



## **HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

### **PROFESSIONAL BOARD FOR EMERGENCY CARE**

#### **GENERAL BOARD RULINGS**

##### **1. RULINGS RELATED TO SCOPES OF PRACTICE**

###### **1.1 SCOPE OF PRACTICE AND RELATED CAPABILITIES**

Emergency Care Providers shall practice within their scope of practice. This includes (but not limited to) equipment, medications and capabilities related to that scope of practice and category of registration. Emergency Care Providers registered in the Emergency Care Practitioner (ECP) category may exercise their clinical judgment and prescribe, administer and/or advise on the use of any approved medication based on sound evidence and current best practice to properly manage illness and/or injury linked to and limited by their independent scope of practice.

##### **2. RULINGS RELATED TO DUTIES AND RESPONSIBILITIES OF EMERGENCY CARE PROVIDERS**

###### **2.1 TREATMENT AND TRANSPORTATION OF ILL AND INJURED PERSONS**

Patients have a right to an appropriate continuum of care. This continuum of care begins within the prehospital environment and extends right through to patient discharge and follow-up. In the emergency care domain, there are various levels of care that can be initiated dependant on the patient's injury/illness. These various levels of care are related to the scopes of practice of the treating Emergency Care Provider. Once a level of care has been initiated, only in circumstances where the patient is deemed to be stable and as such there will not conceivably be any need for continued or further management, may the patient be handed over to a lesser qualified independent practitioner. In deciding whether to handover to a lesser qualified individual, meticulous consideration should be given to the scope of practice of the receiving Emergency Care Provider. When patients are handed over to lesser qualified individuals, medication side/adverse effects, equipment complexity, patient needs and potential patient adverse events should be carefully considered. In addition, the practice of upgrading levels of care for the purpose of financial gain is strongly condemned. The decision to handover a patient to a lesser qualified

individual lies with the treating Emergency Care Provider, and in the case of an adverse event, the responsibility lies with that individual who elected to handover the patient. At all times, patients should be transported to the nearest, most appropriate healthcare facility in compliance with the National Health Act, 2003 (61 of 2003).

## **2.2 TREATMENT AND TRANSPORT OF UNACCOMPANIED MINORS**

In the event of an emergency where the consent of minors via parent/legal guardian is not reasonably obtainable, the principle of “implied consent” to treat and transport said minor applies. Emergency Care Providers shall attempt to obtain informed consent from a parent/legal guardian person as soon as is reasonably possible. As per the Children’s Act of 2005 (38 of 2005) as amended by the Children’s Amendment Act 41 of 2007 (Section 129), a child may consent to his/her own medical treatment or to the medical treatment of his/her own child if the child is over the age of 12 years and the child is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the treatment.

In the event of an inter-facility transfer where further movement is required for emergency/urgent care purposes, consent by the parent/legal guardian should be obtained **prior** to such transfer taking place. In instances where this is not possible, written consent must be obtained from the Superintendent or the person in charge of the healthcare facility (or person duly authorised by the Superintendent or the person in charge) **prior** to such transfer taking place.

In the event of an inter-facility transfer where further movement is required for non-emergency care/non-urgent/planned purposes, consent must be obtained **prior** to such transfer taking place. According to the Children’s Act of 2005 (38 of 2005) as amended by the Children’s Amendment Act 41 of 2007 (Section 32, 129-142), the following persons may provide consent:

- Parent
- Guardian
- Caregiver
- Superintendent
- Minister
- High Court or Children’s Court

## **3. RULINGS RELATED TO THE PROFESSIONAL AND ETHICAL CONDUCT OF EMERGENCY CARE PROVIDERS**

### **3.1 SOCIAL MEDIA AND THE USE OF TECHNOLOGY IN EMERGENCY CARE**

Patients have a right to dignity, privacy and confidentiality. This is enshrined in the Constitution of the Republic of South Africa and must always be respected. Emergency Care Providers are reminded that the taking of photographs and/or recording of video and/or audio footage and/or subsequent dissemination (either via personal communication or social media) of incidents and clinical interactions between Emergency Care Providers and patients has implications regarding the right to patient practitioner privacy and confidentiality. Whilst the taking of photos and the recording (audio or video) of incidents and patient care may have a role to play in clinical governance, teaching, learning and research, all such activities need to be part of a documented project that is ethically approved with informed patient consent. Ethical approval for such activities shall come from a registered Ethics Committee. This is to ensure that the production, access to, distribution and storage of audio/visual materials is professionally and properly managed. Audio/visual recording of the mobilisation and response to an incident may be recorded provided that neither patient nor clinical interaction is captured, recorded or distributed.

### **3.2 TREATMENT AND TRANSPORT OF MENTALLY INCAPACITATED PATIENTS**

According to Section 27(3) of the Constitution of the Republic of South Africa, patients may not be refused emergency care. Emergency Care Providers may be required to evaluate, provide emergency care, referral and transport to a health establishment. Emergency Care Providers should work from the presumption that every adult has the capacity to decide whether to consent to, or refuse a proposed medical intervention, unless it has shown that they cannot understand information presented in a clear way. Based on this, the determination of “mental incapacitation” should be carefully considered, and where possible should be done in conjunction with other healthcare professionals, family members, persons familiar with the patient’s condition, as well as the context and surrounds in which the patient finds him/herself.

According to the Mental Health Care Act of 2002 (Section 40), in cases where mentally incapacitated patients are deemed to be a harm to either themselves or those around them (acutely or until further medical care can be accessed) the South African Police Service (SAPS) shall be contacted for further assistance in relation to restraint (either chemical or mechanical) and subsequent transport to an appropriate facility. In conjunction with the SAPS, the Emergency Care Provider shall ensure that the mentally incapacitated person is handed over to the appropriate healthcare establishment.

Where Emergency Care Providers find themselves in situations where they are confronted by a violent or aggressive patient the following should occur:

- Safety of treating Emergency Care Providers is absolutely prioritized.
- De-escalation of the situation should be sought as a priority.
- Appropriate (those methods which will not cause harm to the patient) mechanical restraint combined with chemical restraint should be exercised if the situation escalates or if referral to a health establishment needs to occur.
- Safe, on-going sedation should be provided where chemical restraint was chosen as an option.
- Mechanical restraint must not be used for a period of longer than 30 minutes at a time.

- Immediate transfer to an appropriate facility under the care of the Emergency Care Provider initiating the decision to commence mechanical and chemical restraint.

Based on the often-complex nature of such cases, it is incumbent on Emergency Care Providers and the services in which they function to establish a considered, appropriate clinical system to respond to cases of such a nature. Within this system, a senior clinician well-versed in the management of acutely mentally incapacitated persons must be consulted.

#### **4. RULINGS RELATED TO EMERGENCY CARE PROVIDER PROFESSIONAL REGISTRATION**

##### **4.1 RULING RELATED TO CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) ACTIVITIES BY REGISTERED EMERGENCY CARE PROVIDERS**

In terms of Section 26 of the Health Professions Act of 1976, the attendance of Continuous Professional Development (CPD) activities is mandatory to maintain professional registration with the Health Professions Council of South Africa (HPCSA). All registered Emergency Care Providers are entitled to participate in any CPD activity, provided they meet the minimum entry requirements as required for that activity (if applicable). The Professional Board for Emergency Care advises all registered persons under the ambit of the Board to attend activities that relate to their scopes of practice and will enhance their knowledge and ensure development within their category of registration. Further to this, the completion of a CPD activity will not lead to an increased/expanded scope of practice.

##### **4.2 RESPONDING TO INCIDENTS INVOLVING THE TREATMENT OF PATIENTS BY UNREGISTERED PERSONS**

Fire-fighters, rescue personnel and support service personnel who are not registrable under the Health Professions Act, 1974 (Act 56 of 1974) with the HPCSA in one of the relevant registration categories should not purposefully and knowingly place themselves in situations where it is reasonable to expect that they will be required to render treatment to patients.

Furthermore, emergency and support services, as well as the individual persons concerned should take reasonable measures to ensure that those who routinely respond to incidents and callouts involving ill and/or injured patients are duly registered with the HPCSA in the relevant registration category and appropriately equipped to render that level of care.

##### **4.3 UNREGISTERED PERSONS ON EMERGENCY VEHICLES**

Emergency Medical and Rescue Vehicles responding to cases involving patients and/or potential patients should be staffed by suitably qualified individuals duly registered with the Health Professions Council of South Africa within the relevant category registerable under the Health Professions Act, 1974 (Act 56 of 1974). It is permissible for unregistered persons such as fire-fighters, allied health professionals or non-medical lay persons to accompany registered

emergency care providers primarily for purposes of observation on such vehicles subject to the following conditions:

- i. The highest qualified and duly registered Emergency Care Provider assumes full responsibility for the activities, acts, actions and safety of the unregistered person/s with whom they are working. Unqualified persons may not render any form of emergency care nor are they to provide medical advice.
- ii. The unregistered persons should be required to sign an undertaking of confidentiality pertaining to any patient information they may become privy to.
- iii. The unregistered person should be clearly identifiable as an observer and should be introduced to patients as an observer. Patient consent for such observation must be obtained. At no stage shall patient care, privacy and confidentiality be compromised.