

SUBJECT: Ambulance Out of Service - North West River and Sheshatshiu
APPROVED BY: Regional Director Community Clinic Services _____
EFFECTIVE DATE: 2013 05 24
REVISED/REVIEW DATE:

Purpose:

To provide the Primary Care Paramedic (PCP) or designate guidelines to follow in maintaining the Labrador-Grenfell Health ambulance for North West River and Sheshatshiu, and to outline the process to be followed when an ambulance is removed from service.

Policy/Standard:

Labrador – Grenfell Health ambulance employees are required to follow the processes outlined in this policy to remove an ambulance from service. This process includes completing forms and checklist required by both the Provincial Medical Oversight (PMO) and Labrador-Grenfell Health.

Materials Required:

Labrador-Grenfell Health *Ambulance Rental Checklist* – Appendix A
Eastern Health *Ambulance Status Report Form* – Appendix B
Provincial Medical Oversight Ambulance Registration and In/Out of Service Processes Memo– Appendix C

Related Policies:

Ambulance Rental Policy– EHS-A-30

Procedure:

1. When an ambulance is required to come out of service, the Primary Care Paramedic (PCP) or designate notifies the Community Clinic Services (CCS) Tradesperson III or designate.
2. In the absence of the CCS Tradesperson III or designate, the PCP or designate is responsible to assume the duties of the CCS Tradesperson III.

3. The CCS Tradesperson III or designate arranges a replacement ambulance and contacts the office of the Regional Director of Budgeting and Data Quality to arrange insurance coverage.
4. If a breakdown happens during transport of a client, the PCP or designate contacts Labrador Ambulance Service to respond and records the incident through CSRS.
5. If a rental is required, the PCP or designate completes a Labrador – Grenfell Health *Ambulance Rental Checklist* before accepting the temporary ambulance. The PCP or designate is responsible to return the completed form to the Clinical Nurse Manager - North.
6. If there is no back-up ambulance available, the PCP or designate contacts Labrador Ambulance Service to cover the additional communities of North West River and Sheshatshiu.
7. If a tow truck is required, the Tradesperson III or designate contacts the appropriate vendor to have the ambulance towed.
8. The PCP or designate notifies the Regional Nurse II and nursing supervisor at the Labrador Health Centre, to provide details of the plan.
9. The Regional Nurse II sends out a communication to the Clinical Manager-North, the Regional Director -Community Clinic Services, the Regional Director -Materials Management & Contract Services, the Community Clinic Services Tradesperson III, and the Nursing Site Manager at Labrador Health Centre.
10. The PCP or designate completes the *Ambulance Status Report Form* when:
 - The Labrador – Grenfell Health ambulance is out of service.
 - A temporary ambulance is attained.
 - Labrador-Grenfell Health ambulance is returned to service.
 - The temporary borrowed or rented ambulance is returned.
11. The PCP or designate faxes the *Ambulance Status Report Form* to the Policy Analyst, Paramedicine and Medical Transport Division, at Eastern Health at 709 777-5959.

References:

Labrador – Grenfell Health “*Ambulance Rental Checklist*”,
http://lghealth/apps/detail_view.cfm?MenuID=21&ID=1419&CategoryID=96

Eastern Health “*Ambulance Status Report Form*”,
<http://www.easternhealth.ca/Professionals.aspx?d=3&id=956&p=955>

Labrador – Grenfell Health Nursing – Ambulatory Care – EHS Policy and
Procedure Manual, “*Ambulance Rental Policy EHS-A-30*”
http://lghealth/apps/detail_view.cfm?MenuID=21&ID=1418&CategoryID=96

Appendix A

EHS-A-30-1



AMBULANCE RENTAL CHECKLIST

Receiving Facility _____

Current Registration: Yes : No:

Rental Company _____


Latest Ambulance Inspection Date: _____

Plate # _____

Vehicle						
Received	In	Comments		Released	In	Comments
Kilometres				Kilometres		
Lights				Lights		
Siren				Siren		
Wipers				Wipers		
Fuel				Fuel		
Tires				Tires		
Tranmission Fluid				Tranmission Fluid		
Motor Oil				Motor Oil		
Windshield Wash				Windshield Wash		
Oxygen - M cylinder				Oxygen - M cylinder		
Oxygen - E cylinder # 1				Oxygen - E cylinder # 1		
Oxygen - E cylinder #2				Oxygen - E cylinder #2		
Oxygen - Other				Oxygen - Other		
Switches				Switches		
Suction Unit				Suction Unit		
Shelves				Shelves		
Mirrors				Mirrors		
Seats				Seats		
Doors				Doors		
Exterior				Exterior		
Test Drive				Test Drive		

Other comments and Observations:

Appendix B



Provincial Medical Oversight Program

Newfoundland and Labrador Ambulance Status Report Form

(2012 Edition)

Date: / / Notifying Ambulance Service: _____
(MM/DD/YYYY)

Please check (✓) and complete the appropriate category.
 Return only one form per status change for each ambulance to our office.

AMBULANCE OUT OF SERVICE Temporary Permanent

Licence Plate #: _____ Date Taken Out of Service: / /
(MM/DD/YYYY)

Service Representative: _____ PRINT NAME Tel: (709) _____ - _____

Service Representative Signature: _____ Date: / /
(MM/DD/YYYY)

Is this unit being replaced by an inactive unit from the same service? Yes No

If Yes, Licence Plate # of replacement unit: _____

If replaced with a temporary borrowed ambulance from another service please ensure an Ambulance Relocation Report Form is completed in addition to this form. If replacing with an out of service unit, you must complete a separate Ambulance Status Report Form placing the out of service unit back into active service.

RETURN AMBULANCE TO SERVICE

Licence Plate #: _____ Date Returned to Active Service: / /
(MM/DD/YYYY)

Base Location: _____ Odometer Reading: _____ km

I, _____ PRINT NAME, as a service representative for _____
 certify that the Ambulance currently returning to service is fully equipped with the required equipment as specified in the Department of Health and Community Services Ambulance Operations Standards Manual.

Service Representative Signature: _____ Date: / /
(MM/DD/YYYY)

Is this unit replacing another unit from the same service? Yes No

If Yes, Licence Plate # of unit being replaced: _____

If replacing a temporary borrowed ambulance from another service, please ensure an Ambulance Relocation Report Form is completed in addition to this form. If replacing another active unit from the same service, you must complete a separate Ambulance Status Report Form placing the active unit out of service.

St. Clare's Mercy Hospital, Room SM343, 154 LeMarchant Road, St. John's, NL, A1C 5B8
 Phone: (709) 777-5209 Facsimile: (709) 777-5940 Email: pmo@easternhealth.ca

Appendix C



Provincial Medical Oversight
St. Clare's Mercy Hospital
RM SM343
154 LeMarchant Road
St. John's NL, Canada, A1C 5B8

TO: Ambulance Operators
FROM: Provincial Medical Oversight
RE: Ambulance Registration and In/Out of Service Processes

Dear All,

In an attempt to streamline **Ambulance Registration and In/Out of Service Processes**, Provincial Medical Oversight will be delegating that function to one point of contact. As of **April 16, 2012**, all correspondence related to ambulance registration, in/out of service, etc... should be directed to:

Mike Provencher
Phone: 709-777-5959
Email: mike.provencher@easternhealth.ca

Our mailing address and fax number remain as follows:

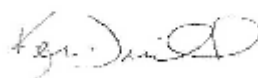
St. Clare's Mercy Hospital Fax: 709-777-5940
RM SM343
154 LeMarchant Road
St. John's NL, A1C 5B8

All correspondence related to practitioner registration, medical certification, QA, and clinical issues should continue to be directed to:

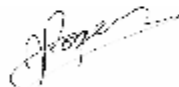
Phone: 709-777-5209
Email: pmo@easternhealth.ca

If you have any questions, please feel free to contact our office.

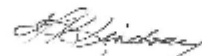
Co-Registrars:



Ken Driscoll, ACP
Quality & Learning Coordinator



Jason Rogers, ACP
Quality & Learning Coordinator



Heather Lindsay, ACP
Quality & Learning Coordinator

St. Clare's Mercy Hospital, Room SM343, 154 LeMarchant Road, St. John's, NL, A1C 5B8
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April 12, 2012