

POSITION STATEMENT



EMERGENCY MEDICAL SERVICES

Safety Symposium

“Help us to
get to our patients
safely and to get
home safely...”



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

HPCSA
Health Professions Council of South Africa



BETTER TOGETHER.



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Background

There is an escalating prevalence of violence against health care workers. This phenomenon is nuanced when Emergency Medical Services (EMS) pre-hospital care providers are concerned, as they endure a particular vulnerability/exposure to violence. Such attacks (to which students are also vulnerable) alter the emergency care worker role from that of rescuer to that of the victim. Apart from such role-confusion, the impact is that service delivery to vulnerable communities is affected, as EMS organizations attempt to reduce their vulnerability. This situation is counter-productive to reducing the emergency care burden and deserves stakeholder participation toward sustainable solutions.

The Cape Peninsula University of Technology's (CPUT), Department of Emergency Medical Sciences (DEMS), in collaboration with the National Department of Health (NDOH) and Western Cape Government Health (WCGH), hosted the first National EMS Safety Symposium with the following goals:

1. To foster a community of interest in violence against the EMS with a view to developing a national community of practice.
2. To advocate for the protection of health care professions as crucial to the wellbeing of society.
3. To develop a research agenda and promote research in violence against health care.

The EMS community from all provinces in South Africa converged at the Cape Peninsula University of Technology on the 05th December 2018 to deliberate on the phenomenon of violence against emergency care providers, in the context of violence against health care workers. Participants included: the Deputy Minister of Health Dr M Phaahla, delegates from National and Provincial EMS directorates, Heads of Provincial EMS Colleges from all nine provinces; Heads of EMS Departments from all South African universities; senior management of pre-hospital private and public EMS organisations; civil society and community based organisations; experts in the disciplines of risk, sociology, criminology and psychology; City of Cape Town (COCT) Department of Community Safety (DOCS); National Prosecuting Authority (NPA), the South African Human Rights Commission and the Health Professions Council of South Africa.

In discussing the direct and vicarious traumatisation experienced by EMS providers, the panellists and delegates to the symposium unanimously endorsed the following position statement:

EMS SAFETY SYMPOSIUM POSITION STATEMENT

EMS is the entry point for many patients into the health system, and plays a critical role in attaining universal health coverage. The growing number of attacks on EMS personnel in South Africa jeopardises the integrity and reliability of EMS to the detriment of the whole of society. It compromises on-scene care, causes physical and psychological harm to staff, demoralises staff, takes emergency vehicles out of service, and increases response times. It also breaks down trust between communities and EMS personnel.

Addressing these issues cannot be business as usual. A collaborative response is needed between communities, civil society, public and private EMS services, business, government authorities, and political leaders in addressing this issue as a matter of urgency.

Solutions must protect and advance the rights of every person not to be refused emergency medical care, the right of everyone to freedom and security of the person, and the rights of emergency medical personnel to a safe working environment. Withdrawal of services is not a defensible option. We must work together to create a safe and supportive environment for EMS

workers to provide, and members of communities to receive, emergency medical services as needed.

Threats to EMS safety require a multi-faceted response, with the commitment and active involvement of parties from relevant sectors – including civil society, public and private health services, policing, community safety, the justice system, education, business and others. Most importantly, initiatives to promote community safety must emerge from, and be owned by, the people most directly affected – communities and EMS personnel. EMS management and emergency care providers must give expression to such initiatives, thereby building agency and resilience and reducing learnt helplessness. These initiatives must be supported by active and visible political leadership at local, provincial and national level.

Action is required in the short-term to immediately improve protection to EMS personnel, and in the medium term, to interrupt cycles of violence which serve to perpetuate the same. The enabling context for the problem of violence in our communities relates most fundamentally to continued inequity which is endemic to South African society.



THE FOLLOWING ACTIONS (IN NO PARTICULAR ORDER) MUST BE PRIORITISED:

- 1 Engage with EMS staff to understand their needs and how they can be better supported to do their jobs most safely and effectively;
- 2 Improve proactive and reactive provision of mental health services and programmes to EMS staff and other emergency personnel;
- 3 Ensure that the agencies responsible for policing and security perform the role of protecting EMS personnel, so that EMS can get on with their primary role of providing care to their patients;
- 4 Empower communities to better support EMS personnel entering communities, including improved communication networks and first responder training which is integrated into existing community structures;
- 5 Improve reporting of incidents within services to ensure that their health and mental health needs are taken care of, and to the justice system to enable responses to take place, and support for staff throughout the criminal justice process;
- 6 Invest in the best technological interventions to facilitate rapid intervention for EMS personnel at risk;
- 7 Acknowledge that the HPCSA has a role to play in advocacy to improve protection that the HPCSA can offer to practitioners, including continuous professional development recognition for mental health courses;
- 8 Improve public awareness of the services that EMS provides and the importance of linking EMS safety to the ability of the health system to deliver care timeously and effectively;
- 9 Develop a communication strategy – including responsible dissemination strategies to reach members of the profession and the community at large;
- 10 Improve mutual understanding and collaboration between EMS and communities, focusing in particular on building relationships between EMS providers, neighbourhood watches and community policing forums;
- 11 Co-creation of knowledge and building partnerships with communities;
- 12 Formalise arrangements where necessary e.g. through agreements/MOUs between EMS and Police to strengthen the responsiveness of the Police to meet the needs of the EMS;
- 13 Ensure that EMS is actively represented on intergovernmental structures that are responsible for planning and implementing safety initiatives within cities and their communities;
- 14 Create a much more detailed and integrated centralised data system to enable evidence-based security and support interventions;
- 15 Promote performance monitoring and accountability in relation to safety;
- 16 Develop an appropriate set of qualitative and quantitative indicators and methods to monitor the success or otherwise of interventions and to learn from the ground up;
- 17 Position EMS organisations as learning organisations to identify pockets of effectiveness to allow for lessons to be more broadly shared through collaborations;
- 18 Advance the research agenda on the nature of the problem and appropriate interventions – ensuring that knowledge generated is fed back into EMS education and management to inform minimum standards;
- 19 Advocacy for more effective justice interventions, including investigation, conviction, punishment and rehabilitation of offenders, and working towards the creation of specific offences;
- 20 Urgently develop a National Policy on EMS Safety to guide responses across all provinces and municipalities – which takes into account the voices of communities and marginalised groups;
- 21 Work towards the development of a 'backbone organisation' to hold the strategy together;
- 22 Periodic updating of this position statement and feedback to the EMS and other communities.



Acknowledgements

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We also acknowledge the contribution of the staff and students under the convenorship of the acting Head of Department: Dr N Naidoo, Department of Emergency Medical Sciences at CPUT for organising the symposium.

The EMS Safety Symposium 2018 has been accredited (by CPUT/HPCSA) for Continuous Professional Development (CPD) and has ethics clearance from a National Health Research Ethics Council (NHREC) registered Research Ethics Committee (CPUT).

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