

**STANDARD OPERATING PROCEDURE**

**Fleet Management Procedure**

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# 1.0 PURPOSE

* 1. The objective is to streamline the fleet maintenance and fleet operations aspects in order to provide the required vehicle numbers on a daily basis to support SIEHS operations in delivering state of the art medical service to the citizens of Karachi.

# SCOPE

2.1 This procedure is applicable to the entire fleet of ambulances in SIEHS.

# 3.0 RESPONSIBILITIES

**3.1** For Responsibilities/ Job descriptions, please refer to SIEHS-FT-SOP-01

# 4.0 VEHICLE FLEET MANAGEMENT

**4.0.1** Vehicle Fleet Management will cover the Scope ‘Selection of vehicle, Conversion to an ambulance, Fleet allocation *(rationale)* to a specific station, Schedule Fleet Evaluation to categorization in condition, Ambulance replacement on its defined service life, Complaint Registration Management, Ambulance Maintenance and OFF-ROAD declaring procedure.

# 4.1 Vehicle Selection

**4.1.1** Vehicle selection is based on the operations’ serviceability requirement in the province of Sindh.

**4.1.2** Be able to transport one patient, two attendants, and two ambulance staff members in the patient cabin during routine operations from home to Hospital, Hospital to Hospital, or traffic accident to Hospital comfortably, without a halt or delay due to nonfunctioning of the vehicle under controlled room temperature in patient cabin maintained by air conditioning.

**4.1.3** Be able to transport two patients and two ambulance staff members in the patient cabin under a mass casualties situation such as fire, explosion, and natural disaster, etc. from a site to Hospital comfortably, without a halt or delay due to nonfunctioning of the vehicle under controlled room temperature in patient cabin maintained by air conditioning.

# 4.2 Ambulance Conversion Specification

**4.2.1** Please refer below specification to conversion in an Ambulance.

# 4.3 PATIENT CABIN SPECIFICATION *(TOYOTA HIACE)*

**4.3.1 Window Glasses**

Patient compartment, 2/3 of glass withhigh-quality opaque imported vinyl sticker of color approved by the Service.

**4.3.2 Floor**

The floor would not be punctured for installations. Special molded F/G flooring base 5-8mm thick. The floor would be carpeted with, non-slip, non-staining, waterproof, and antibacterial flexible sheet made of non-directional PVC safety flooring containing Aluminum Oxygen Granules throughout and Silicon Carbide & Quartz Granules on the surface and Polyester Cellulose glass fiber reinforced scrim (one piece) vinyl sheet 2-3 mm thick. The flooring would cover all sides and gaps of the cabinetry making it completely watertight. Special hard points must be created for the installation of chairs, cabinets benches, etc. A special S/S 16SWG sheet will be provided on the floor under the stretcher area.

**4.3.3 Partition Wall**

The partition wall between the driver and patient compartment would be made of FG/ ABS sheet fixed with steel brackets to the side walls. A small window would be given in between the driver and patient compartment with a built-in place with glass for communication.

**4.3.4 Outside Design**

Reflecting tapes and words Ambulance on front and rear sides, for organizational logos availability will be pertaining to the design approval by the marketing department with reflecting vinyl stickers.

**4.3.5 Ceiling**

Made of ABS/ FG material with internal LED lights, one long grip handle along the length of the ceiling made of powder coating properly reinforced, and the option for holding two IV hooks with anti-swing belts in the ceiling or side panel.

**4.3.6 Overhead Cabinet**

One overhead cabinet made of FG material on the right side along with the full length of the vehicle.

**4.3.7 Abs Sheets on Side Walls**

All side walls in the patient compartment made of hardboard are replaced with washable disinfect able ABS sheets and this is to ensure cleanliness.

**4.3.8 Side Utility Vertical Panel**

Made of ABS/ FG molded material on the right side dedicated O2 system having two outlets, an O2 alarm system, an O2 cylinder changeover system, and one pressure gauge for line pressure. All switches and sockets for 12 V & 220 V, having 220 V inverter at the back.

**4.3.9 Electrical Wiring**

All electrical wiring of the ambulatory compartment would be of wiring harness system with no joint and taping having all connector systems and having a separate fuse box for each operation. All wires would be of 10mm, 8 mm, and 6 mm size and would be of fire retardant and high-temperature resistant material. There would be a separate maintenance-free battery of 40 amps for the ambulatory compartment which is to be charged through the vehicle generator. There would be a 220 volts inlet and outlet sockets for outside source volts.

**4.3.10 External & Internal Lights & Warning Devices**

Standard flasher type *(imported)* horizontal red & blue emergency light / LED Flash Light size 1200 mm and PA system with siren/hooter system at least 100-watt output. All external and internal lighting should be LED’s.

**4.3.11 Three To Four Person Bench**

Made of 3” special polyurethane foam as used in automobile seats with approximate 16” width, made over a storage box openable in two parts. The heat-sealed seat cover of best quality artificial leather, and cushioned back. One sidebar is made of 1” M.S powder-coated pipe.

**4.3.12 Oxygen Supply System**

Brand new imported oxygen cylinders of 10-liter *(working pressure: 150bar, test pressure: 250bar, Material: 37Mn, wall thickness: 4.1-4.5mm)* capacity duly tested, certified, and filled by Government approved company with Low oxygen alarm, changeover system, and oxygen supply hose made of resilient, reinforced plastics to retain its flexibility in cold & un-crack able in heat up to 65°C with brass sockets and connectors. The pressure regulator (Brass Regulator with British Bullnose and 1 x 9/16" Self-Sealing DISS Outlets *(No Therapy Flow)* of cylinders would be. Oxygen would be delivered through two outlets on the panel and one outlet over the attendant bench *(for additional patients)* with flow meters and face masks, one pressure gauge should be installed on the panel for monitoring line pressure.

**4.3.13 One Person Crew Seat**

One crew seat fixed to the body of the vehicle with a waist seat belt at the head end of the patient with the best quality artificial leather/ fabric.

**4.3.14 Side Cabinet for AED, Patient Monitor, and Suction Unit**

Made of completely FG material on the right side of the vehicle starting from the end of the main cabinet to the full length of the right side, one top shelf to accommodate AED, Monitor, Emergency Bag, and searchlights, all having special brackets; Lower shelf having suction unit, one wired shelf for accessories and other items.

**4.3.15 Medical Cabinet**

Medical cabinet is L-shaped and made of high-quality quality non-staining scratch scratch-resistant, rust-proof, waterproof fiberglass/ ABS material. All front doors & drawers have double sides finished with self-retaining recessed handles. All doors have self-closable imported surface hinges. The cabinet has three sections.

1. **Oxygen Section:**

To accommodate two M.F size O2 cylinders, would have double steel brackets with rubber padding. An internal light with a door switch. The floor of the cabinet is matted with vinyl flooring.

1. **Wash Basin and Dust Bin:**

Integrated wash basin with water taps and water reservoir with electric water pump and electric switch for tap. Dust Bin in the cabinet.

1. **Drawers Section:**

Having 3 to 4 drawers. All drawers are made of S/S sheet material. All drawers have special self-closing & self-retaining catcher handle lock systems which are not self-openable during emergency driving.

**4.3.16 General Medical Equipment**

1. **BP Apparatus**

One BP apparatus with wall-mounted large dial type 5/6” with stethoscope and cuffs.

1. **One Airway Management Bag**

One Airway Management Bag made of strong water-resistant PVC coated washable red parachute cloth with yellow reflective strips with appropriate placement for and including the following items: -

Ambo Bag has special valves that should limit the excessive flow of gas into the patient's airway significantly reducing the risk of gastric insufflations by effectively lowering the airway pressure generated. Adult and pleads.

1. Hand-operated manual suction apparatus *(CE certified)*
2. One portable BP apparatus with a stethoscope
3. Laryngoscope with four curved blades
4. One Professional LED torch.
5. Color-coded Airways of assorted sizes *(1 set)*
6. Mouth opener
7. Sterilized disposable gloves *(04)*
8. Contaminant bags *(04).*
9. One thermometer.

**4.3.17 Patient Monitor**

Vital sighs Monitor has made its mark in the out-patient department and Ambulances for its accuracy, durability, and cost-effectiveness by SpO2, NIBP, and Fast TEMP monitoring. Its affordable price and multi-parameter functionality address vital signs monitoring needs.

**4.3.18 Suction Apparatus**

A rechargeable battery-operated portable suction device having free of maintenance vacuum pumps, autoclave containers equipped with an anti-overflow valve and very effective closure system, internally protected by a techno-polymer body easy to clean, maximum vacuum 600 mmHg, 23 L/min, bacteria filter, silicon & PVC tube, a special holding bracket, and suction catheter.

**4.3.19 One Folding Stretch**

The bedding area made of very strong water resistant PVC coated washable orange parachute cloth with on it and special carrying bag made of Parachute and a structure made of 1¼” round light-weight aluminum all

**4.3.20 Trauma First Aid Bag**

Two first aid bag made of strong water resistant PVC coated washable red parachute cloth with yellow reflective strips on it with appropriate placement for and including the following items:

1. Wooden splints *(2)*
2. Crepe Bandage *(4” =01 6” =01)*
3. N/Saline 0.9% *(01)*
4. Pyodine Solution *(01)*
5. Dressing Scissor *(01)*
6. Pyodine Powder *(01)*
7. 4X4 Gauze Pad *(04)*
8. Sticking 1” *(02)*
9. Antiseptic wipes 01 box

**4.3.21 Main Automatic Loading Stretcher**

Main Stretcher automatic loading type made of aluminum alloy/stainless steel frame with 4+2 loading wheels and adjustable head section. The mattress should be 2” thick with best quality foam, upholstered with best quality washable PVC coated Rexene with pillow with two safety belts and two side guards. Approx. size 6’ 3” x 1’ 9” (L x W) with 3’ Ht. in standing position and 1’ Ht. in collapsible position. Locking system for stretcher at the front and right side of the stretcher and S.S. sheet on the floor under his stretcher. Detachable IV rod with the stretcher.

**4.3.22 Stretcher Platform**

Special platform made of F/G reinforced with S/s sheet having space underneath for storage of Spine Board.

**4.3.23 Additional Items**

1. Hand Search Light
2. Rechargeable LED hand searchlight.
3. Back Flood Light
4. Back search light, and adequate internal lighting for handling the patients at night.
5. I.V Hooks
6. Hooks for intravenous infusion set will be placed.
7. Fire Extinguishers
8. 6 Kg Dry Chemical Powder type fixed with a bracket to the side wall.
9. Trash Box 6-8 liters’ capacity, attached to the floor and with plastic removable and washable inner lining.

**4.3.24 Wireless System**

Wireless Communication System Wiring: Wiring and provision for 12V and 10AMP Wireless Communication Systems with Mobile Antenna brackets (Pertaining to the availability of Wireless system in the region).

# 4.4 PATIENT COMPARTMENT, EQUIPMENT AND ACCESSORIES (TOYOTA HILUX 4x2 and 4x4)

**4.4.1** Please find below the relevant literature, and essential/detailed specifications for your evaluation and information in this regard.

**4.4.2 Rear Cabin for Ambulatory Equipment**

The Specifications for the Fabrication of the Rear Cabin are as under:

1. Approximate rear cabin size L 9’ x W 5.5’ X H 5.3’
2. Box type construction, outside finish with aluminum sheet with PU sandwich construction and inside finished with composite material/ABS sheet.
3. One window on the side with a suitable size.
4. Two swing doors at the back with windows and one emergency door with a window at the left side of the vehicle.
5. One hood in front over.
6. The roof of the driven cabin is designed aerodynamically with LED lights left and right side of the rear cabin.
7. Footstep on the back side of the rear cabin.
8. Dual Air Conditioner in Rear Cabin *(Denso System with 5x Ducts Unit).*

**4.4.3 Window Glasses**

Patient compartment, 2/3 of glass with high-quality opaque imported vinyl sticker.

**4.4.4 Outside Design**

Reflecting tapes and words Ambulance on front and rear sides, name of institution on back, right & left sides of vehicle written with reflecting vinyl stickers.

**4.4.5 Floor**

Floor would not be punctured for installations. The floor is made of 5-6mm ABS sheet. The floor would be carpeted with, non-slip, non-staining, waterproof and antibacterial flexible sheet made of non-directional PVC safety flooring (one piece) vinyl sheet 2 mm thick. The flooring would cover all sides and gaps of the cabinetry making it completely water tight. Special hard points must be created for installation of chair, cabinet and bench etc. A special S/S 16SWG sheet will be provided on the floor under the stretcher area.

**4.4.6 Ceiling**

Made of ABS material with internal LED lights, one long grip handle along the length of ceiling made of powder coating properly reinforced and option for holding two IV hooks with anti-swing belts in ceiling or side panel.

**4.4.7 Overhead Cabinet**

One overhead cabinet made of ABS material on right side of the vehicle having space for storage.

**4.4.8 Side Utility Vertical Panel**

The side utility panel fixed on the right side dedicated O2 system having two outlets, an O2 alarm system, an O2 cylinder changeover system, and one pressure gauge for line pressure. All switches and sockets for 12 V & 220 V, having 220 V inverter at the back. The panel has a digital display what display the utilization of oxygen, electrical faults, and temperature inside and inside battery status. The panel having touch/push button switches for all inside utilities.

**4.4.9 Electrical Wiring**

All electrical wiring of the ambulatory compartment would be of wiring harness system with no joint and taping having all connector system and having a separate fuse box for each operation. All wires would be color coated and would be of fire retardant and high temperature resistant material. There would be a separate maintenance-free battery of 40 amps for ambulatory compartment which is to be charged through the vehicle generator.

**4.4.10 External & Internal Lights & Warning Devices**

Standard flasher type *(imported)* horizontal red & blue emergency light / LED Flash Light size 1200 mm and 100-watt PA system with siren/hooter system at least 100-watt output. All external and internal lighting should be LED’s.

**4.4.11 Three to Four Persons Bench**

Made of 3” special polyurethane foam as used in automobile seats with approximate 16” width, made over a storage box open-able in two parts. Heat sealed seat cover of best quality artificial leather, seat belts and cushioned back. One side bar made of 1” M.S powder coated pipe.

**4.4.12 Oxygen Supply System**

Brand new imported oxygen cylinders of 10 liters *(working pressure: 150bar, test pressure: 250bar, Material: 37Mn, wall thickness: 4.1-4.5mm)* capacity duly tested, certified and filled by Government approved company with Low oxygen alarm, changeover system and oxygen supply hose made of resilient, reinforced plastics to retain its flexibility in cold & uncrack able in heat up to 65°C with brass sockets and connectors. The pressure regulator (Brass Regulator with British Bullnose and 1 x 9/16" Self-Sealing DISS Outlets *(No Therapy Flow)* of cylinders would be Oxygen would be delivered through two outlets on the panel.

**4.4.13 One Person Crew Seat**

One crew seat fixed to the body of the vehicle with waist seat belt at the head end of patient with best quality artificial leather/ fabric.

**4.4.14 Side Cabinet for AED, Patient Monitor and Suction Unit**

Side cabinet made of completely ABS material on right side of the vehicle with top shelf to accommodate AED, Monitor, Emergency Bag, search lights, all having special brackets; Lower shelf having suction unit.

**4.4.15 Medical Cabinet**

Medical cabinet front made of high quality non-staining scratch resistant, rust proof, water proof ABS material. All front doors & drawers having double side finished with self-retaining recessed handles. All doors having self-closable imported surface hinges. Cabinet having three sections.

**1. Oxygen Section:**

To accommodate two M.F size O2 cylinders, would have double steel brackets with rubber padding. An internal light with a door switch. Floor of cabinet matted with vinyl flooring.

**2. Drawers/Shelves Section:**

This section has cabinet with various designated shelves with some open and some with sliding plexi glass.

1. **Wash Basin:**

Wash basin with water tap and water reservoir with electric water pump and electric switch for tap.

# 5.0 GENERAL EQUIPMENT

**5.1 BP Apparatus**

One BP apparatus with wall mounted large dial type 5/6” with Cuff and stethoscope.

**5.2 One Folding Stretcher**

Bedding area made of very strong water-resistant PVC coated washable orange parachute cloth with on it and special carrying bag made of Parachute and structure made of 1¼” round light-weight aluminum alloy.

**5.3 Trauma First Aid Bag**

One trauma first aid bag made of strong water-resistant PVC coated washable red parachute cloth with yellow reflective with appropriate placement for and including the following items: -

**5.4 Roof Ventilator with Air Diffuser**

One 12V exhaust/roof ventilator will be installed for fresh air. 56 mm roof height - Rain jet deflector

* Noise level 63 dB
* Color White
* 12 V 700 m3/h 40 W

**5.5 Self-Loading Stretcher**

Self-loading roll in stretcher of size *(L-1950mm X W-570mm)* with load capacity of 160kg & collapsed height of 450-590 mm. It should be made of S/S pipe 30-32 mm, foldable legs with strike against bumper of the Ambulance, having back rest adjustable up to 40° and leg raise up to 15°. It should be designed to be stable at every point (even sitting at the head or leg side the stretcher it should not be lifted from the other side) with two protective side bars swivel at 180° collapsible. It should have four special wheel castors with rubber tires (two fixed & two swivel) of size 200mm size having brakes on two wheels. Two roller wheels at the front of 200 mm and two roller wheels approx. 100mm at the rear. The wheels forged in an extremely light and elastic copolymer, that glide on precision ball-bearing pads of rubberized “soft” polyurethane. The stretcher should have special place under the main bed to accommodate the spine board.

1. **Bedding Area:** made of one-piece double shell polyethylene material.
2. **Mattress:** Anatomic mattress, adjustable and watertight, water-proof, seamless, heat sealed, antibacterial, super light, long lasting 600 D nylon material covered in vinyl, fire-resistant and anti-bacterial having anatomical shape for maximum comfort and stability of the patient.
3. **Fixation System:** Fixation system front and rear in the Centre quick system & impact resistant.
4. **Stretcher Belts:** Two belts with metal buckle.
5. **Spine Board** A Special B-bak, highly appreciated by rescue teams, it puts together the famous technical characteristics with a built in system that allows to fix the restraints to the board. The side handles are translucent incorporated elements, they allow you easy buckling unbuckling operations for a fast and safe anchorage of the patient's restraints with carabineer

* Dimensions: 405 x 45 x h1840 mm
* Weight: 6 kg
* Load capacity B-bak Pin: 180 kg [396 lbs]
* Functioning temperature B-bak Pin:
* from –20 to +60 °C [from -4 to 140 °F]

The exclusive Contour head immobilizer has been studied to assure the optimum head immobilization of traumatized patients.

**5.6 Hand Search Light**

Rechargeable LED hand search light.

**5.7 Spot Lamp**

Spot Lamp with flexible neck for patient examination.

**5.8 Back Flood Light**

Back search light, adequate internal lighting for handling the patients at night.

**5.9 I. V Hooks**

Hooks for intravenous infusion set will be placed.

**5.10 Fire Extinguishers**

6 Kg Dry Chemical Powder type fixed with bracket to the side-wall.

**5.11 Trash Box**

Stainless steel with 6-8 liters’ capacity, attached to the floor and with plastic removable and washable inner lining.

**5.12 Rear View Camera**

LCD display for rear view camera will be installed at appropriate place on front dashboard.

**5.13 Front Bumper**

Front bumper Guard should be provided for safety.

**5.14 Footstep**

Footsteps at both front doors would be provided with the stain less steel material.

**5.15 Tire**

Four tires as per OEM standards will be provided.

# 6.0 MEDICAL EQUIPMENT’S

**6.1 One Airway Management Bag**

One Airway Management Bag made of strong water-resistant PVC coated washable red parachute cloth with yellow reflective strips with appropriate placement for and including the following items: -

1. Ambo Bag having special valves which should limit the excessive flow of gas into the patient airway significantly reducing the risk of gastric insufflations by effectively lowering the airway pressure generated. Adult and Paeds.
2. Hand operated manual suction apparatus *(CE certified)*
3. One portable BP apparatus with stethoscope
4. Laryngoscope with four curved blades
5. One Professional LED torch.
6. Color coded Airways of assorted sizes *(1 set)*
7. Mouth opener
8. Sterilized disposable gloves *(04)*
9. Contaminant bags *(04).*
10. One thermometer.

**6.2 Patient Monitor**

Vital sighs Monitor has made its mark in out-patient department and Ambulances for its accuracy, durability and cost-effectiveness by SpO2, NIBP and Fast TEMP monitoring. Its affordable price and multi-parameter functionality address vital signs monitoring needs.

**6.3 Suction Apparatus**

A rechargeable battery-operated portable suction device having free of maintenance vacuum pumps, autoclave containers equipped with an anti-overflow valve and very effective closure system, internally protected by a techno-polymer body easy to clean, maximum vacuum 600 mmHg, 23 L/min, bacteria filter, silicon & PVC tube, a special holding bracket and suction catheter.

**6.4 Air Suspension System**

Air Suspension Helper Kit – Leaf Dual Air Control Kit with AC8002 & Gauge - Direct Inflation

# 7.0 OPTIONAL ITEMS

**7.1 Color Scheme**

Complete unit/diver and patient compartment external look will be as per approved design and paint by management.

**7.2 Glucometer**

Glucometer with 50 strips

**7.3 Wireless System**

Wireless Communication System Wiring: Wiring and provision for 12V and 10AMP Wireless Communication Systems with Mobile Antenna bracket (pertaining to the availability in the region).

# 8.0 AMBULANCE ALLOCATION

**8.1 Rationale:**

* Highest number of emergency calls *(current & historical trends)*
* Number of hospitals available in the covered area
* Distance from station to Hospital *(Jinnah, Cardio & Civil Hospital, NMC highest number of patients shifted).*
* Ambulance placement decisions are always taken with the help of history data and the highest numbers of calls. Refer to SIEHS-FT-F-05-Fleet Allocation Form.
* Every Ambulance is assigned a specific number for identification such as *(AM#1 & AM#2)* Total covered area of Karachi for Ambulance Service is divided between two zones. Refer to SIEHS-FT-F-05-Fleet Allocation Form.

**8.2 Vehicle Inspection**

**8.2.1** Vehicle inspection will be carried out at the time of PM and Repair and Maintenance of vehicles.

**8.2.2** Refer to SIEHS-PL-01-Ambulance Replacement Policy

# 9.0 FUEL MANAGEMENT

**9.1 Daily/Monthly Fuel Limit & Authorization**

**9.1.1** Daily Fuel Limit for ambulance is 60 Liter/Day and monthly is 1325 Liter/Month.

**9.2.1** Daily Fuel Limit for Mortuary vans is 140 Liters/Day and monthly is 1750 Liters/Month.

**9.2.2** In case of Limit exhaustion of any Fuel Card, Head of Admin and Logistics is the authority to authorize

Use of Corporate Fuel Card which has limit of 3000 Liter/Month or any other vehicle card Temporarily.

**9.4 FUEL STATION/PUMP SELECTION/CHANGE CRITERIA**

**9.4.1** Following are the criteria which should be considered in selection New Fuel Station/Pump or in changing of current pump/station:

1. It should be PSO Authorized because of reason that it has the largest on ground network.
2. Good Market reputation regarding quantity and quality of fuel.
3. Should have the facility of PSO fuel card charging.
4. Near to Ambulance stations.
5. Provide Assurance in written (if demanded by SIEHS) otherwise verbally to arrange and provide fuel in case of any unforeseen events like strikes, disturbed city situation etc.

# 10.0 COMPLAINT MANAGEMENT

**10.1 Complaint Registration**

All identified complaints by the drivers will be informed to Fleet Coordinator by the drivers themselves, otherwise inform station supervisor / coordinator who will inform Fleet Coordinator when he is available in the shift. The driver will also mention vehicle problems in daily handing taking over form.

Fleet Coordinator will check and verify the problem; in case he is unable to identify the problem.

Fleet coordinator at SIEHS workshop and on parallel he will inform station supervisor / coordinator to send an email on [service@siehs.org/](mailto:service@siehs.org/) services.hyd@siehs.org as well as Raise HES work order for complaint registration and rectification.

Station management will be responsible to send the vehicle to SIEHS workshop for repair and maintenance, For east region and for central, north and south region, vehicle will be sent by operatio to the designated location by Fleet department.

**10.1.1 Fleet Coordinator**

Fleet coordinator is responsible for the smooth operation of the fleet control desk at the SIEHS workshop. The concept is to support operations and C & C departments for any technical support as quickly as possible. To minimize any time lag from the problem being noticed till it is communicated and received by the technical staff.

1. Technical support to all staff *(EVOs)* as they notice any problem in an Ambulance through wireless communication.

2. Rapid communication with technical staff to the problem.

3. Quick decision-making to send vehicle to workshop with the coordination of EVO on Ambulance, where possible.

4. Preparing data / notifying the ambulances for engine start at idle, as it appears on the tracker screen with the help of C&C Staff.

5. Maintain hourly vehicle on-road/off-road status and email circulate to all relevant teams.

**10.1.2** Vehicle Handing Taking Over at Workshops

Vehicle handing taking over is critical at the time of vehicles leaving at workshop as well as at the time of collection from the workshop.

Please follow the below guidelines when leaving and/or collecting vehicles at workshops or handing them over to the Fleet Incharge/ Fleet Supervisor/ Fleet Coordinator:

**1. SIEHS Workshop**

a. Workshop supervisor / Fleet Coordinator/ Fleet Incharge is responsible for ensuring handing taking over process is completed at SIEHS workshop.

b. EVO is responsible to emphasis on handing taking process. They will refuse to leave or receive vehicle without handing taking over process.

c. Job Card needs to be dully signed by the workshop supervisor / Service Advisor.

**2. In House workshop**

a. Coordinator / EVO / EMT to take out expensive ambulatory items from the vehicle, when sending it to in house workshops. *(Pulse oximeter, Glucometer, AED, Suction Machine, etc.)*

b. EVO will perform handing taking over at the workshop – without any exception. Leave a copy of filled, dully singed, employee ID clearly mentioned, handing taking form at the workshop*. (Workshop have also been advised not to take any vehicle without handing taking form).*

c. Regular handing taking over forms used at the station on a daily basis will be used in all cases.

d. EVO collecting vehicles from the workshop will have to check all items availability in the vehicle from same filled handing taking-over form available at the workshop.

e. Both EVOs will dully sign and also mention their employee ID on handing taking over form at the time of leaving and collecting vehicles.

# 11.0 VEHICLE MAINTENANCE

11.1 Refer to SIEHS-FT-SOP-01- Ambulance Maintenance

# 12.0 PROCEDURE FOR DECLARING VEHICLE OFF-ROAD

The procedure for declaring a vehicle not fit for patient transfer (to be off-road for maintenance) shall be as under:

12.1 A problem in the mechanical/ electrical system of the vehicle or medical equipment is noted by the crew

12.2 If the problem is of serious nature the vehicle may be kept off road immediately by the Station Supervisor himself and the procedure for rectification of such problems is initiated separately. The following are the serious nature Problems:

12.2.1 non-availability of oxygen

12.2.2 non-availability of stretcher

12.2.3 Non-availability of AED, suction machine, glucometer, cardiac monitor or pulse oximeter will lead to downgrading the status of an ambulance from ALS to BLS

12.2.4 Brake failure

12.2.5 Clutch problem leading to gearbox being stuck or unable to connect with the engine.

12.2.6 Vehicle not starting despite pushing efforts and trying to start with a jump lead

12.2.7 Completely nonfunctional wireless unit (If available)

12.3 The minor problems (not listed in the serious nature Problems) are reported to the Station Supervisor (coordinators in night shift) by the crew, who after verification of the problem send an email at the Maintenance Department’s email address ([service@siehs.org/](mailto:service@siehs.org/) service.hyd@siehs.org)

12.4 This information is passed on to the maintenance department on phone as well by the relevant supervisor/ coordinator

12.5 The Maintenance Department will then decide whether this vehicle should be off road or not *due to electrical / mechanical faults)*

12.6 The details of off-road vehicle must be sent to the Senior Manager Operations and DGM Operations on daily basis with the reason and expected timelines for correction by the maintenance Department *(Fleet Services)* if required.

12.7 The decision of keeping the vehicle off road will be reconfirmed by the DGM Operations in every case on the basis of information provided.

# 13.0 RELATED DOCUMENTS

13.1 SIEHS-FT-F-01-Daily Refueling Form

13.2 SIEHS-FT-F-03-Fleet Evaluation Form

13.3 SIEHS-FT-F-05-Fleet Allocation Form

13.4 SIEHS-PL-01-Ambulance Replacement Policy

13.5 SIEHS-FT-SOP-01-Ambulance Maintenance Procedure

# 14.0 REASON OF CHANGE

12.1 Change in logo

12.2 Changes in overall document