

The Professional Board for Emergency Care (PBEC) adopted the Clinical Practice Guidelines (CPGs) in August 2018. Together with the broad practice statements embedded within the CPGs, a list of capabilities and medications for the respective professional registration categories was included. Communication with regard to the approved list of medications was released in January 2021. The Board communicated the following in relation to the CPGs, list of capabilities and list of medications:

1. The South African Health Products Regulatory Authority (SAHPRA) approved certain medications in relation to the PBEC submission.
2. Subsequent to the SAHPRA approval and the related Government Notice No. R.1373 as published under Government Gazette No. 44019 of 18 December 2020 ("Government Gazette") it was communicated that further engagement was required to correct certain issues within the Government Gazette in January 2021.

Although the PBEC is urgently addressing the issues contained within the Government Gazette, the Board wishes to communicate the following specific information:

1. An updated list of capabilities has been included in ANNEXURE A below.
2. An updated list of medications for use by various registration categories has been included in ANNEXURE A below.
3. Registered persons are hereby permitted to utilise newly introduced capabilities and the medications as indicated in the Government Gazette No. 44019. Importantly, the utilisation of these medications is only permitted once individuals have successfully completed a CPG CPD activity in relation to a particular medication. Registered persons are required to retain proof of such activities.
4. This Schedule of Medicines is in addition (and does not replace) the Schedule of Medicines as indicated in Government Notice No. R.674 as published under Government Gazette No. 36827 of 13 September 2013.
5. Where the Government Gazette refer to a specific professional registration category [i.e. Basic Ambulance Assistant (BAA), Ambulance Emergency Assistant (AEA), Paramedic (ANT), Emergency Care Assistant (ECA), Emergency Care Technician (ECT) and Emergency Care Practitioner (ECP)], the utilisation of the medicine applies to all qualifications leading to registration in that specific category. The PBEC will be engaging with the relevant stakeholders to have the Government Gazette amended to include all qualifications leading to registration in a particular category.
6. Although approved in the "Government Gazette", the use of Sodium Bicarbonate (8.5% Monosodium Salt) by Ambulance Emergency Assistants, Emergency Care Technicians and Emergency Care Assistants is not permitted.
7. Although approved in the "Government Gazette", the use of Lignocaine Hydrochloride (Local Anaesthetic) by Ambulance Emergency Assistants is not permitted.
8. Emergency Medical Service Providers are encouraged to establish adequate consultation networks and record-keeping mechanisms to ensure appropriate medication stewardship and to support emergency care providers.

ANNEXURE A

The below list of capabilities and medications must be read in conjunction with the Clinical Practice Guidelines.

Where additional interventions and medications are indicated below, the colour key below indicates the mandatory activity that must be undertaken prior to any registered person performing an intervention or administering any medication previously not on the scope of practice. Where the skill/medication is used in the absence of such activity, providers will be seen to be acting outside of their scope of practice.

Approved PBEC-CPD Activity without formal assessment. Where a skill is involved, this may involve practical performance of the skill.

Approved PBEC-CPD Activity with formal assessment. Where a skill is involved, this may involve practical performance of the skill.

CAPABILITY	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
AIRWAY MANAGEMENT						
Basic manual airway manoeuvres	x	x	x	x	x	x
Suctioning of the airway – upper	x	x	x	x	x	x
Suctioning of the airway – (endotracheal)					x	x
Suctioning of the airway – (extraglottic)			x	x	x	x
Manual airway obstruction manoeuvres (conscious choking patient)	x	x	x	x	x	x
Use of Magill's forceps/equivalent			x	x	x	x
Oropharyngeal airway insertion	x	x	x	x	x	x
Nasopharyngeal tube airway insertion	x	x	x	x	x	x
Endotracheal intubation facilitated by induction, neuromuscular blockade, mechanical ventilation and airway adjuncts						x
Endotracheal Intubation - non-drug facilitated or via deep sedation techniques	NOT TO BE PERFORMED					
Video Laryngoscopy						x
Supraglottic/extraglottic airway devices insertion (CA - Cardiac Arrest)			x	x (CA)	x	x
Oro/nasogastric tube insertion			x		x	x
Needle cricothyroidotomy		x	x	x	x	x
Surgical cricothyroidotomy (adolescent/adult) – Commercial Device Recommended			x		x	x

OXYGENATION AND VENTILATION	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Oxygen administration	x	x	x	x	x	x
Nebulization of medications on scope of practice	x	x	x	x	x	x
Use of pulse oximetry	x	x	x	x	x	x
Needle thoracentesis (Adult and paediatric)		x	x	x	x	x
Needle thoracentesis (Neonate)						x
Bag-valve mask manual ventilation	x	x	x	x	x	x
Bag-valve tube manual ventilation	x	x	x	x	x	x
Interfacility Mechanical Ventilation (Paediatric and Adult - without cardiovascular support)					x	x
Mechanical Ventilation (Neonate)					x	x
Non-invasive ventilation with Mechanical Ventilator					x	x
Non-invasive ventilation – oxygen driven (without mechanical ventilator)			x	x	x	x
Mechanical Infant Resuscitator			x	x	x	x
Use of capnography/capnometry – via endotracheal tube/extraglottic device			x	x	x	x
Use of capnography/capnometry - via facemask/nasal cannula		x	x	x	x	x
Humidification					x	x

CIRCULATORY MANAGEMENT	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Blood pressure measurement including the use of NIBP (automated).	x	x	x	x	x	x
Peripheral intravenous cannulation as per relevant protocol – limbs and hands (All ages >1year old)		x	x	x	x	x
Peripheral intravenous cannulation as per relevant protocol – limbs and hands (<1year old)					x	x
Peripheral intravenous cannulation as per relevant protocol – (Infant scalp)					x	x
External jugular vein cannulation					x	x
Intra-osseous insertion All Ages			x		x	x
Intra-osseous insertion – Adult			x	x	x	x
Umbilical vein cannulation			x		x	x
Intravenous fluid therapy (for purposes other than drug administration - Adult)		x	x	x	x	x
Intravenous fluid therapy (for purposes other than drug administration – Infant and Paediatric)			x		x	x
Oral rehydration	x	x	x	x	x	x
Oral Rehydration via NGT					x	x
Intravenous/intraosseous drug administration as per scope of practice		x	x	x	x	x
Subcutaneous drug administration as per scope of practice		x	x	x	x	x
Intramuscular drug administration as per scope of practice		x	x	x	x	x

CIRCULATORY MANAGEMENT	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Endotracheal drug administration					x	x
Use of intravenous infusion devices including pressure infuser, volumetric infusion pump and syringe driver			x		x	x
External haemorrhage control including use of tourniquet	x	x	x	x	x	x
Topical Haemostatic Agents	x	x	x	x	x	x
Use of pneumatic anti-shock garment		x	x	x	x	x
Use of non-pneumatic anti-shock garment		x	x	x	x	x
Automated external defibrillation	x	x	x	x	x	x
Manual defibrillation (asynchronous)		x	x	x	x	x
Precordial thump	x	x	x	x	x	x
Synchronised cardioversion					x	x
Vagal manoeuvres					x	x
Central line management of lines in-situ					x	x
Transcutaneous cardiac pacing					x	x
3-Lead ECG monitoring and diagnosis as per scope of practice		x	x	x	x	x
12-Lead ECG Diagnosis						x
Fibrinolysis (With documented telemetry or equivalent)						x
Targeted Temperature Management (inter-facility transfer and where capabilities exist)						x

OBSTETRIC MANAGEMENT	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Normal vaginal delivery as per scope of practice	x	x	x	x	x	x
Prolapsed cord management as per scope of practice	x	x	x	x	x	x
Breech delivery management as per scope of practice	x	x	x	x	x	x
Mal-presentations management as per scope of practice	x	x	x	x	x	x
Preterm labour management as per scope of practice	x	x	x	x	x	x
Obstructed labour management as per scope of practice	x	x	x	x	x	x
Post-partum haemorrhage management as per scope of practice	x	x	x	x	x	x
DIAGNOSTIC AND CLINICAL AIDS	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Use of ultrasound					x	x
Fundoscopy						x
Use of an otoscope						x
Use of a Snellen Chart						x
Arterial blood gas sampling and analysis						x

GENERAL	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Cardiac arrest management (adult, child, infant & neonate) as per scope of practice	x	x	x	x	x	x
Clinical assessment (as per level of care)	x	x	x	x	x	x
Vital Sign Assessment	x	x	x	x	x	x
Finger prick and blood glucose measurement (manual and electronic)	x	x	x	x	x	x
Peak flow measurement and interpretation		x	x	x	x	x
Point of Care Blood Sampling (Capillary)					x	x
Cervical spinal clearance		x	x	x	x	x
Spinal Movement Restriction ¹	x	x	x	x	x	x
Application of limb splints	x	x	x	x	x	x
Application of pelvic binding devices	x	x	x	x	x	x
Application of vacuum mattress	x	x	x	x	x	x
Urinary catheterization					x	x
Emergency wound care as per scope of practice	x	x	x	x	x	x
Suturing						x
Withdrawal of resuscitation efforts		x	x	x	x	x
Withholding resuscitation ²	x ²	x	x	x	x	x
On-scene discharge ³						x
Inter-facility transfer as per relevant scope of practice	x	x	x	x	x	x
Use of an incubator	x	x	x	x	x	x

* Mandatory Senior Emergency Care Practitioner and/or Supervising Medical Officer consultation required

LIST OF MEDICATIONS (ROUTE OF ADMINISTRATION)	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Acetyl Salicylic Acid (Oral)	x	x	x	x	x	x
Activated Charcoal (Lavage)	x	x	x	x	x	x
Adenosine (Intravenous)					x	x
Adrenaline – use in anaphylaxis and cardiac arrest (Intramuscular and Intravenous)		x	x	x	x	x
Adrenaline other than anaphylaxis and cardiac arrest (Inhaled, Subcutaneous, Intramuscular and Intravenous)			x*		x	x
Amiodarone Hydrochloride (Intravenous)			x		x	x
Atropine Sulphate - use in toxidrome (Intramuscular and Intravenous)			x	x	x	x
Atropine Sulphate (Intravenous)			x		x	x
Balanced Salt Solution (Intravenous)		x	x	x	x	x
Betamethasone (Intravenous)						x*
Calcium Chloride/Calcium Gluconate (Intravenous)					x	x
Clopidogrel (Oral)					x	x
Cyclizine (Intravenous)					x	x
Hydrocortisone (Intravenous or Intramuscular)		x	x	x	x	x
Methylprednisole (Intravenous or Intramuscular)		x	x	x	x	x
Dextran (Intravenous)		x	x	x	x	x
Dextrose Intravenous (Adult and Paediatric)		x	x	x	x	x
Dextrose Intravenous (Neonate)					x	x

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LIST OF MEDICATIONS (ROUTE OF ADMINISTRATION)	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Dopamine (Intravenous)						x*
Diazepam (All routes)			x	x	x	x
Dobutamine (Intravenous)						x*
Enoxaparin (Subcutaneous)						x
Etomidate (Intravenous)						x
Fentanyl (Intravenous)					x*	x
Fentanyl (Intranasal)					x*	x
Flumazenil (Intravenous - only in cases of iatrogenic benzodiazepine overdose)			x	x	x	x
Flumazenil (Intravenous)						x
Furosemide (Intravenous)					x	x
Glucagon (Intramuscular and Intravenous)		x*	x	x	x	x
Glyceryl Trinitrate (Sublingual)			x		x	x
Heparin Sodium (Subcutaneous and Intravenous)						x
Hydralazine (Oral)						x*
Hyoscine Butylbromide (Oral and Intravenous)						x*
Ibuprofen (Oral)					x*	x
Ipratropium Bromide (Inhaled)	x	x	x	x	x	x
Isosorbide Trinitrate (Intravenous)						x*
Ketamine (Intravenous)					x	x
Ketamine (Intramuscular)					x	x
Ketamine (Intranasal)					x	x
Labetalol (Intravenous)						x*

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LIST OF MEDICATIONS (ROUTE OF ADMINISTRATION)	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Lignocaine hydrochloride (IO Flush – Local Anaesthetic)			X	X	X	X
Lignocaine hydrochloride (Intravenous – arrhythmia management)					X	X
Lorazepam (Intramuscular and Intravenous)			X	X	X	X
Magnesium Sulphate (Intramuscular)		X*	X	X	X	X
Magnesium Sulphate (Intravenous)			X		X	X
Medical oxygen	X	X	X	X	X	X
Metoclopramide monohydrochloride (Intramuscular and Intravenous)			X		X	X
Midazolam (All routes)			X	X	X	X
Morphine Sulphate (Intravenous)			X*		X	X
Naloxone hydrochloride (All routes)		X*	X	X	X	X
Neostigmine (Intravenous)						X
Nifedipine (Oral)						X*
Nitrous oxide (Inhaled)	X	X	X	X	X	X
Ondansetron (Intravenous)						X
Oral glucose powder/gel	X	X	X	X	X	X
Oxytocin (Intramuscular and Intravenous)			X*		X*	X
Paracetamol (Oral)					X	X
Paracetamol (Intravenous)					X*	X
Prednisolone (Oral)			X		X	X
Promethazine (Intramuscular and Intravenous)			X		X	X
Ringer's Lactate (Intravenous)		X	X	X	X	X

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LIST OF MEDICATIONS (ROUTE OF ADMINISTRATION)	CATEGORY OF REGISTRATION					
	BAA	AEA	ECT	ECA	ANT	ECP
Rocuronium (Intravenous)						X
Sodium Bicarbonate 8.5% (Intravenous)					X	X
Sodium Chloride Solution (Intravenous)		X	X	X	X	X
Sotalol (Intravenous)						X*
Sugammadex (Intravenous)						X
Streptokinase (Intravenous)						X
Suxamethonium Chloride (Intravenous)						X
Tenecteplase (Intravenous)						X
Thiamine (Intramuscular)		X	X	X	X	X
Tranexamic Acid (Intravenous)					X	X
Vecuronium (Intravenous)						X
β ₂ Stimulants (inhaled)	X	X	X	X	X	X
β ₂ Stimulants (Intravenous)			X		X	X
Methoxyflurane (Inhaled)	X	X	X	X	X	X
Water for Injection (Intravenous)		X	X	X	X	X
Water for Injection (Inhaled)	X	X	X	X	X	X
Cyanide antidotes (within occupational health and safety system)					X	X

IMPORTANT ADDITIONAL NOTES (also see superscripts)

1. Includes the use of all evidence-based spinal motion restriction devices.

2. In the context of decapitation, mortal disfigurement, post-mortem lividity and putrefaction.

3. This implies that a formal clinical assessment and patient information session including subsequent referral/re-entry into the health system has been discussed with the patient. This process does not refer to a "refusal of hospital transport (RHT)" scenario.

Where additional skills/medications not previously on the scope of practice, have formed part of a Higher Education Institution PBEC-approved curriculum (including a formal assessment of such skills/medications) a PBEC-approved CPD activity is not mandatory. This is still, however, recommended.

All interventions and medications are to be performed and administered within the Clinical Practice Guidelines and a locally relevant standard of care. Clinical governance structures shall support these guidelines.

Where the list of capabilities indicates "...within scope of practice", this implies in relation to the medications available to the category of registration and related PBEC- approved education/training.

In relation to PBEC - approved CPD activities - where skills are concerned, the content of the activity must include indications, contraindications, risks, benefits and a description (either diagrammatic and/or demonstration) of the skill.

In relation to PBEC - CPD activities - where medications are concerned, the content of the activity must include the class of drug, schedule of drug, packaging of drug, storage of drug, mechanism of action, indications, contraindications, side-effects, technique/route of administration and recommended dosing range.