AMBULANCE



| Statutory, Infrastructure, Equipment and Space Requirements | DATE:- Objective | | _ | Remarks / |
|---|---------------------|---|-----------|--------------|
| COP.3.C Is the statutory papers of the ambulance available - RC, Insurance, Pollution Control Emission Certificate? Is the ambulance vehicle approved by RTO as ambulance vehicles? (Check RC document) Are equipments and facilities available in the anbulance depending upon its type (BLS, ALS) and purpose / capabilities - Cardiac, Trauma, Crtical care Long Transport? (Check against national / international guidelines for suggested lists of equipment to compare? Is ambulance equipped with dedicated two way communication system to communicate as required to the control unit / emergency department of the hospital? Is ambulance access to emergency demarcated and marked to facilitate easy embarkment and disembarkment of patients in an emergency situation? Is the signage for the same visible and sufficient to guide new ambulance drivers brnging patients to emergency? COP.3.B Has hospital marked a dedicated parking area/ bays for its ambulances facilitating their easy use in emergencies? Is the ambulance exterior marked with appropriate safety markings and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | | Point of Audits | Yes/No/NA | Observations |
| COP.3.C OP.3.C Is the ambulance vehicle approved by RTO as ambulance vehicles? (Check RC document) Are equipments and facilities available in the anbulance depending upon its type (BLS, ALS) and purpose / capabilities - Cardiac, Trauma, Crtical care Long Transport? (Check against national / international guidelines for suggested lists of equipment to compare? Is ambulance equipped with dedicated two way communication system to communicate as required to the control unit / emergency department of the hospital? Is ambulance access to emergency demarcated and marked to facilitate easy embarkment and disembarkment of patients in an emergency situation? Is the signage for the same visible and sufficient to guide new ambulance drivers brnging patients to emergency? COP.3.B Has hospital marked a dedicated parking area/ bays for its ambulances facilitating their easy use in emergencies? Is the ambulance exterior marked with appropriate safety markings and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.1 Is nursing, clinical assistants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | | | | |
| COP.3.C (Check RC document) Are equipments and facilities available in the anbulance depending upon its type (BLS, ALS) and purpose / capabilities - Cardiac, Trauma, Crtical care Long Transport? (Check against national / international guidelines for suggested lists of equipment to compare? Is ambulance equipped with dedicated two way communication system to communicate as required to the control unit / emergency department of the hospital? Is ambulance access to emergency demarcated and marked to facilitate easy embarkment and disembarkment of patients in an emergency situation? Is the signage for the same visible and sufficient to guide new ambulance drivers brnging patients to emergency? COP.3.B Has hospital marked a dedicated parking area/ bays for its ambulances facilitating their easy use in emergencies? Is the ambulance exterior marked with appropriate safety markings and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.C | | | |
| upon its type (BLS, ALS) and purpose / capabilities - Cardiac, Trauma, Crtical care Long Transport? (Check against national / international guidelines for suggested lists of equipment to compare? Is ambulance equipped with dedicated two way communication system to communicate as required to the control unit / emergency department of the hospital? Is ambulance access to emergency demarcated and marked to facilitate easy embarkment and disembarkment of patients in an emergency situation? Is the signage for the same visible and sufficient to guide new ambulance drivers brnging patients to emergency? COP.3.B COP.3.B Has hospital marked a dedicated parking area/ bays for its ambulances facilitating their easy use in emergencies? Is the ambulance exterior marked with appropriate safety markings and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.C | | | |
| COP.3.H system to communicate as required to the control unit / emergency department of the hospital? Is ambulance access to emergency demarcated and marked to facilitate easy embarkment and disembarkment of patients in an emergency situation? Is the signage for the same visible and sufficient to guide new ambulance drivers brnging patients to emergency? COP.3.B Has hospital marked a dedicated parking area/ bays for its ambulances facilitating their easy use in emergencies? Is the ambulance exterior marked with appropriate safety markings and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assistants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.C | upon its type (BLS, ALS) and purpose / capabilities - Cardiac, Trauma, Crtical care Long Transport? (Check against national / international | | |
| facilitate easy embarkment and disembarkment of patients in an emergency situation? Is the signage for the same visible and sufficient to guide new ambulance drivers brnging patients to emergency? COP.3.B Has hospital marked a dedicated parking area/ bays for its ambulances facilitating their easy use in emergencies? Is the ambulance exterior marked with appropriate safety markings and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.H | system to communicate as required to the control unit / emergency | | |
| COP.3.B ambulances facilitating their easy use in emergencies? Is the ambulance exterior marked with appropriate safety markings and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.B | facilitate easy embarkment and disembarkment of patients in an emergency situation? Is the signage for the same visible and sufficient to guide new ambulance drivers brnging patients to | | |
| and signages with reflectors where needed to identify the vehicle in night times on road? Ambulance Operations Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical information and | COP.3.B | ambulances facilitating their easy use in emergencies? | | |
| COP.3.F Is a daily check done for the equipments in the ambulance and record of same maintained? Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical information and | COP.3.B | and signages with reflectors where needed to identify the vehicle in | | |
| COP.3.F Is a checklist for emergency medications and consumables used in the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | | Ambulance Operations | | |
| the ambulance used to check the same daily (adequacy, expiry) and after every trip (replacements / top up done if used during trip)? Is the ambulance driver trainined in following - BLS, Immobilisation of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.F | | | |
| COP.3.D of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance Maintanance protocols etc? COP.3.I Is nursing, clinical assisstants and RMO managing transport of emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.G | the am <mark>bulance used</mark> to check the same daily (adequacy, expiry) and | | |
| emergency patients provided ALS support training? Is there a protocol to undertke a preliminary assessment (History and Physicals, Patient identification, key clinical informtion and | COP.3.D | of Patient, Oxygen Use, Safe Transfer of Patients, Ambulance | | |
| and Physicals, Patient identification, key clinical informtion and | COP.3.I | | | |
| cop.3.I emergency? Is the staff trained in the protocol? Is a medical record format used to capture these details? Does the protocol cover passing on key information from this assessment to the emergency departnment during a emergency in-bound tranfer? Does the protocol cover process for communicating to ambulance medical team / care providers in case of an external ambulance? | COP.3.I | and Physicals, Patient identification, key clinical informtion and provisional diagnosis) on receiving and transporting the patient in emergency? Is the staff trained in the protocol? Is a medical record format used to capture these details? Does the protocol cover passing on key information from this assessment to the emergency departnment during a emergency in-bound transfer? Does the protocol cover process for communicating to ambulance medical | | |
| COP.3.E Does the driver perform a daily readiness check for the ambulance? | COD 3 E | | | |

| COP.3.E | Is the following maintained by the ambulance team - Trip Log Book, Fuel Log Book, Sevice history of the ambulance? | | | | |
|------------------------|--|--|--|--|--|
| AUDITOR SIGN COMMENTS: | | | | | |
| | | | | | |

