



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)
Ambulance Operations (Fleet) Procedure
Vehicle Daily Inspection and Inventory Check

Document reference number	<i>NASOF002</i>	Document developed by	Fleet Logistics & Support Manager
Revision number	9	Document approved by	NAS Leadership Team
Approval date	8th February 2011	Responsibility for implementation	Chief Ambulance Officers/Area Operations Mgrs
Revision date	31st December 2019	Responsibility for review and audit	Operational Support and Resilience Manager

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1.0 POLICY

- 1.1 The policy of the National Ambulance Service (NAS) is to ensure that all vehicles and related equipment are in a state of readiness in keeping with a professional Ambulance Service, in order to provide appropriate pre- hospital emergency care to the public

2.0 PURPOSE

- 2.1 To provide a Vehicle Daily Inspection (VDI) and a checklist for all service vehicles to be utilised at the commencement of every shift.
- 2.2 To ensure that basic visual checks are carried out at the commencement of duty, to ensure that in so far as is reasonably possible, that the vehicle has no obvious defects that would present as a hazard to staff, patient(s) or general public.
- 2.3 To provide an inventory list of NAS Vehicles and Specialist Vehicle Equipment.
- 2.4 To provide an audit trail of all defective / missing items of equipment.

3.0 SCOPE

- 3.1 This Procedure applies to all NAS staff while operating any NAS vehicle.

4.0 LEGISLATION/OTHER RELATED POLICIES

- A. Policy – NASP009 – Operational Driving of NAS Vehicles
- B. Policy – NASP010 - Vehicular Emergency Response
- C. Policy – OQR006 - Incident Management Policy and Procedure
- D. Procedure – NASOF003 - Fleet Management and Maintenance
- E. Procedure – NASOF011 - Interim Addendum to Pre-shift Vehicle Check
- F. Procedure – NASOF012 - Fire Extinguisher Check as a component of the Pre-shift Vehicle Check
- G. S.I. No. 190/1963: Road Traffic (Construction, Equipment and Use of Vehicles) Regulations, 1963
- H. Road Traffic Act(s)
- I. National Ambulance Service Safety Statements
- J. Rules of the Road

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 **Leading EMT** – Supervisor (Paramedic/Advanced Paramedic)

6.0 ROLES AND RESPONSIBILITIES

- 6.1 Operational Support and Resilience Managers must ensure the dissemination of this Procedure to all staff in their Area
- 6.2 The Fleet, Support and Logistics Manager will have responsibility for making recommendations on appropriate vehicle allocations throughout the NAS.
- 6.3 Operational Support and Resilience Managers are responsible for acting on vehicle allocation recommendations
- 6.4 The responsibility for ensuring that the management, maintenance, repair and cleaning of all vehicles at Station level lies with each respective Supervisor

- 6.5 Supervisors report directly to the Operations Resource Manager.
- 6.6 The responsibility for compliance with this Procedure lies with each member of staff. Supervisors are responsible for communicating the standards required to all staff within their area of responsibility.
- 6.7 Managers will monitor the performance of Supervisors within their areas of responsibility.
- 6.8 The Control and Performance function is responsible for any vehicle(s) allocated to any Command and Control Centre

7.0 PROCEDURE

7.1 Vehicle Daily Inspection

- 7.1.1 At the commencement of the shift, staff will carry out a VDI and the findings must be entered on the NAS Vehicle Daily inspection Form.
- 7.1.2 Any defects found in respect of the vehicle should be reported immediately on a Vehicle/Equipment Defect Report Form to ensure other staff are aware of a vehicle defect.
- 7.1.3 Where the defect infringes on safety and/or the Road Traffic Acts, the vehicle should be exchanged and immediate repair organised by a Supervisor or designated Officer with responsibility for fleet and equipment.
- 7.1.4 Ambulance Control should be notified of the unavailability of the vehicle
- 7.1.5 The Supervisor must then enter the defect report onto the Fleet Management System (Fleetwave)

7.2 Vehicle Equipment Checks

- 7.2.1 At the commencement of the shift, NAS staff should complete a vehicle equipment check appropriate to the vehicle type and record the findings on the VDI Form.
- 7.2.2 It is the responsibility of Supervisors to ensure that all NAS vehicle checklists are fully up to date and that an adequate supply is available to all staff on every Station.
- 7.2.3 Whilst carrying out the check, a simple function test must be carried out to ensure that each operating item is in good working order.
- 7.2.4 Any defects should be recorded on the Vehicle/Equipment Defect Report Form and reported/submitted in the first instance to a Supervisor.
- 7.2.5 If no Supervisor is on duty, the defect should be reported to Ambulance Control or an Operations Resource Manager.
- 7.2.6 All defects must then be entered on the Fleet Management System by a Supervisor
- 7.2.7 Where practical, the defective equipment should be exchanged from Station stocks. Once withdrawn, the defective equipment must be clearly labelled with the nature of the defect and returned to the Station Office or a secure area.
- 7.2.8 Any deficiencies in supplies should be replaced from Station stocks.

7.3 Vehicle Changes

- 7.3.1 Should staff need to change the vehicle for repairs or servicing, the equipment should be checked with the use of the VDI checklist.
- 7.3.2 Staff should work together to complete this task as efficiently as possible.

- 7.3.3 A function test of equipment must also be carried out, as it may not have been used for many days.
- 7.3.4 It is essential that equipment is stored uniformly on all vehicles to assist at multi-vehicle and Major Emergency scenes.
- 7.3.5 All checklists should be kept in the cab of the vehicle.

7.4 Labelling and Sealing Equipment

- 7.4.1 Certain equipment will be labelled to identify it as the property of the NAS.
- 7.4.2 Routine sealing of selected equipment and supplies assists with the speed of the checking process. A plastic tag is used to seal the item, ensuring that on-coming staff are assured that the item is ready for use.
- 7.4.3 Should the sealed item contain materials that have an expiry date, this must be clearly labelled to indicate this.

7.5 Equipment Left at Emergency Departments

- 7.5.1 Non-disposable equipment left at Emergency Dept.s for the clinical benefit of the patient should be recorded on the Ambulance Station notice board.
- 7.5.2 This ensures that on-coming staff are fully aware and can attempt to retrieve the equipment at the first opportunity
- 7.5.3 Once retrieved this should be removed from the Ambulance Station notice board.

7.6 Personal Protection Equipment

- 7.6.1 It is the responsibility all NAS staff manning all NAS Vehicles while on duty that they have available to them their own personal protection equipment, personal issue clothing, kit and any other equipment or supplies which may be deemed necessary in accordance with their individual skill level.

8.0 IMPLEMENTATION PLAN

- 8.1 On approval, this Procedure will be circulated electronically to all Area Operations Managers (AOM)
- 8.2 This Procedure will be circulated electronically to all Managers, Supervisors and Staff
- 8.3 This Procedure will be available electronically in each Ambulance Station for ease of retrieval and reference
- 8.4 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

- 9.1 This Procedure will be reviewed whenever circumstances or a relevant event dictate.
- 9.2 Due to the nature of the services provided, unexpected situations may arise that may not be addressed by this Procedure. If such an event should occur, common sense, teamwork and courtesy will ensure that staff overcome the problem.
- 9.3 Supervisors and Managers will monitor the performance of staff within their areas of responsibility. Compliance will be monitored through regular review of Station records.

10.0 Revision History: (This captures any changes that are made to a SOP when it has been revised. This may be placed at the back or close to the front of the document according to local preference.)

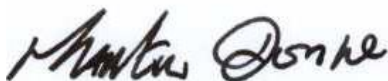
No	Revision No	Date	Section Amended	Approved by
1	9	01/01/2017	No Amendments	Fleet Logistics & Support Mgr

11.0 APPENDICES

- 1.1 **Appendix 2** – Form – Daily Vehicle Inspection
- 1.2 **Appendix 2** – Form – Vehicle/Equipment Defect
- 1.3 **Appendix 3** – Form – Ambulance Service Equipment List
- 1.4 **Appendix 1** – Procedure Acknowledgement forms
- 1.5

(All forms to be attached to Master Document

12.0 Signatures of Approval:



Martin Dunne
 National Ambulance Service Director
 On Behalf of the National Ambulance Service

Date: **3rd January 2017**

NAS Emergency Ambulance Vehicle

May 2014



Vehicle Equipment Inventory

Agreed at NASLT, 7th May 2014

HSE NAS Emergency Ambulance Vehicle Equipment Schedule

Paramedic Response Kit x 2 or Paramedic Response Bag & AP Response Bag (depending on crewing levels)

Paramedic Drug bag x 1 or AP Drug Bag x1 (depending on crewing levels) (Must have a lockable press in Ambulance for it)

Patient Comfort

Pillows x 1

Disposable Blankets x 6

Disposable Pillow Cases x 6

Paper towels x 2

Toilet Rolls x 2

Urinal – absorbent granule type x 4 (Uriwell?)

Bed pan – absorbent granules type x 4 (WAG bag?)

Incontinent sheets x 8

Clinical Waste Bags x 4

Disposable cups x 12

Water flask x 1

Hypothermic Blankets –Adult x 3 & Paed x 2

Carrying Devices

Agreed at NASLT, 7th May 2014

Item	Special Remarks	Size	Qty.	Req.
Trolley stretcher	C.E.N. vehicle – 4 point patient locking harness		1	
Ambulance carrying chair	Restraint strap		1	
Patient-handling aids	Banana board, Sliding sheet, path slide, gait belt in a bag		1	
Stryker chair	With restraint straps, with foot rests		1	
Vacuum mattress		Adult	1	
Carrying Sheet		Adult & Bariatric	1 of each	
Long Spinal Board	Complete with head hugger, spider straps/speed clips	Adult	1	
Orthopaedic Stretcher	Complete with head pads & 3 straps	Adult	1	
Child stretcher harness		Child	1	
Infant stretcher harness		Infant	1	
KED/TED	Vest type extrication device		1	
Stiff Neck Collars	Adult x 4/ Paeds x 2	Infant/Child /Adult		

Agreed at NASLT, 7th May 2014

Miscellaneous

Item	Special Remarks	Size	Qty.	Req.
Warning Triangle	Foldable with base Reflective		2	
Fire Extinguisher	Dry Powder (classe A, B & C)	2kg	2	
Sharps Container	Disposable(vehicle mounted)		1	
Water soluble bag	Contaminated laundry		3	
Clinical Waste Plastic bag	Yellow Clinical Waste	Large & Small	3	
Hand cleaning gel	(Vehicle mounted)		1	
Barrier Personal protection	Kit – complete with goggles and masks		2	
Gloves	(Vehicle mounted)	S/M/L/XL	1 box	
Emesis Sacs	(Vehicle mounted)		12	
Clinical Waste Bin	Vehicle mounted		6	
Non Clinical Waste Bin	Vehicle mounted		1	
Hand Cleanser Dispenser	Vehicle mounted		1	
Hand Towel Roll	Vehicle Mounted		1	
White Board – 25cm x 50cm	Vehicle Mounted		1	
Fluids warmer	Vehicle mounted	35°C	1	
Clock with countdown timer	Vehicle	Shows elapsed time, seconds	1	
Pigeon box container	Vehicle mounted		1	

Agreed at NASLT, 7th May 2014

Item	Special Remarks	Size	Qty.	Req.
Traction Splint	Bilateral device	Adult	1	
Vacuum Splints		Set	1	
Frac Straps		Set	1	
Sam Pelvic Sling II	Medium and large size		1 of each	
Mechanical CPR Device Where available	With alternative power source		1	
Entonox	D/CD		2	
Oxygen	F		2	
Oxygen	CD		2	
Low Reading thermometer			1	
Amputation bags			4	
Body Fluids Spill Kit			1	
PCR Report forms			12	
Octopus Device	Car/light van size		1	
Hot Packs			6	
Cold Packs			10	
Cruciform Labels			10	
Gel type burns kit	This amount of dressings can cover up to 10% BSA of two patients	20 x 45cm & 10x 40cm dressings	3 of each	
Cling film & dispenser for burns			1	
Maternity pack	Pre-packaged		2	

Agreed at NASLT, 7th May 2014

Neonatal wrap/bag			2	
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Fluids Pack

Outside pockets



- 6 Fluid Pockets with label inserts
- 0.9% NaCl 500mls x 3
- Dextrose 10% 500mls x 1
- Dextrose 5% 100mls x 2
- 0.9 % NaCl 100mls x 2



Fluids bag Inner section

Inside fluids kit

Safety Cannulae 14G, 16G, 18G, 20G, 22G, 24G x 2, Needles green x 5, blue x 5,
 blunt drawing up needles x 6, Baxter or Clave (Needle free bungs) x 8, 10 ml NaCl
 0.9% flushes x 6, Alcohol wipes x 10, Tourniquets x 4(disposable), I.V
 dressings (Tegaderm or equiv) x 6, Individual wrapped Gauze (or eyepads) pads x
 4, Giving sets (Microdrip) x 2, 10ml syringes x 4, 3ml x 4, 3 way taps x 4,
 Plasters x 6, Ampoule opening device x 1, 1" Adhesive Tape x 1

Inside Ambulance (Fluid Warmer)

- 0.9% NaCl 500mls x 6
- Dextrose 10% 500mls x 2
- 0.9 % NaCl 100mls x 2

Agreed at NASLT, 7th May 2014

Monitoring / Defibrillation

Monitor Defibrillator x 1 - (mounted and charging in vehicle)(ETCO₂, SPO₂- Adult/ child finger probes, ear probe),NIBP – with adult 12 Lead Acquisition and Transmission capability, manual/AED options)

Battery operated suction (mounted and charging in vehicle) x 1 (Disposable container/liner)

Pigeon boxes Stock

1. OPA's Infant to large adult sizes
2. Emesis Sacs x 4 & PEFR monitor mouthpieces (disposable, adult and child x 2)
3. Adult 100%NRB x 2 + Adult Nasal O₂ Cannulae x 2
4. Adult Neb Mask x 2 + Adult Multi-flow Venturi Mask x 2
5. Paed 100% NRB x 2 + Paed Nasal O₂Cannula x 1
6. Paed Neb Mask x 2 + Paed Multi-flow Venturi Mask x 2
7. Dressings x 4 (10x20); Conforming Bandages x 4 (4" & 6"), 1" Adhesive Tape x 1
8. BGL Lancets x 10; Alco wipes x 10, Plastersx10. Thermometer probe x 1 & box of 20 probe covers

Suction unit consumables:

1. Suction Yanker (Adult x 4 & Paed x 4)
2. Suction Catheters (French): 10 (Black) x 4; 12 (White) x 4; 14 (Green) x 4.
3. Suction Liners x 4
4. Suction Extension Tubing x 4

Agreed at NASLT, 7th May 2014

National Ambulance Service Vehicle/Equipment Defect Form



Station	<input type="text"/>	Mileage	<input type="text"/>
Vehicle Reg. Number	Call Sign	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crew Name 1	Crew Name 2		Serial No.
<input type="text"/>	<input type="text"/>		<input type="text"/>

Please circle defect found (if any) on relevant diagram below



Garage/Service Provider Name: _____
 Description of Vehicle/Equipment Defect _____

Bag & Tag Serial Number _____

Signed..... Pin No. Signed.....Pin No.
 Crew Member 1 Crew Member 2
 Reported To: _____ Time: _____ Hrs
 Resource Manager Station Supervisor Control Supervisor/ EMC

Corrective Action Taken/ Resource Manager / Station Supervisor _____

Signed:
 Resource Manager Station Supervisor Service Provider
SERVICE PROVIDER COPY

National Ambulance Service Vehicle Pre-Shift Inspection Form



Station Date Time

Vehicle Reg. Number Call Sign Mileage/Kilometers Next service Due

Crew Name 1 Crew Name 2 Serial No.

Radio Test Mobile Phone Check Vehicle ECO mode Portable Handheld Radio Fuel Card in date

<input type="checkbox"/> Visual Warning Lights	<input type="checkbox"/> Check Oil Level	<input type="checkbox"/> Tail Lift Check
<input type="checkbox"/> Audio Warning (Siren)	<input type="checkbox"/> Check Tyre Condition (Visual)	<input type="checkbox"/> Scene Lights
<input type="checkbox"/> Parking/Dip/Headlights	<input type="checkbox"/> Wipers/Screen wash	<input type="checkbox"/> Vehicle Camera Check
<input type="checkbox"/> Indicators	<input type="checkbox"/> Start Engine	<input type="checkbox"/> Rear Heater
<input type="checkbox"/> All Brake Lights	<input type="checkbox"/> Driver ID Fob	<input type="checkbox"/> Mirrors
<input type="checkbox"/> Reversing Lights	<input type="checkbox"/> Fuel Level (Full)	<input type="checkbox"/> All Doors/Locks Operating Correctly
<input type="checkbox"/> Audio Warning, Tail-lift/Doors	<input type="checkbox"/> Check All Seat Belts Front & Rear	<input type="checkbox"/> Fire Extinguishers x 2
<input type="checkbox"/> Wheel Studs/Indicators in Line	<input type="checkbox"/> Saloon Lighting & Power	<input type="checkbox"/> Warning Triangle
<input type="checkbox"/> Vehicle Tax/DOE/SCA Displayed	<input type="checkbox"/> Waste Bin (Clinical Non Clinical)	<input type="checkbox"/> Octopus Device (Car/Light Van)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water Flotation Device x 2

Please insert X if defect found or ✓ box if no defect found on relevant part of form. Please complete a Vehicle Defect Form, submit to Station Supervisor/Station Officer.



<input type="checkbox"/> PPE Issue	<input type="checkbox"/> IV Fluids (All) In Date	<input type="checkbox"/> PCR Forms
<input type="checkbox"/> Oxygen 2 X F Size	<input type="checkbox"/> Drugs Bag (Sealed)	<input type="checkbox"/> Bandages/Dressings
<input type="checkbox"/> Oxygen D/CD Size, Spare	<input type="checkbox"/> Gel type burns kit (Dispenser)	<input type="checkbox"/> Glucometer
<input type="checkbox"/> Entenox Size D	<input type="checkbox"/> Maternity Kit (Sealed) In Date	<input type="checkbox"/> Thermometer
<input type="checkbox"/> De-Fib Daily Check, Test Strip	<input type="checkbox"/> Cervical Collars All Sizes	<input type="checkbox"/> Body Bags
<input type="checkbox"/> Oxygen Masks	<input type="checkbox"/> Spinal Equipment (Complete)	<input type="checkbox"/> Emesis Bags
<input type="checkbox"/> Resuscitation Bag/Kit	<input type="checkbox"/> Sam Pelvic Sling II (Med & Lrg)	<input type="checkbox"/> CPG or CPG-AP Book
<input type="checkbox"/> Paramedic Response Kits	<input type="checkbox"/> KED/TED	<input type="checkbox"/> Hazchem Card
<input type="checkbox"/> Suction Unit	<input type="checkbox"/> Splints (Traction, Vacuum/Matress)	<input type="checkbox"/> Torch
<input type="checkbox"/> Carrying Chair (Compact)	<input type="checkbox"/> Immobilization Splints (All)	<input type="checkbox"/> Gloves Disposable
<input type="checkbox"/> Stair Climber Chair (Stryker)	<input type="checkbox"/> Frac Straps	<input type="checkbox"/> Triage Forms
<input type="checkbox"/> Stretcher(s)	<input type="checkbox"/> Orthopaedic Stretcher (Scoop)	<input type="checkbox"/> Sharps Container
<input type="checkbox"/> Stretcher Harness (Adult, Child)	<input type="checkbox"/> IV Cannulae (All Sizes)	<input type="checkbox"/> Blankets & Pillow
<input type="checkbox"/> Airway Management Adjuncts	<input type="checkbox"/> Hygiene Equipment	<input type="checkbox"/> Hot & Cold Packs
<input type="checkbox"/> Patient Handling aids (Complete)	<input type="checkbox"/> Barrier Personal Protection (Kit)	<input type="checkbox"/> Clinical Waste Bag
<input type="checkbox"/> Mechanical CPR device (If available)	<input type="checkbox"/> Hand Cleanser Dispenser / Towel Roll	<input type="checkbox"/>

This vehicle and its contents have been checked by us as part of our Pre-Shift Vehicle check

Initialed
Crew Member 1

Pin No.

Initialed.....
Crew Member 2

Pin No.

Document Control No. 1 (to be attached to Master Copy)

NASOF002 Vehicle Daily Inspection and Inventory Check

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASOF002 Vehicle Daily Inspection and Inventory Check

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 2 (to be attached to Master Copy)

Key Stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASOF002 Vehicle Daily Inspection and Inventory Check

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 3 Signature Sheet:
(to be attached to Master Copy)

Policy, Procedure, Protocol or Guideline:
NASOF002 Vehicle Daily Inspection and Inventory Check

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date