

MODULE 1
PART E – IN CHARGE OF THE AMBULANCE SERVICES

Interviewer Name _____ **Date (d/m/y):** ___ / ___ / ___

***INSTRUCTIONS:** Direct these questions to the in charge of the ambulance services and if he cannot answer ask from the staff member who went in the ambulance last.*

SECTION 4: TRANSPORTATION AND COMMUNICATION

Now I'm going to ask you about the requirements with in the ambulance.
Fill the below details for each of the ambulance in the facility.

Transport

No.	Requirement	1	2	3	4	5
1	Ambulance reg. no.	_____	_____	_____	_____	_____
2	Availability of stable drip support (fixed IV stand)	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0
3	Fixed Oxygen cylinder in the ambulance or stable mechanism to carry one	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0
4	Source of light sufficient to resuscitate a patient	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0
5	Equipment for ventilator support for exclusive use in ambulance (Ambu)	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0
6	Equipment for ventilator support for exclusive use in ambulance (Transport ventilator)	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0
7	Foot operated Sucker	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0
8	Transport incubator	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0	Yes 1 No 0

9. Can the transport incubator be fixed to the ambulance?

Yes 1

No 2

10. Does the staff know how to use this incubator?

Yes 1

No 2

11. Is there a rest room for the ambulance driver/s within the institution?

Yes 1

No 2

Comments