# HEALTH PROFESSIONS COUNCIL OF ZAMBIA ASSESSMENT TOOL FOR AMBULANCE SERVICES (CLASS C)

Vehicle No.

Phone

**Facility Name** 

Physical Add	ress	Posta	l Add	ress			Distric	:t		
HPCZ No	Date_	<del></del>		Na	ationality: _	Grant				
Type of equi	pment ( <i>Tick wh</i>	at applies) Vel	nicle:		Aircraft	Boat				
Level of serv	ice ( <i>Tick what a</i>	pplies)	Bas	ic:	Interme	diate:	Advai	nced		
Inspectors	1		2			3				
	ing Level									
Profession		Required	Availa	able	Profession	l	Requ	ired	Av	ailable
Medical Office	r- Specialized				Command	post Managers				
	e Officer- With				Drivers					
Basic Life Supp	port (BLS)				Receptioni	st				
Emergency Car	re Officer- With				Cleaners					
Intermediate Li	fe Support (ILS)				Station Ha	ndyman				
Emergency Ca	re Officer- With				Security of	ficers				
Advanced Life	Support (ALS)				Other supp	ort staff:				
2. Standard Assessment	1: Legal Estable Assessment Crite		dersh	ip and	l Governan	ce			Score	
Area								2	1	0
Facility	Valid Annual Lic	ense from HPCZ	availal	ole and	displayed					
Drivers	Valid ambulance	driver's licence		Skills	in ambulance s	stretcher use				
Competencies	Trained in standar	rd First Aid		Well a	ware of use of	ambulance				
	Trained in defens	ive driving		sirens	& flashing ligh	nts				
	Valid Annual pra	cticing License(s)	for pa	ramedio	es available an	d displayed				
	Contracts/Appoin	_	_							
	Evidence of staff	performance App	raisal a	availabl	e (Sample 50%	of all staff)				
	Job Descriptions									
Practitioners	Practitioners are -				Qualified	Adequate				

Dress code observed

Valid Business Permit

Evidence of management meeting

Valid Vehicle Fitness

Staff records are updated to reflect training and Continuing Professional

Valid Vehicle Insurance

Facility maintains a staff leave register that records leave taken against leave days

Development received- Check training register

accrued, and records staff on study leave

Official Id's won appropriately

Approved Organogram

Valid fire certification

Valid Road Tax

Governance	Documented & displayed   N	Mission/Vis	sion Statement		Scope of service			
	Waste management Contract/i	incinerator .	Available					
	HPCZ Code of ethics available	е	GNC Code of et	thi	cs available			
	Documented evidence of staff	disciplinar	y cases and action	1S				
Clinical	Evidence of weekly Clinical S	Supervision	Technical suppo	rt i	by Supervising			
supervision	Doctor							
	Evidence of case review and fe							
Achieved Sco	ore / Total Applicable Score						3	38

#### 3. Standard 2: Command Centre

Assessment	Assessn	ner	nt Criteri	a												Sco	re	
Area															2	1		0
Infrastructure	All roon	ns i	in the						3	N		Con	nmer	t if No.				
	building		_	Rec	eption						T							
	Public H			Coı	nmuni	catio	n roo	om										
	of Zamb		the Laws	Pha	rmacy	/store	roo	m										
	area not	,		Off	ice/ Co	onfere	ence											
	8.4 m <sup>2</sup> , F			Pre	paratio	n roc	m											
	dimensio			Kit	chen fo	or ref	resh	ments										
	2.1m, He	eigh	nt not	Res	st room	s for	nigh	ıt staff										
	less than				wer ro													
Parking space	Adequate	e pa	arking spac	ce fo	r the n	umbe	r of	ambul	ance	S								
State of			good state	of re			e fo	llowin	g we	ll ma	inta	aineo	1?	_				
infrastructure	Walls		Fixtures		Wind	lows		Doo	rs	]	Flo	ors		Roof				
	Infection activities		evention C	omn	nittee	or De	sign	ated p	ersor	ove	rsee	eing	IPC					
	Function	al s	sinks in		Pre	parat	ion 1	coom		Kito	hei	n		toilets				
Sanitation	Running	wa	ter in		Pre	parat	ion 1	room		Kito	hei	n		toilets				
	Hand wa	shi	ng signage	;	Pre	parat	ion 1	coom		Kito	hei	n		toilets				
	Male Toi	ilet		Female Toile					ı		Sta	aff T	oilet	S				
	Sanitary	bin	in female	toile	et		Sar	itary t	in in	Staf	f To	oilet						
	Are toile	ts c	clean?	M	ale toi	let		Fema	le to	ilet			Staf	f Toilet				
Ventilation	Adequate	e na	atural vent	ilatic	n		A	rtifici	al ve	ntilat	ion	(Ai	rcon	/fan)				
Lighting	Adequate	e na	atural light	ing			A	rtifici	al lig	hting	,							
	Clean en	vir	onment				(	Outdoo	r san	itary	bin	ıs pro	ovid	ed				
Surrounding	Proper g	rou	nd mainter	nance	e		N	lo litte	ring	of ru	bbi	sh o	n pre	mises				
	Secure st	tora	age place fo	or wa	aste		F	roper	drain	age s	yst	em a	avail	able				
Waste	Incinerat	or	or waste co	ontra	ct		E	Bins fo	r seg	regat	ion	of v	vaste					
Disposal	Recomm	eno	ded Pedal l	oin			(	Colour	code	d bin	lin	ers						
	Sharps b	ox					S	egrega	ation	of w	aste	e adh	nerec	l to				
Management	Availabi	lity	of guideli	nes			F	Bucket	for p	lain	wat	er						
of Surgical	Bucket fe	or c	chlorine wa				A	Access	to st	eriliz	er							
instrument	Bucket fo	Bucket for soap water				Compliance to sterilization												
Occupation	OHS Guidelines/SOP				Adequate Personal protective equip													
health/safety	Signage	Signage in all rooms				Staff vaccination program in place												
Fire Safety	Function	al I	Fire exting	uishe	er		Bucket of sand											
	Fire exis	t m	arks in all	roon	ns		Extinguisher servicing is up to date											

Achieved Sco	re / Total Applicable Score		<u> </u>	38
Security	Perimeter Fence	Security Guards		
Power supply	Electricity Available	Backup power supply		
	Evidence of fire drills- Annually	Fire assembly point available		

## 4. Standard 3: Ambulance Emblems and Markings

Assessment	Assessment Criteria	Assessment Criteria									
Area					2	1	0				
General	Markings of reflective quality		Color contrasting exterior								
Continuous	≥10cm on the Cab		≥20cm on patient compartment								
stripe	Encircle entire ambulance		Exclude of the hood panel								
Front	identification by drivers ahead, w	ith		rror							
	Star of Life", height 10cm minim										
	"Star of Life" not <36cm height e	eac	h side of the patient compartment								
Side	Word "AMBULANCE", not <20	cn	n in height, under or beside each star								
	The name of the licensee as stated less than 10cm in height	on	their provider's license shall be of lettering	g not							
Rear	"Star of Life" <u>&gt;</u> 36cm in height on	ea	ach side of patient compartment								
Top	"Star of Life" in be blue of not <	star of Life" in be blue of not <96cm in height									
(Roof)	Individual provider's ambulance	nu	mber								
Achieved Sc	ore / Total Applicable Score	e / Total Applicable Score									

## 5. Standard 4: Ambulance (Vehicle) specifications

Assessment	<b>Assessment Criteria</b>	Assessment Criteria									core	
Area									2		1	0
Chassis	Should not be less than the	hree	quarte	r ton.								
	Right hand driven		Power	steeri	ng		Heavy duty brakes					
9	Car mirrors- internal		Power	brake	es		White colour					
nanc	Car mirrors- external		Safety	belt-	patients		Padded dash					
orn	Door locks for all doors		Safety	belt-p	oassengers							
n perf	Front end stabilizer (optional)		Recom Autom		led ransmission		Collapsible steering wheel (optional)					
Power train performance criteria	Alternator fit for the type of ambulance;				ol handles side doors		Heavy duty cooling system					
Power	Heavy duty front and rear shock absorbers		Battery ambula		or the type of		Maximum effective sized tires;					
Capacity	Maximum 2 patients		More t	han 2	if capacity ca							
Flood Lights	75" from ground unobstr	ucte	ed :	Mounted above real door								
	Min of 1 Flood light with			50lun	nens							
Warning Lights	Min alternating red flashi light	ing		Mour	nted on the co	rnei						
	Abel to give 360° Conspi	icuit	ty	No. c	ombustible fla	ares						
	Separate from patient are	ea			Driver area	igh	t shield					
Drivers	Lighting for both driver a	and	d ECO Sit for attendant with armrest each side									
compartment	Sliding shatterproof glass	S	Sit for Attendant									
	Sit for driver with armres side	st oı	t on each Sit for Driver									
	Stretcher 228cm	etcher 228cm At the head not <75cm From foot not <75cm										

Patients'		eight 120cm from floor Adequate lighting		
- suts	Light control from door entran	ce, patients head & driver component		
 atik npa	Two padded sit 18" high	One to the head & and other to right side		
- P	&wide			
	Rear doors that swing clear &	permits full access to patient compartment		
	Patient compartment door dev	se that prevent vibration & unintentional closing		
Achieved Sc	ore / Total Applicable Score			14

6. Standard 5: Patient Safety Factors

Assessment Area	Assessment Criteria		Score		
			2	1	0
Stretcher Fasteners	Crash-stable fastener – For chest	Crash-stable fastener – For Thigh			
	For primary stretcher	Secondary stretcher			
Stretcher Restraint	Floor supported	On its own support wheels			
	Permit quick attachment	Permit quick detachment			
Restraining device	Device provided to prevent longitudina	ol or transverse dislodgement of patient			
Safety Belts	For Drivers	For Attendants			
Sun Visors	For Drivers	For Attendants			
Mirrors	Left exterior rear view mirrors	Right exterior rear view mirrors			
	Interior rear view mirror				
Wipers & washes	Electrical windshield wipers	Electrical washers.			
Inside Height	Patient compartment-minimum height 1	20cm from floor to ceiling			
Achieved Score / To	otal Applicable Score			16	

## 7. Standard 6: Communication System

Radio Frequency Number:

Assessment	Assessment Crite	eria									Score	
Area										2	1	0
Radio	Two ways radio equipment	mob	ile			Iin range-30 ntenna	)km 1	adius from	base station			
System	Driver's compartr speaker outputs											
	Microphone in dr	Gicrophone in driver component Microphone in Patient component										
	licensed radio ser	vice p	rovider									
PA system	PA system availal	ble			P	A system fu	nctio	nal				
	Siren available		Antenna	Roof	top 1	mounted		Mounted v	vith coaxial cable			
Siren system	In siren operation	, P/ou	tput 100	watts		In voice of	perat	on, P/outpu	t shall be 45watts			
Shatterproof	Shatterproof wind	lows	Si	hatterj	oroo	f windshield	ls	Shatterp	roof door grass			
Achieved Sc	ore / Total Appli	icabl	e Score									8

8. Standard 7: Environmental Equipment

Assessment	Assessment Criter	ria									Score	!
Area										2	1	0
Heating System	Available in patient	compa	artment			available in d	river compart	ment				
	Thermostatically or	manua	ally cont	rolled		Three (3) spe	ed design blo	wer motors				
	Separate switch in p	atient	compart	ment		Separate swit	ch in driver c	ompartment				
	Switches must be w	ithin e	easy rea	ch of the	driv	er in his norr	nal driving p	osition				
Air	Available in patient	ailable in patient compartment available in driver compartment										
conditioning	Thermostatically or	manua	ally cont	rolled		Three (3) spe	ed design blo	wer motors				
system	Separate control - pa	atient c	comparti	ment		Separate cont						
	Switches must be w	ithin e	easy rea	ch of the	driv	er in his norr	nal driving p	osition				
Insulation	Covers entire body?	Si	ide	Ends	s	Roof	floor	Doors				
	Fireproof		Mi	ldew-pro	of	Ve	ermin-proof					
	Non-hygroscopic	N	on-settii	ng type		Min -Under	coated Plywo	od for floor				
Storage space	Adequate size	A	ccessibl	e		Sufficient c	onfiguration					
Fresh Air	Air intake vents loca	ated in	the mo	st practic	cal co	ontaminant-fro	ee air space o	n the vehicle				
Achieved Scor	re / Total Applical	ole Sc	ore									10

Assessment	Assessment Criteria		Score		
Area Basic Ambulance			2	1	0
Basic	On board Oxygen Supply- min 2,400L	Portable Oxygen Supply- min 360L			
Ambulance	Had operated Bag Mask Ventilation	Had operated Bag Mask Ventilation			
supplies	Unit – capability 90-100% O <sub>2</sub> - adult	Unit – capability 90-100% O <sub>2</sub> - Paeds			
	Suction unit-permanent	Suction unit-portable			
	Airway equipment –adult size	Airway equipment –paed size			
	BP Machine-Adult	BP Machine-Adult			
	Pulse Oximetre	Flash Lights/Lanterns			
	Stretchers- min 2	Spinal immobilization devices			
	Splints- padded type	Splints- Traction type			
	Head immobilization device	Cervical collars			
	Dressing set	Suturing Set			
	Emesis Basin	Bed Ban			
	Obstetric (Delivery) Set	Baby Kit – at least receiving blanket			
	Reflective vests for attendant and drives	Protective head and eye gear			
	Fire Extinguishers	Urinals			
T., 4	Functional Laryngoscope - paeds sizes	Functional Laryngoscope - adult			
	Intraosseous devices- Adults	Intraosseous devices- Paed			
mediate	Dip Stand	Tonniequete			
	DC portable monitor-defibrillator-	DC portable monitor/defibrillator-			
Advanced	Adult	Paed Magill Forceps, Pediatric			
Ambulance	Magill Forceps, Adult				
	Monitor able to produce hard copy of pat				

## 10. Standard 9: Essential Supplies (Ambulance)

Assessment	Assessment Criteria		Score	:		
Area				2	1	0
Basic	Oxygen Masks adult		Oxygen Masks –paeds sizes			
Ambulance	12 Sterile dressings-15cm x 27cm		Triangular Bandages –Min 10			
	36 Sterile Gauze gauze swabs-12cm x 12cm		Standard bandages- min 12			
	Parraffin Gauze		Adhesive tape (Strapping)			
	Surgical Gloves		Examination Gloves			
	Normal saline- only for irrigation		No medicines			
	Cannulas –assorted sizes		Blood giving set			
	Fluid giving set		Spirited or iodine prep swabs			
	Foley's Catheter					
<b>.</b>	Butterfly or scalp vein needles 19-25G		Strapping			
Inter- mediate	Disposable endotracheal tubes-2.5-9.0		Syringes assorted sizes			
mediate	Atropine		50% Dextrose			
	Hydrocortisone		Anti-Emetics			
	Anti-convulsions		Oxytocin			
	Normal saline or other appropriate IV fluid		Needles assorted sizes			
Advanced Ambulance	Other Drug approved by the Council		Dual Lumen or LMA airways			
Achieved Sc	ore / Total Applicable Score					16

## 11. Standard 10: Essential supplies (Command Post Pharmacy and Stores)

Assessment	Assessment Criteria						Score		
Area								2	1 0
Staffing	Qualified and licensed staff to manage medicines with licence displayed conspicuously						·		
	ECO	Pharm Tech	Doctors		Clinical Officer		Nurses		
	Mandator	y/essential list of dru	igs		Medicine counter tray	<b>/</b>			
Bulk store	Adequate	shelves			Adequate pellets				
	Air condit	tioner installed			Air conditioner Funct	ion	al		
	Room Ter	mperature Thermom	eter		Updated Temperature	Ch	art		
	Fridge Temperature Thermometer				Updated Fridge Temperature Chart				
Inventory	Bin Cards available-All Medicine				Bin Cards up to date-All Medicine				
of medicine	of medicine Monthly physical count up to date		date						
Emergency	Emergency tray available				Emergency tray stocked appropriately				
Medicines	Inventory checked daily				Reasonable quantities stocked				
Pharmacov	Drug incidence book				Clinical meetings				
igilance	Reports se	ent to next level			Authorized prescribers list				
Tracking	No expire	ed medicine on shelv	e		Clearly marked expir	y m	edicine		
Expiry				section					
	Inventory	organized to ensure	FIFO						
Pharmacy	Store room	m kept clean			Shelves and surfaces clean				
Best	Ordering books used appropriately				Goods receipt notes used appropriately				
practices	Separate section for Lab reagents				Separate section-flammable material				
	Separate section-Radiation material				Separate section-fluids				
Achieved So	ore / Tota	l Applicable Score							14

## 12. Standard 11: Generation, Storage and Management of Records

	Assessment Criteria					Score		
Assessment Area	(scoring criteria : Met =2, Partially Met = 1 and Not Met = 0)					2	1	0
Ventilation	Adequate natural ventilation		Aı	tificial ventilation (Aircon/fan)				
Lighting	Adequate natural light	ing	Ad	lequate artificial lighting				
Paper base	Adequate shelves/cabi	nets	Re	cords lockable and secure				
data	Adequate Section for a	archiving	Ad	tive & inactive files separated				
Electronic	System password prote	ected	A	ccess is restricted				
data	System for buck up of	records	user rights clearly defined					
Generation	Health facility maintains patients records for minimum of 5 years before disposal							
and Storage	Facility captures sufficient patient contact information							
Practices	Age Patient ID No.		Emergency Contact person					
	Sex	Patients phone No.		Phone for contact person				
	Patients Name	Address						
	Availability of qualified personnel to manage patient record							
Managing	SOP for Data management			Monthly report to next level done				
Health Information	Assigned responsibility for HMIS			Appropriate data equipment				
	Data forms e.g tally sheets,			Notifiable diseases being reported				
(HMIS)	Availability of OPD Register			Data trending/flagging				
Achieved Sco	ore / Total Applicable S	core					1	2

## 13. Standard 12: Patient focus and Feedback

Assessment	Assessment Criteria				Score		
Area	(Scoring criteria : Met =2, Partially Met = 1 and Not Met = 0)					1	0
Patient	Appropriate Sign posts		Safe water for drinking provided				
Focus	Adequate waiting area		Waiting area appropriately furnished				
	Adequate IEC materials		HPCZ Approved patient charter				
Patient	System for collecting patient feedback (suggestion boxes/complaint register)						
feedback	System for collecting feedback from referral facility (referral form with feedback)						
Confidential	Adequate screens available		Facility has written consent form				
ity &Consentin	Availability of the following guidelines from HPCZ;						
g	Guidelines on Patient Consent Guidelines on Patient Confidentiality						
	Guidelines on Patient's record		Guidelines on Pervasive Incentives				
Achieved Score / Total Applicable Score						6	

#### **Summary of Scores for all standards**

Standard No.	Standard Description	Achieved Score	Applicable standards Scores	Total available Scores	
Standard 1	Legal Establishment, Leadership and Governance			38	
Standard 2	Command Centre			38	
Standard 3	Ambulance Emblems and Markings			12	
Standard 4	Ambulance (Vehicle) Specifications			14	
Standard 5	Patient Safety Factors			16	
Standard 6	Communication System			8	
Standard 7	Environmental Equipment			10	
Standard 8	Equipment			40	
Standard 9	Ambulance Essential Supplies			16	
Standard 10	Essential Supplies (Command Post and Stores)			14	
Standard 11	Generation, Storage and management of Records			12	
Standard 12	Patient Focus and Feedback			6	
Total scores				224	
$Total\ Score = \frac{Total\ Score}{Expected\ Score} = x\ 100 = \ \ \%$					

14. Summary of Major Inspection Findings and Recommendations

	Summary of Major Inspection Findings and recommendations					
S/N	Major Findings	Recommendations				
1						
2						
3						
4						
5						
6						
7						

15. Pa	15. Patient focus inspection Team							
S/N	Name	Station	Signature					

1		
2		
3		

16. Signature of Facility Representative

S/N	Name	Positon	NRC No.	Signature
1				
2				

17.	. Official Stamp (were	available)