4. Bilateral fixed and dilated pupils are present and
   5. There has been no spontaneous breathing for the past 5 minutes and
   6. There are no dolls eye movements present

Provided that:

The signs B 1 - 6 have been considered in terms of hypothermia, or possible drug effect.

If the above guidelines are adhered to, the ILS Practitioner may declare death and hence further declaration by a medical practitioner would not be necessary before removing the patient from the scene.

ILS PRACTITIONER PROTOCOLS

COMMONLY ENCOUNTERED ABBREVIATIONS

<table>
<thead>
<tr>
<th>No.</th>
<th>ABBREVIATION</th>
<th>MEANING</th>
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<tbody>
<tr>
<td>1.</td>
<td>α</td>
<td>Alpha</td>
</tr>
<tr>
<td>2.</td>
<td>β</td>
<td>Beta</td>
</tr>
<tr>
<td>3.</td>
<td>µg/ mcg</td>
<td>Microgram</td>
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<tr>
<td>4.</td>
<td>AMI</td>
<td>Acute myocardial infarction</td>
</tr>
<tr>
<td>5.</td>
<td>bpm</td>
<td>Beats per minute</td>
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<tr>
<td>6.</td>
<td>CNS</td>
<td>Central nervous system</td>
</tr>
<tr>
<td>7.</td>
<td>COPD</td>
<td>Chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>8.</td>
<td>CPR</td>
<td>Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>9.</td>
<td>CVS</td>
<td>Cardiovascular system</td>
</tr>
<tr>
<td>10.</td>
<td>ECG</td>
<td>Electrocardiogram</td>
</tr>
<tr>
<td>11.</td>
<td>g</td>
<td>Gram</td>
</tr>
<tr>
<td>12.</td>
<td>GIT</td>
<td>Gastrointestinal tract</td>
</tr>
<tr>
<td>13.</td>
<td>H₂O</td>
<td>Water</td>
</tr>
<tr>
<td>14.</td>
<td>HGT</td>
<td>Haemo-glucose test</td>
</tr>
<tr>
<td>15.</td>
<td>hr/s</td>
<td>Hour/s</td>
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<tr>
<td></td>
<td>Abbreviation</td>
<td>Definition</td>
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<td>16.</td>
<td>ICP</td>
<td>Intracranial pressure</td>
</tr>
<tr>
<td>17.</td>
<td>IMI</td>
<td>Intramuscular injection</td>
</tr>
<tr>
<td>18.</td>
<td>IVI</td>
<td>Intravenous injection</td>
</tr>
<tr>
<td>19.</td>
<td>kg</td>
<td>Kilogram</td>
</tr>
<tr>
<td>20.</td>
<td>max</td>
<td>Maximum</td>
</tr>
<tr>
<td>21.</td>
<td>mg</td>
<td>Milligram</td>
</tr>
<tr>
<td>22.</td>
<td>min</td>
<td>Minimum</td>
</tr>
<tr>
<td>23.</td>
<td>min</td>
<td>Minute</td>
</tr>
<tr>
<td>24.</td>
<td>ml</td>
<td>Millilitre</td>
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<tr>
<td>25.</td>
<td>Na+</td>
<td>Sodium</td>
</tr>
<tr>
<td>26.</td>
<td>NaCl</td>
<td>Sodium chloride 0.9%</td>
</tr>
<tr>
<td>27.</td>
<td>Resp</td>
<td>Respiratory</td>
</tr>
<tr>
<td>28.</td>
<td>SBP</td>
<td>Systolic blood pressure</td>
</tr>
<tr>
<td>29.</td>
<td>SCI</td>
<td>Subcutaneous injection</td>
</tr>
<tr>
<td>30.</td>
<td>UDV</td>
<td>Unit dose vial</td>
</tr>
</tbody>
</table>

**SCOPE OF THE PROFESSION**

**ILS PRACTITIONER PROTOCOLS**

**GOVERNMENT NOTICE**

**DEPARTMENT OF HEALTH**

**NO. R 48 25 JANUARY 2002**

**HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974)**

**REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF EMERGENCY CARE**

The Minister of Health has, in terms of section 33(1) of the Health Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the Health Professions Council of South Africa, made the regulation in the Schedule.

**SCHEDULE**

1. **Definitions**

In these regulations any expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates -

“approved ambulance service”
means an ambulance service which has been approved by the Professional Board for Emergency Care Personnel as suitable for the transportation of persons in emergency care situations;

“emergency care” means the res-

GOEWERMENTS
KENNISGEWING

DEPARTEMENT VAN GESONDHEID


REGULASIES WAT DIE OMVANG VAN DIE BEROEP NOODSORG OMSKRYF

Die Minister van Gesondheid het, op aanbeveling van die Raad vir Gesondheidsberoep van Suid Afrika, kragtens artikel 33 (1) van die Wet op Gesondheidsberoep, 1974 (Wet No. 56 van 1974), die regulasies in die Bylae uitgevaardig.

BYLAE

1. Definisies

In hierdie regulasies het ’n uitdrukking waaraan ’n betekenis geheg is daardie betekenis en, tensy uit die samehang anders bly beteken -

“goedgekeurde ambulansdiens”
’n ambulansdiens wat deur die Beroepsraad vir Noodsorgpersoneel goedgekeur is as geskik vir die vervoer van persone in noodsorgsituasies;

“noodsorg” die evaluering, be-cue, evaluation, treatment and care of an ill or injured person in an emergency care situation and the continuation of treatment and care during the transportation of such person to or between health establishment(s);

“emergency care personnel”
means persons registered under section 17 of the Act as paramedics, ambulance emergency assistants, basic ambulance assistants, operational emergency care orderlies, emergency care assistants and/or persons who hold a valid first aid certificate issued by a first aid organisation accredited by the Professional Board for Emergency Care Personnel;

“emergency care situation”
means circumstances during which a person is injured or is for some other reason in mortal danger and in need of emergency care;

“health establishment” means the whole or part of a public or private institution, facility, agency, building or place, whether organised for profit or not, that is operated or designated to provide inpatient or outpatient treatment, therapeutic, interventions, rehabilitative, palliative, preventive or other health services;

“the Act” means the Health Professions Act, 1974 (Act No. 56 of 1974), handeling, reding en versorging van ’n siek of beseerde persoon in ’n noodsorgsituasie en die voortsetting van behandeling en versorging tydens die vervoer van sodanige persoon na of tussen gesondheidsinstelling(s);

“noodsorg personeel” persone wat kragtens artikel 17 van die Wet as paramedici, ambulansnoodsorgassistentie, basiese ambulansassistentie, operasionele noodsorgordonnanse, noodsorgassistentie, en/of persone wat oor ’n geldige noodhulpsertifikaat beskik wat uigereik is deur ’n noodhulporganisasie
2. Acts pertaining to the profession of emergency care

The following acts of emergency care personnel shall, for the purposes of the Act, be deemed to the acts that pertain especially to the profession of emergency care:

(a) The identification of the emergency care needs of a person in an emergency care situation;
(b) the evaluation of the emergency care needs of a person in an emergency care situation with due regard to his or her safety and the implementation of precautions to ensure his or her safety;
(c) the rescue of a person from an emergency care situation or from a potential emergency care situation;
(d) the provision of emergency care to a person in an emergency care situation;
(e) the prevention of further injury to, and the combating of possible complications of an illness or injury, a person in an emergency care situation;
(f) the transportation in an emergency care situation of an injured or seriously ill person to, at or between health establishments.

3. Repeal

The regulations promulgated by Government Notice No. R. 670 of 15 April 1994 are hereby repealed.

3. Herroeping

Die regulasies afgekondig deur Goewermentskennisgewing No. R. 670 van 15 April 1994 word hierby
ETHICAL RULES
DEPARTMENT OF HEALTH

No. R.1379 12 August 1994

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES SPECIFYING THE ACTS OR OMISSIONS IN RESPECT OF WHICH DISCIPLINARY STEPS MAY BE TAKEN BY A PROFESSIONAL BOARD AND THE COUNCIL

The Minister of Health has, in terms of section 50(2) of the Medical, Dental and Supplementary Health Services Professions Act, 1974 (Act No. 56 of 1974), approved the rules made by the South African Medical and Dental Council under section 50(1) of the Act and set out in the Schedule hereto.

SCHEDULE

DEFINITIONS

1. In these rules any expression to which a meaning has been assigned in the Act shall bear such meaning, and unless the context indicates otherwise -

"annexure" means an annexure to these rules;

DEPARTEMENT VAN GESONDHEID

No. R.1379 12 Augustus 1994

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REËLS WAT DIE HANDELINGE OF VERSUIME UITEENSIT TEN OPSIGTE WAARVAN 'n BEROEPSRAAD EN DIE RAAD TUGSTAPPE KAN DOEN

Die Minister van Gesondheid het kragtens artikel 50(2) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoeppe, 1974 (Wet No. 56 van 1974), die reëls goedgekeur wat deur die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad ingevolge artikel 50(1) van die Wet uitgevaardig is en in die bylae hiervan uiteengesit word.

BYLAE WOORDOMSKRYWING
1. In hierdie reëls het enige uit-drukking waaraan ’n betekenis in die Wet geheg is, daardie betekenis, en, tensy uit die samehang anders blyk, beteken -

"aanhangsel" ’n aanhangsel by hierdie reëls;

**ILS PRACTITIONER PROTOCOLS**

"association" means a form of practising where two or more practitioners practice for their own account but share communal assets;

"close collaboration" means consultation by a practitioner, at one stage or another in the treatment of a patient, of another medical practitioner, dentist or practitioner as mentioned and the furnishing at the end of the treatment of a report on the treatment to the medical practitioner, dentist or practitioner he consulted;

"practitioner" means a person registered in terms of section 32 of 37 of the Act and, in the application of subrules 6 to 9 of this Schedule, also a juristic person exempted from registration in terms of section 54A of the Act;

"supervision" means the acceptance of liability for the acts of another practitioner;

"the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No 56 of 1974).

**ACTS OR OMISSIONS WHICH CONSTITUTE IMPROPER OR DISGRACEFUL CONDUCT**

2. The following acts or omissions by a practitioner shall constitute acts or omissions in respect of which a professional board and the council may take disciplinary steps in terms of Chapter IV of the Act:

Advertising
(1) Advertising his services in an unprofessional manner or permitting, sanctioning or acquiescing such advertisement.
Canvassing and touting

(2) Canvassing or touting for patients, whether personally or through agents or in any other manner.

Itinerant practice

(3) Carrying on a regular itinerant practice at a place where another practitioner is established: Provided that no disciplinary steps shall be taken against such practitioner if he, in such itinerant practice, renders the same service to a patient, at the same cost, as the service he would render in the area in which he is resident.

Naming of practices

(4) The use, in the name of a practice of -
   (a) any name or expression, except the name of the practitioner or where practitioners practise in partnership or as a juristic person, the names of such practitioners;
   (b) the expression "hospital" or "clinic" or any other words which may give the impression that such practice forms a part of or is in association with a hospital, clinic or similar institution.

Information on professional stationary

(5) (a) Printing or having printed on letterheads and account forms any information other than the practitioner's name, profession, registered category and speciality (if applicable), his registered
qualifications, academic qualifications, (other than professional qualifications) and honorary
degrees in abbreviated form, and his addresses, telephone numbers, hours of consultation and his
addresses, telephone numbers, hours or consultation and practice number:

Provided that a juristic person exempted from registration under section 54A of the Act or a group
of practitioners practising in partnership may indicate such fact on their letterheads and account
forms.

(b) The use of prescription forms and envelopes on which the name and address of a pharmacist
are printed.

Inligting op professionele skryfbehoeftes

(5) (a) Die druk of laat druk deur ’n praktisyn op briefhoofde en rekeningvorms van enige ander
inligting as die praktisyn se naam, beroep, geregistreerde kategorie en spesialiteit (indien van
toepassing), geregistreerde kwalifikasies, akademiese kwalifikasies (uitgesonderd professionele
kwalifikasies) en ere-grade in afgekorte vorm, adresse, telefoonnommers, spreekure en
praktyknommer: Met dien verstande dat ’n regspersoon wat kragtens artikel 54A van die Wet
evrygestel is van registrasie of ’n groep praktisyns wat in vennootskap praktiseer, sodanige feit op
briefhoofde en rekeningvorms mag aandui.

(b) Die gebruik van voorskrif-vorms en koeverte met die naam en adres van ’n apteker daarop
gedruk.

(6) Acceptance by a practitioner of commissions from any person or other practitioner in return for
the purchase, sale or supply of any goods, substances or materials used by him in the conduct of his
professional practice.

(7) Paying commission to any person for recommending patients.

(8) Sharing fees (dichotomy) with any person or other practitioner who has not taken a com-
mensurate part in the services for which the fees are charged.

(9) Charging or receiving fees for services not personally rendered, except for services rendered
by another practitioner with whom he is associated as a partner or as a shareholder or as a locum
tenens.

Partnership and juristic persons

(10) Practising in partnership or association with any person not registered in terms of the Act.

(11) Practising in or as a juristic person who is not exempted from registration in terms of the Act or
who is exempted under section 54A of the Act

Gelde en kommissie

(6) Die aanneem deur ’n praktisyn van kommissie van persone of ander praktisyns as teenprestasie
vir die aankoop, verkoop of verskaffing van enige goedere, stowwe of materiale wat deur hom in die
uitoefening van sy professionele praktyk gebruik word.

(7) Die betaal van kommissie aan enige persoon vir die aanbeveling van pasiënte.

(8) Die deel van gelde (digotomie) met enige persoon of praktisyn wat nie eweredig deelgeneem het
aan die dienste waarvoor die gelde gevorder word nie.

(9) Die hef of ontvang van gelde vir dienste nie persoonlik gelever nie, behalwe gelde vir dienste
gelewer deur ’n ander praktisyn met wie hy geassosieer is as ’n venoot of as ’n aandeelhouer of as ’n
locum tenens.

Vennootskappe en regpersone
(10) Practising in a partnership, association or juristic person outside the scope of the profession in respect of which he is registered with the council.

Supersession

(13) Superseding another practitioner without taking reasonable steps to inform the practitioner originally in charge of the case, in cases where he should be aware that the patient is under the treatment of another practitioner.

Impeding a patient

(14) Impeding a patient or someone acting on behalf of a patient from obtaining the opinion or treatment of another practitioner.

Professional reputation of colleagues

(15) Making unfounded allusions regarding the probity or professional reputation or skill of any person registered under the Act.

Professional secrecy

(16) Divulging any information regarding a patient which ought not to be divulged, except with the express consent of the patient or, in the case of a minor, with the
written consent of his parent or guardian or, in the case
of a deceased patient, with the written consent of his
next-of-kin or the executor of his estate: Provided that a
practitioner shall, under protest, give information
regarding a patient in a court of law if so instructed by
the presiding judicial officer.

(16) Die bekendmaking van enige inligting aangaande 'n
pasiënt sonder die toestemming van die pasiënt, of in
die geval van 'n minderjarige sonder die skriftelike
toestemming van sy ouer of voog, of in die geval 'n
pasiënt wat oorlede is, sonder die skriftelike
toestemming van sy naasbestaande of die eksekuteur
van sy boedel: Met dien verstande dat 'n praktisyn in 'n
geregshof, onder protes, in opdrag van die voorsittende
regterlike beampte, inligting aangaande 'n pasiënt moet
bekendmaak.

Certificates and reports Sertifikate en verslae

(17) Granting a certificate of illness without such certificate containing the following information:

(17) Die uitreiking van 'n siektesertifikaat sonder dat
sodanige sertifikaat die volgende inligting bevat:

(a) The name, address
and qualifications of
the practitioner;

(a) Die naam, adres en kwalifikasies van die
praktisyn;

(b) the name of the patient; (b) die naam van die

(c) the employment num-
ber of the patient (if
applicable);

(c) die werkgewernommer van die pasiënt (indien
applicable);

(d) the date and time of the examination; (d) die datum en tyd van die

(e) whether the certificate
is being issued as a
result of personal
observations by the
practitioner during an
examination, or as the

(e) of die sertifikaat uitgereik word na aanleiding van
persoonlike waarnemings deur die praktisyn
tydens 'n

ILS PRACTITIONER PROTOCOLS
received from the patient and which is based on acceptable medical
undersoek, of na aanleiding van inligting wat hy van die pasiënt ontvang het en wat gegrond is op aanvaarbare
doorslag, of na aanleiding van inligting wat hy van die pasiënt ontvang het en wat gegrond is op aanvaarbare

(f) a description of the illness, disorder or malady in laymen's language;
(f) 'n beskrywing van die siekte, aandoening of kwaal in leketaal;

(g) whether the patient is totally indisposed for duty or whether the patient will be able to perform less strenuous duties in the work situation;
(g) of die pasiënt totaal ongeskik vir die werk is en of die pasiënt minder inspannende take in die werksituasie kan verrig;

(h) the exact period of recommended sick leave;
(h) die presiese tydperk waarvoor siedeverlof aanbeveel word;

(i) the date of issue of the certificate of illness;
(i) die datum waarop die sertifikaat uitgereik is;

(j) a clear indication of the identity of the practitioner who issued the certificate.
(j) 'n duidelike aanduiding van die identiteit van die praktisyn wat die serti fikaat uitreik.

Professional appointments Professionele aanstellings

(18) Acceptance of any professional appointment unless the contract of appointment is in writing, is available to the council on request and is not drawn up on a basis inimical to the interests of the public or the profession.
(18) Die aanvaarding van 'n professionele aanstelling, tensy die aanstellingskontrak op skrif gestel is, op versoek ter beskikking van die raad is, en nie op 'n grondslag berus wat vir die belange van die publiek of die beroep nadelig
Secret remedies

(19) Making use in the conduct of (19) By die uitvoer van sy praktyk -gebruik maak
(a) of any form of treatment, apparatus or technical process which is secret or is claimed to be
secret;
(b) of any apparatus which proves upon investigation to be incapable of fulfilling the claims made
in regard thereto.

Consulting rooms

(20) Sharing consulting or waiting rooms with any person not registered in terms of the Act or having
an entrance through or a name-plate at the entrance of such a person’s consulting or waiting
rooms or business.

Council’s statutory duties

(21) Any willful act or omission which prevents or is calculated to prevent the council or any office-
bearer of the council or the registrar from carrying out its/his statutory duties.
(22) Communicating with any person whom a practitioner knows or should reasonably know to be
a witness in a disciplinary inquiry to be held into the conduct of the practitioner concerned or any
aspect of evidence to be given by such witness at the

(20) Spreek- of wagkamers deel met persone wat nie ingevolge die Wet geregistreer is nie, of ’n
ingang deur of ’n naamplaat by die ingang tot so ’n persoon se spreek- of wagkamers of sake-
onderneming hê.

Wetlike pligte van die raad

(21) Enige onopsetlike handeling of versuim wat verhinder of daarop bereken is om te verhinder dat
die raad of ’n ampsdraer daarvan of die registrateur sy wetlike pligte uitvoer.
(22) Kommunikasie met ’n persoon wat ’n praktyk syn weet of redelikerwys behoort te weet ’n getuie is
by ’n tugondersoek wat gehou staan te word na die gedrag van die betrokke praktyk syn oor enige aspek
van die getuienis wat sodanige getuie by die ondersoek gaan aflê, of sodanige kommu-

Exploitation

(23) Permitting himself to be exploited in a manner detrimental to the public or professional interest.

Financial interest in hospitals

(24) Referring patients to a private clinic or hospital in which the practitioner has a financial interest
without displaying a conspicuous notice in his waiting rooms indicating that he has a financial
interest in that clinic or hospital.

Covering

.(25) Employing as a *locum tenens* any person who is not registered for the profession for which he is so employed and, where applicable, who is not deemed by the council and the professional board concerned to be competent to practise independently.

.(26) Employing unregistered health service staff or cooperating or consulting with any person not so registered.

nikasie namens hom toelaat, goedkeur of stilswyend daartoe instem.

Uitbuiting

(23) Toelaat dat hy uitgebuit word op ’n manier wat nadelig is vir die openbare of professionele belang.

Finansiële belang in hospitale

(24) Die verwysing van pasiënte na ’n private kliniek of hospitaal waarin die praktisyn ’n finansiële belang het, sonder dat sodanige praktisyn ’n ooglopende kennisgewing in sy wagkamer vertoon waarop aangedui word dat hy ’n finansiële belang in daardie kliniek of hospitaal het.

Verberging

.(25) Die indiensneming van iemand as *locum tenens* wat nie geregistreer is vir die beroep waarvoor hy aldus in diens geneem is nie en wat nie, waar die raad en die betrokke beroepsraad bevoeg geag word om onafhanklike praktykvoering te beoefen nie.

.(26) Die indiensneming van ongeregistreerde gesondheidsdienspersoneel of samewerking of oorlegpleging met

.(27) Consulting with or in any way assisting or supporting any person who is not registered in terms of the Medical, Dental and Supplementary Health Services Professions Act, 1974, or the Pharmacy Act, 1974, or the Nursing Act, 1978, or the Social Work Act, 1978, or the Dental Technicians Act, 1979, or the Education Policy Act, 1967, or the Coloured Persons Education Act, 1963, or the Indians Education Act, 1965, or the Black Education Act, 1953, and who is in practice or who performs an act on a regular basis regarding -

.(a) the diagnosis, treatment or prevention of physical or mental disabilities, illnesses or defects in any other person; or

.(b) any operation or treatment or advice usually performed or given by a dentist; or

.(c) any operation or treatment or advice performed or given in preparation of or for the purpose of or regarding the manufacture, repair, supply, fitting, insertion or fixing of dentures or other similar dental apparatus:

’n persoon wat nie aldus geregistreer is nie.

.(27) Konsultasie met of die verlening van hulp of bystand op enige wyse aan iemand wat nie ingevolge die Wet op Geneesheere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974, of die Wet op Aptekers, 1974, of die Wet op Verpleging, 1978, of die Wet op Maatskaplike Werk, 1978, of die Wet op Tandtegnici, 1979, of die Wet op die Onderwysbeleid, 1967, of die Wet op Onderwys vir Kieurlinge, 1963, of die Wet op Onderwys vir Indiërs, 1965, of die Wet op Swart Onderwys, 1953, geregistreer is nie en wat praktiseer of wat op ’n gereelde grondslag ’n handeling verrig wat ten doel het -

.(a) die diagnoese, behandeling of voorkoming van liggaamlike en/of geestesgestremdhede, - ongesteldhede of - gebreke by ’n ander persoon; of

.(b) die behandeling of die uitvoer van ’n operasie of die lewering van advies gewoonlik gedoen of gelewer deur ’n tandarts; of
enige behandeling of die uitvoer van 'n operasie of die lewering van advies ter voorbereiding van of vir die doel van of in verband met die

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Provided that this rule shall not apply to -

(i) assistance to such a person in an emergency where the practitioner informs the council of such emergency act; or

(ii) consultation with or assistance to persons or organisations approved by the professional board.

Performance of professional acts

.(28) The performance, except in an emergency, of professional acts for which the practitioner is inadequately trained and/or insufficiently experienced, and/or under improper conditions and/or improper surroundings.

.(29) The performance, except in an emergency, of professional acts where conditions calling for medical attention are observed or suspected, except in close collaboration with a medical practitioner.

vervaardiging, herstel, lewering, inpassing, invoeging of bevestiging van kunstande of ander dergelike toestelle:

Met dien verstande dat hierdie reël nie van toepassing is nie -

.(i) op hulpverlening aan so 'n persoon in geval van nood waar die praktisyn die raad na sodanige hulpverlening daarvan in kennis gestel het; of

.(ii) op konsultasie met of hulpverlening aan persone of organisasies wat deur die beroepsraad goedgekeur is.

Verrigting van professionele handelinge


.(29) Die verrigting, uitgesonderd in 'n noodgeval, van professionele handelinge waar toestande waargeneem of vermoed word wat mediese aandag verg, tensy in noue samewerking met 'n geneesheer.

(30) The performance by a practitioner of any act or omission set out in an annexure to these rules applicable to the profession for which he is
registered.

Repeal


(30) Die verrigting van 'n handeling of versuim uiteengesit in 'n aanhangsel wat betrekking het op die beroep waarvoor die praktisyn geregistreer is.

Herroeping


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ANNEXURE 15

The following acts or omissions shall apply to a basic ambulance assistant, an ambulance emergency care assistant, a paramedic or a student in one of these directions, as the case may be:

Performance of professional acts by a basic ambulance assistant, an ambulance emergency care assistant or a paramedic.
1. The performance by a basic ambulance assistant, an ambulance emergency care assistant, an ambulance emergency care assistant or a paramedic of any professional act other than those set out in protocols approved by the professional board and the council, except at the written direction and under the responsibility of a registered medical practitioner or, in a case where oral conditions are concerned, at the written direction and under the responsibility of a registered dentist.

2. The handing over by a basic ambulance assistant, an ambulance emergency care assistant or a paramedic of the responsibility for the treatment of a patient to any person who is less qualified or experienced than himself, unless such a basic ambulance assistant, an ambulance emergency care assistant or paramedic assumes full responsibility for the acts performed by such other person.

Performance of professional acts by a student basic ambulance assistant, a student ambulance emergency care assistant or a student paramedic.

3. Failure by a student basic ambulance assistant or a student ambulance emergency care assistant to perform professional acts under the supervision of a registered paramedic and, in the case of a student paramedic under the supervision of a medical practitioner or a paramedic and to limit such acts to acts directly related to his course of training.

Verrigting van professionele handelinge deur 'n studentbasiese ambulansassistent, 'n student-ambulansnoodsorgassistent of 'n studentparamedikus.

1. Versuim deur 'n student-basiese ambulans-assistent en 'n studentambulansnoodsorgassistent om professionele handelinge onder toesig van 'n geregistreerde paramedikus en, in die geval van 'n student-paramedikus onder toesig van 'n geneesheer of 'n paramedikus te verrig en dit te beperk tot die handelinge wat direk verband hou met die studierigting wat hy volg.

AANHANGSEL 15

Die volgende handelinge of versuime is van toepassing op 'n basiese ambulansassistent, 'n ambulansnoodsorgassistent, 'n paramedikus of 'n student in een van hierdie rigtings, na gelang van die geval:

Verrigting van professionele handelinge deur 'n basiese ambulansassistent, 'n ambulansnoodsorgassistent of 'n paramedikus.

1.1 HEALTHY AND SAFE ENVIRONMENT

Everyone has the right to a healthy and safe environment that will ensure their physical and mental health or well-being, including adequate water supply, sanitation and waste disposal, as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.

1.2 PARTICIPATION IN DECISION-MAKING

Every citizen has the right to participate in the development of health policies, whereas
everyone has the right to participate in decision-making on matters affecting one’s own health.

1.3 ACCESS TO HEALTH CARE

Everyone has the right to access to health care services that include

.a. receiving timely emergency care at any healthcare facility that is open, regardless of one’s ability to pay;

.b. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;

.c. provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, persons living with HIV or AIDS patients;

.d. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;

.e. palliative care that is affordable and effective in cases of incurable or terminal illness;

.f. a positive disposition displayed by healthcare providers that demonstrates courtesy, human dignity, patience, empathy and tolerance;

.g. health information that includes information on the availability of health services and how best to use such services, and such information shall be in the language understood by the patient.

1.4 KNOWLEDGE OF ONE’S HEALTH INSURANCE/MEDICAL AID SCHEME

A member of a health insurance or medical aid scheme is entitled to information about that health insurance or medical aid scheme and to challenge, where necessary, the decision of such health insurance or medical aid scheme relating to the member.

1.5 CHOICE OF HEALTH SERVICES

Everyone has a right to choose a particular health care provider for services or a particular health facility for treatment, provided that such choice shall not be contrary to the ethical standards applicable to such health care provider or facility.

1.6 TREATED BY A NAMED HEALTH CARE PROVIDER

Everyone has a right to know the person that is providing health care and, therefore, must be attended to by only clearly identified health care providers.

1.7 CONFIDENTIALITY AND PRIVACY

Information concerning one’s health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or any order of court.

1.8 INFORMED CONSENT

Everyone has the right to be given full and accurate information about the nature of one’s illnesses, diagnostic procedures, the proposed treatment and the costs involved.

1.9 REFUSAL OF TREATMENT

A person may refuse treatment and such refusal shall be verbal or in writing, provided that such refusal does not endanger the health of others.

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1.10 A SECOND OPINION

Everyone has the right on request to be referred for a second opinion to a health provider of one’s choice.

1.11 CONTINUITY OF CARE

No one shall be abandoned by a health care professional who or a health facility which initially took responsibility for one’s health.

1.12 COMPLAINTS ABOUT HEALTH SERVICES

Everyone has the right to complain about health care services, to have such complaints investigated and to receive a full response on such investigation.