

REPUBLIC OF RWANDA



MINISTRY OF HEALTH
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Guidelines to operate a private Emergency Medical Services (EMS) or private ambulance services

Introduction

The EMS/SAMU Division has developed a strategic plan with six main strategic objectives. One of them is to enhance networks and partnerships for EMS at national level which includes different activities such as to **“encourage private sector participation in EMS”**.

To streamline the participation of the private sector in EMS provision to the Rwandan population, it is necessary to define a clear scope of practice and all the necessary requirements for the private sector to invest in such noble carrier.

Therefore, this document will serve as a guideline on the requirements to start a private EMS or a private ambulance service.

Requirements

1. To provide RDB registration certificate if it is a company
2. To provide RGB registration certificate if it is Non-Governmental Organization.
3. The application should specify:
 - (a) The area of operations of the ambulance to be used and
 - (b) The type of emergency medical services to provide and the category of the population to serve.
4. To have proper premises: offices, ambulance cleaning and disinfection area or contract with a health facility on using its facilities, appropriate waste management.
5. To have at least 1 Basic Life Support (BLS) or 1 Advanced Life Support (ALS) or both according to the type of EMS requested.

6. Definitions

6.1. BLS-ambulance

It is a vehicle of at least a length of 5,000 mm to 5,400 mm and a width of 1,700 mm to 2,000 mm with two separated compartments, one for the driver and one for the patient. It has basic medical equipment to perform the following:

- Cardio-pulmonary resuscitation
- Administration of crystalloids
- Administration of oxygen
- Immobilization of limbs and spine
- Wounds care and bleeding management
- Secretions and vomitus aspiration
- Normal delivery

The Basic Life Support material and equipment are listed on annex 1.

6.2. ALS-ambulance

It is a vehicle of at least a length of 5,000 mm to 5,400 mm and a width of 1,700 mm to 2,000 mm with two separated compartments, one for the driver and one for the patient. In addition to the BLS-ambulance equipment, it has the advanced medical equipment to perform the following:

- Invasive and non-invasive airway management
- Mechanical ventilation on short and long distances
- Advanced management of all kind of bleeding
- Management of penumo/hemothorax

The Advanced Life Support material and equipment are listed on annex 2.

6.3. Norms & legal documents

- Due to the status of roads in most of upcountry areas, EMS ambulances should have a 4WD system according to the area of operations defined in the application
- Left Hand Drive vehicles with comfortable suspension
- At least one 20 liters' spare fuel
- Ambulance mark, star of life logo on front and both lateral sides
- LED parking sensor for reverse assistance mounted on top of the dash board with distance and side indicators
- To be equipped with 4 to 5 doors: 1 on the driver's side, 1 on the passenger side, 1 behind the passenger seat, 2 at the rear side
- All ambulances must measure at least 1200mm of height from the floor to the ceiling and 2000mm of length for the patient cabin

- All ambulances must have at least 3 seats with seat belts: 1 for the driver, 1 for the passenger and 1 or 2 near the patient bed
- Air conditioning system, including the patient cabin
- Sufficient lighting inside the patient cabin
- Equipped with sirens and beacon lamps
- All ambulances must have on board the following documents: identification card, number plate, insurance documents, technical control, insurance vignette on windscreen, log book, travel authorization.

7. To have at least 2 ambulance attendants including the driver for a BLS-ambulance and 3 for ALS-ambulance.

7.1. Drivers

They must have at least O-level certificate and trained in basic life support for ambulance attendants provided by authorized organizations.

7.2. Emergency health care providers

For BLS-ambulances the emergency health care providers must be at least of A2 level and trained to provide emergency medical care for minor and moderate emergency patients in out-of-hospital settings.

For ALS-ambulances, the emergency health care providers must be at least of A1 level and trained to provide emergency medical care for minor, moderate and severe emergency patients in out-of-hospital settings.

7.3. Scope of practice

- a. Drivers have the following main responsibilities:
 - To check the ambulance before starting the engine and correctly fill the vehicle checklist
 - To keep the ambulance clean all the time, particularly between intervention
 - To assure a regular maintenance and report all damages on time
 - To fill and sign all travel documents for the vehicle
 - With ambulance attendants, disinfect regularly the ambulance
 - Assist ambulance attendants on scene according to their instructions
 - To assure a good carrying and handling of emergency patients from the scene to the ambulance and from the ambulance to the Emergency Department reception of hospitals
 - Avoid abrupt accelerations and slowdowns, accelerate and slow down progressively when transporting a patient in a critical condition
 - Ensure the cooling/warming system of the patient cabin is functioning
 - Respect the driving regulations and road signs in use in Rwanda or outside Rwanda all the time.

- b. Emergency health care providers: all medical staff or health professionals aboard an ambulance have the following responsibilities:
- To avail the necessary emergency medications, consumables, medical devices and their good functioning (Annex 3)
 - Fill the medical checklist every day (Annex 4)
 - Mandatory to seat near the patients whenever there is one on board
 - To provide the needed care for the patients professionally, according to the pre-hospital care protocols
 - Ensure the patient's security (well fixed on the stretcher), wellbeing and belongings
 - Always fix seat belts when on board the ambulance

8. To use ambulances properly

8.1. Unauthorized usage

- Any kind of personal or private transportation
- Any kind of administrative work
- Transportation of blood products and laboratory samples
- Transportation of family members or friends
- Loading drugs, medical materials and consumables from RBC/MPPD or other drug stores
- Transportation of personnel for any kind of official meeting, marriages, burials and other social reasons as parties
- Transportation of the deceased unless death occurred in the ambulance or when the ambulance is already on scene of emergency and no other means of transport is available
- Nurse (s) seating with the driver while a patient is alone or with relatives only
- Transportation of any kind of goods such as charcoal, bricks, sand, etc
- Driving an ambulance when tired or after consumption of alcohol or drugs
- Driving duty of more than 12 hours.

8.2. Authorized usage

- Carry patients on primary transport for emergencies and on secondary transport (referral and counter referral)
- Transportation of rescue teams to and from the emergency scene, the site of vast population gathering and during all events which are in need of first aid services
- Meetings and other events needing first aid coverage but usual emergencies must be covered first.

9. Accept and sign MoU with the Ministry of Health on the dispatching of private ambulances in Mass Casualty Incident through the national emergency line 912.

10. An inspection will be conducted by MOH/SAMU Division every six months to ensure the safety of patients

11. The staff must be registered by recognized professional councils or bodies

12. Dispatching a private ambulance, identification and payment

The private 'Ambulance Company' will dispatch its ambulance team through its own dispatching system and if required, through 912-Communication Center.

The private 'Ambulance Company' must put its own identification signs and logo on both sides of the ambulance.

After the treatment and transport, the private 'Ambulance Company' inquires if the patient will pay via local insurance or fulfill the payment themselves.

If the patient is locally insured and can present a valid proof of insurance (card or letter), the private 'Ambulance Company' notes all the information on the 'patient sheet' to use it further in dealing with the insurance for the payment.

If the patient is not able to fulfill the payment, the private 'Ambulance Company' informs the patient of the cost of treatment/transport and tells the patient that a bill will be sent concerning the treatment/transport.

All the bills will be calculated according to the tariff used in private hospitals.

13. Annexes

Annex 1: BLS-ambulance equipment

- Well-fixed oxygen cylinders with accessories
- Portable stretcher
- Defibrillator
- Flexible stretcher well sliding in and out of the ambulance
- Hanging set
- Spine board with harnesses
- Drug store
- Obstetric kit
- Emergency kit
- Head immobiliser
- Neck immobilizer
- Vital signs monitor
- Suction apparatus

Annex 2: ALS-ambulance equipment

- Well-fixed oxygen cylinders with accessories
- Portable stretcher
- Flexible stretcher well sliding in and out of the ambulance
- Vacuum mattress with a functioning pump
- Defibrillator
- Ventilator
- Hemo/pneumothorax kit
- Hanging set
- Spine board with harnesses
- Drug store
- Obstetric kit
- Emergency kit
- Intubation kit
- Head immobiliser
- Neck immobilizer
- Vital signs monitor
- Suction apparatus

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