EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL ACT

CHAPTER 29:02

Act
8 of 2009

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### Note on Chapter 48:50

Section 66 of this Act amended Chapter 48:50 and these amendments have been duly incorporated into that Act.
CHAPTER 29:02

EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL ACT

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CHAPTER 29:02

EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL ACT

An Act to regulate emergency ambulance services, to provide for the registration of emergency medical personnel in Trinidad and Tobago, for the establishment of a National Emergency Ambulance Authority and for matters connected therein.

*[ASSENTED TO 17TH AUGUST 2009]

PART I

PRELIMINARY

1. This Act may be cited as the Emergency Ambulance Services and Emergency Medical Personnel Act.

2. (1) Sections 3 to 14, 61, 62, 64, 65 and Schedule 4 came into operation on 16th July 2012.

(2) Sections 1, 2, 15 to 60, 63 and 66 and Schedules 1, 2, 3 and 5 came into operation on 27th January 2014.

3. In this Act—

“advanced life support” means the provision of basic life support care as well as physician authorised invasive patient care designed to stabilise and support the condition of a patient due to sudden illness or injury;

“ambulance” means a conveyance used to transport a patient either by air, land or sea for health related reasons and to transport patients with emergency conditions;

“ambulance service” means a service that is held out to the public as available for the transport of a patient by an ambulance involving an emergency ambulance call;

“ambulance activities” means the conduct of the duties of a person registered to provide emergency medical services on an ambulance;

*See Section 2 for dates of Commencement of this Act.*
“basic life support” means the initiation of non-invasive emergency patient care which is designed to optimise the chance of a patient surviving the emergency situation;

“emergency ambulance call” means a request that is not pre-arranged for assistance requiring an ambulance unit to be dispatched to provide immediate pre-hospital care to a patient who is sick, injured or otherwise medically or psychologically incapacitated;

“Emergency Medical Technician” means a person who is registered in accordance with Part VI;

“Emergency Medical Personnel” means an Emergency Medical Technician registered with the Emergency Medical Personnel Board under Part VI;

“emergency medical services” means a service used to respond to an individual’s perceived need for immediate medical care;

“inspector” means a person appointed under section 15;

“medical direction off-line” means a system of medical support which includes the reviewing and monitoring of pre-hospital emergency services by physicians experienced in the conduct and delivery of pre-hospital emergency services;

“medical direction on-line” means the advice, assistance, supervision and control provided by emergency physicians supplying professional support through radio, telephone, written or oral communication for on-site and in-transit basic support services given by emergency personnel;

“Minister” means the Minister to whom responsibility for matters relating to health is assigned.

**PART II**

**EMERGENCY AMBULANCE REGULATORY COMMITTEE**

4. (1) There shall be a Committee to be known as the Emergency Ambulance Regulatory Committee (hereinafter referred to as the “Committee”) which shall provide advice and support to the Minister for the delivery of efficient and effective emergency medical services.
(2) The Committee shall comprise nine members appointed by the Minister and shall include—

(a) a representative of the Ministry of Health;

(b) a bio-medical engineer or an emergency medical care specialist from each of the Regional Health Authorities;

(c) a representative of the Ministry with responsibility for disaster preparedness; and

(d) two medical practitioners with experience in emergency care and ambulance services.

(3) In addition to its duties under subsection (1), the Committee shall in respect of emergency ambulance services—

(a) define and recommend to the Minister the minimum medical equipment and medical consumables to be carried on board an ambulance in the provision of an emergency medical service;

(b) evaluate applicants and recommend to the Minister the issue of licences required to be issued under this Act;

(c) develop and recommend to the Minister standards of practice including—

(i) developing standardised treatment and transport policies, vehicle and equipment maintenance protocols; and

(ii) identifying standard data collection and evaluation systems;

(d) define the minimum interior and exterior design specifications and structural integrity requirements of vehicles to be used as ambulances;

(e) provide advice on emergency ambulance services; and

(f) instruct inspectors in respect of their duties.
PART III

NATIONAL EMERGENCY AMBULANCE SERVICES AUTHORITY

5. (1) There is hereby established a body corporate to be known as “the National Emergency Ambulance Services Authority” (hereinafter referred to as “the Authority”), which shall be governed by a Board of Directors, to be known as the Emergency Ambulance Services Board, consisting of persons appointed in accordance with this section.

(2) The Emergency Ambulance Services Board shall consist of nine persons appointed by the Minister who shall have qualifications and training in the following disciplines:

(a) medicine;
(b) medicine and emergency care;
(c) law;
(d) management;
(e) accounts;
(f) human resource management; or
(g) information technology.

(3) The Minister shall appoint from among the members of the Emergency Ambulance Services Board—

(a) a Chairman; and
(b) a Deputy Chairman.

(4) The Emergency Ambulance Services Board shall appoint—

(a) a Chief Executive Officer for a period of three years, in the first instance; and
(b) a Secretary to the Emergency Ambulance Services Board.

(5) The Chief Executive Officer shall be an _ex officio_ member of the Emergency Ambulance Services Board.

(6) A member of the Emergency Ambulance Services Board other than the _ex officio_ member shall be appointed for a
term not exceeding three years, and under such terms and conditions of service as may be fixed by the Minister.

(7) The Chairman may resign from office in writing, addressed to the Minister and any other member of the Emergency Ambulance Services Board may resign from office in writing, addressed to the Chairman.

(8) The Minister may at any time revoke the appointment of a member of the Emergency Ambulance Services Board other than the *ex officio* member.

(9) Within one month of the appointment to the Emergency Ambulance Services Board under this section, the Minister shall cause the name of a person so appointed to be published in the *Gazette*.

(10) The Emergency Ambulance Services Board shall exercise its powers and functions in accordance with such special or general directions as may be given to it by the Minister from time to time.

6. (1) The seal of the Authority shall be kept in the custody of the Chairman or the Deputy Chairman or the Secretary of the Emergency Ambulance Services Board, and may be affixed to instruments pursuant to a resolution of the Emergency Ambulance Services Board in the presence of the Chairman or Deputy Chairman and one other member and the Secretary.

(2) The seal of the Authority shall be attested by the signature of the Chairman or in his absence, the Deputy Chairman.

(3) All documents other than those required by law to be made under seal and all decisions of the Emergency Ambulance Services Board shall be signified under the hand of the Chairman or in the absence of the Chairman, signed by two members of the Emergency Ambulance Services Board appointed for that purpose.

7. (1) The Emergency Ambulance Services Board shall meet at least once in each month or at such other times and at
such places as the Chairman determines necessary for the efficient performance of its functions.

(2) The Chairman or in his absence the Deputy Chairman shall preside at all meetings of the Emergency Ambulance Services Board and where both are for any reason unable to preside at a meeting, the members present may appoint a member to preside at that meeting.

(3) The quorum of the Emergency Ambulance Services Board shall be five members.

(4) Decisions of the Emergency Ambulance Services Board shall be adopted by at least four members present and in a case in which the voting is equal, the member presiding at the meeting shall, in addition to that member’s original vote, have a casting vote.

(5) Subject to this section, the Emergency Ambulance Services Board may by resolution, regulate its own proceedings.

8. (1) The Authority shall undertake the following functions:

   (a) responsibility for the delivery of a national emergency ambulance service; and
   (b) monitor and evaluate its services.

(2) Notwithstanding the generality of subsection (1), the Authority shall have the following functions in respect of the delivery of emergency health care services to:

   (a) develop a communication system for the national emergency ambulance services;
   (b) develop a co-ordinated trauma care system through the integration of emergency care facilities into the emergency medical services system consistent with the minimum standards and protocols for pre-hospital triage and treatment, destination policies and inter-facility transfer policies;
(c) monitor the quality of the emergency medical services purchased or provided;
(d) establish a complaint review committee for the effective management of matters that may give rise to a risk to health or safety of patients;
(e) develop and monitor a system of optimal fleet management which shall include purchase, upkeep and maintenance of ambulances;
(f) develop, monitor and implement disaster preparedness programmes;
(g) ensure the provision of continuous and uninterrupted emergency and ambulance service;
(h) liaise with the Ministry with responsibility for disaster preparedness management;
(i) develop quality improvement programmes and risk management systems; and
(j) develop public information and education programmes relating to the National Ambulance Service.

9. No personal liability shall be attached to any member of the Emergency Ambulance Services Board or personnel of the Authority for anything done, permitted to be done or omitted in good faith in the course of the operations of the Authority by the Emergency Ambulance Services Board or any personnel of the Authority.

10. The Emergency Ambulance Services Board may appoint such committees as it thinks fit to assist in the performance of its functions or to further the objects of this Act.

11. (1) The Emergency Ambulance Services Board shall—
   (a) employ such administrative, technical and other staff as is required by the Authority for the efficient—
      (i) operation of its business;
(ii) performance of the functions of the Authority; and

(b) fix the qualifications, terms and conditions of service and remuneration for its officers and other members of staff.

(2) Notwithstanding subsection (1)(b), the Emergency Ambulance Services Board shall obtain prior approval of the Minister in respect of remuneration to be paid to the staff of the Authority exceeding one hundred and fifty thousand dollars per annum.

(3) The Minister may by Order vary the sum set out in subsection (2).

12. The Emergency Ambulance Services Board may employ persons to perform specific tasks that the Authority considers necessary for the due performance of its functions and exercise of its powers under this Act, on such terms and conditions as are agreed between the Authority and the person and subject to such maximum limit of remuneration as the Minister may determine.

13. (1) The funds of the Authority shall consist of—

(a) moneys identified by the Ministry of Health and appropriated by the Parliament of Trinidad and Tobago for the purposes of the Authority;

(b) moneys collected as fees;

(c) contributions by the private sector clients for non-emergency services;

(d) moneys arising from grants, covenants, donations and other receipts from persons including national and international bodies; and

(e) moneys borrowed by the Authority.

(2) For the purposes of subsection (1)(e) and subject to sections 32 to 37 of the Exchequer and Audit Act, the Authority may—

(a) borrow money required by it for the efficient exercise of its functions or for meeting its obligations; or

(b) pledge, mortgage or charge its assets as security for any loan.
(3) The funds of the Authority, in any financial year, shall be applied to defray the following expenditure:

(a) the remuneration, fees and allowances of members of the Emergency Ambulance Services Board;

(b) the salaries, fees, allowances, gratuities, pensions and other payments to members of staff of the Authority; and

(c) any other expenditure authorised by the Authority in the discharge of its duties, functions and contractual obligations.

14. (1) The Authority shall keep proper books of accounts and records of all sums received and expended by the Authority and shall record the matters in respect of which such sums were received and expended.

(2) Within three months after the end of each financial year the Authority shall cause to be prepared, in respect of that year—

(a) a report setting out the activities of the Authority; and

(b) audited financial statements prepared in accordance with GAAP audited by the Auditor General or an auditor authorised by the Auditor General in writing,

and a copy of such report and audited financial statements shall be forwarded to the Minister and shall be laid in Parliament as soon as possible thereafter.

(3) Where the standards included in GAAP are inappropriate or inadequate for any type of accounting method, the Comptroller of Accounts may provide such instructions as may be necessary.

(4) For the purpose of this Part “GAAP” means Generally Accepted Accounting Principles which includes the International Accounting Standards adopted by the Institute of Chartered Accountants of Trinidad and Tobago.

UNOFFICIAL VERSION
UPDATED TO DECEMBER 31ST 2015
PART IV

INSPECTORS AND INSPECTIONS

15. (1) The Minister may, in accordance with subsection (2), appoint an inspector or an inspection team to visit and inspect any facility being sought to be licensed to provide ambulance services under this Act and an ambulance service provider licensed under this Act and to submit a report to him upon any inspection.

(2) The Minister may appoint inspectors from among the following qualified persons:

(a) employees of the Ministry of Health;
(b) public health inspectors;
(c) medical practitioners;
(d) bio-medical engineers or bio-medical technicians; and
(e) such other persons as the Minister deems necessary for the purpose of conducting inspections.

(3) An inspection team appointed under subsection (1), may comprise such number of persons listed in subsection (2), as the Minister may determine necessary.

(4) Inspectors appointed under subsection (2), shall take direction and instructions from the Committee in respect of their functions and duties.

(5) An inspector or inspection team appointed under subsections (1) and (3), shall provide a report of its investigations to the Committee within twenty-one days of his or its appointment or such other time as the Committee may determine.

(6) Notwithstanding subsection (4), the Minister may give instructions to an inspector or inspection team to conduct random inspections where the need arises.

(7) An inspector or inspection team appointed under subsection (6), shall report to the Minister within seventy-two hours of receipt of his or its instructions.
(8) Where a person has been appointed an inspector under this section, he shall be issued a certificate in the form set out in Schedule 1.

16. Every inspector appointed under section 15(2) shall be furnished with a certificate of his appointment and on seeking admission to any premises, place or vehicle for the purpose of this Act, shall produce the certificate to the occupier or owner.

17. (1) An inspector appointed under this Act shall, for the purpose of the execution of this Act, have the power to do all or any of the following:

(a) to enter with the consent of the owner or occupier at all reasonable times any premises, place or ambulance where he has reasonable grounds to believe that such premises, place or ambulance do not meet the requirements of this Act;

(b) to make such examination and enquiry as may be necessary for ascertaining whether the provisions of this Act are complied with within any premises, place or ambulance;

(c) to examine with consent either alone or in the presence of any other person, such documents as he thinks fit, with respect to any matters under this Act; and

(d) to exercise such other powers as may be necessary for carrying out his functions.

(2) Where consent is not obtained under subsection (1) the inspector may obtain a warrant in accordance with section 19.

18. In the exercise of his functions under section 17, an inspector may, at any time, take for analysis—

(a) sufficient samples of any material which he suspects to be contaminated; and

(b) any equipment which he suspects to be defective.
19. Where a Magistrate or Justice of the Peace is satisfied by information given on oath by a police officer, that there are reasonable grounds for believing that an offence under this Act has been or is about to be committed, he may issue a warrant in accordance with the Summary Courts Act.

20. No personal liability shall attach to any inspector or member of an inspection team appointed under this Act in the performance of their duties.

PART V

AMBULANCE SERVICES LICENCE

21. (1) A person shall not provide ambulance services unless he holds a licence to so operate issued by the Minister under section 24(2).

(2) A person who contravenes subsection (1), commits an offence.

22. (1) A person who wishes to provide ambulance services shall—
(a) apply to the Minister in the manner prescribed;
(b) pay the appropriate fee set out in Schedule 2; and
(c) meet the requirements prescribed by Regulations made under this Act.

(2) An application under subsection (1), shall where applicable, be accompanied by—
(a) evidence of incorporation;
(b) a Value Added Tax Certificate issued in accordance with the Value Added Tax Act;
(c) certified copies of registration certificates of the vehicles intended to be used in the service and proof of full comprehensive insurance coverage in respect of each vehicle; and
(d) such other information as the Minister may require.
(3) An applicant under this section who knowingly furnishes information required to be furnished in respect of an application under this Act which is false in any material particular, commits an offence.

23. Upon receipt of an application made under section 22, the Minister shall forward the application to the Committee for evaluation.

24. (1) The Committee shall evaluate the application and make recommendations to the Minister for the grant or refusal of a licence to provide emergency ambulance services.

(2) On receipt of a recommendation under subsection (1), the Minister may grant the applicant a licence (hereinafter referred to as an “Ambulance Services Licence”) to engage in ambulance activities.

(3) An Ambulance Services Licence granted under subsection (2) shall be valid for two years unless revoked or suspended by the Minister or surrendered by the licensee and may be renewed in accordance with section 27.

(4) An Ambulance Services Licence may be issued, in respect of an ambulance, where the applicant meets the requirements for the following levels:

(a) Ambulance Service—Basic;
(b) Ambulance Service—Advanced 1; and
(c) Ambulance Service—Advanced 2.

(5) The categories of service which may be provided by each level referred to in subsection (4) are set out in Schedule 3.

25. (1) Where an Ambulance Services Licence is granted under this Part, the licensee shall—

(a) comply with all standards for delivery of emergency medical services prescribed by Regulations under this Act; and
(b) prohibit the assignment of his Ambulance Services Licence.
(2) An Ambulance Services Licence shall contain conditions regarding—

(a) the expiration and renewal of the licence;
(b) the category of licence issued;
(c) the geographical area in respect of which the licence is applicable; and
(d) any other conditions that the Minister deems appropriate.

26. (1) An Ambulance Services Licence shall be refused where the applicant—

(a) fails to meet the requirements of this Act; and
(b) refuses to facilitate the inspection of his premises or equipment.

(2) An Ambulance Services Licence may be refused where the applicant is convicted of an offence under this Act.

(3) An Ambulance Services Licence may also be refused where an applicant who is an individual was convicted of an offence under any other Act within the preceding ten years for which the penalty is imprisonment for twelve months or more.

27. (1) A licensee under this Act shall apply for the renewal of his Ambulance Services Licence at least two months prior to the date of expiration of such Ambulance Services Licence and pay the fee set out in Schedule 2.

(2) Prior to the renewal of an Ambulance Services Licence under subsection (1)—

(a) an inspector shall visit the site or premises of an ambulance service to inspect and evaluate the premises, equipment and administrative practices of the licensee and make a report within fourteen days to the Committee on its findings; and
(b) the Committee shall determine whether the services provided under the existing licence has met the prescribed standards and make the appropriate recommendation to the Minister.
(3) Where the Minister is unable to grant a renewal before the expiration of the Ambulance Services Licence, the Minister may extend the life of the original licence for a period up to three months and such licence shall not be extended for any further period.

28. (1) Notwithstanding section 24, where the Committee is of the opinion that the ambulance service being provided by a licensee does not meet the prescribed requirements of this Act or Regulations made thereunder, it may recommend that the Minister revoke or suspend the Ambulance Services Licence issued to the licensee.

(2) Where the Committee makes a recommendation for the revocation or suspension of an Ambulance Services Licence under subsection (1), the Minister may revoke or suspend the Ambulance Services Licence, inform the licensee of his decision in the manner prescribed and remove the name of the licensee from the Ambulance Services Register required to be kept by the Minister under section 34.

(3) The Minister may also revoke or suspend an Ambulance Services Licence granted under this Act where the holder of such Ambulance Services Licence has been found guilty of an offence under this Act or under any other Act for which the penalty is imprisonment for twelve months or more.

29. The holder of an Ambulance Services Licence issued under this Act, may voluntarily surrender it—

(a) for cancellation; or

(b) to be converted into another category of Ambulance Services Licence.

30. The holder of an Ambulance Services Licence issued under this Act shall have such licence conspicuously displayed in the registered office of the licensee.

31. (1) The Minister shall appoint a committee to be known as the Appeal Committee to review any decision to—

(a) refuse;
(b) suspend; or
(c) revoke,
a licence.

(2) The Appeal Committee appointed under subsection (1), shall consist of five persons, two of whom shall be qualified and trained in medicine and one of whom shall be an attorney-at-law.

(3) A person representing the public interest and an employee of the Ministry of Health shall also be members of the Appeal Committee.

(4) The Minister shall appoint one of the members of the Appeal Committee to be the Chairman.

(5) For the conduct of appeals under this section, the Appeals Committee shall regulate its own procedure.

32. (1) Where a person is aggrieved by a decision of the Minister under section 26 or 28, he may, within twenty-eight days of the decision, appeal to the Appeal Committee.

(2) The Appeal Committee shall, upon receipt of an appeal under subsection (1), review the decision of the Minister and within three months of the appeal either affirm or reject the decision of the Minister.

(3) Where the Appeal Committee rejects the decision of the Minister, the licence refused, suspended or revoked shall be issued or re-instated.

33. (1) A person who is not licensed under this Act, shall not either directly or indirectly advertise, sign or make a statement of any kind alleging or implying that he holds an Ambulance Services Licence under this Act.

(2) Subsection (1) shall not apply to—
(a) any person who is registered or licensed under any other Act, and under that authority thereof, performs or provides any service which he is authorised or entitled to perform thereunder; or
(b) any person performing such service under the authority and supervision of any other person so
Emergency Ambulance Services and Emergency Medical Personnel

registered or licensed where permitted or authorised by such Act.

(3) A person who contravenes this section commits an offence.

34. (1) The Minister shall cause to be kept a register (hereinafter referred to as “the Emergency Ambulance Services Register”) of all persons holding licences to provide ambulance services under this Act.

(2) The Minister shall cause to be entered on the Emergency Ambulance Services Register, the name of every person licensed under this Act to provide emergency ambulance services.

(3) The Emergency Ambulance Services Register under subregulation (2) shall in respect of the holder of a licence, contain—

(a) his full name and business address;
(b) the date of issue of the licence and the expiration date;
(c) the names of the members of the Emergency Medical Personnel Board of the organisation, if any;
(d) in respect of a person or organisation holding an ambulance service licence, the category of licence issued; and
(e) the Emergency Ambulance Services Licence number.

(4) The Emergency Ambulance Services Register shall at all reasonable times be open to inspection at the Ministry with responsibility for health.

(5) The Minister may, where a licence has been re-issued, restore to the Emergency Ambulance Services Register any name removed from the Register under section 28.

(6) The Minister shall cause to be erased from the Emergency Ambulance Services Register any entry which has been incorrectly or fraudulently made.
35. (1) The Minister shall cause to be published in the Gazette and at least one newspaper in daily circulation in Trinidad and Tobago—

(a) in the month of February of every year, an alphabetical list of persons who have as at the 31st January in that year, obtained an Emergency Ambulance Services Licence under this Act; and

(b) as soon as practicable after a person obtains an Emergency Ambulance Services Licence under this Act, the name of such person obtaining the licence.

(2) A copy of the Gazette containing the list referred to in subsection (1)(a) or the name of the person published pursuant to subsection (1)(b), shall in the absence of proof to the contrary, be prima facie evidence of the issue of an Emergency Ambulance Services Licence under this Act to any person named therein as the case may be and of the qualification of such person and of the non-registration of any person who is not therein named.

PART VI

EMERGENCY MEDICAL PERSONNEL


(2) The Minister may by Order amend Schedule 5 to add to or remove from the scope of practice for Emergency Medical Personnel.

37. There is hereby established a body corporate to be known as the Emergency Medical Personnel Board of Trinidad and Tobago.

38. The Emergency Medical Personnel Board shall consist of all registered Emergency Medical personnel in Trinidad and Tobago.
39. (1) The Emergency Medical Personnel Board shall—

(a) register emergency medical personnel;

(b) keep and review a Register of Emergency Medical Personnel;

(c) add names to or remove names from the Register of Emergency Medical Personnel;

(d) regulate the Emergency Medical Personnel profession;

(e) develop standards of practice for health service providers in respect of ambulance services and emergency medical services;

(f) develop competency programmes to continually assess fitness to practice;

(g) review the continued competence of emergency medical service providers;

(h) develop standardised medical direction for emergency medical technicians;

(i) prescribe education and training requirements for all levels of Emergency Medical personnel;

(j) prescribe annual continuing education training; and

(k) discipline its members.

(2) The Emergency Medical Personnel Board may acquire, hold, and enjoy property, movable or immovable, by purchase, gift, legacy or otherwise and may sell, lease, mortgage, alienate or otherwise dispose of any property.

40. (1) There shall be a Council of the Emergency Medical Personnel Board which shall consist of eleven members to be appointed as follows:

(a) five emergency medical service personnel elected by the Board; and

(b) six individuals appointed by the Minister who may be drawn from the following disciplines:

(i) medicine;

(ii) emergency care;

(iii) nursing; and

(iv) law.
(2) Except as provided in sections 42 and 43, every member of the Council shall hold office for a term of three years, but may from time to time be re-appointed or re-elected.

(3) Elections for membership of the Council shall be held at such times and places as the Council may from time to time determine.

(4) The members of each new Council shall take office from the first day of the month immediately following their appointment or that in which the election is held.

(5) The quorum at a meeting of the Council shall be constituted by not less than six members.

(6) The powers of the Council shall not be affected by any vacancy in its membership or by any defect with respect to the appointment of its members.

(7) The Council shall meet at least quarterly.

(8) Every question before the Council shall be determined by a majority of votes of the members present.

(9) Except as expressly provided in this Act or in Regulations made thereunder, the Council may regulate its own procedure.

41. (1) Notwithstanding section 40, on the commencement of this Act, the Minister shall appoint an Interim Council consisting of the following persons:

(a) two medical practitioners one of whom must have experience and training in emergency care;  
(b) a representative of the National Training Agency;  
(c) a representative of the Accreditation Council; and  
(d) a representative of the Ministry with responsibility for health.

(2) The quorum of the Interim Council shall be four members including the Chairman.

(3) Where a member of the Interim Council resigns, the Minister may appoint another person listed in subsection (1) to be a member of the Interim Council.
(4) Until a new Council is constituted under section 40(1), the functions of the Council to register emergency medical personnel shall be performed by the Interim Council which shall have all the power and duties vested in the Council for this purpose by this Act.

(5) The Interim Council shall, within one month of being appointed, commence registration of all persons who hold qualifications as—

   (a) Emergency Medical Technician—Basic;
   (b) Emergency Medical Technician—Intermediate;
   (c) Emergency Medical Technician—Paramedic; and
   (d) Emergency Medical Technician—Instructor.

(6) Persons registered under subsection (5) shall, for the purposes of section 40(2), constitute the Emergency Medical Personnel Board.

(7) The Interim Council shall, four months from its date of appointment, convene a meeting of the Emergency Medical Personnel Board to elect members to the Council in accordance with section 40(1).

(8) Notwithstanding subsection (1), the Interim Council shall demit office as soon as a Council is constituted under section 40.

42. (1) A member of the Council shall vacate his office if he—

   (a) resigns by tendering his resignation to the Registrar of the Board;
   (b) ceases to be a member of—
      (i) the Emergency Medical Personnel Board;
      (ii) the Medical Board;
      (iii) the Nursing Board; or
      (iv) the Law Association,
          as the case may be; or
   (c) ceases to reside in Trinidad and Tobago.
(2) If a member of the Council dies or resigns or otherwise vacates his office, the vacancy for the unexpired portion of the term shall be filled in the manner in which the vacant office was originally filled.

(3) If it appears to the Council that any one of its members is, by reason of illness absent from Trinidad and Tobago, or for any other cause, unable for some time to perform his duties as a member of the Council, the Council may declare the seat of such member to be temporarily vacant, and the vacancy shall be filled for the period of its duration in the manner set out in subsection (2).

43. (1) The Council shall elect from among its members a President, a Vice-President, a Secretary-Treasurer and such other officers as the Council may from time to time consider necessary.

(2) The Secretary-Treasurer shall also be the Registrar of the Emergency Medical Personnel Board.

(3) An officer of the Council shall hold office as long as he is a member of the Council, but if he ceases to be a member of the Council by reason only of effluxion of time, he shall continue in office pending the election of a successor unless in the meantime the Council has resolved that the office be abolished.

(4) Subject to this section, the Council may elect one of its members to fill a temporary vacancy or to complete the unexpired term of office of an officer who ceases to hold office.

(5) During any vacancy in the office of President or whenever the President is unable to act, whether by reason of absence or illness or otherwise, the Vice-President shall have and may exercise all the powers and functions of the President.

44. The Council shall have the power to—

(a) evaluate and recommend the registration of emergency medical personnel;

(b) direct the Registrar to add names to or remove names from the Register; and
(c) act on behalf of the Emergency Medical Personnel Board in respect of its powers under section 39.

45. Except as otherwise provided by this Act, the application of the common seal of the Emergency Medical Personnel Board shall be attested by the President or the Vice-President and the Secretary-Treasurer of the Council.

46. (1) Any contract or instrument which, if entered into or executed by a person not being a corporation, would not require to be under seal, may be entered into or executed on behalf of the Emergency Medical Personnel Board by any person generally or specially authorised by the Council for that purpose.

(2) Any document purporting to be a document duly executed or issued under the common seal of the Emergency Medical Personnel Board or on behalf of the Board shall, until the contrary is proved, be deemed to be a document so executed or issued, as the case may be.

47. The Council shall at least once in each financial year convene a general meeting of the Emergency Medical Personnel Board and at that meeting shall report on all matters connected with the management, control and activities of the Council and of the Emergency Medical Personnel Board.

48. The financial year of the Emergency Medical Personnel Board shall be from the first day of January to the thirty-first day of December.

49. The Council shall, from time to time, make Rules for all or any of the following purposes:

(a) the regulation and good government of the Emergency Medical Personnel Board and of the members and affairs of the Board;

(b) prescribing a code of ethics and rules of discipline in respect of the Emergency Medical Personnel Board; and

(c) the holding of meetings of members of the Emergency Medical Personnel Board.
50. The Registrar shall, on the direction of the Council—
   
   (a) establish, keep and maintain the register set out in section 52;
   
   (b) issue certificates of registration;
   
   (c) add or remove names from the register set out in section 52;
   
   (d) receive fees for use by the Emergency Medical Personnel Board; and
   
   (e) keep open the register for public inspection at all reasonable times on the payment of the fee set out in Schedule 2.

51. (1) A person shall not conduct emergency medical services unless he is registered to perform such services in accordance with this Part and his name appears on the register of Emergency Medical Personnel under section 52.

   (2) A person who contravenes subsection (1), commits an offence.

   (3) A person who wishes to be registered under this Part to conduct emergency medical services shall apply to the Council in the prescribed form and pay the fee set out in Schedule 2.

   (4) An application under this section shall be accompanied by proof of qualifications and such other information as the Council may by Regulations prescribe.

   (5) Immediately after the receipt of any application for registration the Council shall consider the application and shall give such directions in respect of it as the Council thinks fit.

   (6) Where an applicant for registration is entitled to be registered under this Act, the Council shall so direct the Registrar and the Registrar shall thereupon register the applicant and shall notify him accordingly.
(7) If an applicant for registration is not entitled to be registered under this Act, the Council shall so direct stating the reasons for such direction and the Registrar shall thereupon refuse to register the applicant and shall notify him of the refusal and of the reasons therefor.

52. (1) The Registrar shall keep and maintain a register of all persons registered as Emergency Medical Personnel under this Act (to be known as “the Emergency Medical Personnel Register”), showing their names and addresses and such other particulars as are prescribed.

(2) The Registrar shall cause a copy of the register to be lodged with the Council.

(3) The Council shall, on or before the 15th day of January in each year, cause to be printed and published in the Gazette and in at least one newspaper in daily circulation, a list in alphabetical order, of all persons named in the register kept by the Registrar with their addresses, as they appear in the register on the date specified in the list.

(4) Where the Registrar has been directed by the Council under subsection (3), to register an applicant who is entitled to be registered under this Act, and he fails to do so, the applicant shall be entitled to be registered by the President of the Council within twenty-one days of the direction being given.

53. (1) The Emergency Medical Personnel Register shall be open to the public for inspection at all reasonable times on payment of the fee set out in Schedule 2.

(2) The Registrar shall, on registration being effected, issue to the Emergency Medical Personnel a certificate of registration.

(3) If the name of any person to whom a certificate of registration had been issued has been removed from the
Emergency Medical Personnel Register pursuant to the provisions of this Act, the Council may direct him to return his certificate of registration to the Registrar.

(4) A person who fails to return his certificate of registration to the Registrar within one month after he has been directed by the Council to do so under subsection (3), commits an offence.

54. (1) If it appears to the Council that any Emergency Medical Personnel is by reason of mental or physical disability unable to perform his professional duties satisfactorily, the Council may by notice in writing, signed by the President, Vice-President or Registrar, and served on the Emergency Medical Personnel, require the Emergency Medical Personnel, at the expense of the Board, to submit himself for examination by a registered medical practitioner named in the notice within such reasonable time, being not less than seven days, as may be specified in the notice.

(2) If a registered medical practitioner makes an examination of any Emergency Medical Personnel under subsection (1), he shall as soon as practicable thereafter, make a report in writing to the Registrar as to the mental and physical condition of the Emergency Medical Personnel examined so far as it affects his capacity to perform his professional duties satisfactorily.

(3) If a notice in writing has been served on an Emergency Medical Technician under subsection (1), but the Emergency Medical Technician has not, by the time specified in the notice, submitted himself for examination by the medical practitioner named in the notice, the Council may, after considering all relevant circumstances and after giving the Emergency Medical Technician a reasonable opportunity to be heard, suspend the Emergency Medical Technician.

Suspension from practice because of disability.

LAWS OF TRINIDAD AND TOBAGO
MINISTRY OF THE ATTORNEY GENERAL AND LEGAL AFFAIRS
Emergency Ambulance Services and
Emergency Medical Personnel

Chap. 29:02
from practice if it is satisfied that he is by reason of mental or physical disability unable to perform his professional duties satisfactorily.

(4) If a notice in writing has been served on an Emergency Medical Technician under subsection (1) and the Registrar has received a written report in respect of the Emergency Medical Technician from the medical practitioner named in the notice, the Council may, after considering the report and all relevant circumstances and after giving the Emergency Medical Technician a reasonable opportunity to be heard, suspend the Emergency Medical Technician from practice if it is satisfied that he is by reason of mental or physical disability unable to perform his professional duties satisfactorily.

(5) Any suspension under this section shall take effect forthwith, but may at any time be revoked by the Council.

55. (1) If a complaint is made to the Council, or the Council has reason to believe that any Emergency Medical Personnel has been—

(a) guilty of infamous conduct or negligence in a professional respect;
(b) convicted by any Court in Trinidad and Tobago of any offence punishable on indictment;
(c) convicted by any Court outside of Trinidad and Tobago of any offence which, if committed in Trinidad and Tobago, would render such person liable to conviction on indictment; or
(d) convicted of any offence under this Act,

the Council after due enquiry may—

(e) censure or reprimand the member;
(f) suspend the member for any period not exceeding two years; or
(g) by resolution, declare that the member is in its opinion unfit to be a member of the Board and may give a written order to the Registrar to remove the name of that member from the register and the Registrar shall comply with the order forthwith and send a true copy of the order to the member by fully prepaid registered post, addressed to him at his last known address.

(2) A member who has been suspended shall forthwith cease to practise as an Emergency Medical Personnel and shall not resume such practice until the period of suspension has expired.

(3) A person who has been suspended under subsection (1), shall for the period of the suspension, be deemed not to be a member of the Emergency Medical Personnel Board.

(4) An Emergency Medical Personnel whose name has been removed from the register under subsection (1) or who has been suspended under that subsection shall not, until his name has been restored to the register or until the period of suspension has expired, provide emergency medical services either on his own behalf or as an employee.

56. (1) A person who is directly affected by any decision of the Council and is aggrieved by the decision may, within six weeks after the date on which notice thereof is given to him by the Registrar, appeal to a Judge in Chambers and the Judge may give such directions in the matter as he thinks proper, including any directions as to the costs of the appeal.

(2) Rules of Court may be made in the manner set out in sections 77 and 78 of the Supreme Court of Judicature Act with respect to the conduct and hearing of appeals under this section.

(3) In the determination of an appeal under this section the Judge may confirm, modify or reverse a decision of the Council.
(4) A decision of a Judge under this section shall be final.

57. The Council may, by resolution order that the name of a member which has been removed from the register pursuant to section 55 shall be again entered on the register.

58. (1) A person who is not licensed under this Act, shall not either directly or indirectly by advertisement, sign or make a statement of any kind, written or oral, alleging or implying that he is or holds himself out as holding a licence under this Act and able or willing to provide emergency medical services.

(2) Subsection (1) shall not apply to—

(a) any person who is registered or licensed under any other Act, and under that authority thereof, performs or provides any service which he is authorised or entitled to perform thereunder; or

(b) any person performing such service under the authority and supervision of any other person so registered or licensed where permitted or authorised by such Act.

(3) A person who contravenes this section, commits an offence.

59. The Emergency Medical Personnel Board shall at all times have a fixed address for service of documents on the Emergency Medical Personnel Board and that address shall be registered with the Registrar General as soon as is practicable and any change of address shall be registered within twenty-eight days of the change.

60. The Council may make Regulations with the approval of the Minister for carrying out the provisions of this Part and in particular may by such Regulations provide for—

(a) the manner of applying for membership of the Emergency Medical Personnel Board;
(b) the good government of the Emergency Medical Personnel Board and for the proper conduct of its affairs;

(c) regulating the time, manner and place of meetings and proceedings of the Emergency Medical Personnel Board and of the Council;

(d) the conduct of elections and all other matters arising out of or incidental to the elections;

(e) resignations and circumstances giving rise to vacancies on the Council;

(f) the manner of applying for registration and the procedure to be followed;

(g) fees payable for inspection of the Register;

(h) prescribing what constitutes unprofessional conduct;

(i) the manner in which disciplinary proceedings may be conducted;

(j) regulating the manner of applying and using the funds of the Emergency Medical Personnel Board; and

(k) prescribing anything required or authorised by this Part to be prescribed.

PART VII

MISCELLANEOUS

61. Upon commencement of this Act, all real and personal property listed in Schedule 4 and essential to the delivery of the National Emergency Health Service and now held by or vested in the State or any person on behalf of the State are hereby transferred and vested in the Authority.

62. (1) The Authority is exempt from stamp duty, corporation tax, customs duty, motor vehicle tax and all other...
36. The Minister may by Order amend the Schedules.
65. (1) The Minister may make Regulations prescribing matters required or permitted by this Act to be prescribed, or necessary for carrying out or giving effect to this Act.

(2) Without limiting the generality of subsection (1), the Minister shall have the power to make Regulations prescribing—

(a) forms to be used for applications under this Act;
(b) standards of service for the holder of an Ambulance Services Licence;
(c) standards of care and service for emergency medical services; and
(d) procedures for the conduct of investigations of incidents and accidents in respect of emergency medical services and ambulance activities.

(3) Regulations made under this section shall be subject to negative resolution of Parliament.
SCHEDULE 1

REPUBLIC OF TRINIDAD AND TOBAGO

CERTIFICATE OF INSPECTOR UNDER THE
EMERGENCY AMBULANCE SERVICES AND
EMERGENCY MEDICAL PERSONNEL ACT

THE EMERGENCY AMBULANCE SERVICES AND EMERGENCY
MEDICAL PERSONNEL ACT, CH. 29:02

Certificate of Appointment

The Minister of Health has in accordance with section 15 of the
Emergency Ambulance Services and Emergency Medical Personnel Act, 2009, appointed Mr./Ms. .................................................................

(Name)

of .................................................................

(Address)

as an Inspector under the Emergency Ambulance Services and Emergency
Medical Personnel Act, Ch. 29:02.

Given under my hand this day of , 2009.

Minister of Health
## SCHEDULE 2

### FEES

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SCHEDULE 3

CATEGORIES OF AMBULANCE SERVICES LICENCES WHICH MAY BE ISSUED UNDER SECTION 24

(a) Basic Life Support—transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including basic life support services. The ambulance must be staffed with a licensed Emergency Medical Technician—Basic;

(b) Advanced Life Support, Level 1—transportation by ambulance vehicle and provision of medically necessary supplies and services, including the provision of assessment performed by an advanced life support crew required as part of emergency response that was reported as a result of patient’s reported condition at the time of dispatch and includes at least one procedure that is beyond the scope of an Emergency Medical Technician—Basic;

(c) Advanced Life Support, Level 2—transportation by ambulance vehicle and the provision of medically necessary supplies and services including—

(i) at least three separate administrations of one or more medications by intravenous push or bolus or by continuous infusion (excluding crystalloid fluids); or

(ii) ground ambulance transport and the provision of either—

(A) Manual defribillation/cardioversion;
(B) Endotracheal intubation;
(C) Central Venous line;
(D) Cardiac pacing;
(E) Chest decompression;
(F) Surgical airway; or
(G) Intraosseous line.
SCHEDULE 4

The following are the real and personal property transferred from the State to the Emergency Ambulance Services Authority on commencement of this Act:

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Emergency Ambulance Services and Emergency Medical Personnel

**Radios—Continued**

UNOFFICIAL VERSION

UPDATED TO DECEMBER 31ST 2015
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SCOPE OF PRACTICE FOR EMERGENCY MEDICAL PERSONNEL

Emergency Medical Technician—Basic (EMT—B)

To administer basic life support including airway maintenance, use of combitube or laryngeal mask, respiratory (Breathing) support and stopping of haemorrhage (bleeding), administer oral medication—aspirin, inhalation medication—albuterol and subcutaneous injection by autoinjector only.

Emergency Medical Technician—Intermediate (EMT—I)

Same qualifications as is required for EMT—B plus endotracheal intubation, peripheral intravenous line, wider range of oral medication—Glyceryl trinitrate and subcutaneous injections.

Emergency Medical Technician—(EMT—A or Paramedic)

Same qualifications as is required for EMT—I plus manual defibrillation/cardioversion, external cardiac pacing, central venous line via jugular route, intraosseous line, needle surgical airway—needle cricothyroidotomy, needle chest decompression—needle thoracocentesis plus a wider range of oral medication and intramuscular and intravenous injections by bolus or continuous infusion.

Emergency Medical Technician—(Instructor)

Same qualifications as is required for EMT—A or Paramedic plus qualifying examination as instructor.
SUBSIDIARY LEGISLATION

EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL REGULATIONS

ARRANGEMENT OF REGULATIONS

PART I

PRELIMINARY

1. Citation.
2. Interpretation.
3. Application for licence.
4. Responsible medical practitioner.
5. Insurance.

PART II

AMBULANCE SERVICES

6. Requirements for an Ambulance Service—Basic.
9. Patient’s choice of nearest appropriate medical facility.
10. Reports to health care facility.
11. Required emergency ambulance call reports.
12. Restriction on advertisement.
13. Drugs register to be kept.
14. Requirements to secure patients.
15. Patient consent.

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LAND AMBULANCE—VEHICLE AND EQUIPMENT

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19. Interior surfaces in patient compartment.
20. Linen.
Emergency Ambulance Services and Emergency Medical Personnel Regulations

22. Resuscitation equipment.
23. Suction unit.
25. Cots, stretchers and spine boards.
27. Obstetrical kits.
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MISCELLANEOUS

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SCHEDULE 2.
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EMERGENCY AMBULANCE SERVICES AND
EMERGENCY MEDICAL PERSONNEL REGULATIONS
made under section 65

PART I
PRELIMINARY

1. These Regulations may be cited as the Emergency Ambulance Services and Emergency Medical Personnel Regulations.

2. In these Regulations—
   “Act” means the Emergency Ambulance Services and Emergency Medical Personnel Act;
   “Advanced Ambulance 1” means an ambulance used in relation to an Ambulance Service—Advanced 1 Licence issued under Parts III, IV and V of the Act;
   “Advanced Ambulance 2” means an ambulance used in relation to an Ambulance Service—Advanced 2 Licence issued under Parts III, IV and V of the Act;
   “air ambulance” means an aircraft used as an ambulance;
   “Basic Ambulance” means an ambulance used in relation to an Ambulance Service—Basic Licence issued under Parts III, IV and V of the Act;
   “Committee” means the Emergency Ambulance Regulatory Committee established under section 4 of the Act;
   “hospital” means a health care facility defined under the Regional Health Authorities Act or a private hospital as defined by the Private Hospitals Act;
   “land ambulance” means a motor vehicle that is lawfully authorised to be used as an ambulance;
   “licensed provider” means a person who holds an Ambulance Services Licence issued under Part V of the Act;
   “responsible medical practitioner” means a duly qualified medical practitioner employed by a licensed provider to be the lead medical practitioner;
“sea ambulance” means a ship or boat which has a single hull of not less than seven metres in length and which is lawfully authorised to be used as an ambulance.

3. (1) An application for an Ambulance Services Licence under Part V of the Act shall be made in the form set out in Schedule 1 and shall contain the following:

(a) the name and address of the applicant;

(b) the name under which the applicant is conducting ambulance services or proposes to conduct ambulance services; and

(c) the type of licence applied for.

(2) Where an application is made under Part V of the Act it shall, in addition to the matters contained in subregulation (1), where available contain the following:

(a) a description of each ambulance to be used in the business, including the make, model and year of manufacture of the ambulance;

(b) the location and description of the place or places from which the licensed provider intends to operate including his dispatch centre;

(c) the personnel roster showing the names of all Emergency Medical Personnel;

(d) the name, address and telephone number of the responsible medical practitioner;

(e) the name, facsimile, e-mail and telephone numbers of the person in charge of the day-to-day operations;

(f) the number of ambulances and level of service to be provided in respect of each ambulance; and

(g) the geographical area in which the licensed provider intends to provide his service.
(3) An application made under subsection (1) may be accompanied by any other information as the Minister or Committee deems reasonable and necessary.

(4) An application under this regulation shall be made in respect of any of the levels provided for in section 24(4) of the Act.

4. (1) A licensed provider shall retain a responsible medical practitioner to ensure quality control of the care provided to patients and whose functions shall include the medical supervision of Emergency Medical Technicians.

     (2) A licensed provider shall notify the Committee, as soon as is reasonably practicable, where there is a change in the responsible medical practitioner retained by him.

5. (1) A licensed provider shall ensure that each ambulance is covered by full comprehensive insurance of at least two million dollars.

     (2) The insurance shall cover the driver, emergency medical personnel, other health personnel and patients.

PART II

AMBULANCE SERVICES

6. (1) Where a licensed provider is issued a licenced category of Ambulance Services—Basic, the licensed provider shall ensure that—

     (a) each ambulance is dispatched with a minimum crew of at least one driver and one basic Emergency Medical Personnel;

     (b) as far as possible, there is a response time of thirty minutes from receipt of an emergency ambulance call and a return time of thirty minutes;

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(c) in each quarter, it conducts a minimum of three hours of training in equipment use and patient care to its emergency medical personnel;

(d) the records of the training referred to in paragraph (c) on each Emergency Medical Personnel is available for inspection by the Committee;

(e) the following records are maintained:
   (i) approved ambulance run reports;
   (ii) employee roster;
   (iii) time sheets;
   (iv) call roster;
   (v) patient record while under the care of the provider;
   (vi) dispatch logs which show at least the time that an emergency ambulance call was received, the type of emergency ambulance call and the time that the ambulance is en route;
   (vii) time of pick-up of patient;
   (viii) time of drop-off of patient at receiving hospital and name and address of receiving hospital; and
   (ix) maintenance schedule; and

(f) the receiving hospital is notified of impending arrival, patient condition and care rendered to the patient.

(2) A licensed provider shall ensure that in every ambulance there is a fire extinguisher.

7. Where a licensed provider is issued a licenced category of Ambulance Service—Advanced 1, the licensed provider shall ensure that—

(a) the provisions of regulation 6(1)(b) to (f) are satisfied;
Emergency Ambulance Services and Emergency Medical Personnel Regulations

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[Subsidiary]

(b) every ambulance has on board sufficient equipment to ensure that life support consisting of at least intravenous therapy and advanced airway care are maintained;

(c) appropriate staffing including paramedics and intermediate levels are maintained to ensure the full complement required under paragraph (d); and

(d) two emergency medical technicians, one of whom shall be an Emergency Medical Technician—Intermediate or Emergency Medical Technician—Paramedic are on board at all times.

8. Where a licensed provider is issued a licenced category of Ambulance Service—Advanced 2, the licensed provider shall ensure that—

(a) the provisions of regulation 6(1) to (f) are satisfied;

(b) every ambulance has on board sufficient equipment to ensure that life support consisting of intravenous therapy, advanced airway care, cardiac monitoring, electrical therapy and drug therapy approved by the Committee and the responsible medical practitioner is available; and

(c) a minimum of two emergency medical technicians, one of whom shall be an Emergency Medical Technician—Paramedic, is on board at all times.

9. (1) A licensed provider shall transport a patient to the nearest appropriate hospital of the patient’s choice within the service area of the licensed provider.

(2) Where the patient—

(a) is unable to make a choice as to the hospital to which he wishes to be transported; or
(b) chooses a hospital outside of the service area of the licensed provider,
the licensed provider shall transport the patient to the nearest appropriate public hospital.

10. (1) Where a licensed provider transports a patient to a hospital, he shall ensure that the hospital to which the patient is transported is provided with a copy of a duly completed Ambulance Service Encounter Form in respect of the patient which shall become part of the patient’s medical records.

(2) An Ambulance Service Encounter Form under subregulation (1) shall be in the form set out in Schedule 2.

11. (1) A licensed provider shall keep a report of every emergency ambulance call that results in the dispatch of an ambulance with the exception of emergency ambulance calls cancelled en route or where no contact was made with the patient.

(2) A licensed provider shall report to the Chief Medical Officer every incident where a patient is transported by the licensed provider and—

(a) dies en route to the hospital; or
(b) where the patient has an infectious disease as defined by the Public Health Ordinance.

12. A licensed provider shall not advertise to the general public the service areas, skills, procedures or personnel certification levels which he cannot, at all times, provide on every emergency ambulance call.

13. A licensed provider shall maintain a register of drugs which shall include the type of drug, the quantity, date received, and the responsible medical practitioner authorising the purchase and usage of the drug on the ambulance.

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14. A licensed provider shall secure all patients before commencing transportation to ensure their safety while being transported.

15. (1) A licensed provider may only accept consent for treatment of a patient from—

(a) the patient himself, where he is over the age of eighteen years;

(b) the parent of a patient in respect of his—
   (i) minor child; or
   (ii) adult child of unsound mind;

(c) a person standing in loco parentis, whether formally serving or not, a guardian or custodian, for his ward or for a person who is disabled or is of unsound mind;

(d) a married person under the age of eighteen;

(e) in the absence of a parent, a grandparent for his minor grandchild or for his adult grandchild of unsound mind;

(f) a married person for a spouse of unsound mind; and

(g) a person over the age of eighteen years for his parent of unsound mind.

(2) For the purposes of this regulation, consent to surgical or medical procedures suggested, recommended, prescribed or directed by a medical practitioner will be implied where an emergency exists and there—

(a) is no one immediately available who is authorised or empowered to, or capable of, consent; or

(b) has been an initial protest or refusal of consent by a person authorised and empowered to do so but there has been a subsequent material and
Emergency Ambulance Services and
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morbid change in the condition of the patient and there is no person immediately available who is authorised or empowered to, or capable of, consent.

(3) For the purpose of this regulation, “emergency” means a situation where, in the opinion of a duly authorised medical practitioner, the proposed surgical or medical treatment or procedures are immediately necessary or imminently necessary and any delay occasioned by an attempt to obtain consent would reasonably be expected to jeopardise the life, health or safety of the person affected or would reasonably be expected to result in disfigurement or impairment of faculties.

PART III

LAND AMBULANCE—VEHICLE AND EQUIPMENT

16. The minimum structural criteria for a land ambulance are set out in Schedule 3.

17. (1) A licensed provider shall have on board every land ambulance in his fleet, the minimum equipment listed in Part A of Schedule 4.

(2) The licensed provider shall, in addition to the equipment listed in subregulation (1), have on board—

(a) an Advanced Ambulance 1 which is a land ambulance in his fleet, the equipment listed in Part B of Schedule 4;

(b) an Advanced Ambulance 2 which is a land ambulance in his fleet, the equipment listed in Parts B and C of Schedule 4; and

(c) a secured storage area for approved drugs and other non-pharmaceuticals.

18. A licensed provider shall ensure that the exterior of a land ambulance has a reasonably clean appearance and that the

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exterior lighting of a land ambulance is kept clear of foreign matter to ensure adequate visibility.

19. A licensed provider shall ensure that in every land ambulance—

(a) the interior surface is of a non-porous material to allow easy cleaning;
(b) carpet-type materials are not used on any surface of the compartment where the patient is located;
(c) walls, cabinets and bench surfaces are kept free from dust, moisture or other accumulated foreign matter;
(d) bloodstains, vomitus, faeces, urine and other similar matter are cleaned from the ambulance and all equipment in the ambulance after each drop-off using a hypochlorite solution;
(e) the window glass and cabinet doors are clean and free from foreign matter;
(f) a receptacle for trash, litter and all used items is provided;
(g) a hypochlorite solution is used to clean patient contact areas not otherwise soiled; and
(h) a container specifically for the deposit of contaminated needles or syringes and a second container for contaminated or infectious waste are provided and labelled accordingly.

20. A licensed provider shall ensure that in every land ambulance—

(a) there is a storage area for clean linen arranged in such configuration to ensure that the linen remain dry and clean;
(b) clean or disposable linen are used on cots and pillows and are changed after each patient is transported;
21. A licensed provider shall ensure that in every land ambulance—

(a) all oxygen administration devices such as masks, cannulas and delivery tubing are disposable;
(b) masks, cannulas and tubing are individually wrapped and not opened until ready to be used on a patient;
(c) used masks, cannulas and tubing are disposed of and not reused;
(d) oxygen humidifiers, whether multi-use or disposal single-use, are filled with distilled or sterile water upon use only;
(e) multi-use oxygen humidifiers are cleaned after each use; and
(f) a multi-use oxygen humidifier when installed is dated with the date of such installation.

22. A licensed provider shall ensure that in every land ambulance—

(a) bag mask assemblies and masks are stored in the original container, jump kit or a closed compartment to promote sanitation of the ambulance;
23. A licensed provider shall ensure that in every land ambulance—

(a) suction hoses are clean and free from foreign matter;
(b) the suction reservoir of the suction unit is clean and free from dust, dirt or other foreign matter; and
(c) a suction unit with attachments is cleaned and sanitised after each use.

24. A licensed provider shall ensure that in every land ambulance—

(a) padded splints are neatly covered with a non-permeable material;
(b) pneumatic trousers, if used, are clean and free from dust, dirt or foreign matter;
(c) commercial splints and traction splints with commercial supports are free from dust, dirt or other foreign matter; and
(d) splinting material is stored in such a manner so as to promote and maintain cleanliness.

25. A licensed provider shall ensure that in every land ambulance—

(a) pillows, mattresses and head immobilisation devices are covered with non-permeable material and in good condition;
(b) cots, pillows, stretchers and head immobilisation devices are clean and free from dust, dirt or other foreign matter;
(c) canvas or neoprene covers on portable type stretchers are in good condition;  
(d) restraint straps or devices are kept clean and are washed immediately if soiled; and  
(e) spine boards are free from rough edges or areas that may cause splinters and where the spine board is wooden it shall be sealed.

26. A licensed provider shall ensure that in every land ambulance—  

(a) bandages are clean, sterile and individually wrapped and stored in a closed container or cabinet to ensure cleanliness;  
(b) dressings are sterile, individually packed, sealed and stored in a closed container or compartment;  
(c) dressings or burn sheets not commercially wrapped are sterilized in an autoclave or gas steriliser with the date of sterilisation shown on each item;  
(d) bandages or dressings which have been exposed to moisture or otherwise have become soiled are discarded and replaced; and  
(e) there are at least three restraining straps.

27. A licensed provider shall ensure that in every land ambulance—  

(a) obstetrical kits are sterile and wrapped with paper or plastic;  
(b) where the wrapper on an obstetrical kit is torn or the kit is opened but not used, the items in the kit which are not individually wrapped, are re-sterilised or discarded and replaced; and  
(c) obstetrical kits, not commercially wrapped, are sterilised in an autoclave or gas steriliser with the date of sterilisation shown on the item.
28. A licensed provider shall ensure that in every land ambulance—

(a) instruments inserted into the nose or mouth of a patient are single-use, individually wrapped and stored properly; and

(b) oropharyngeal airways designed for multi-use are sterilised in an autoclave or gas steriliser.

29. Where a land ambulance has been utilised in the transport of a patient who is known to have a communicable disease—

(a) the land ambulance shall be taken out of service until it is cleaned and disinfected; and

(b) linen shall be immediately removed from the cot on which the patient lay, placed in a plastic bag or container, and sealed until properly disposed of.

30. A licensed provider shall ensure that miscellaneous equipment such as scissors, stethoscopes, blood pressure cuffs and other items used for direct patient care are cleansed and sterilised as they become soiled.

PART IV

AIR AMBULANCE

31. (1) A licensed provider operating an air ambulance shall ensure that in all operations the aircraft operator of the air ambulance meets the requirements of the Civil Aviation Act, in respect of privileges to fly an aircraft.

(2) The licensed provider operating an air ambulance shall ensure that an aircraft used as an air ambulance, in addition to meeting the requirements of the Civil Aviation Act—

(a) is configured in such a way that an Emergency Medical Technician has adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation and maintain life support of the patient;
(b) allows for the loading of a supine patient;
(c) provides for the securing of the patient in the cabin;
(d) has appropriate communication equipment to ensure both internal crew communications and transmission to appropriate agencies;
(e) has interior lighting so that patient care can be given and the patient status can be monitored without interfering with the vision of the pilot;
(f) has hooks or appropriate devices for hanging intravenous fluid bags; and
(g) where the aircraft is a helicopter, has an external landing light.

(3) The design of an aircraft used as an air ambulance shall not compromise the physical stability of a patient in loading, unloading or in-flight operations.

32. (1) Notwithstanding regulation 6(1)(a), a licensed provider operating an air ambulance shall ensure that a Basic Ambulance which is an air ambulance shall be staffed with at least one certified Emergency Medical Technician—Basic.

(2) Notwithstanding regulation 7(c), a licensed provider operating an air ambulance shall ensure that an Advanced Ambulance 1 which is an air ambulance shall be staffed with at least one certified Emergency Medical Technician—Intermediate or Emergency Medical Technician—Paramedic.

(3) Notwithstanding regulation 8(c), a licensed provider operating an air ambulance shall ensure that an Advanced Ambulance 2 which is an air ambulance shall be staffed with at least one certified Emergency Medical Technician—Paramedic.

33. (1) The licensed provider operating an air ambulance shall ensure that a Basic Ambulance has the equipment set out in Part A of Schedule 5.
(2) In addition to the equipment referred to in subregulation (1), the minimum medical equipment required to be on board an Advanced Ambulance 1, which is an air ambulance is set out in Part B of Schedule 5.

(3) In addition to the equipment referred to in subregulation (1), the minimum equipment required to be on board an Advanced Ambulance 2 which is an air ambulance is set out in Part C of Schedule 5.

34. The provisions of regulations 19 to 30 apply to an air ambulance *mutatis mutandis* as they apply to a land ambulance.

**PART V**

**SEA AMBULANCE**

35. (1) A licensed provider shall, in operating a ship as a sea ambulance, ensure that in all operations the sea ambulance meets the requirements of the Shipping Act.

(2) A licensed provider shall, in operating a sea ambulance, ensure that a ship used as a sea ambulance, in addition to meeting the requirements of the Shipping Act—

(a) is configured in such a way that an Emergency Medical Technician has adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation and maintain life support of the patient;

(b) allows for the loading of a supine patient;

(c) provides for the securing of the patient in the cabin;

(d) has appropriate communication equipment to ensure both internal crew communications and transmission to appropriate agencies;

(e) have interior lighting so that patient care can be given and the patient status can be monitored without interfering with the vision of the master; and
has hooks or appropriate devices for hanging intravenous fluid bags.

(3) The design of a ship used as a sea ambulance shall not compromise the physical stability of the patient in the loading or unloading of the ship.

(4) The ship shall be no less than 15 metres in length.

36. (1) Notwithstanding regulation 6(1)(a), a licensed provider shall, in operating a sea ambulance, ensure that a Basic Ambulance which is a sea ambulance is staffed with at least one currently certified Emergency Medical Technician—Basic.

(2) Notwithstanding regulation 7(c), a licensed provider shall, in operating a sea ambulance, ensure that an Advanced Ambulance 1 which is a sea ambulance is staffed with at least one certified Emergency Medical Technician—Intermediate or Emergency Medical Technician—Paramedic.

(3) Notwithstanding regulation 8(c), a licensed provider shall, in operating a sea ambulance, ensure that an Advanced Ambulance 2 which is a sea ambulance is staffed with at least one certified Emergency Medical Technician—Paramedic.

37. (1) A licensed provider shall, in operating a Basic Ambulance as a sea ambulance, ensure that the sea ambulance has the equipment set out in Part A of Schedule 6.

(2) In addition to the equipment referred to in subregulation (1), the minimum medical equipment required to be on board an Advanced Ambulance 1 which is a sea ambulance is set out in Part B of Schedule 6.

(3) In addition to the equipment referred to in subregulation (1), the minimum equipment required to be on board an Advanced Ambulance 2 which is a sea ambulance is set out in Part C of Schedule 6.
38. The provisions of regulations 19 to 30 apply to a sea ambulance *mutatis mutandis* as they apply to a land ambulance.

PART VI
MISCELLANEOUS

39. (1) A person who contravenes any of the provisions of these Regulations commits an offence and is liable on summary conviction to a fine of twenty-five thousand dollars.

(2) Where the offence under these Regulations is committed by a body corporate, the body corporate is liable, on summary conviction, to a fine of fifty thousand dollars.

SCHEDULE 1

REPUBLIC OF TRINIDAD AND TOBAGO

THE EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL ACT, CH. 29:02

THE EMERGENCY AMBULANCE SERVICES AND EMERGENCY MEDICAL PERSONNEL REGULATIONS

APPLICATION FOR AN AMBULANCE SERVICES LICENCE

1. Name of applicant ...............................................................

2. Address of applicant ...........................................................

3. Trading/Business name of applicant ....................................

4. Type of licence applied for (tick appropriate box)

☐ Ambulance Services (Basic) Licence  ☐ Land Ambulance

☐ Ambulance Services (Advanced 1) Licence  ☐ Air Ambulance

☐ Ambulance Services (Advanced 2) Licence  ☐ Sea Ambulance
5. Indicate the number of ambulances to be utilised, level of service to be provided, and the following information in respect of each:

   Number of ambulances ......................
   
   (a) Name of manufacturer ...........
   (b) Model .................................
   (c) Year of manufacture .............

6. Indicate the location and description of the place or places from which you intend to operate.

   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................

7. List and name all Emergency Medical Technicians, their certification numbers and the expiration date of their licences.

   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................

8. List the names of all drivers on staff and their Driver’s Permit numbers.

   ..........................................................................................................................
   ..........................................................................................................................

9. Responsible Medical Practitioner:

   Name ........................................................................................................
   Telephone Number ....................................................................................
   Medical Board Registration Number ......................................................
   Address .....................................................................................................

   Signature of applicant ....................... Date ..............................

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UPDATED TO DECEMBER 31ST 2015
AMBULANCE SERVICE ENCOUNTER FORM—MINIMUM REQUIREMENTS

(Information can be put in one or more forms.
Computer readable forms can be used)

1. PATIENT INFORMATION

Date ...........................................................

Time of emergency ambulance call ...........................................................

Caller Name ...................................................................................................

Caller Number ...................................................................................................

Patient Name ....................................................................................................

Age ..................     D.O.B. day/month/year ..................     Sex ............

Occupation ..................................................    Ethnicity ..........................

Address .....................................................    Telephone No. ....................

Emergency Contact Name ..................................    Telephone No. .............

2. MEDICAL INFORMATION

Chief Complaint ...................................................................................................

History of Chief Complaint ..................................................................................

Past History ........................................................................................................

System Review ...................................................................................................

Medications ........................................................................................................

Allergies ..............................................................................................................

Last meal ............................................................................................................

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UPDATED TO DECEMBER 31ST 2015
3. **VITAL SIGNS**

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- Pulse
- BP
- Respiration
- O2 sat Pulse Oximiter
- CO2 Capnogram
- Temperature
- Glasgow Coma Scale (GCS)

*(can include GCS chart)*

4. **EXAMINATION**

- Skin
- Eyes
- Chest
- Abdomen
- Pelvis
- Spine
- Extremities
- Other

Burn % *(can include burn body diagram)*
5. TESTS DONE

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- Glucose (Diascan) .................................................................
- ECG ..........................................................................................
- Other ......................................................................................

6. TREATMENT

- Oxygen ....................................................................................
- IVs ..........................................................................................
- Resusitation ............................................................................
- Defibrillation ..........................................................................  
- Medications ...............................................................................  
- Immobilisation collar .............................................................

    - Splint ...................................................................................
    - Spine Board ..........................................................................  

7. NARRATIVE/NOTES

.................................................................................................
.................................................................................................
.................................................................................................
.................................................................................................
.................................................................................................
.................................................................................................
8. VEHICLE/CREW INFORMATION

Vehicle/Ambulance No. ................................ EMT name ......................
Time emergency ambulance call received .... EMT name ......................
Time departed .............................................. Attendant ....................
En Route time .............................................. Driver .........................
Time arrived at destination ...................... Other ..............................
Destination address ..............................................................
On site time ..............................................................................
Time departed ...........................................................................
En Route time ...........................................................................
Arrival time to medical facility ..............................................
Time returned to base ..............................................................
Mileage out ................................................ Mileage in .........................
Responsible EMT name ................................ Signature ......................

9. AMBULANCE COMPANY INFORMATION (can be put on separate form)

Billing Charge ......................... Cash ............... Receipt No. ..............
Ambulance Company acceptance and payment note
Name ....................................... Relationship to patient ......................
Signature ...................................... Date .................................
An emergency ambulance shall meet the minimum criteria below—

(a) base unit of the ambulance shall have the following:
   (i) the gross weight shall be not less than 3 000 kg in weight;
   (ii) the length shall be no less than 16 metres;
   (iii) maximum effective tyres;
   (iv) power steering;
   (v) power brakes;
   (vi) heavy duty cooling system;
   (vii) heavy duty brakes;
   (viii) heavy duty rear and front shock absorbers;
   (ix) front end stabiliser;
   (x) driver and passenger seat belts;
   (xi) padded dash;
   (xii) door locks for all doors;
   (xiii) inside mirror;
   (xiv) inside control handles on rear and side doors; and
   (xv) lights which are light-emitting diode (LED);

(b) the background colour of the ambulance shall be white;

(c) emblem and markings on the ambulance shall be displayed prominently on both sides of the vehicle and on its bonnet; with letters at least 15 cm high;

(d) a mirror image of the word “AMBULANCE” shall be on the bonnet of the ambulance;

(e) the following interior patient compartment dimensions:
   (i) the compartment length shall provide a minimum of fifteen centimetres clear space at the head and ten centimetres at the foot of a one hundred and eighty centimetres litter and the minimum inside length shall be two hundred and eighty centimetres;
   (ii) the minimum inside width of one hundred and fifty centimetres; and
   (iii) the minimum inside height of the patient compartment shall be a minimum distance of one hundred and fifty centimetres from the floor to ceiling;
(f) access to vehicle in respect of—

(i) the driver compartment shall have—

(A) a door on each side of the vehicle in the driver’s compartment;

(B) a separation from the patient to afford privacy for radio communications and to protect the driver from an unruly patient, while providing both verbal and visual communication between driver and attendant through a sliding shatterproof glass partition at the upper portion of the separation partition; and

(C) a bulkhead strong enough to support an attendant’s seat in the patient area at the top of the patient’s head and to withstand deceleration forces of the attendant in the case of accident;

(ii) the patient compartment shall have—

(A) a door on the left side of the patient’s compartment near the patient’s head which permits a technician to position himself at the patient’s head and quickly remove him from the side of the vehicle should the rear door become jammed;

(B) a rear door which swings clear of the opening to permit full access to the patient’s compartment;

(C) holding devices incorporated on the patient compartment doors to prevent the door closing unintentionally from wind or vibration and such holding device should not protrude into the access area when the doors are open;

(D) a spare wheel storage which is situated so as to permit the wheel to be removed without disturbing the patient;

(g) interior lighting—

(i) the driver compartment shall have lighting which is available both to the driver as well as an attendant riding in the driving compartment in order to read maps and records;
(ii) the patient compartment shall have—
   (A) adequate illumination throughout the compartment with illumination at the level of the patient adequate for observation of vital signs, such as skin colour and papillary reflex and for care in transit; and
   (B) light controls at the entrance door, at the head of the patient and in the driver’s compartment;

(h) illumination devices—
   (i) there shall be at least one flood light mounted not less than one hundred and eighty centimetres above the ground and unobstructed by open doors located on each side of the vehicle and one flood light above the rear doors of the vehicle;
   (ii) there shall be a minimum of two alternating flashing red lights on the top of the ambulance so as to provide 360° conspicuity;
   (iii) two red reflectorised or chemically indiced illumination device and side reflectorised strips on both sides of the vehicle;
   (iv) one set of battery jumper cables, with a minimum 04 gauge copper, 600 amp rating;

(i) seats—
   (i) in the driver compartment there shall be a seat for both the driver and attendant both with armrests on each side of the driver’s compartment;
   (ii) in the patient compartment there shall be two fixed padded seats 45 centimetres wide and 45 centimetres high, one at the head of the patient and behind the driver and the other located on the curb side of the vehicle;

(j) the following safety features shall be provided:
   (i) crash-stable fasteners to secure a primary and secondary litter;
   (ii) where litter is floor supported on its own wheels it shall be capable of being secured in its position in all conditions and such restraint shall permit quick attachment and detachment for the quick transfer of patients;
(iii) a restraining device to prevent longitudinal or transverse dislodgement of the patient during transit or to restrain an unruly patient to prevent further injury or aggravation to existing injury;

(iv) self-adjustable, quick-release, retractable safety belts for both driver and attendants in addition to all seated patients;

(v) two exterior rear view mirrors, one for each side of the vehicle to provide maximum rear vision from the driver’s seated position;

(vi) an interior rear view mirror to give the driver a view of occurrences in the patient compartment;

(vii) two electrical windshield wipers and washers in addition to defrosting and defogging systems; and

(viii) sun visors for both driver and attendant;

(k) environmental equipment requirements—

(i) air-conditioning shall have a capacity sufficient to lower the temperature in the driver compartment and the patient compartment to 25°C within a reasonable period while driving in an ambient temperature of 30°C;

(ii) the entire body, side, end roof, floor and patient compartment doors shall be insulated to minimise conduction of heat, cold or external noise entering the vehicle interior; and

(iii) insulation shall be vermin and mildew-proof, fire-proof, non-hygroscopic, non-setting type;

(l) a spare wheel with appropriate size, inflated, mounted with jack and wheel lug wrench;

(m) cabinets shall be screwed or bolted to the floor or body so that they can be removed in the event that body work is needed on base vehicle;

(n) two-way mobile equipment with a reliable system operating range of at least a twenty-mile radius from the base station antenna shall be provided;

(o) siren shall be provided;

(p) an intercommunication facility shall be provided to allow for communication between the driver’s position and the patient compartment and between the driver and the receiving hospital;
Emergency Ambulance Services and
Emergency Medical Personnel Regulations

SCHEDULE 4

PART A

MINIMUM MEDICAL EQUIPMENT FOR BASIC AMBULANCE—LAND AMBULANCE

The following are the minimum ambulance medical equipment required to be on board an ambulance:

(a) (i) minimum of two plastic or aluminium frame folding stretcher litters;
(ii) one multi-level, elevating, wheeled cot with elevating back with two patient restraining straps at least 5 cm wide, one on the chest and one on the thigh; and
(iii) one secondary patient transport litter with at least two patient restraining straps;

(b) Suction devices—
(i) an engine, vacuum operated or electrically powered, complete suction aspiration system with a wide bore tubing shall be installed permanently on board to provide for the primary patient;
(ii) a portable hand-operated manual suction device; and
(iii) an assortment of suction catheters (minimum of two each);

(c) Bag mask ventilation units—
(i) one adult hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to the adult patient;

(q) a roof top mounted coaxial cable antenna shall be installed to the cab compartment of the ambulance; and

(r) all windows, windshield and door glass shall be shatterproof.
(ii) one paediatric hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to the patient with a safety pop-off mechanism with override capability;

(iii) one infant hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to the patient with a safety pop-off mechanism with override capability; and

(iv) sizes 1–5 masks to be used in conjunction with the ventilation units in subparagraphs (i) to (iii);

(d) Oropharyngeal airways in adult, child and infant sizes which shall be clean and individually wrapped and shall be in the following sizes:

   (i) 90 mm;
   (ii) 80 mm;
   (iii) 43 mm;

(e) Fixed and portable oxygen equipment—

   (i) portable equipment should be a minimum “D” size or 360 litres cylinder having adequate tubing and semi-rigid valveless, transparent, single use, individually wrapped non-rebreather masks and nasal cannuals in adult and paediatric sizes;

   (ii) a “No Smoking” sign with minimum two point five centimetres letters shall be displayed in the patient compartment;

   (iii) all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings; and

   (iv) litre flow gauge shall be non-gravity dependent;

(f) Bite stick shall be either commercially available or made of three tongue depressors taped together and padded;

(g) Six sterile dressings of a minimum size of 12 cm x 20 cm compactly folded and packaged;

(h) Thirty-six 10 cm x 10 cm sterile gauze pads;
Emergency Ambulance Services and Emergency Medical Personnel Regulations

(i) Four 7.5 cm x 350 cm of individually wrapped bandages, self-adhering tape;

(j) 10 cm x 10 cm sterile and wrapped aluminium foil or four 4” x 4” commercial sterile occlusive dressing;

(k) 2.5, 3 and 7.5 centimetres side hypoallergenic adhesive tape;

(l) Two sterile burn sheets;

(m) Splints—

(i) lower extremity, traction type splint; and

(ii) two 35 cm x 7.5 cm and two 90 cm x 7.5 cm padded, wooden type splints or other approved commercially available splints for arm or leg fractures;

(n) Spine boards—

a long board of at least 45 cm x 180 cm;

(o) Other equipment—

(i) cervical collars in small, medium and large sizes;

(ii) four triangular bandages;

(iii) nine foot straps;

(iv) one large bandage shears;

(v) one sterile obstetrical kit containing gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and receiving blanket for delivery of infant;

(vi) poison kit, syrup of ipecac and activated charcoal;

(vii) blood pressure manometer, cuff and stethoscope;

(viii) portable non-mercurial blood pressure set;

(ix) stethoscopes;

(x) emesis basin, bedpan and urinal;

(xi) two dependable flashlights or electric lanterns;

(xii) at least one fire extinguisher;

(xiii) working gloves; and

(xiv) minimum of 1 000 cc of sterile water or normal saline for irrigation.
PART B

MINIMUM MEDICAL EQUIPMENT FOR ADVANCED AMBULANCE 1—LAND AMBULANCE

In addition to the equipment set out in Part A of this Schedule, the following are the minimum medical equipment required to be on board an Advanced Ambulance 1:

1. four butterfly or scalp vein needles between 19 and 25-gauge;
2. four 14, 16, 18 and 22-gauge IV cannulae;
3. two macro drip sets;
4. two micro drip sets;
5. three 21 or 23-gauge needles and three 25-gauge needles;
6. three tourniquets;
7. adult, child and infant sizes of laryngoscope blades;
8. six disposable endotracheal tubes from 2.5 to 9.0 with at least one of each size available;
9. an intubations stylet for the neonate patient;
10. equipment for drawing blood samples;
11. two 1ml, 3 ml, 10 ml, 20 ml syringes and one 50 ml syringe;
12. twelve alcohol and iodine preps for preparing IV injection sites;
13. one roll of 1.25 centimetre wide tape;
14. five band-aids;
15. a minimum of four litres of Ringers Lactate, normal saline or a combination thereof;
16. one 14-gauge and one 18-gauge intraosseous needles;
17. a battery powered portable monitor-defibrillator unit with EKG output for ambulances providing advanced cardiac life support; and
18. such drugs as approved by the responsible medical practitioner.
PART C

MINIMUM MEDICAL EQUIPMENT FOR ADVANCED AMBULANCE 2—LAND AMBULANCE

In addition to the equipment set out in Parts A and B of this Schedule, the following are the minimum medical equipment required to be on board an Advanced Ambulance 2:

1. Nasotracheal tubes
2. Cricothyroidotomy needles
3. Cricothyroidotomy surgical pack
4. Thoracostomy needles
5. Cardiac monitor capable of providing hard copy of ECG
6. External Cardiac Pacing.

Regulation 33.
2. Bag Mask Ventilation Units—
   (a) one adult hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to the adult patient;
   (b) one paediatric hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to the patient with a safety pop-off mechanism with override capability;
   (c) one infant hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to a patient with a safety pop-off mechanism with override capability; and
   (d) sizes 1–5 masks to be used in conjunction with the ventilation units in paragraphs (a) to (c).

3. Oropharyngeal airways in adult, child and infant sizes which shall be clean and individually wrapped and shall be in the following sizes:
   (a) 90 mm;
   (b) 80 mm; and
   (c) 43 mm.

4. Fixed and portable oxygen equipment—
   (a) portable equipment should be a minimum “D” size or 360 litres cylinder having adequate tubing and semi-rigid valveless, transparent, single use, individually wrapped non-rebreather masks and nasal cannuals in adult and paediatric sizes;
   (b) a “No Smoking” sign with minimum 2.5 cm letters shall be displayed in the patient compartment;
   (c) all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings; and
   (d) litre flow gauge shall be non-gravity dependent.

5. Bite stick shall be either commercially available or made of three tongue depressors taped together and padded.

6. Six sterile dressings of a minimum size of 12 cm x 20 cm compactly folded and packaged.
7. Thirty-six 10 cm x 10 cm sterile gauze pads.

8. Four 7.5 cm x 350 cm of individually wrapped bandages, self-adhering tape.

9. 45 cm x 60 cm sterile and wrapped aluminium foil or four 10 cm x 10 cm commercial sterile occlusive dressing.

10. 2.5, 5 and 7.5 centimetres side hypoallergenic adhesive tape.

11. Two sterile burn sheets.

12. Splints—
   (a) lower extremity, traction type splint;
   (b) two 35 cm x 7.5 cm and two 90 cm x 7.5 cm padded, wooden type splints or other approved commercially available splints for arm or leg fractures; and
   (c) pneumatic splints are not acceptable.

13. Spine boards—
    a long board of at least 45 cm x 180 cm shall be available on general purpose units.

14. Other equipment—
   (a) cervical collars in small, medium and large sizes;
   (b) four triangular bandages;
   (c) nine foot straps;
   (d) one large bandage shears;
   (e) one sterile obstetrical kit containing gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, peri-natal pad, bulb syringe and a receiving blanket for delivery of infant;
   (f) poison kit, syrup of ipecac and activated charcoal;
   (g) blood pressure manometer, cuff and stethoscope;
   (h) portable non-mercurial blood pressure set;
   (i) stethoscopes;
   (j) emesis basin bedpan and urinal;
   (k) two dependable flashlights or electric lanterns;
   (l) at least one fire extinguisher;
   (m) working gloves; and
   (n) minimum of 1 000 cc of sterile water or normal saline for irrigation.
PART B

MINIMUM MEDICAL EQUIPMENT FOR AN ADVANCED AMBULANCE 1—AIR AMBULANCE

In addition to the equipment set out in Part A of this Schedule, the following are the minimum medical equipment required to be on board an Advanced Ambulance 1 which is used as an air ambulance:

1. two butterfly or scalp vein needles between 19 and 25-gauge;
2. two 14, 16, 18 and 22-gauge IV cannulae;
3. two macro drip sets;
4. two micro drip sets;
5. three 21 and 23-gauge needles and three 25-gauge needles;
6. three tourniquets;
7. adult, child and infant sizes of laryngoscope blades;
8. six disposable endotracheal tubes from 2.5 cm to 9.0 cm with at least one of each size available;
9. an intubations stylet for the neonate patient;
10. equipment for collection and temporary storage of two blood samples;
11. two 1 ml, 3 ml, 10 ml, 20 ml syringes and one 50 ml syringe;
12. twelve alcohol and iodine preps for preparing IV injection sites;
13. one roll of 1.25 cm wide tape;
14. five band-aids;
15. a minimum of 4 litres of Ringers Lactate, normal saline or a combination thereof;
16. one 14-gauge and one 18-gauge intraosseous needles;
17. a battery powered portable monitor-defibrillator unit with EKG output for ambulances providing advanced cardiac life support; and
18. such drugs as approved by the responsible medical practitioner.
PART C

MINIMUM MEDICAL EQUIPMENT FOR ADVANCED AMBULANCE 2—AIR AMBULANCE

In addition to the equipment set out in Parts A and B of this Schedule, the following are the minimum medical equipment required to be on board an Advanced Life Support Air Ambulance 2.

1. Nasotracheal tubes
2. Cricothyroidotomy needles
3. Cricothyroidotomy surgical pack
4. Thoracostomy needles
5. Cardiac monitor capable of providing hard copy of ECG
6. External Cardiac Pacing.

SCHEDULE 6

PART A

MINIMUM MEDICAL EQUIPMENT FOR BASIC AMBULANCE—SEA AMBULANCE

The following are the minimum medical equipment required to be on board a Basic Ambulance which is used as a sea ambulance:

1. Suction devices—
   (a) a portable suction device, battery operated, with wide bore tubing and six ounce reservoir and a “Y” or “T” valve to control suction which can provide continuous suction for fifteen minutes;
   (b) an assortment of suction catheters (minimum of two each); and
   (c) rigid suction catheter.
2. Bag mask ventilation units—
   
   (a) one adult hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to the adult patient;
   
   (b) one paediatric hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to the patient with a safety pop-off mechanism with override capability;
   
   (c) one infant hand-operated bag mask ventilation unit with valves which can be operated in all weathers and equipped to be capable of delivering ninety to one hundred per cent oxygen to a patient with a safety pop-off mechanism with override capability; and
   
   (d) sizes 1–5 masks to be used in conjunction with the ventilation units in paragraphs (a) to (c).

3. Oropharyngeal airways in adult, child and infant sizes which shall be clean and individually wrapped and shall be in the following sizes:
   
   (a) 90 mm;
   
   (b) 80 mm; and
   
   (c) 43 mm.

4. Fixed and portable oxygen equipment—
   
   (a) portable equipment should be a minimum “D” size or 360 litres cylinder having adequate tubing and semi-rigid valveless, transparent, single use, individually wrapped non-rebreather masks and nasal cannuals in adult and paediatric sizes;
   
   (b) a “No Smoking” sign with minimum one inch letters shall be displayed in the patient compartment;
   
   (c) all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings; and
   
   (d) litre flow gauge shall be non-gravity dependent.

5. Bite stick shall be either commercially available or made of three tongue depressors taped together and padded.

6. Six sterile dressings of a minimum size of 12 cm x 20 cm compactly folded and packaged.
7. Thirty-six 10 cm x 10 cm sterile gauze pads.

8. Four 7.5 cm x 350 cm of individually wrapped bandages, self-adhering tape.

9. 45 cm x 60 cm sterile and wrapped aluminium foil or four 10 cm x 10 cm commercial sterile occlusive dressing.

10. 2.5, 5 and 7.5 centimetres side hypoallergenic adhesive tape.

11. Two sterile burn sheets.

12. Splints—
   (a) lower extremity, traction type splint;
   (b) two 35 cm x 7.5 cm and two 90 cm x 7.5 cm padded, wooden type splints or other approved commercially available splints for arm or leg fractures; and
   (c) pneumatic splints are not acceptable.

13. Spine boards—
   a long board of at least 45 cm x 180 cm shall be available on general purpose units.

14. Other equipment—
   (a) cervical collars in small, medium and large sizes;
   (b) four triangular bandages;
   (c) nine foot straps;
   (d) one large bandage shears;
   (e) one sterile obstetrical kit containing gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, peri-natal pad, bulb syringe and a receiving blanket for delivery of infant;
   (f) poison kit, syrup of ipecac and activated charcoal;
   (g) blood pressure manometer, cuff and stethoscope;
   (h) portable non-mercurial blood pressure set;
   (i) stethoscopes;
   (j) emesis basin bedpan and urinal;
   (k) two dependable flashlights or electric lanterns;
   (l) at least one fire extinguisher;
   (m) working gloves; and
   (n) minimum of 1 000 cc of sterile water or normal saline for irrigation.
PART B

MINIMUM MEDICAL EQUIPMENT FOR AN ADVANCED AMBULANCE 1—SEA AMBULANCE

In addition to the equipment set out in Part A of this Schedule, the following are the minimum medical equipment required to be on board an Advanced Ambulance 1 which is used as a sea ambulance:

1. two butterfly or scalp vein needles between 19 and 25-gauge;
2. two 14, 16, 18 and 22-gauge IV cannulae;
3. two macro drip sets;
4. two micro drip sets;
5. three 21 and 23-gauge needles and three 25-gauge needles;
6. three tourniquets;
7. adult, child and infant sizes of laryngoscope blades;
8. six disposable endotracheal tubes from 2.5 cm to 9.0 cm with at least one of each size available;
9. an intubations stylet for the neonate patient;
10. equipment for collection and temporary storage of two blood samples;
11. two 1 ml, 3 ml, 10 ml, 20 ml syringes and one 50 ml syringe;
12. twelve alcohol and iodine preps for preparing IV injection sites;
13. one roll of ½ inch wide tape;
14. five band-aids;
15. a minimum of 4 litres of Ringers Lactate, normal saline or a combination thereof; and
16. one 14-gauge and one 18-gauge intraosseous needles.
PART C

MINIMUM MEDICAL EQUIPMENT FOR ADVANCED AMBULANCE 2—SEA AMBULANCE

In addition to the equipment set out in Parts A and B of this Schedule, the following are the minimum medical equipment required to be on board an Advanced Ambulance 2 which is used as a sea ambulance:

1. Nasotracheal tubes
2. Cricothyroidotomy needles
3. Cricothyroidotomy surgical pack
4. Thoracostomy needles
5. Cardiac monitor capable of providing hard copy of ECG
6. External Cardiac Pacing.