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## 1.0 ACTIVITY AND RESPONSIBILITY

1.1 Sequence of activities in providing of ambulance service is as under:

Sl No.	Particulars of activity	Summoning	Details needed	Responsibility
1	Bringing patient to GRH	Ambulance is summoned by the patient party by calling GRH reception.  In case of patients being referred from other health facilities the ambulance picks up the patient from the jetty after coordinating with the ferry/patient party	Clear communication must be given to the reception and the Ambulance team  - Number of patients - Diagnosis – to decide which ambulance will go.	- GRH reception - Ambulance team
2	Transport of patient from GRH to Airport/Seaport	Ambulance is summoned by the reception.	Based on the diagnosis the particular ambulance will be deployed.	- Ambulance team - GRH reception
3	Transfer discharged patient to home/other places	Ambulance is summoned by the reception.	Based on the diagnosis the particular ambulance will be deployed.	- Ambulance team - GRH reception
4	Transportation of the deceased	Ambulance is summoned by the reception.	Human remains of the deceased and relatives are transported.	- Ambulance team - GRH reception

1.2 The following types of ambulances are available at GRH

Sl No.	Type Of Ambulance	Purpose	Facilities available	Ambulance team
1	ICU Ambulance FRC	Shifting of critical cases to and from GRH	- Nebulization set - Defibrillator - Oxygen cylinders - Emergency drugs - Portable Ventilator - Stretchers - Intubation Set	- Ambulance driver - SMO - SN
2	Emergency Ambulance	Used for shifting road accident cases/non-critical cases to GRH.	- Oxygen cylinders - Stretchers	- Ambulance driver - SN
3	Dead-body shifting Ambulance (IVECO)	Used to shift the human remains of a	- Stretcher	- Ambulance driver

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		patient from GRH. Shifting mass non-critical cases to GRH		
4	Van	Shifting staff to and from GRH	Seats only with luggage space, Refer Clause 1.7	Ambulance driver

1.3 The following need to be available in the ICU ambulance at all times and each one is to be in a state of fitness for use. The following is in the form of a checklist AMB F (2). It is the AD/SN responsibility to ensure this on a weekly basis. Any breakdown is reported to STORES INCHARGE/OFFICE/NIS/MOIC. NIC/MOIC checks the functional status of the equipment on the 25<sup>th</sup> of every month using BME F (19).

Sl. No.	Accessories to be carried in ambulance	Responsibility
1	First Aid Box	SN
2	Nebulization Set	SN
3	Defibrillator	SN
4	Portable Ventilator	SN
5	O <sub>2</sub> cylinder small	AD
6	BP apparatus	SN
7	Stethoscope	SN
8	Ambubag	SN
9	Laryngoscope adult/pediatric	SN
10	Stretchers – 1 No.	AD
11	Urine can	SN
12	DNS – 5 No.s	SN
13	RL – 5 No.s	SN
14	Bins for Biomedical waste	SN


1.4 This is the list of emergency drugs, available in the First Aid Box with quantities mentioned, that are kept when the patient is transported. This is available in the form of a checklist AMB F (3). Responsibility of stock/expiry date checking rests with the NIC, done on a fortnightly basis (1<sup>st</sup> and 15<sup>th</sup> of every month).

Sl. No	DRUG	No.
1	Inj. Ceftriaxone	2
2	Inj. Hydrocortisone	2
3	Inj. Pan 40mg	2
4	Inj. Gentamicin	2
5	Inj. Botropase	2
6	Inj. Atropine	2
7	Inj. Adrenaline	2
8	Inj. Aminophylline	2

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9	Inj. Betaloc	2
10	Inj. Xylocaine	2
11	Inj. Lasix	2
12	Inj. Calmpose	2
13	Xylocaine jelly	2
14	Cap. Nifedepine	1
15	Tab. Rantac	10
16	Inj. mol	10
17	Macro set	2
18	Micro set	5
19	3 way 100cm	2
20	Foley's catheter	2
21	Urosac bag	2
22	Ryles tube	2
23	Inj. Perinorm	2
24	Inj. Rantac	2
25	Inj. Avil	2
26	Inj. Deriphylline	2
27	Inj. Epsolin	2
28	Inj. Phenargan	2
29	Inj. Voveran	2
30	Inj. Fortwin	2
31	ORS Packets	5
32	Asthalin Inhaler	2
33	Diclofenac gel	2
34	Gloves	10
35	Syringe – 20cc	5
36	10ccc	5
37	5c	5
38	2cc	5
39	Needles	20
40	Intubation SET	1
41	Micropore	1
42	Tissue roll	1
43	Cannulae	5
44	Light source (torch)	1
45	Spirit cotton in a air tight box	1
46	Scissor	1
47	Oxygen mask and tube	1

1.5 The manner of attending the patient from the pick up spot till GRH is given

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Sl. No	Activity	Responsibility
1	Primary assessment	SMO/Consultant
2	Starting O <sub>2</sub> /IVF/Splint fractures	SMO/SN
3	Scooping of patient	AD/SN/SMO
4	Maintaining IVF/O <sub>2</sub>	SMO/SN
5	Emergency procedure – defibrillate/intubate	SMO/SN
6	Drive the ambulance, negotiate traffic/sirens/PA system	AD
7	Shift to GRH	SMO/SN/GRH support staff

1.6 Driver of ambulance is responsible for

- a) Upkeep of the vehicle in terms of cleanliness, orderliness, odorlessness in the vehicle by keeping close liaison with HK, following AMB DS (1).
- b) To ensure vehicle is in good running condition by checking start air, radiator water, headlight, brakes, and horn.
- c) To ensure that the vehicle is in a state of good repair through maintenance action.
- d) To ensure that AMB F (1), AMB F (2) are filled and kept up to date.

1.7 The Van at GRH is used to transport staff members in the following circumstances

- a) Proceeding for annual leave
- b) Emergency cases – traumatic patients, injury cases – which are of too much emergency only, that too only in the night times. Day times doctor must report by his/her self.

**TRANSPORTATION WILL NOT BE PROVIDED**

- c) When staff is proceeding for Family Responsibility leave.
- d) Staff needs to report for duty when it is raining
- e) For personal use e.g. – going to bank, post office and personal trips.