

AMBULANCE EQUIPMENT CHECK



Marilyn Niffin BSc, ACP
Professor Georgian College
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MEDICAL STOCK

Medical Supply Storage

Vehicle Equipment

- ❖ Standard location of equipment in all ambulances (within a service!)
 - Standard quantities
- ❖ Standard supplies in kits
 - Standard quantities
- ❖ Kit compartments must be large enough to maintain the integrity of the supplies
- ❖ Temperature controlled environment
 - Vehicle must be indoors or plugged-in, or running



Medical Equipment Check

- ❖ Check each bag for min/max quantities
- ❖ Check PSI on all O2
- ❖ Perform a defibrillator self check
 - Check battery levels and switch out as necessary
- ❖ Glucometer calibration (frequency as per local policy)
- ❖ Check presence of conveyance equipment
- ❖ Ensure bags are secured to stretcher
- ❖ Compartment doors all closed

Medical Supply Storage

Station inventory

- ❖ Standard location of all equipment
 - Standard quantities (usually designed to support number of vehicles running out of that station)
- ❖ Temperature controlled environment

Medical Supply Storage

Drug storage

❖ 15-25° C

- Unless otherwise specified
- In one study “The recommended maximum storage temperature (+25 degrees C) was exceeded in all rescue vehicles” (Helm, 2003, p.425)
- In another study: “In summer, the electronic recorders logged temperatures exceeding 30 degrees C in all drug storage boxes, ranging from 3% to 29% of the total time” (Allegra, 1999, p.1098)
- ❖ Check expiry dates (q _____ days as per local P&P)
- ❖ Count and sign for all controlled drugs (PRN)

Who does what?

- ❖ Arrive on time (30 minutes early)
- ❖ Take care of business first!
- ❖ Swipe in and book on with CACC
- ❖ Take report from out-going crew
- ❖ One Paramedic does circle check (Operational Activity Report)
- ❖ One Paramedic begins medical equipment check
- ❖ Work together to complete checks and Activity Report
- ❖ Station duties as assigned
- ❖ Coffee/tea

Operational Activity Report

- ❖ This contains the critical checks that **MUST** be completed immediately
 - Vehicle
 - Medical equipment
 - Personnel equipment (PPE, MCI)

Critical checks

| | | | | | | | | | | | | |
|--|-------------------------|-------|-----------------|---|-------|-----------------|--|--|--|-----------------------------------|--|--|
| Date: | | | Vehicle: | <input type="checkbox"/> Spare Not In Service | | Station: | | | FRU: | <input type="checkbox"/> | | |
| Crew 1: | Name: | | | EHS ID #: | | | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time | <input type="checkbox"/> PCP <input type="checkbox"/> ACP | <input type="checkbox"/> Overtime Shift <input type="checkbox"/> Shift Change | Booked By or Changed With: | | |
| | | | | | | | | | | | | |
| Crew 2: | Name: | | | EHS ID #: | | | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time | <input type="checkbox"/> PCP <input type="checkbox"/> ACP | <input type="checkbox"/> Overtime Shift <input type="checkbox"/> Shift Change | Booked By or Changed With: | | |
| | | | | | | | | | | | | |
| Crew 3: | Name: | | | EHS ID #: | | | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time | <input type="checkbox"/> PCP <input type="checkbox"/> ACP | <input type="checkbox"/> AEC Student <input type="checkbox"/> Observer <input type="checkbox"/> ACP Preceptor <input type="checkbox"/> Light Duties | | | |
| | | | | | | | | | | | | |
| Shift: | Start: _____ End: _____ | | | For Shift Overlap Only: | | | Time returned to Base: | | Last Call Number: | | | |
| <input type="checkbox"/> Special Events | Time Start: | _____ | | Time Finish: | _____ | | Location: | | | | | |
| <input type="checkbox"/> Pay Duty | Time Start: | _____ | | Time Finish: | _____ | | Location: | | | | | |

Electronic Version



County of Simcoe PS - Vehicle Check

T- T+

Save As Draft and Close

Submit and Close

| | | | |
|--|------------------------|---|-----------------------------|
| Shift Date: | Shift: -- Select -- | Station: -- Select -- | |
| Unit Number: -- Select -- | Odometer Reading (km): | Vehicle Cell Phone #: | |
| Radios Present: <input type="checkbox"/> Yankee <input type="checkbox"/> Zulu | | <input type="checkbox"/> Spare radio present Spare Radio ID: <input type="text"/> | |
| Vehicle Type: -- Select -- | Level: -- Select -- | Additional: -- Select -- | Supervisor: -- Select -- |

+ Vehicle Check

+ Vehicle O2, Suction, Defibrillator

+ Response Bags

Critical checks

| | | |
|------------------------|----------------------------------|---|
| Start Kilometres | | km. |
| End Kilometres | | km. |
| Fuel: | E 1/2 F | |
| Oil: | F [] 0 0 E | |
| Windshield Wash Fluid: | filled | |
| Radio Check | Front <input type="checkbox"/> | Rear <input type="checkbox"/> Portable <input type="checkbox"/> |
| Patch Phone # | Charger <input type="checkbox"/> | |
| D Tank Pressure: | lbs/sq. in | |
| M Tank Pressure: | lbs/sq. in | |

- Vehicle Check

+ Circle Check

Damage

Was there any new found damage?

Yes

No

Notes:

All of the above items are clean and/or are in good working order:

No

Yes

Remarks/Notes:

Write your notes here:

- Vehicle O2, Suction, Defibrillator

+ Defibrillator

Defib Number:

D-Tank PSI:

M-Tank Present:

Yes

No

N/A

Spare D-Tanks (2):

Yes

No

Defibrillator Self Test:

Pass

Fail

Portable Suction Function Test:

Pass

Fail

Glucometer Self Test: (wednesday only)

Pass

Fail

N/A

Wall Suction Function Test:

Pass

Fail

N/A

All of the above items are clean and/or are in good working order:

No

Yes

Remarks/Notes:

Write your notes here:

Primary "D" Cylinder O₂



- Oxygen Kit

Main Compartment:

D Tank with Regulator, Min 700 PSI 1

Adult NRB 1

Nasal Cannula 1

Top Compartment NPA Pouch:

Nasal Airway, 26FR, 30FR, 36FR with Lubricant 1 of each

Top Compartment OPA Pouch:

Oral Airway, 50, 60, 70, 80, 100, 110mm 1 of each

Top Compartment:

O-TWO CPAP System 1

MDI Adapter 1

Filtered Oxygen Mask Lg Adult 1

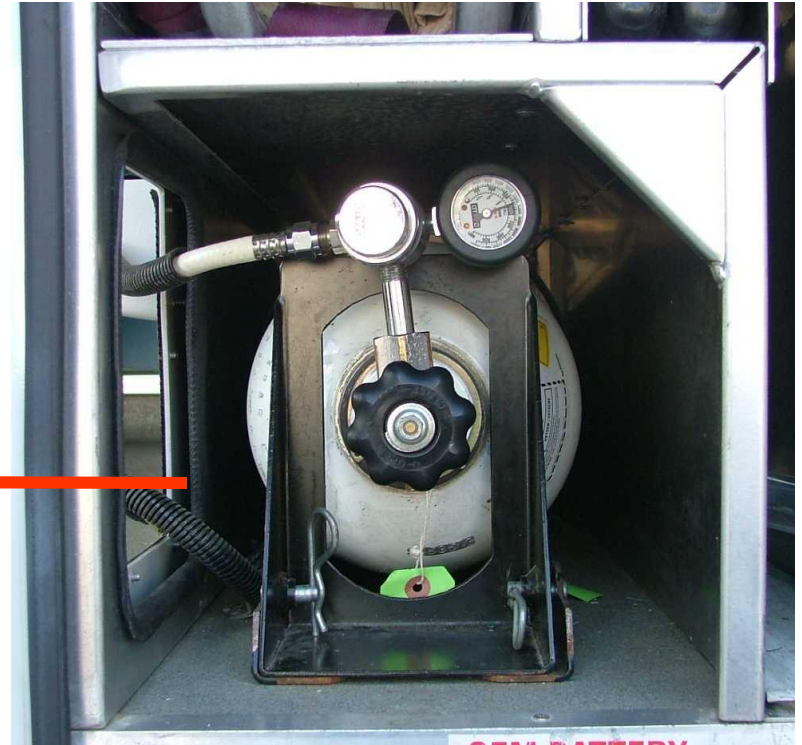
Paediatric Simple Mask 1

HEPA Filters 1

Oxygen Tubing 1

Filtered Oxygen Mask Sm Adult 1

Primary "M" Cylinder O₂



Spare "D" Cylinders O₂



Critical checks

Tire Pressures:

| | | | | |
|----------------------|----------------------|----------------------|----------------------|--|
| | LF | | RF | |
| | <input type="text"/> | | <input type="text"/> | |
| OLR | ILR | IRR | ORR | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| | | <input type="text"/> | | |

Tire pressures on day shift only

**Record tire pressure only.
DO NOT use check marks.**

SPARE

Spare tire checked during deep clean

Critical checks

| | | | |
|---|--|--|---|
| Trauma Kit No.: | | | |
| Oxygen Kit No.: | | Pediatric Kit No: | |
| Response Bag Number: | | | |
| Bag Configuration | PCP | Initials | ACP |
| | | | Initials |
| Monitor/Defib ID No.: | | | |
| Batteries Rotated & Checked: | | | |
| Time Synchronized: | | Time Variance from CACC: | |
| Supplies: | Pediatric SpO2 Razor Electrodes | Pediatric Electrodes Alcohol Swabs Spare EtCO2 Adapters | Stat-Padz Adult Stat-Padz Pediatric Spare Printer Paper |
| Cords & Leads: | 4-Lead Monitor Cable 12-Lead Cable Defib MFC Cable | EtCO2 Cable & Adapter SpO2 Cable & Sensor 110v Power cable (back-up bag) | |
| 30 j Test: | Pass | Fail | |
| Printer Paper: | | | |
| EtCO2 Ref Check: | | | |
| Defib Check Performed: | | Initials | |

Critical checks

| | | |
|-----------------------------|-------------|-----------------|
| Equipment Left At Hospital: | | |
| KED | Back Board | Cervical Collar |
| | Straps | Sager |
| | Scoop | |
| Canvas Sheet | Towel Rolls | |
| | | |
| Hospital: | | |

| | |
|----------------------------|--|
| Previous Shift's Comments: | |
| | |
| | |
| | |
| | |

Critical checks

| | |
|--------------------------------|--------------------------|
| Equipment Deficiencies: | |
| | |
| | |
| | |
| | |
| Deep Clean Performed: | <input type="checkbox"/> |
| | Initials |

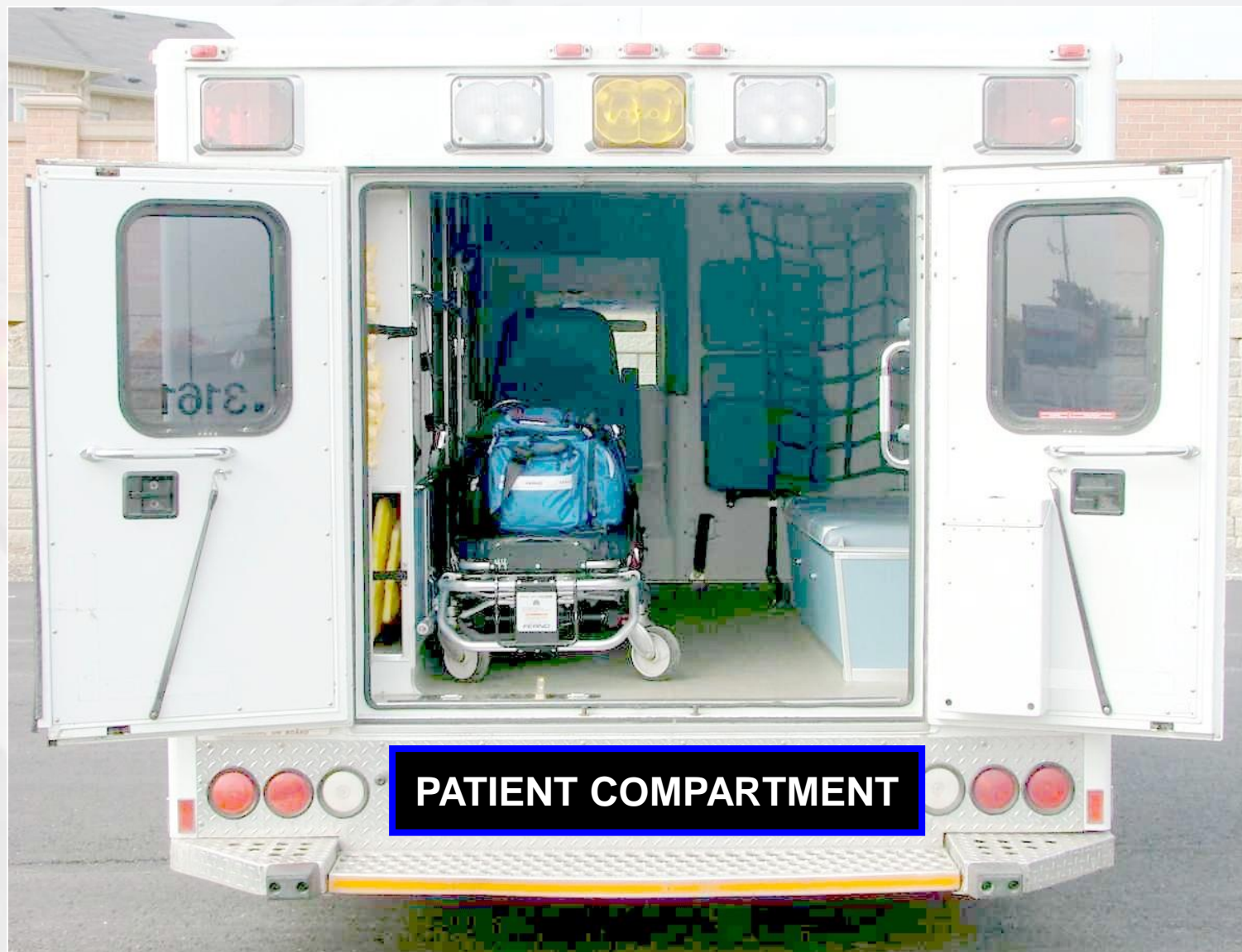
| | |
|--|--|
| Damaged/Malfunctioning/Faulty Equipment : | |
| Complete Appropriate Report | |
| | |
| | |
| | |
| | |

Critical checks

| | |
|--|--|
| Vehicle has been inspected and cleaned in accordance with Service Standards. | |
| Signature of Crew #1: | |
| Signature of Crew #2: | |
| Signature of Crew #3: | |
| | |

Critical checks

| | | | | |
|---|--|--|--------------------------------|--|
| This area for administration use | | Missing Items: ACR <input type="checkbox"/> Tach <input type="checkbox"/> Gas Slip <input type="checkbox"/> | | |
| <input type="checkbox"/> Shift Overlap Hours: | | | | |
| Remarks: | | | | |
| | | | | |
| Signature of Operations Supervisor: | | <input type="checkbox"/> Box A | <input type="checkbox"/> Box B | |



CHECK EVERYTHING ON YOUR STRETCHER



**Fentanyl 100 mcg per 2ml
ampoules TOTAL**

**Fentanyl 100 mcg per 2ml
ampoules in ACP KIT**

Morphine 2mg per 1ml
amoxycillin 1000mg

Morphine 2mg per 1ml
concentration 1000ppm

Diazepam 10 mg per 2 ml

Diazepam 10 mg per 2 ml
ampoules TOTAL

ampoules in ACP kit

| | | | |
|--------------------|----|------|---|
| Midwest | 10 | more | 2 |
| total TOTAL | | | |

viols in ACP like

Peel Base Hospital Narcotic and Controlled Drug Sheet

FRONT
PAGE

Ambulance Station: _____

ACF KIR: _____

This sheet is continued from sheet #: PBH-CTR-_____

[illegible]

Two signatures are required for: SHIFT COUNT, BREAKAGE, WASTE, PARTIAL DOSE - Usage and restocking require no signature

Dryer must be signed out at the start and at the end of the shift



Check supplies in all pouches



Check supplies in all pouches

- BLS Backpack

Main Compartment:

PPE, Face Shield **2**
Suction Catheter 6, 10, 14 **2 of each**

500 cc NaCl 0.9% **1**
Respichamber **1**

Hot Packs **1**
PCP Med Pouch **1**

Ice Pack **1**
IV Kit **1**

Main Compartment Red Pouch:

50% Dextrose Injection USP **2**

Glucagon **2**

Main Compartment Royal Blue Pouch:

KING LTS Airway Kit Size # 3 **1**
Tube Tie/Restraint **2**

KING LTS Airway Kit Size # 4 **1**
Pink Waterproof Tape 1 inch **1 roll**

KING LTS Airway Kit Size # 5 **1**

Tube Extender **1**

Main Compartment Navy Blue:

Ventolin MDI **2**
Nebulizer Mask, Paediatric Complete with Tubing **1**

Ventolin Nebules, 2.5mg **15**

Respichamber **1**

Nebulizer Mask, Adult Complete with Tubing **1**

Top Pouch Inside Lid:

ASA **1 Bottle**
Nitroglycerin Spray **2**

ACETAMINOPHEN 500mg **1 Bottle**

IBUPROFEN 400mg **1 Bottle**

Oral Glucose **2**

Bottom Pouch Inside Lid:

Emesis Bag **4**
Gauze Pad 4x4 **10**

N95 Mask **2**
Scissors, Paramedic **1**

P2 Gown **2**

Hand Sanitizer **1**

Outside Compartment C:

Sharps Container **1**

Zoll defib test - YouTube



- Vehicle O2, Suction, Defibrillator

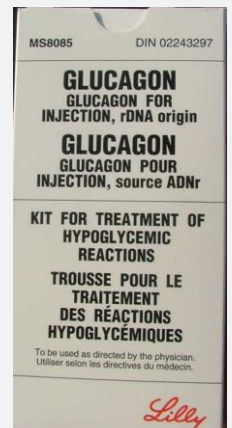
+ Defibrillator

| | | | |
|--|-------------|--|------------------------------|
| Defib Number: | D-Tank PSI: | M-Tank Present: Yes No N/A | Spare D-Tanks (2): Yes No |
| Defibrillator Self Test: Pass Fail | | Portable Suction Function Test: Pass Fail | |
| Glucometer Self Test: (wednesday only) Pass Fail N/A | | Wall Suction Function Test: Pass Fail N/A | |
| All of the above items are clean and/or are in good working order: No Yes | | Remarks/Notes: Write your notes here: | |

SYMPTOM RELIEF



- 6 x ASA (80/81mg tablet)
- 2 x NTG 0.4 mg spray/0.3mg tablet
- 10 x epinephrine 1 mg (1:1000)
- 2 x Glucagon 1 mg
- 2 x Glucose Gel or tablets
- 2 x Dextrose in water (10% or 50%)
- 5 x salbutamol 2.5 mg
- 5 x salbutamol 5 mg
- 2 x Diphenhydramine 50mg
- 2 x Dimenhydrinate 50 mg
- 2 x Ketorolac (10-15mg/dose)
- 2 x Acetaminophen (960/1000mg dose)
- 2 x Ibuprofen 400mg/dose
- 6 x Naloxone 0.4-0.8mg/dose





- 1 x Glucometer
- 1 x BGL test strips bottle
- 6 x Lancets
- 6 x Bandages
- 10 x Alcohol swabs
- 3 x 3 cc syringes
- 3 x 1 cc syringes
- 10 x 2x2" dressings
- 2 x atomization device
- 2 x MDI aerochamber
- 2 x each size needle*
- 2 x each size syringe

Interior Patient Compartment





Bench seat content

Rack at back



- 2 x Spare suction canisters for wall suction
- 2 x Spare suction canister for portable suction
- 5 x Blankets
- 1 x CPR Board*
- 5 x Yellow Blankets
- 2 x Tub of Germicidal Disposable Cloths
- 1 x Urinal, Bed Pan & toilet paper (in a linen bag)
- 2 x White Haz-Mat Suits (each size S, M, L, XL)
- 4 x Biohazard Bags
- 2 x Spare BVM's adult
- 1 x Spare BVM Paed
- 1 x Spare BVM Infant



Questions?