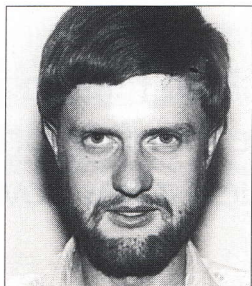


A history of ambulance practitioners and services in SA



Curriculum Vitae

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Summary

A short history is given of the ambulance services which have changed remarkably especially over the past two decades. Today suitable candidates can undergo three levels of training supervised by a National Professional Board for emergency care personnel, as well as a three year diploma course (full time) at various technicons. These are all registered with the SAMDC, making the ambulance practitioner part of the health team.

Introduction

Ambulance services in South Africa have undergone remarkable changes over the past 20 years.

The concept of an unequipped box-type ambulance arriving at a scene with an unqualified attendant acting as a driver, relying on the goodwill of the public to help him load the patient and subsequently rushing off to hospital without being able to provide any advanced life support, are thankfully in the distant past.

As part of the Act of Union (1910) the provision of health and hospital services became a Central and Provincial Government responsibility. The provision of ambulance services was designated to third tier government and thus fell under the local authority.

Town clerks (in the interest of their ratepayers) combined firefighting and ambulance services into one service, thus presenting us with the Fire and Ambulance Service.

With notable exceptions, and because of a lack of medical control and input,

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the ambulance component of these services tended to lack support and thus problems were experienced with equipment, training and standards.

In the late 1960s the Western Cape Ambulance Services were regionalised and placed under the control of a medical director. The far-sightedness of this director led to numerous improvements with regards to ambulance design, training standards and ambulance equipment.

In the 1970s the responsibility for the provision of ambulance services was changed under Section 16 of the Health Act of 1977. This now placed responsibility directly with the Health Departments of the Provincial Administrations. Promulgation of this act was delayed until October 1981.

Subsequent to this Act, development of ambulance services on a national level was dependent on the Provincial Administrations.

By the 1980s the different Provinces had:

- established Provincial Ambulance Training Colleges;
- trained personnel to an intermediate life support level;
- upgraded ambulance design and equipment levels;
- implemented rescue training and the strategic placement of adequately placed rescue squads;
- begun upgrading communication networks; and
- begun investigating the concept of advanced life support training.

By the latter 1980s in the four largest urban centres:

- advanced life support trained personnel were in place;
- standards of patient care had improved dramatically;
- clinical control was via supervising medical officers; and
- ambulance and rescue services

were compatible with international norms.

These islands of pre-hospital excellence, however, existed in a sea of mediocrity and large areas of the country had rudimentary, if any, ambulance services with standards varying tremendously – depending on which service one inspected.

Each of the then four Provinces had by this stage established at a Provincial level:

- norms and standards for ambulance practitioners;
- a scope of practice for ambulance practitioners;
- ambulance course curricula and examination standards; and
- standardisation of ambulance design and equipment.

The problem that now existed was that there were no National norms and standards for ambulance practitioners and the different Provinces each had their own approach to training, scope of practice, course curricula, ambulance equipment and operational matters.

This state of affairs led to tremendous frustration amongst ambulance personnel who found their qualifications were not recognised in different Provinces and the standards of care/scope of practice differed from Province to Province.

As a result of continued lobbying by various organisations such as the South African Association for Ambulance and Emergency Care Personnel and the Metro Permanent Workgroup, the Minister of Health and Population Development established the Professional Board for Emergency Care Personnel on the 10 January 1992.

This move meant that ambulance practitioners within South Africa were now going to be recognised for the first

Remarkable changes over the past 20 years.

A National Professional Board was established in 1992 – allowing registration with the SAMDC.

time on a national level as a professional group of people registrable with the South African Medical and Dental Council.

Subsequent to the establishment of the Professional Board, the following results have been achieved:

- a national scope of practice for ambulance practitioners;
- conditions of practice;
- ethical rules of practice;
- nationally standardised training and course content;
- nationally standardised medical treatment protocols;
- nationally standardised capabilities;
- establishment of a register for paramedics;
- establishment of a register for ambulance emergency assistants;
- establishment of a register for basic ambulance assistants; and
- accreditation of training institutions.

There are three registrable levels of professional ambulance practitioners: Basic Ambulance Assistant, Ambulance Emergency Assistant and Paramedic. These titles are to be used by qualified and registered persons only.

All ambulance practitioners are bound to practice according to protocols and a specific scope of practice (dependent on level of training). No ambulance practitioner may treat a patient for gain without being registered with the SAMDC.

Training of ambulance practitioners results in three levels of patient care: basic, intermediate and advanced life supports.

Summary of capabilities of ambulance practitioner levels

1. Basic life support (BLS):

Post successfully completing a three week course the candidate qualifies as

a Basic Ambulance Assistant (BAA).

Qualified to use all standard ambulance equipment, but may not do invasive procedures on a patient. Entitled to administer oxygen, entonox and oral glucose when needed.

2. Intermediate life support (ILS):

Entrance requirement: BAA, with acceptable on-road experience.

Post successfully completing an eight week course, the candidate qualifies as an Ambulance Emergency Assistant (AEA).

Over and above BAA capabilities he may also:

- perform defibrillation;
- initiate intravenous infusions (according to protocol);
- perform needle thorocentesis;
- perform needle cricothyrotomy;
- use anti-shock garment (leg sections only);
- administer intravenous dextrose; and
- administer nebulised B2 stimulant.

3. Advanced life support (ALS):

Entrance requirements: AEA, with acceptable on-road experience.

Post successfully completing a four month course, the candidate qualifies as a Critical Care Assistant (CCA) and is entitled to register as a paramedic.

Over and above AEA capabilities he may also:

- perform synchronised cardioversion;
- perform open cricothyrotomy;
- use full anti-shock garment;
- make use of 26 therapeutic pharmacological agents to treat all forms of medical, paediatric, obstetric, gynaecological and surgical emergencies; and

By the late 1980s our services in urban centres were compatible with international norms.

- continue therapy of intensive care unit patients in transit.

An ambulance practitioner may also obtain a National Diploma in ambulance and Emergency Care Technology. This is a three year full time diploma course offered by the Witwatersrand and Natal Technicons.

A national diplomate is also registrable as a paramedic upon successfully completing the diploma, but has a far greater theoretical and practical grounding than a CCA. The diplomate is also exposed to a wide range of other emergency related topics during the training, inclusive of rescue and management principles. This makes the diplomate a far more balanced ambulance practitioner.

In order for a paramedic to practice according to SAMDC protocols there must be a supervising medical practitioner available to give radio or tele-

phonic advice when needed. Most ambulance services today thus have a fleet of well equipped ambulances manned by BLS and ILS personnel, with a paramedic available on an ALS ambulance (or response car), to back-up the staff when needed. A doctor is also required to be available for consultation and clinical control.

We are proud to welcome the ambulance practitioner into the realm of the medical professional.

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Three levels of training as well as a National Diploma.

The Resuscitation Council of Southern Africa has produced A4, and other size, posters on the topics of:

- Cardio-pulmonary resuscitation of adults and children.
- Choking.
- Advanced life support for adults and children.

They also run courses for medical and paramedical people to get these qualifications.

More information is available from:

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