



**M.G.M  
Medical  
College and  
Hospital,  
Kamothe**

**CARE OF PATIENTS**

Doc.No.NABH/MGMH/KAM/COP/03

Effective Date:  
01/01/2021

Revision No: 002

NABH OE – **AMBULANCE SERVICES**  
COP 3 a,b,c,d,e,f,g,h,i

Revision Date:  
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Pages: 1 of 8



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**CONTENTS**

Sr.No	Standards
COP 1	Uniform care to patients is provided in all settings of the organization and is guided by written guidance and the applicable law and regulations
COP 2	Emergency services are Provided in accordance with guidance, applicable laws and regulations.
<b>COP 3</b>	<b>Ambulance service ensure safe patient transportation with appropriate care.</b>
COP 4	The organization plans and implements mechanisms for care of patients during community emergencies, epidemics and other disasters.
COP 5	Cardio pulmonary resuscitation services are provided uniformly across the organization.
COP 6	Nursing Care is provided to patients in the organization in consonance with clinical protocols.
COP 7	Clinical procedures are performed safely.
COP 8	Transfusion services are provided as per the scope of services of the organization, safely.
COP 9	The organization provides care in intensive care and high dependency units in a systematic manner.
COP 10	Organization provides safe obstetric care.
COP 11	Organization provides safe pediatric care.
COP 12	Procedural sedation provided consistently and safely.
COP 13	Anaesthesia services are provided in a consistent and safe manner.
COP 14	Surgical services are provided in a consistent and safe manner.
COP 15	The Organ transplant programme is carried out safely.
COP 16	The Organization identifies and manages patients who are at higher risk of morbidity/mortality.
COP 17	Pain management for patient is done in a consistent manner.
COP 18	Rehabilitation services are provided to the patients in a safe, collaborative and consistent manner.
COP 19	Nutritional therapy is provided to patients consistently and collaboratively.
COP 20	End of Life care is provided in a compassionate and considerate manner

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**COP3: AMBULANCE SERVICE ENSURE SAFE PATIENT TRANSPORTATION WITH APPROPRIATE CARE.**

**I.PURPOSE:**

Provision of ambulance services with adequate number of ambulance vehicles equipped with basic life support systems is essential for safe transportation of patients as and when required. To ensure the provision of efficient & timely medical services to the requested locations.

**II.SCOPE:**

Casualty & Emergency Department

**III.RESPONSIBILITY:**

Casualty Medical Officer, Casualty Nurse Incharge.

**IV.POLICY:**

- 1) The hospital shall provide a well-equipped ambulance to facilitate transportation of patient to and from the hospital under the care of trained Medical Professionals.
- 2) There is adequate space for parking and turning radius of ambulance vehicles
- 3) Communication system is available for ambulance staff
- 4) Opportunities to initiate treatment while in transit is identified for safety and management during transit
- 5) All equipment and Medications shall be checked on a daily basis using a check list.
- 6) All Personnel in the ambulance are trained in Basic Cardio-Pulmonary Resuscitation

**V.PROCEDURE:**

- 1) Adequate space for parking of ambulance vehicle will be available and demarcated for receiving and transporting patients and for easy turnaround space.
- 2) All statutory requirement for the ambulance and driver as per Motor Vehicle Act will be complied with
- 3) The EMS ambulance will be adequately equipped with life support systems. Depending on situation trained driver, technician, nurse or doctor as required will be available trained in ALS /BLS while transporting the patient. The equipments will include ventilator, defibrillator, oxygen supply, suction equipment and other life support

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instruments, equipments and life saving emergency drugs. For transportation of surgical emergencies adequate number of splints, bandages, and dressing material will be available.

- 4) List of life saving drugs and equipment will prepared as a checklist which will be maintained by ambulance driver and nursing staff in charge of Casualty dept. The check list will be updated periodically and checked by the CMO In charge Casualty Department.
- 5) The equipments and emergency medicines will be checked on daily basis by Nursing staff Incharge Casualty dept. This will include oxygen supply and functioning and maintenance of life saving equipments. The emergency medicines will be checked for expiry date of drug as well as adequate stock as per the checklist. The medications used enroute for the previous patients being transported will be topped up before dispatch of the ambulance with the next patient.
- 6) The ambulance will be checked on a daily basis with a checklist for functioning status of lights, siren, beacon lights. Servicing records will be up to date.
- 7) The ambulance driver should communicate effectively by mobile phone with the hospital as required and instructed accordingly. Drivers and stretcher bearer ward boys will be given training in First Aid.
- 8) Opportunity to initiate early treatment will be identified by the Casualty department by gathering relevant information telephonically from the referral hospital so that the ambulance personnel including doctor receiving or accompanying patient while transporting by ambulance will be better prepared to assess and initiate interventions as required for safe transit of patient,  
The ambulance personnel will exchange information with the CMO of receiving hospital during transit of patient to facilitate management during transit. In case patient is shifted by external services the CMO will attempt to communicate with external agency to ascertain the clinical situation and take decisions accordingly however the medical personnel accompanying the patient will be responsible for decisions on interventions during transit.
- 9) The driver will maintain a logbook under supervision of CMO with details of all emergencies calls attended to.

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**1. PROCESS FLOW**

- a) The Causality will receive telephonic information regarding the need for an ambulance to be sent.
- b) The staff at the Causality receiving the call will ask relevant details. (See annexure)
- c) The details of the person who made the call and the relationship to the patient is also taken
- d) The staff member handling the call will call back the number provided by the caller & confirm the need of the ambulance.
- e) The Causality staff will call for the Causality doctor & give the details to him/her
- f) If the ambulance is on a call already then the Causality staff will call other ambulance and give the details. An ambulance will be sent by them to the requested location
- g) In case of outstation calls the Canteen supervisor is informed & packed meals are provided to the ambulance staff
- h) In case the patient is being shifted to the hospital, the ambulance driver and attendant will assist the doctor in loading the patient into the ambulance.
- i) The ambulance driver will confirm with the doctor that the patient is well strapped in and only then will start the ambulance.
- j) On arrival at the Causality, the ambulance driver and attendant shall help disembark the patient from the ambulance, and will promptly shift the patient to the triage area.
- k) Once the patient is taken to the triage the reception is informed of the same by the Causality senior nurse & they register the patient. The ambulance doctor will give a detailed endorsement to the CMO who will initiate treatment for the patient.
- l) If the patient is accompanied by a relative, then the CMO counsels the relative on the status of the patient & the relative is sent to the front office for further formalities
- m) If the patient is alone then every effort will be made to contact the relatives
- n) An MLC is made depending on the requirement & the police are informed of the same
- o) Once the patient is transferred to the Causality, the doctor & attendant will hand over the list of equipment, consumables & medications used for the patient to the Causality senior staff.
- p) The equipment & medications used for the patient will be entered in the system & charged to the patient. The ambulance charges are also entered into the system
- q) The equipment used for the patients are connected for recharging immediately after reaching the hospital.
- r) The ambulance usage details are recorded by the Causality senior staff in the ambulance register

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- s) All the medications used for the patient are restocked in the ambulance by the Causality Senior nurse
- t) The vehicle will be parked near the Causality entrance, thereafter till further calls.

**2. TRANSFER OUT WITH HOSPITAL AMBULANCE**

- a) If any patient is to be transported via ambulance, the concerned department staff will book the ambulance in advance.
- b) The time of transfer & exact address of location is to be mentioned by the concerned department staff
- c) The Causality staff nurse will inform the ambulance staff of the same
- d) The Causality staff nurse will confirm details regarding the patient i.e. ventilator assistance etc
- e) If the patient requires additional staff for the transfer e.g. nurses for ventilator assisted patients the nursing supervisor is informed
- f) Decision of RMO's to accompany the patient is to be taken by the medical Superintendent.
- g) The nurse to accompany the patient will be decided by the nursing supervisor
- h) The ambulance booking is informed to the IPD reception so the charges are entered into the system
- i) The ambulance doctor & attendant will check all the equipment prior to transportation
- j) In case of transfer to other units, the ambulance doctor is briefed on the complete patient details.

**3. EQUIPMENT**

- a) The cardiac ambulance is fully equipped to meet any medical /surgical emergency
- b) The ambulance attendant & doctor will be responsible for checking and maintenance of equipment.
- c) The Causality nurse will also be involved in seeing that the equipment in the ambulance is fully charged & medications & consumables stocked. The Causality senior nurse on duty checks the equipment, medications & consumables (check list in annexure 1)
- d) In case of breakdown in the ambulance or equipment, maintenance department will be informed & they will provide a replacement ambulance/equipment until the time that the original ambulance/equipment is fixed.
- e) The ambulance driver will ensure that all the checks have been performed before driving the vehicle as per the requirement of the transport department.

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f) The ambulance driver will ensure that there is enough fuel before embarking on any journey, and will regularly refuel as required.

**4. RECORDS AND REGISTERS MAINTAINED IN THE AMBULANCE**

Sr. No	Form/Format Title	Custodian	Retention period	Mode of Disposal
1	Ambulance Log book	Ambulance Driver	Till the pages of the book are over, and further 1 year	Shredding
2	Ambulance Checklist (Annexure 1)	Causality Nurse	Till the pages of the book are over, and further 1 year	Shredding
3	Ambulance Register	Causality nurse	Till the pages of the book are over, and further 1 year	Shredding

**Annexure:**

- List of equipments provided on the Cardiac Ambulance.
- Ambulance Call-Handling Format

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