	Policies & Procedures Tri-Town Emergency Medical Service			
	<i>Title:</i> Routine Ambulance Inspections			
	<i>Policy No.</i> TBD	<i>Original Adoption Date</i>	<i>Revision – No. & Dates</i>	<i>Page No.</i> Page 1 of 3

Section 1.0: Purpose

The purpose of this policy is to establish procedures for the purpose of ensuring Tri-Town Emergency Medical Service (hereafter “the Service”) ambulances have the appropriate amount of required supplies and equipment, as well as ensure the staff of the Service is intimately familiar with the location of all supplies and equipment

Section 2.0: Organization Affected

All employees of Tri-Town EMS.


Section 3.0: Definitions

3.1 “Day” (shift) shall refer to the shift or portion of a shift that occurs after 0800 (8am) and before 1800 (6pm).

3.2 “Night” (shift) shall refer to the shift or portion of the shift that occurs after 1800 (6pm) and before 0800 (8am).

Section 4.0: Policy

1. All in-service ambulances will be checked by the on-duty crew at least once a day, and as close to the beginning of the “day” shift as possible.
2. The Service personnel shall utilize an Ambulance Check Sheet that has been approved by the Service Director.
3. If a complete shift change occurs for the “night” shift, then both employees shall be responsible for completing an ambulance check.
4. If a complete shift change occurs for the “night” shift and both employees are working a 24 hour shift or a “reverse 24”, then both employees shall be required to perform an ambulance check as close to the beginning of the night shift as possible, and a second ambulance check on the “day” portion of their shift.
 - a. It shall be acceptable to indicate on the 2nd ambulance check sheet, or the day shift check sheet, that the ambulance crew is the same as the last ambulance check sheet, and no changes to the ambulance were made (or items used during last shift were replaced).
 - b. Unless there were no calls on the previous shift, the crew will still be required to clean the patient compartment of the ambulance as indicated on the check sheet.
5. The Ambulance Check Sheet will be accurately and completely filled out.

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- a. A check mark (✓) shall be used to indicate the presence of the listed supply or equipment.
 - b. A blank box shall indicate the item was not checked.
 - c. Circling the item shall indicated the item was missing or the item’s quantity was below the indicated amount required.
 - d. No other marks shall be considered acceptable.
6. All employees will be required to participate in at least two (2) ambulance checks a month to ensure knowledge of equipment location.
 7. The on-duty Paramedic shall have the authority to ensure the Ambulance Check Sheet is completed.
 8. The employee(s) completing the Ambulance Check Sheet shall sign the form and leave it in the Ambulance Check Sheet binder.
 9. The Director or Assistant Director may require any employee to complete an Ambulance Check at any time with sufficient cause.

Section 5.0: Implementation

To facilitate conduct in accordance with this policy, a copy of this policy shall be made available to all employees and at such other times as may be necessary.

Section 6.0: Signatures

	Position	Signature	Date
<u>Policy Prepared By:</u> Christopher Gamache	Agency Director		
<u>Board of Directors:</u> Shaun Mulholland	Chairman of the Board		

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Section 7.0: Policy & Procedure Revision History

	Section	Changes Made	Approvals	
			By	Date
Original Adoption				
Amendment				
Amendment				
Amendment				

REFERENCES:

1. Commission on Accreditation of Ambulance Service (CAAS) standard 203.03.02 “Checking Equipment”
2. New Hampshire Administrative Rules, CHAPTER Saf-C 5900, “*Emergency Medical Services Rules*”, section Saf-C 5904.06 “*Accountability for Vehicle & Unit Equipment & Supplies*”
3. New Hampshire Administrative Rules, CHAPTER Saf-C 5900, “*Emergency Medical Services Rules*”, section Saf-C 5904.08 “*Vehicle Equipment & Supplies*”