

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

..... PROVINCE

..... DISTRICT

..... HOSPITAL

P.O Box .....

**Email:** .....

**Policy/Procedure Title: Management of Ambulance Services**

**Policy Code/Number:**

CS4-15

**Effective Date:**

August 2018

**Revision Date:**

July 2020

**Department:** Emergency department and ambulance

**Applies to:** Staff and drivers

	Position	Names	Date & Signature
<b>Responsible</b>	Head of Emergency Department		
<b>Supervisor</b>	Director of Nursing and Midwifery		
<b>Approver</b>	Director General		

**Purpose:** To ensure that ambulances are properly used to effectively and efficiently comply with patient transportation needs for saving lives of critically ill patients.

**Policy Statements:**

- The hospital shall ensure that the management of ambulance services is throughout achieving the highest levels of clinical emergency, on-time response, and efficiency.

**Definitions:**

- **Emergency medical service (EMS):** type of emergency services dedicated to providing out-of-hospital acute medical care, transport to definitive care, and other medical transport to patients with illnesses and injuries which prevent the patient from transporting themselves.
- **Pre-hospital emergency care services (PHECS):** covers patient transportation and emergency nursing performed outside the hospital.

**Equipment/Forms:**

- Logbook
- Register
- Telephone
- Inspection checklist
- Equipment checklist
- First aid tool box

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**Staff Qualifications:**

The management of the hospital appoints the staff based on their training in emergency care, for instance:

- **Nurse Dispatcher:** The nurse dispatcher of emergency care is trained in the triage process and therefore able to dispatch ambulances appropriately.
- **Nurse Coordinator:** A designated nurse from the emergency department is trained in coordination and communication to ensure that all transfers receive the required services and inform the hospital of priority cases.
- **Driver:** A driver requires licenses B, C, and D. All drivers will be BLS (basic life support) trained for first aid intervention whenever it is necessary or supporting in resuscitation process during transfer.

**Procedures:**

The following emergency procedures shall be performed by accompanying trained staff in ambulance:

1. **Nurse or midwife:** Can perform therapeutic procedures including IV lines, foley catheterization, blood transfusion, normal delivery, immediate newborn care, oxygen therapy, patient immobilization, and positioning.
2. **Anesthetist:** Can perform special clinical procedures, such as advanced airway intubation.
3. **ACLS trained staff:** Can perform CPR, including the use of AED (automated external defibrillator), when available.

**Call Reception, Ambulance Dispatch, and Data Collection:**

1. All medical emergency calls are received at the 912 Communication Center.
  - The 912 Communication Center services are accessible 24/7 to guarantee calls at any time.
2. The 912-Communication Center informs the closest emergency mobile team (ambulance) or hospital of the emergency.
  - If the emergency happens in Kigali City, 912-Communication Center will automatically dispatch an EMS team of the SAMU Division.
  - If the emergency happens outside Kigali, 912-Communication Center will inform the closest Hospital Emergency Department to the emergency scene.
3. In the case of receiving a call from 912-Communication Center, the Ambulance Dispatcher (assigned nurse) of the hospital records the time of the call and authorizes the departure of an ambulance team.
4. Once the Ambulance Team arrives to the scene, the Ambulance Physician collects all patient information (name, age, sex, insurance details, and emergency details).
5. Only one person is allowed to accompany the patient in the ambulance.
6. In case of any planned transfer of the patient, the Ambulance Physician in conjunction with the respective department works out the modalities.
  - The transfer/referral hospital must be informed before sending the patient and staff.

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- The driver will be informed by the Ambulance Dispatcher, then the driver shall bring the ambulance to the patio, take the trolley to the pickup point, and transport the patient accompanied by the nurse/doctor to referral facility.

7. All the ambulance movements are controlled only by the Ambulance Dispatcher and the Head of the Emergency Department.

- Every ambulance shall have a movement entry register (Carnet de Bord).

8. Finally, once the ambulance arrives at the health facility, the Ambulance Physician gives all patient information to the nursing team to be filed and registered in hospital books. The following information shall always be correctly and completely registered:

- Full name and the correct address of patients
- Location (Province, District, and Sector)
- Type of event (Trauma, Internal Medicine, etc.)
- Times (Departing the hospital, arrival at the scene, arrival back to the hospital)
- The name of the clinical staff accompanying the ambulance
- Name and signature of the responsible coordinator who authorized the departure

**Commented [CM1]:** Hospital trolleys usually carry laptops, medical supplies, files, or pharmaceuticals – I think there should be more detail here. Is this the device carrying the patient (stretcher/backboard) or a cart carrying supplies?

**Commented [CM2]:** Change to “record book,” “log book,” or something similar?

#### **Ambulance and Equipment Maintenance:**

1. A nurse is assigned to check and clean the equipment every morning and before/after receiving a new patient.
2. Prior to departure to the emergency scene, the on-duty nurse shall ensure the availability of all medications, supplies, and equipment and always make the handover to another nurse at the end of the nurse’s shift.
3. Once the ambulance returns, the on-duty nurse shall check the supplies (medicines) and equipment, replenishing any supply which has been used.
4. The nurse coordinator is responsible to maintain life support equipment, materials, and supplies.
5. When equipment is not functioning well, it shall be reported by the nurse to the maintenance unit (biomedical technician) for further assistance.
6. The driver shall maintain the ambulance in a clean and good mechanical condition. The driver is expected to ensure mechanical maintenance for the ambulance to ensure the safety of the patients and staff.
7. The driver shall always ensure an adequate fuel supply as needed.
8. The driver shall upkeep all nonclinical equipment inside the ambulance and file and maintain all documentation relating to the ambulance.
9. Ambulances must have a “NO SMOKING” sign.
10. Ambulances shall not park anywhere other than where designated unless in the case of a mechanical breakdown, which shall quickly be informed to the hospital.
11. When a hospital owned ambulance is broken and/or put out of service, the hospital administration, in collaboration with health centers leadership, shall deploy one or more ambulance cars to the hospital in order to serve the nearest health centers, referrals, and transfers as needed.

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### **Ambulance Cleaning and Disinfection:**

1. The nurse, in collaboration with the Ambulance Coordinator, shall guarantee the cleanness and good condition of the ambulance.
2. The healthcare provider shall ensure the cleaning and disinfection of the patient compartment including that all materials are in place by using the recommended disinfectant (chlorine 0.5%).
3. The nurse can assign a trained cleaner to clean the patient compartment but never for medical equipment or materials.
4. The outside cleaning of ambulances shall be performed by an oriented/trained contracted cleaner after removing the patient from the ambulance and done using required disinfectant.
5. When the patient is brought in the emergency department (ED), the driver shall set back **all systems** in the ambulance (including oxygen, emergency medical supplies, etc.) and ensure the cleanliness of the ambulance for next use with assistance from hospital housekeeping personnel.

**Commented [CM3]:** What are these systems?

### **Mechanical and Safety Inspections:**

1. The **Head of Drivers** is responsible for ensuring the functionality of vehicles to save lives on time. On a daily basis, the driver on duty is responsible for monitoring vehicle inspection and recording it in the internal logbook.
2. Essential maintenance problems or anything that might affect the safe operation of an ambulance shall be immediately reported by the driver to the Fleet Coordinator.
3. The Fleet Coordinator makes a report and submits it to the Logistics Officer.
4. The Logistics Officer oversees, guarantees the good status and maintenance of ambulances through safety and mechanical inspection.
5. The Logistics Officer in collaboration with Director of Administrator and Finance is responsible for regular follow-up on the condition and maintenance of ambulances and shall avail all required materials/services.
6. Any minor repairs, which can be safely completed by the driver, shall be done during check out and check in.
7. The safety and mechanical inspection records are reviewed by the Management Team at least quarterly.
8. The driver shall ensure the ambulance has a valid control technique and insurance.

**Commented [CM4]:** Should this title be included in the definitions section above? Also Fleet Coordinator, Logistics Officer?

### **References:**

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- MOH. (September 2012), District Hospital Operational Policy/Procedures, Patient Centered Services p107-109
- Dr Ram Manohar, Lohia combined hospital Lucknow: Manual of Operations Services, 2008
- Policies and Procedures sent by Ministry of Health, December 2017

**Annex: Ambulance equipment:**

- Portable and fixed suction apparatus
- Portable oxygen
- Fixed oxygen
- Portable and fixed oxygen-supply equipment
- Oxygen administration equipment
- Bag valve mask
- Pulse oximeter with pediatric and adult probes
- Saline drops and bulb suction for infant
- Automated external defibrillator (AED)
- Cervical collars
- Bandages
- Sterile multi-trauma dressings
- Gauze rolls
- Occlusive dressing
- Adhesive tape
- Arterial tourniquet
- Obstetrical kit
- Sphygmomanometer (pediatric and adult regular- and large-sized cuffs)
- Adult stethoscope
- Gloves, nonsterile and surgical ones
- Thermometer with low temperature capability
- Heavy bandage or paramedic scissors for cutting clothing, belts, and boots
- Cold packs
- Sterile saline solution for irrigation (1-L bottles or bags)
- Flashlights (2) with extra batteries and bulbs
- Blankets
- Sheets (minimum of 4), linen or paper, and pillows
- Towels
- Triage tags
- Disposable emesis bags or basins
- Disposable bedpan
- Disposable urinal
- Fire extinguisher
- Hazardous material reference guide
- Length/weight-based tape