



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

PHSRC GUIDELINE 08

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GUIDELINE FOR PRIVATE AMBULANCE SERVICES

INTRODUCTION

These guidelines are for implementation by any non – state sector organization / institute, operating or intending to operate a private ambulance service. The guidelines spell out the minimum requirements which the agency must meet when operating a private ambulance service.

The intended areas to be covered;

- Ambulance owner / operator / agency
- Ambulance vehicles & necessary equipments
- Emergency medicine
- Ambulance crew

Section A deals with the Guidelines for Non-Emergency Ambulance Services

Section B deals with the Guidelines for Emergency Ambulance Services

SECTION A

1 Definition:

1.1 A non-emergency is a situation which does not cause immediate harm to life or endanger the life and usually is a long-standing medical condition and does not need immediate medical attention.

A non-emergency ambulance service is one that provides ambulances for transporting non-emergency patient/s.

- a. Patients requesting an ambulance for regular outpatient clinic attendance.
- b. Patients requesting for ambulance transport to hospital with medical conditions
- c. Intra hospital transfers of non-critically ill patients.
- d. Patients discharged from the hospital
- e. Internal domestic transfers of patients

f. Routine home visits

It is to be considered that non-critical/non-emergency patient may lead into an acute emergency status at any time or place. Hence, non-emergency ambulance service also should be prepared for emergency services whenever necessary.

2. Non-Emergency Ambulance Agency

2.1 The agency that intends to provide the service shall be a hospital, nursing home, registered ambulance service provide or any other voluntary or charitable organization operating a Non-Emergency Ambulance Service.

2.2 The Agency must have the following:

- a. An acceptable place of operations with a mailing address.
- b. A qualified person (either a doctor or a nurse) employed by the agency who is responsible in organizing, designing and implementing protocols of care for patients transport, training the staff to locally accepted levels and supervision of medical care given to the patients.
- c. A structured programme for training and monitoring performance levels of ambulance crew and records of such performance monitoring, acceptable scales of ambulance equipment and ambulance medical supplies.
- d. A system for activation of the ambulances services of the agency and mode of intra communication if more than one ambulance is operated.

3. Non-Emergency Ambulance Vehicle

3.1 The ambulance vehicle shall meet the vehicle specifications set by the Sri Lankan Laws and regulations - Motor Traffic Department

3.2 All equipments should be in good working condition at any given time. Maintenance of these equipment should be carried out by qualified persons and should be documented.

4 Non-Emergency Ambulance Crew

4.1 Each Non-Emergency Ambulance should be staffed by at least a two member crew.

- a. Ambulance Officer – a qualified Nurse or trained paramedic.
- b. Driver

4.2 The driver should have the following minimum qualifications/experience;

- a. Possess a valid license to drive an ambulance.
- b. Should have knowledge on the usage of ambulance stretchers and basic ambulance equipment.
- c. Undergone training in Standard First Aid.

- d. Trained in defensive training and aware of the usage of sirens and flashing lights for conveying emergency patients to hospital.
- e. Should possess basic skills in handling communication equipment and message conveying to another party
Ex: Hospitals, another care giver centers

4.3 The Ambulance Officer (a qualified Nurse or trained Paramedic) should be able to

- a. Measure vital signs (e.g., pulse rate, respiratory rate, blood pressure, conscious level).
- b. Perform Basic Cardiac Life Support (BCLS) and be certified by a qualified agency registered with the Ministry of Health. Those have to be revalidated every 2 years.
- c. Use air way adjuncts such as oro-pharyngeal, naso-pharyngeal airways, suction devices and basic oxygen devices such as bag valve mask.
- d. Use various types of stretchers and body immobilization devices.
- e. Perform basic emergency procedures such as;
 - i. Control of external bleeding
 - ii Application of dressings, bandages, slings and splints.
- f. Monitor peripheral IV (Intra Venous) lines of stable patients. IV?
- g. Transfer and maintain patients with nasogastric tubes and urinary catheters.
- h. Establish contact with a nearest receiving hospital if need arises.

SECTION B

GUIDELINES FOR EMERGENCY AMBULANCE SERVICE

1 Definition

1.1 Emergency patient:

A patient through sickness, injury or other circumstances is in immediate danger of life unless emergency treatment is given and a patient who needs monitoring and suitable transport to a facility where necessary treatment is provided.

- **Emergency ambulance service:**

Ambulance service which can provide services, necessary ambulance to respond to a scene of a medical or surgical or other mass casualty emergency. The ambulance crew should be able to stabilize the victims by providing emergency care at the scene and transport with necessary monitoring facilities for a definitive treatment to a suitable facility or to provide necessary transport for critically ill patients been transferred from one facility to another facility.

1.2 An Emergency Ambulance Service may attend to Non-Emergency patients or else refer these patients to any Non-emergency Ambulance Service when it is appropriate.

2 Emergency Ambulance Agency

- 2.1** The Agency that intends to provide the service must be a hospital, nursing home, registered ambulance service provider or any other voluntary/charitable organization operating an Emergency Ambulance Service.
- 2.2 The Agency must have the following;**
- a. An Agency place of operations with a mailing address.
 - b. The capacity to provide uninterrupted services for 24 hours in 365 days or a standard agreement with another ambulance service provider as a back up in the event of unavailability.
 - c. A qualified person (a doctor) employed by the agency, who is responsible in organizing, designing and implementing protocols of care for patients transport, training the staff to locally accepted levels and supervision of medical care given to the patients.
 - d. A structured program for training and monitoring performance levels of ambulance crew and records of such performance monitoring.
 - e. Acceptable scales of ambulance equipment and ambulance medical supplies.
 - f. A system for activation of the ambulance services of the agency and mode of intra communication if more than one ambulance is operated.

3 Emergency Ambulance Vehicle

- 3.1** Emergency Ambulance vehicles managed by the agency may be one or more of the following types:
- a. Standard ambulance vehicles (as mentioned in Motor Traffic Department Registration)
 - b. Bus ambulances
 - c. Air ambulances
- 3.2** The ambulance shall meet the vehicle/vessel specifications for emergency ambulances set by the Government of Sri Lanka – Motor Traffic Department Registration)
- 3.3** The minimum equipment in each emergency ambulance should be available for service at all times when the ambulance is in operation.
- 3.4.** Maintenance of emergency equipment should be as of supplier specification and all maintenances should be documented.

4 Emergency Ambulance Crew

- 4.1** Each Emergency Ambulance should be staffed by a minimum of 2 crew members who should include the ambulance driver and the Assistant Ambulance Officer – Nursing Officer or a trained Para-Medic. It may be necessary to have an Ambulance Officer who is a Medical Officer in special Emergency situations.

- 4.2** The Emergency Ambulance should have ambulance crew whom are competent in providing simultaneous air way and circulatory management during transportation of critically ill patients.
- 4.3** The driver of the Emergency Ambulance should have the following minimum qualifications/experience: -
- a.** Possess a valid license to drive the Emergency Ambulance.
 - b.** Undergone training in Standard First Aid certified by relevant Provincial Director of Health Services or registered agency with Health Ministry.
 - c.** Exhibit proficiency in the use of ambulance stretchers and basic equipment.
 - d.** Trained in defensive driving and be well aware of the use of sirens and flashing lights for conveying emergency patients to hospital.
- 4.4** The Ambulance Officer and the Ambulance Assistant must be able to,
- a.** Evaluate the ill and injured.
 - b.** Render Basic Life Support/Advanced life support/Pediatric Life support and first-aid to patients with trauma and emergencies.
 - c.** Measure vital signs such as temperature, blood pressure, pulse and respiratory rates, SO₂ levels, level of consciousness and pupil status.
 - d.** Perform Cardio Pulmonary Resuscitation (CPR) including the use of mechanical adjunctive aids such as oropharyngeal nasopharyngeal airway, suction devices, and basic oxygen delivery systems.
 - e.** Use various types of stretchers and body immobilization devices.
 - f.** Carry out emergency basic procedures to control external haemorrhage, apply dressings, sling bandages and splints. Provide immediate medical care to casualties during the process of extrication and disentanglement from entrapments.
 - g.** Perform basic field triage.
 - h.** Insertion and monitoring of peripheral IV lines and monitoring of central lines.
 - i.** Transfer patients with endo-tracheal tubes, intercostal drainage tubes, nasogastric tubes, or foley catheters.
 - j.** Administer intravenous injections and fluids, sublingual, subcutaneous, oral, intramuscular as prescribed by appropriate protocols.
 - k.** Perform defibrillation and synchronized cardio-version.
 - l.** Obtain venous samples.
 - m.** Monitor ECG.
- 4.5** The other Supportive crew-members should be able to assist:
- a.** Render Basic Life support and first-aid to patients with trauma emergencies.
 - b.** Perform CPR including the use of mechanical adjunctive aids such as oropharyngeal nasopharyngeal airways, suction devices and basic oxygen delivery devices.
 - c.** Use of various types of stretchers and body immobilization devices.
 - d.** Carry out emergency basic procedures to control external haemorrhage, apply dressings, slings bandages and splints. Provide immediate medical care to casualties during the process of extrication, disentanglement from entrapments.