

Ambulance Service Review

Team Checklist

**Self Assessment and
Resource Tool**

Ministry of Health and Long-Term Care
Emergency Health Services Branch



Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
	Administration					
1	The Service Provider has the current certificate to operate an ambulance service.	Amb. Act Part V 8.(1)(a)				
2	The Service Provider demonstrated compliance with Ambulance Service Review Program requirements.	Amb. Act Part V 8				
3	There is documentation of a service Response Time Performance Plan.	Reg. 257/00 Part VIII 23 (2)				
4	The service Response Time Performance Plan is reviewed and updated where necessary by October 1st of each year.	Reg. 257/00 Part VIII 23 (2)				
5	The plan established set response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale ("CTAS") 1, 2, 3, 4 and 5,	Reg. 257/00 Part VIII 23 (3)				
6	There is documentation to demonstrate the Service Provider throughout the year continuously maintains, enforces and evaluates and where necessary, updates the Response Time Performance Plan.	Reg. 257/00 Part VIII 23 (4)				
7	There is documentation demonstrating the Service Provider investigates those instances, where the service Response Time Performance Plan is not met.	Reg. 257/00 Part VIII 23 (4)				
8	There is documentation to demonstrate recommendations from investigations are addressed to mitigate reoccurrence.	BLS PCS, General Standards of Care (GSC), A. 2				
9	The Service Provider produces a report to demonstrate the Service meets the service Response Time Performance Plan.	BLS PCS, GSC, A. 2				
10	Documentation demonstrates the Service Provider has provided the Director with a copy of the service Response Time Performance Plan no later than October 31st in each year.	Reg. 257/00 Part VIII 23 (5)				
11	Documentation demonstrates that any updates to the Response Time Performance Plan are provided to the Director no later than one month after the plan has been updated.	Reg. 257/00 Part VIII 23 (5)				
12	Documentation demonstrates that by March 31st in each year after 2013 the Service Provider has reported to the Director on the following three items for the preceding calendar year.	Reg. 257/00 Part VIII 23 (7)				

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13	> Documentation demonstrates that the UTM/Service Provider has provided the Director, the percentage of times that a person equipped to provide any type of defibrillation has arrived on-scene to provide defibrillation to sudden cardiac arrest patients within six minutes of the time notice is received.	Reg. 257/00 Part VIII 23 (7) 1.				
14	> Documentation demonstrates that the UTM/Service Provider has provided the Director, the percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1 within eight minutes of the time notice is received respecting such services.	Reg. 257/00 Part VIII 23 (7) 2.				
15	> Documentation demonstrates that the UTM/Service Provider has provided the Director, the percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to patients categorized as CTAS 2, 3, 4 and 5 within the response time targets set by the upper-tier municipality or delivery agent under its plan established under subsection (2). O. Reg. 267/08.	Reg. 257/00 Part VIII 23 (7) 3.				
16	The Service Provider notifies the EORR of each instance of employee hiring as per agreement.	LASCS sec. III (g.2)				
17	The Service Provider notifies the EORR of each instance of employee separation, inclusive of the separation date as per agreement.	LASCS sec. III (g.2)				
18	The EORR is immediately notified in each instance an identification card is lost.	LASCS sec. III (g.2)				
19	Newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card.	LASCS sec. III (g.1)				
20	There were no known occasions when a newly hired paramedic logged onto the ARIS environment with either a fictitious number or a number assigned to another person.	LASCS sec. III (g.1)				
21	On each occasion a paramedic's employment was terminated, the Service Provider recovered the paramedic's service specific identification card and returned it to the EHSB.	LASCS sec. III (g.2)				
22	The Service Provider has provided their baseline employee record information to the EHSB as per agreement.	LASIC Agreement				
23	There is documentation demonstrating the Service Provider has identified a person who is designated to implement Section B, (Communicable Disease Management), ASPCTS for the Service.	ASPCTS B. Comm. Disease Management (1)				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
24	Service Provider provided a deployment plan to the Field Office suitable for implementation by the communication service.	LASCS Sec. III, (i.1), (i.2)				
25	Service has sufficient staff at each level of qualification to meet the Service's written deployment plan.	Amb. Act Part III 6.(1)(b)				
26	Notifies the CACC/ACS of changes to the staffing patterns.	LASCS Sec. III, (i.1), (i.2)				
27	Notifies the communication service before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERVs.	LASCS Sec. III, (i.1), (i.2)				
28	There is a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.	LASCS Sec. III, (f)				
29	There is a written performance agreement in effect between the Service Provider and the Base Hospital that includes:	LASCS Sec. III, (l)				
30	> Provide medical direction and training to all paramedics.	LASCS Sec. III, (l)				
31	> Monitors quality of patient care given by those paramedics.	LASCS Sec. III, (l)				
32	> Delegate controlled medical acts to paramedics.	LASCS Sec. III, (l)				
	Policy and Procedure					
33	There is a policy and procedure document.	Amb. Act Part III 6.(1)(b)				
34	A copy of the service's policies and procedures are accessible to staff.	BLS-PCS, GSC, A., General Measures 1. bullet 4				
35	New/up-dated policies and procedures are communicated to staff.	BLS-PCS, GSC, A., General Measures 1. bullet 4				
36	Policies and procedures are monitored and enforced.	Amb. Act Part III 6.(1)(b)				
37	There is a policy that prohibits staff from responding to calls while under the influence of drugs or alcohol.	ASPCTS A. General (e), (f)				
38	There is a policy stating staff cannot report to work while under the influence of alcohol or drugs.	ASPCTS A. General (e), (f)				
39	There is a policy stating staff cannot consume alcohol or drugs while at work.	ASPCTS A. General (e), (f)				
40	There is a policy that prohibits smoking any substance in an ambulance or ERV.	ASPCTS A. General (e), (f)				
41	There is documentation that policies relating to drugs, alcohol and tobacco are complied with.	ASPCTS, Part A. General (e), (f)				
42	There is a policy regarding transporting a person's remains as per legislation.	O.Reg. 257/00 Part VI 12				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
43	There is policy regarding disposal of bio-medical materials/waste e.g. contaminated bedding/bandages/anatomical waste.	BLS PCS General Standards of Care, Part A				
44	There is a policy that students are free from communicable diseases.	ASPCTS B. Comm. Disease Management, 2(c)				
45	There is a policy that students are immunized.	ASPCTS B. Comm. Disease Management, 2(c)				
46	There is documentation demonstrating the requirements for students/observers are monitored and enforced.	ASPCTS B. Comm. Disease Management, 2(c)				
47	There is a policy outlining the legislative parameters of sharing and disclosure of personal health information.	Amb. Act Part VI Sec. 19				
48	There is a policy governing the protection of personal information of patients.	Amb. Act Part VI Sec. 19				
49	There is a policy regarding directing staff in the release of confidential information to allied agencies.	Amb. Act Part VI Sec. 19				
50	There is a policy regarding directing staff in the release of confidential information to the public.	Amb. Act Part VI Sec. 19				
51	There is documentation demonstrating that policies regarding the release of confidential information are complied with.	BLS-PCS, Paramedic Conduct Standards 4 and 5				
52	There is documentation demonstrating the Service Provider ensures the continuity of operations.	BLS-PCS General Measures 1. bullet 4				
	Insurance Coverage					
53	The Service Provider's Insurance policy coverage is current and valid.	O. Reg. 257/00 Part VII 21				
54	The amount of coverage is at least equal to that outlined in the legislation.	O. Reg. 257/00 Part VII 21				
55	> Each ambulance, ERV and ESU.	O. Reg. 257/00 Part VII 21				
56	> The Service Provider and every driver.	O. Reg. 257/00 Part VII 21				
57	> An amount equal to at least \$5,000,000, in respect of any one incident.	O. Reg. 257/00 Part VII 21				
58	> Liability for loss of or damage to, resulting from bodily injury to or the death of any passenger carried, getting into or alighting from the ambulance or ERV.	O. Reg. 257/00 Part VII 21				
59	> Liability for loss of or damage to, the property of a passenger carried in an ambulance or ERV.	O. Reg. 257/00 Part VII 21				
60	> Liability while the ambulance is used for carrying passengers for compensation or hire.	O. Reg. 257/00 Part VII 21				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
Quality Assurance						
61	The Service Provider has a quality assurance program to ensure compliance with legislated requirements.	Amb. Act Part III 6.(1)(b)				
62	The Service Provider responds to recommendations made by quality assurance programs.	Amb. Act Part III 6.(1)(b)				
63	The Service Provider investigates patient care and service delivery complaints.	Amb. Act Part III 6.(1)(b)				
64	The Service Provider responds to complaints about patient care and service delivery.	Amb. Act Part III 6.(1)(b)				
65	Recommendations resulting from an investigation are addressed with staff to mitigate reoccurrence.	ALS-PCS, Guidelines for Patient Care Reviews, 1 and 2				
Employee Qualifications						
66	A personnel record is maintained for each EMA and paramedic employed by the applicant/operator which includes evidence of qualifications as described in Part III of the Regulation 257/00.	LASCS Sec. III (q)				
82	The Service receives Influenza Immunization status of each employee no later than directed by EHSB each year.	ASPCTS, C 2 (a)(b)(c)				
83	The Service Provider reports to the Field Office the Influenza Immunization status of each employee no later than directed by EHSB each year.	ASPCTS, C 2 (a)(b)(c)				
Documentation						
84	The Service Provider identifies any outstanding ACRs.	LASCS Sec. III (r)				
85	The Service Provider ensures outstanding ACRs are completed.	LASCS Sec. III (r)				
86	There is documentation demonstrating staff review the ACR Manual.	LASCS Sec. III (r), (n)				
87	The Service Provider audits ACRs to determine if complete and accurate as per the ASDS.	O. Reg. 257/00 Part V 11.1				
88	The Service Provider makes recommendations to staff after auditing ACRs for compliance with the ASDS.	O. Reg. 257/00 Part V 11.1				
89	Recommendations resulting from the ACR audit for compliance with the ASDS are addressed to mitigate reoccurrence.	O. Reg. 257/00 Part V 11.1				
90	ACRs reviewed for <u>patient carried</u> calls were completed as per the Ambulance Service Documentation Standards.	LASCS Sec. III (r)				
101	ACRs reviewed for <u>non patient carried</u> calls were completed as per the Ambulance Service Documentation Standards.	LASCS Sec. III (r)				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
115	ACRs are distributed as per the Ambulance Act, Regulations and Ambulance Service Documentation Standards.	ASDS, Part IV (3)				
116	Completed ACRs are kept on file for not less than 5 years.	ASDS Part I (2)				
117	Completed ACRs are secured from unauthorized access.	ASDS Part I (4)				
118	The Service Provider audits ACRs to determine if an incident report was to have been completed.	LASCS Sec. III (r)				
119	The Service Provider audits all incident reports for accuracy and completeness.	ASDS Part I (3)				
120	The Service Provider makes recommendations to staff after auditing Incident Reports for completeness and accuracy with the ASDS.	ASDS Part I (3)				
121	Recommendations resulting from an Incident Report audit are addressed to mitigate reoccurrence.	ASDS Part I (3)				
122	ACRs reviewed on <u>patient carried</u> calls indicated Incident Reports are completed when required as per the Ambulance Service Documentation Standards.	LASCS, Sec. III (r)				
123	ACRs reviewed on <u>non patient carried</u> calls indicated Incident Reports are completed when required as per the Ambulance Service Documentation Standards.	LASCS, Sec. III (r)				
124	Incident reports are transmitted to the Field Office.	ASDS Part III (1)(d)				
125	Completed incident reports are kept on file for not less than 5 years.	ASDS Part I (2)				
126	Completed incident reports are secured from unauthorized access.	ASDS Part I (4)				
127	The Service Provider audits each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards.	LASCS Sec. III (a)				
128	The Service Provider makes recommendations to staff after auditing ACRs for appropriateness and consistency with ALS/BLS standards.	BLS-PCS, Objective of Implementation of the Standards, 5, 6, 7, 8				
129	Recommendations resulting from an ACR audit for appropriateness and consistency with ALS/BLS standards are addressed to mitigate reoccurrence.	BLS-PCS, Objective of Implementation of the Standards, 5, 6, 7, 8				
130	Service Provider works with Base Hospital to audit ACRs.	LASCS Sec. III (a), (n), (l)				
131	> for completeness and accuracy where a patient is transported for emergency type calls.	LASCS Sec. III (a), (n), (l)				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
132	> for completeness and accuracy where a patient is transported for non emergency type calls.	LASCS Sec. III (a), (n), (l)				
133	Audits of Base Hospital and the Service Provider are compared for discrepancies.	LASCS Sec. III (a), (n), (l)				
134	Audit discrepancies are investigated.	LASCS Sec. III (a), (n), (l)				
135	Audit discrepancies are resolved.	LASCS Sec. III (a), (n), (l)				
Patient Care						
136	Service Provider works with Base Hospital to review and investigate calls.	ALS-PCS, Guidelines for Patient Care Reviews				
137	Recommendations resulting from the review and investigation of a call are addressed to mitigate reoccurrence.	ALS-PCS, Guidelines for Patient Care Reviews				
138	ACRs reviewed on <u>patient carried</u> calls demonstrate patient care is provided as per the BLS-ALS Standards.	BLS-PCS, Objective of Implementation of the Standards, 5, 8				
139	ACRs reviewed on <u>non patient carried</u> calls demonstrate patient care is provided as per the BLS-ALS Standards.	BLS-PCS, Objective of Implementation of the Standards, 5, 8				
140	Review of patient care during ride-outs demonstrates that patient care is provided as per BLS-ALS standards.	BLS-PCS, Objective of Implementation of the Standards, 5, 8				
141	Current user guides i.e. training bulletins, videos and mandatory learning materials are accessible to staff.	BLS-PCS, GSC, A - General Measures 1. bullet 5				
142	There is a medium accessible for staff review of training materials.	BLS-PCS, GSC, A - General Measures 1. bullet 5				
143	Each Base Hospital training course is on file.	BLS-PCS, GSC, A - General Measures 1. bullet 5				
144	Base Hospital patient care policies and protocols are accessible to staff.	BLS-PCS, GSC, A - General Measures 1. bullet 4				
145	Documentation demonstrates each employee receives an annual, aggregate evaluation demonstrating compliance with the BLS/ALS Patient Care Standards.	BLS-PCS, Objective of Implementation of the Standards, 5, 8				
146	Documentation demonstrates evaluation results are communicated to staff.	ALS-PCS, Provincial Maintenance of Certification				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
147	Documentation demonstrates new staff members have undergone an evaluation of their patient care skills.	BLS-PCS, Objective of Implementation of the Standards, 5, 8				
148	There is documentation demonstrating the Service Provider has a process to ensure paramedic knowledge and skills are maintained.	LASCS Sec III (m), (n)				
149	Patient care equipment knowledge and skills are demonstrated and tested.	LASCS Sec III (m), (n)				
150	A remedial training program is provided for staff who demonstrated deficiencies in the use of patient care equipment.	LASCS Sec III (m), (n)				
151	Staff successfully completed training on new, updated and additional equipment.	LASCS Sec III (l), (m), (n)				
152	Service Provider works with Base Hospital to ensure staff regularly demonstrates proficiency in patient care skills.	LASCS Sec III (l), (m), (n)				
153	Service Provider works with Base Hospital to provide remedial training to employees whose patient care skills are considered deficient.	LASCS Sec III (l), (m), (n)				
154	Identified staff attends and successfully complete remedial training for patient care deficiencies.	LASCS Sec III (l), (m), (n)				
155	Service Provider works with Base Hospital to ensure staff regularly demonstrates proficiency in performing controlled acts.	LASCS Sec III (l), (m), (n)				
156	The Service Provider works with Base Hospital to provide remedial training to employees whose certification has been suspended or revoked.	ALS-PCS, Guidelines for Patient Care Reviews,				
157	Identified staff attends and successfully complete remedial training.	LASCS Sec III (l), (m), (n)				
158	Staff carry the service specific identification card exhibiting the EHS unique identification number on their person while on duty.	BLS-PCS, GSC, Paramedic Conduct Standard, 2 A. a)				
159	Staff have demonstrated proficiency using communication equipment.	BLS-PCS, GSC, Patient Care Skills, A. 1				
160	Paramedics ensure patients are transported to a facility as directed by the communication officer.	BLS PCS, GSC, A. 1 and H. 1				
161	The Service Provider has provided clear direction to paramedic staff regarding transport of a patient as directed by the communication service.	BLS PCS, GSC, A. 1 and H. 1				
162	The Service Provider has provided clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the communication service.	BLS PCS, GSC, A. 1 and H. 1				
163	Each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.	BLS PCS, GSC, A. 14				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
164	Staff and passengers wear seat belts during the provision of ambulance service while the ambulance and ERVs are in motion.	ASPCTS, A - General (g)				
165	Stretcher patients are secured to the stretcher during transport.	ASPCTS, A - General (g)				
166	The stretcher is secured in the vehicle for all patient transports.	ASPCTS, A - General (g)				
167	Incubators are firmly secured in an ambulance.	ASPCTS, A - General (g)				
168	Infants are firmly secured within the incubator.	ASPCTS, A - General (g)				
169	Paramedics wash their hands as soon as practical as per the ASPCTS Part B Communicable Disease Management.	BLS PCS, GSC, A. 15				
170	Paramedics use an alcohol-based hand cleaner when unable to wash their hands after a call.	BLS PCS, GSC, A. 15				
171	Paramedics follow all other elements of ASPCTS Part B - Communicable Disease Management.	BLS PCS, GSC, A. 15				
172	There is documentation indicating the Service Provider monitors and enforces Communicable Disease Management.	ASPCTS B. Comm. Disease Management (2), (3)				
173	The Service Provider and staff accept ambulance calls as assigned by the communication service.	LASCS III (j.1)				
174	The Service Provider and staff follow the direction of the Communications Officer.	LASCS III (j.1)				
175	There is documentation demonstrating the Service Provider ensures the CACC/ACS is kept informed at all times as to the availability and location of each employee, ambulance or ERV.	LASCS, Sec. III (i.1), (i.2)				
176	Each ambulance or emergency response vehicle's availability and location is communicated to the communication service.	LASCS, Sec. III (i.1), (i.2)				
177	There is documentation demonstrating the Service Provider notifies the communication service whenever an ambulance or ERV is removed from service.	LASCS, Sec. III (i.1), (i.2)				
178	There is documentation demonstrating the Service Provider notifies the communication service whenever an ambulance or ERV is returned to service.	LASCS, Sec. III (i.1), (i.2)				
	Patient Care Equipment					
179	There is a policy regarding cleaning/sanitization of equipment and the patient care compartment.	ASPCTS B. Comm. Disease Management (6)				
180	There are cleaning supplies accessible to staff to allow them to clean the equipment and patient care compartment.	ASPCTS B. Comm. Disease Management (6)				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
181	The cleaning and sanitization of equipment and patient care compartment policy is monitored and enforced.	ASPCTS B. Comm. Disease Management (6)				
182	Patient care & accessory equipment is clean and sanitary.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
183	Patient care & accessory equipment is maintained in working order.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
184	Staff cleans the patient care and accessory equipment prior to re-using it.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
185	Staff cleans the patient care compartment after an ambulance call.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
186	Patient care equipment is stored in a manner that is consistent with manufacturer's direction and is free of contamination.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
187	All patient care equipment provided for use meet the Equipment Standards.	BLS-PCS, Givens, 4				
188	There is a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements.	BLS-PCS, Givens, 4				
189	Ambulances are stocked with the required number and type of patient care equipment.	BLS-PCS, Givens, 4				
190	ERVs are stocked with the required number and type of patient care equipment.	BLS-PCS, Givens, 4				
191	Ambulances are stocked with the required number of supplies.	BLS-PCS, Givens, 4				
192	ERVs are stocked with the required number of supplies.	BLS-PCS, Givens, 4				
193	Vehicles are restocked as soon as practical, after an ambulance call is completed.	BLS-PCS, Givens, 4				
194	The vehicles are re-stocked with supplies as per the Equipment Standards.	BLS-PCS, Givens, 4				
195	There is an adequate number of replacement oxygen cylinders accessible to staff.	BLS-PCS, Givens, 4				
196	Patient care and accessory equipment and supplies are secured in the vehicle.	ASPCTS, Patient Transport (c)				
197	Patient care and accessory equipment in need of repair is identified and removed from service.	BLS-PCS, GSC, Patient Care Skills, A. 2				
198	Identified deficiencies/concerns are responded to.	BLS-PCS, GSC, Patient Care Skills, A. 2				
199	Equipment repairs have been completed.	BLS-PCS, GSC, Patient Care Skills, A. 2				
200	Expired devices and patient care materials are identified and removed from use.	BLS-PCS, GSC, Patient Care Skills, A. 2				

Ref #	Line Items	Legislation/ Regulation	Y	P	N	NA
201	Repair receipts are kept on file for the life of each piece of equipment.	LASCS Sec. III, (d.2), (e.2)				
202	The Service Provider has a preventative maintenance program in place for patient carrying equipment and devices.	LASCS Sec. III, (d.2), (e.2)				
203	The preventative maintenance program includes all patient carrying equipment e.g. stretcher, scoop, stairchair.	LASCS Sec. III, (d.2), (e.2)				
204	The preventive maintenance program is followed for all patient carrying equipment and meets the manufacturer's specification.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
205	The preventative maintenance program includes all patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, defibrillator.	LASCS Sec. III, (d.2), (e.2)				
206	Oxygen testing equipment is calibrated on an annual basis as per manufacturer's specifications.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
207	The preventive maintenance program is followed for all patient care devices and meets the manufacturer's specification.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
208	Medications are stored in a manner consistent with manufacturer's requirements.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
209	Medications are secured in a manner that prevents unauthorized access to them.	LASCS Sec. III, (d.2), (e.2)				
210	Controlled medications are secured according to Service policy.	ALS-PCS, Introduction, Controlled Substances				
211	Staff follows policy regarding disposal of expired medications.	ALS-PCS, Introduction, Controlled Substances				
212	Service Provider ensures the safe disposal of biomedical sharps in an appropriate sharps container.	BLS-PCS, GSC, A. 13				
	Vehicles					
213	Service demonstrates the ability to maintain the number of vehicles required to meet its service commitment (e.g. staffing level, spare vehicles).	BLS-PCS, Givens, 3				
214	The Service Provider has access to spare vehicle(s) to maintain service.	BLS-PCS, Givens, 3				
215	Incidents where a replacement vehicle was unavailable are documented.	BLS-PCS, Givens, 3				
216	There is documentation indicating the Service Provider uses only vehicle ID numbers assigned by the Director, EHSB.	LASCS Sec. III (f)				
217	Vehicle identification is displayed on the front and rear of the vehicle.	LASCS Sec. III (f)				

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218	Each ERV responding to a request for service is staffed with at least one person as a PCP qualified under the Regulation.	ALS-PCS, Introduction, Level of Paramedics				
219	Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the Regulation.	ALS-PCS, Introduction, Level of Paramedics				
220	Each ambulance designated by the Service as an ACP ambulance is staffed with at least one ACP and one PCP when responding to a request for service or while transporting a patient.	ALS-PCS, Introduction, Level of Paramedics				
221	Each ambulance designated by the Service as a CCP ambulance is staffed with at least one CCP.	ALS-PCS, Introduction, Level of Paramedics				
222	The Service Provider has a letter signed by the Director, EHSB from each vehicle manufacturer/conversion vendor certifying each vehicle used in the provision of ambulance service meets standard.	LASCS, Sec. III (c)				
223	There is documentation confirming certification of ERVs (self certification or manufacturer's certification).	LASCS, Sec. III (c)				
224	There are documentation additions or conversions meet the manufacturer's specifications.	LASCS, Sec. III (c)				
225	Ambulances, ERVs and ESUs are maintained in a mechanically safe condition.	LASCS, Sec. III (d.2), (e.2)				
226	Documentation indicates that each vehicle has an annual safety check according to related legislation.	LASCS, Sec. III (d.2), (e.2)				
227	The up-to-date Ministry of Transportation (MTO) annual sticker has been affixed to the vehicle.	LASCS Sec. III (d.2)				
228	Staff complete a checklist verifying the general safety features of each vehicle are functional.	BLS-PCS, GSC, Patient Care Skills, A. 2				
229	The checklist allows paramedics to comment regarding vehicle deficiencies or safety concerns.	BLS-PCS, GSC, Patient Care Skills, A. 2				
230	There is documentation demonstrating that staff check each vehicle at least once per day or shift.	BLS-PCS, GSC, Patient Care Skills, A. 2				
231	The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.	LASCS Sec. III (d.2), (e.2)				
232	Safety concerns raised by staff are resolved.	BLS-PCS, GSC, Patient Care Skills, A. 2, 3				
233	Repairs or replacement items are completed in a timely manner.	BLS-PCS, GSC, Patient Care Skills, A. 2, 3				
234	Ambulances, ERVs and ESUs are stored in a protected environment from heat or cold.	LASCS Sec. III (d.2), (e.2)				
235	Ambulances, ERVs and ESUs are stored to prevent contamination, damage or hazard.	LASCS Sec. III (d.2), (e.2)				

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236	Ambulances, ERVs and ESUs are maintained in working order.	LASCS Sec. III (d.2), (e.2)				
237	Each vehicle is included in the preventive maintenance program.	LASCS Sec. III (d.2), (e.2)				
238	Documentation demonstrates the Vehicle Preventative Maintenance is performed according to the Service Provider's schedule.	LASCS Sec. III (d.2), (e.2)				
239	There are vehicle maintenance or repair records for life of vehicle.	LASCS Sec. III (d.2), (e.2)				
240	Patient care compartments of the ambulances were noted to be in a clean and sanitary condition at the time of the review.	LASCS Sec. III (d.2), (e.2)				
241	Supplies are accessible to clean the vehicles.	LASCS Sec. III (d.2), (e.2)				
242	There is adequate clean storage space for supplies.	LASCS Sec. III (d.2), (e.2)				
243	There is documentation demonstrating all vehicles follow the deep clean program.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
244	There is documentation demonstrating the Service Provider provides the communication service access to radios and communication equipment upon request.	LASCS Sec. III (p)				
245	The Service Provider ensures that communication equipment remains operational at all times.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
246	The Service Provider works co-operatively with the communication service to ensure communication equipment repairs are completed.	BLS-PCS, GSC, A., General Measures 1. bullet 2				
247	There is documentation demonstrating staff immediately notify the communication service when an ambulance or ERV is involved in a collision.	LASCS, Sec. III (s)				
248	Staff completes collision reports per legislation.	ASDS Part 1 (1), Part II (1)				
249	The Service Provider audits collision reports for completeness and accuracy.	ASDS Part 1 (3)				
250	The Service Provider's collision reports contain at minimum the information as identified within the ASDS.	ASDS Part II (2) - (8)				
251	Completed collision reports are kept on file for not less than 5 years.	ASDS Part 1 (1)				
	The Quality Assurance Program included:					
252	Ambulance Call Report audits,					
253	Service form completion audits,					
254	Incident Report Audits,					
255	In Service CME,					
256	Base Hospital Certification,					
257	Other.					

Employee File Checklist

1.0	Employee Information	Y	N	NA
1.1	Employee EHS #			
1.2	Employee Name (Last, First)			
1.3	Date of Hire (DD-MM-YYYY)			
1.4	Employee Status			
1.5	Copy of Service Specific Photo Identification Card			
1.6	Service Number on ID Card			
1.7	Card Expiry Date			
1.8	Level of Service			
1.9	Annual aggregated evaluation (under 1 yr go to 1.11)			
1.10	Results of evaluation have been communicated to employee			
1.11	Under 1 yr of employment – demonstration that they have undergone an evaluation of their patient care skills			
2.0	Employment Qualifications	Y	N	NA
2.1	Valid Class licence or equivalent			
2.2	Licence expiry date			
2.3	Driver's Licence Record Check			
2.4	Number of demerit points depicted on drivers abstract for one year prior to date of hire (employees with less than 1 yr)			
2.5	Criminal Record Check			
2.6	Read, write and speak English			
3.0	Mandatory Immunization (Table 1)	Y	N	NA
3.1	Tetanus/Diphtheria (every 10 yrs [as of Aug.1 st])			
3.2	Pertussis (as of Aug.1 st)			
3.3	Poliomyelitis (3 doses if unknown and given recently)			
3.4	Measles			
3.5	Mumps			
3.6	Rubella			
3.7	Chicken Pox/Varicella (2 doses if no evidence of immunity)			
3.8	Hepatitis B			
3.9	Influenza Annually			
3.10	Free from communicable disease as per Communicable Disease Standard			
4.0	Volunteer-Part time	Y	N	NA
4.1	EFR course			
4.2	Date of Certificate			
4.3	Valid Standard First Aid certificate or hold EMCA/AEMCA			
4.4	Date of First Aid certificate expiry			
4.5	Hours regularly scheduled to work			
4.6	BH Certification in schedule 1 acts			

5.0	Primary Care Paramedic – Non EMCA Part Time	Y	N	NA
5.1	Enrolled in approved course leading to certification as an AEMCA or Director's approval			
5.2	EFR course			
5.3	Valid Standard First Aid certificate			
5.4	Date of First Aid certificate expiry			
5.5	Valid BH Certification in Schedule 1 acts.			
5.6	Number of hours regularly scheduled to work for			
6.0	Primary Care Paramedic – Full Time prior to Aug. 1, 1975	Y	N	NA
6.1	FCC Certificate			
6.2	Valid Standard First Aid certificate			
6.3	Date of First Aid certificate expiry			
6.4	Valid BH Certification in schedule 1 acts			
6.5	Continuous employment on full time basis in same geographical area			
7.0	Primary Care Paramedic	Y	N	NA
7.1	AEC / Paramedic Certificate or letter of equivalency			
7.2	Certificate issued by			
7.3	MOHLTC EMCA/AEMCA or within 210 days of Graduation			
7.4	Valid BH Certification in schedule 1 acts			
7.5	Valid BH Certification for any of schedule 2 acts (optional)			
8.0	Advanced Care Paramedic	Y	N	NA
8.1	AEC / Paramedic Certificate or letter of equivalency			
8.2	Certificate issued by			
8.3	MOHLTC EMCA / AEMCA Certificate			
8.4	ACP college certificate or letter of equivalency			
8.5	Certificate issued by			
8.6	MOHLTC ACP Certificate			
8.7	Documentation of BH Certification for schedule 1 acts			
8.8	Documentation of BH Certification for schedule 2 acts			
8.9	Documentation of BH Certification for schedule 3 acts (optional)			
9.0	Critical Care	Y	N	NA
9.1	AEC / Paramedic Certificate or letter of equivalency			
9.2	Certificate issued by			
9.3	MOHLTC EMCA/AEMCA Certificate			
9.4	ACP college certificate or letter of equivalency			
9.5	Certificate issued by			
9.6	MOHLTC ACP Certificate			
9.7	CCP Certificate			
9.8	Certificate issued by			
9.9	Documentation of BH Certification for schedule 1 acts			
9.10	Documentation of BH Certification for schedule 2 acts			
9.11	Documentation of BH Certification for schedule 3 acts			

10.0	Training	Y	N	NA
10.1	Current valid, annual CPR Certificate (Date Issued)			
10.2	MOHLTC Mandatory Core Training			
10.3	Canadian Triage and Acuity Scale (2001) C8			
10.4	Ambulance Call Report (2002) A6			

Policy and Procedure Checklist

	The Service has a Practice, Policy or Procedure:	Y	N	NA	Policy Ref #
1.	Prohibiting staff from responding to ambulance calls while under the influence of drugs or liquor.				
2.	Prohibiting staff from reporting to work while under the influence of liquor or drugs.				
3.	Prohibiting staff from consuming liquor or drugs while at work.				
4.	Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance.				
5.	Regarding transport of a person's remains as per legislation.				
6.	Regarding the disposal of bio-medical waste.				
7.	That students are to be free from communicable diseases.				
8.	That students are to be immunized.				
9.	Requirements for students/observers are monitored and enforced.				
10.	Staff will immediately notify the Communication Service in the case of any accident involving an ambulance or ERV.				
11.	Governing the protection of personal information of patients.				
12.	Regarding directing staff in the release of confidential information to allied agencies.				
13.	Regarding directing staff in the release of confidential information to the public.				
14.	Regarding cleaning and disinfection of patient care equipment.				

Vehicle Storage and Accommodation Checklist

1.0	Vehicle Storage and Facilities	Y	P	N	NA
1.1	Vehicles are stored in a protected environment.				
1.2	Vehicles are stored to prevent contamination, damage, or hazard.				
1.3	Vehicles are protected from the extremes of heat, cold, and moisture.				
1.4	Supplies are readily available to clean the vehicles.				
1.5	The patient care compartment is clean and sanitary.				
1.6	The deep clean program is documented.				
1.7	There is adequate storage space available for supplies.				
1.8	The storage space is clean according to visual inspection.				
2.0	Vehicle Check Sheet – Safe, Mechanical Condition	Y	P	N	NA
2.1	Ambulances, ERVs & ESUs are maintained in a mechanically safe condition and proper working order.				
2.2	Staff complete a checklist verifying the general safety features of each vehicle are functional.				
2.3	Staff check each vehicle at least once per day or shift.				

	Vehicle Check Sheet – Safe, Mechanical Condition (con’)	Y	P	N	NA
2.4	The check list allows the paramedic to make comments regarding vehicle deficiencies or safety concerns.				
3.0	Vehicle Check Sheet - Patient Care Equipment, Supplies and Medications	Y	P	N	NA
3.1	Patient care and accessory equipment is maintained in working order.				
3.2	Patient care and accessory equipment is clean and sanitary.				
3.3	Medications are stored in a manner consistent with manufacturer’s requirements.				
3.4	Medications are stored so as to prevent unauthorized access to them.				
3.5	Controlled medications are stored and secured according to Service Policy.				
3.6	Staff follows policy regarding disposal of expired medications.				
4.0	Storage Of Patient Care Equipment And Supplies	Y	P	N	NA
4.1	Patient care equipment is stored in a manner that is consistent with manufacturer’s direction and is free of contamination.				
4.2	There is a quantity of supplies and equipment on-hand to maintain the level of ambulance service to meet continuity of service requirements.				
4.3	Adequate replacement oxygen cylinders are readily available to staff.				
4.4	Cleaning supplies are accessible to staff to clean the patient compartment.				
4.5	Paper towels/hand dryers and liquid soap are used instead of bar soap and towels at all ambulance stations.				
5.0	Manuals	Y	P	N	NA
5.1	Current user guides i.e. training bulletins, videos, etc. and mandatory learning materials are accessible to staff.				
5.2	There is a medium accessible to staff for review of training materials.				
5.3	Staff have ready access to current Base Hospital policies and protocols.				
5.4	Current policies and procedures are readily accessible to staff.				
6.0	Miscellaneous	Y	P	N	NA
6.1	There is evidence that policies relating to drugs, alcohol and tobacco are complied with.				

Patient Care Assessment Observer Checklist

1.0	Call Assessment - Pre-Call	Y	P	N	NA
1.1	Staff completes vehicle checks				
1.2	Staff completes equipment check				
1.3	Staff have required ID on them				
1.4	Staff complied with every direction and instruction issued by the Communications Service with regards to the assignment of calls				
1.5	Crew departs station as per services reaction time policy				
1.6	Crew uses call number as required				
1.7	Crew books on with dispatch				
1.8	Crew wears seatbelts				
1.9	Crew uses radio terminology as per legislation, local policies and procedures				

	Call Assessment - Pre-Call (con't)	Y	P	N	NA
1.10	Crew uses the 4-digit vehicle number during radio transmissions				
1.11	Crew uses warning systems as per legislation, local policies and procedures				
2.0	Scene - Crew Performs Environmental Survey	Y	P	N	NA
2.1	Locates scene				
2.2	Surveys the scene				
2.3	Removes any hazards and/or attempts to protect the patient(s)				
2.4	Parks vehicle safely and close to scene				
2.5	Vehicles were locked when paramedics were away from the vehicle for extended periods of time according to local policy				
2.6	Controlled and/or SR medications are secured according to Service Policy				
2.7	Mechanism of Injury / Illness				
2.8	Casualties (identify number of)				
2.9	Additional resources needed/identified				
2.10	Wears personal protection, helmet, mask, gloves, goggles, footwear etc. as required				
3.0	Communications	Y	P	N	NA
3.1	Crew conducts paramedic introductions				
3.2	Crew interview for Events History "What happened?"				
4.0	Primary Assessment Crew Performs the Following:	Y	P	N	NA
4.1	Assess LOA and Appearance (AVPU)				
4.2	Provides c-spine management				
4.3	Assesses Airway for patency				
4.4	Provides critical interventions as per patient condition e.g. oral/nasal airway; positioning; foreign body removal; intubation				
4.5	Assesses Breathing				
4.6	Look (CLAP)				
4.7	Listen – Auscultate				
4.8	Feel – TICS/D				
4.9	Provides critical interventions e.g. oxygen/ventilation.				
4.10	Assesses Circulation				
4.11	Assesses Radial and Carotid Pulses				
4.12	Performs "WET"/Check				
4.13	Assesses Skin Colour/Condition/Temperature				
4.14	Provides critical interventions as indicated, including attaching the cardiac monitor or preparing the defibrillator.				
4.15	Controls hemorrhage				
4.16	Oral/Nasal Airway				
4.17	Oral/Nasal Intubation				
4.18	Foreign Body Removal – BLS				
4.19	Suction				
4.20	CPR				
4.21	Ventilation				
4.22	Needle Decompression				

	Primary Assessment Crew Performs the Following: (con't)	Y	P	N	NA
4.23	Needle Cricothyrotomy				
4.24	Intravenous Therapy				
4.25	Fluid Bolus				
4.26	Pharmacological Intervention (List in notes)				
4.27	Cardiac Monitoring				
4.28	Cardioversion				
4.29	External Cardiac Pacing				
4.30	Symptom Relief Therapy				
4.31	Blood Glucose Analysis				
4.32	Vasovagal Manoeuvres				
4.33	Carotid Sinus Massage				
4.34	Applied CO2 Monitor				
4.35	Intraosseous Infusion				
4.36	CPAP				
4.37	Electronic control device (Taser) probe removal				
5.0	Transport Decision	Y	P	N	NA
5.1	Crew recognizes life threatening situations and transports				
5.2	Crew recognizes other non-life threatening situations and transports				
6.0	History	Y	P	N	NA
6.1	Crew identifies chief complaint using AEIOU, TIPS, PQRST?				
6.2	Symptoms				
6.3	Allergies				
6.4	Medications				
6.5	Past Medical History				
6.6	Last Meal				
6.7	Events History				
7.0	Vital Signs - (as per BLS Standards)	Y	P	N	NA
7.1	Pulse				
7.2	Respiration				
7.3	Blood pressure				
7.4	Pupils				
7.5	Skin				
7.6	GCS				
8.0	Symptom Relief Medication Interventions	Y	P	N	NA
8.1	Crew considers contraindications				
8.2	Patient consented to treatment received				
8.3	Give SR medications as indicated (right med, right dose, right route)				
8.4	Vital signs taken pre and post medication administration				
8.5	Recognizes adverse or positive results				
8.6	Continues care, as indicated by adverse or positive results				

9.0	Secondary Assessment - Crew Performs the Following:	Y	P	N	NA
9.1	Head and Face				
9.2	Neck				
9.3	Chest				
9.4	Back				
9.5	Abdomen/Pelvis				
9.6	Extremities/Skin				
9.7	Performs immobilization procedures				
9.8	Applies dressings				
9.9	Positions patient				
9.10	Performs Obstetrical procedures				
9.11	Performs secondary treatments, according to secondary assessment findings				
10.0	Movement of Patient	Y	P	N	NA
10.1	Selects equipment as per standards or environmental needs				
10.2	Provides reassurance and direction to patient, prior to, during and after movement/extrication				
10.3	Moves patient safely, according to environment				
10.4	Prepares area for safe patient movement				
10.5	Positions equipment to patient				
10.6	Secures patient to equipment as per Transport Standards				
10.7	Directs patient, allied agency personnel or bystanders prior to, during and after patient movement				
10.8	Uses lift type as per patient condition and environment				
10.9	Uses safe lifting techniques according to patient condition				
10.10	Handles patient needs as per Patient Care Standards				
11.0	Transport	Y	P	N	NA
11.1	Selects return code as per patient condition				
11.2	Secures the stretcher in the vehicle				
11.3	Secures the incubator in the vehicle				
11.4	Secures the infant within the incubator				
11.5	Secures passengers and other occupants in the vehicle				
11.6	Patient care and accessory equipment and supplies are secured within the vehicle				
11.7	Transports patient to the facility as per CO direction				
11.8	Paramedics transport patients to the nearest medical facility providing type of care required when there is no direction given by the communications officer.				
11.9	Continues patient care en route				
11.10	Performs primary exam				
11.11	Performs primary treatment(s)				
11.12	Re-assess vital signs				
11.13	Continue CPR				
11.14	Initiated/continued Automatic Transport Ventilator				
11.15	Continue with Symptom Relief Medication				
11.16	Perform secondary assessment				

	Transport (con't)	Y	P	N	NA
11.17	Perform secondary treatment				
11.18	Perform other BLS/ALS procedures				
11.19	Takes precautions for infectious patient, according to service policy				
12.0	Reporting & Recording - Report to ER staff includes	Y	P	N	NA
12.1	Chief complaint				
12.2	Incident history				
12.3	Assessment findings				
12.4	Patient management				
12.5	Response to treatment				
12.6	Medical History				
12.7	Medications and allergies				
13.0	General - Crew Performed the Following	Y	P	N	NA
13.1	Crew works as a team				
13.2	Crew works in an organized and sequential manner				
13.3	Crew explains the procedures and actions to the patient				
13.4	Crew is supportive and informative to the family				
13.5	Crew reassures the patient				
13.6	Crew drives safely, as per legislation, local policies and procedures				
13.7	Crew co-operates with allied agencies				
14.0	Post Call - Crew Performed Post Call Duties	Y	P	N	NA
14.1	Washes hands as soon as practical after call				
14.2	Uses alcohol-based hand cleaner, if unable to wash hands after a call				
14.3	Uses disposable equipment / supplies only once				
14.4	Staff disposed of single use supplies equipment according to BLS-ALS standards				
14.5	Staff cleaned the patient care compartment after an ambulance call, as per local policies and procedures				
14.6	Vehicles were restocked as soon as practical after an ambulance call is complete as per policy & procedure and equipment standards				
14.7	Cleans equipment prior to re-use as per policy and procedures				
14.8	The equipment being used to restock the vehicle is clean				
14.9	Disinfects and sanitizes vehicle, as per policy and procedures				
14.10	Completes ACR as per Documentation Standards				
14.11	Completes patient refusal section as required				
14.12	Completes incident report(s) as indicated				
14.13	Obtains related documentation				
14.14	Distributes ACR as per documentation standards				
14.15	Crews accepted ambulance calls assigned by the communication service				
14.16	Staff responded to calls for ambulance service free from the influence of liquor or drugs				
14.17	Crew follows the directives of the communications officer				
14.18	When prompted by ACO, provided correct TOC time				
14.19	Communicates vehicle's availability to dispatch				

Vehicle – Patient Care Equipment

1.0	Vehicle Monitoring Devices (as used by Service)	Y	N	DNC
1.1	This service uses- electronic- GPS and/or AVL devices			
1.2	The service uses a mechanical device- tachograph			
1.3	Vehicle monitoring devices are functional			
1.4	The hand-written information is legible			
1.5	The date is recorded			
1.6	The crew names are recorded			
1.7	The finish mileage is recorded			
1.8	The vehicle number is recorded			
1.9	The station number is recorded			
1.10	The vehicle monitoring device is set to the correct time			
2.0	Safe Mechanical Condition-Ambulances, ERVs & ESUs	Y	N	DNC
2.1	Current safety certificate is clearly displayed (vehicles over 4500kg)			
2.2	Coolant level is adequate			
2.3	Wiper blades are in good condition			
2.4	Headlights – high beam working			
2.5	Headlights – low beam working			
2.6	Emergency brake is functional (holds when applied and placed into drive without application of gas)			
2.7	Battery – Secure in mount			
2.8	Battery terminals are clean and free of corrosion			
2.9	Hoses are free of visible cracks or leaks			
2.10	Belts are free of visible cracks			
2.11	Adequate Fuel in tank (at least ¼ tank)			
2.12	Oil level adequate			
2.13	No obvious signs of fluid leakage			
2.14	Vehicle starts easily			
2.15	Windshields wipers work			
2.16	Windshield washer fluid level is adequate			
2.17	Transmission fluid level is adequate			
2.18	Power Steering fluid level is adequate			
2.19	Brake fluid level is adequate			
2.20	Windshield is free from obstructions			
2.21	Rear window – undamaged			
2.22	Side windows open without difficulty			
2.23	Exterior body shows no rust or perforation			
2.24	Exterior body is free from significant damage			
2.25	Mirrors in place, functional, and not broken or damaged			
2.26	Doors open and close without difficulty			
2.27	There is current registration and insurance in the vehicle.			
2.28	There is a supply of ACRs in the vehicle.			
2.29	There are current street maps and guides in the vehicle.			
2.30	There is a zip pack/computer in the vehicle.			
3.0	Driver's Compartment	Y	N	DNC
3.1	Parking lights in working condition			
3.2	Signal lights work			
3.3	Four way flashers work			
3.4	Brake lights work			

	Driver's Compartment (con't)	Y	N	DNC
3.5	Emergency lights work (primary, secondary, & wig-wags)			
3.6	Flood lights operational			
3.7	Tail lights functional			
3.8	Back up alarm works			
3.9	Anti-theft switch works			
3.10	Horn works			
3.11	Radio is functional			
3.12	Portable radios are functional			
3.13	Map lights work			
3.14	Dashboard lights illuminate			
3.15	Siren works (all modes)			
3.16	PA system works			
3.17	Heater is functional			
3.18	A/C is functional			
3.19	Air-horn works			
3.20	Seats in good condition			
3.21	Seatbelts in working condition			
3.22	Clean and sanitary condition			
4.0	Patient Care Compartment	Y	N	DNC
4.1	Interior lights working – high			
4.2	Interior lights working – low			
4.3	Cabinet lights working			
4.4	Heater is functional			
4.5	Air-conditioner is functional			
4.6	Exhaust fan in working order			
4.7	Wall mounted suction working			
4.8	Wall mounted oxygen working			
4.9	Seats in a clean and sanitary condition			
4.10	Seatbelts – working order			
4.11	Cabinet doors –open and close easily			
4.12	Floors are clean			
4.13	Walls are clean			
4.14	Cabinets are clean			
4.15	Ceiling is clean			
4.16	Windows are clean on interior			
4.17	Cot holder and cot floor clamp are secure			
4.18	No additions or conversions have been made to the vehicles			
4.19	Incubator Plug tested positive for power			
4.20	Sharps containers are secured in the vehicles.			
4.21	Sharps containers are not over-filled.			

5.0	Summary	Y	P	N	NA	DNC
5.1	The vehicle is free from any additions and/or conversions.					
5.2	Ambulance/ERV is stocked with required no. of patient care equipment.					
5.3	Ambulance/ERV is stocked with required number of supplies.					
5.4	Ambulance/ERV meets safe mechanical condition criteria.					
5.5	Ambulance/ERV interior/patient care compartment is maintained in clean & sanitary condition.					

Summary (con't)		Y	P	N	NA	DNC
5.6	Ambulance/ERV is maintained in working order.					
5.7	Vehicle ID is displayed on front and rear of the vehicle.					
5.8	The patient care and accessory equipment is clean and sanitary.					
5.9	Controlled Medications are secured following Service Policy.					
5.10	There is no evidence staff smoke in the ambulance / ERV.					
5.11	The ambulance or ERV is free from the smell of smoke.					
5.12	Ashtrays in ERV/ambulance show no cigarette residue.					
5.13	A “not in service” sign is available for display in the ambulance/ERV front and back window when out of service.					

6.0 Land Ambulance Accessory Equipment						
Line	Qty	Item	Y	N	NA	DNC
6.1	2	Portable hand lights (with batteries)-Meets or exceeds standard (C22.2 No.12)				
6.2	1	Radio equipment: type and power, approved by the Director				

7.0 ERV Accessory Equipment						
Line	Qty	Item	Y	N	NA	DNC
7.1	1	Portable hand light (with batteries) - Meets or exceeds CSA standard (C22.2 No. 12)				
7.2	1	Radio equipment; type and power, approved by the Director				

8.0 Land Ambulance Patient Care Equipment Cots, Stretchers and Accessories						
Line	Qty	Item	Y	N	NA	DNC
8.1	1	Cot, lift assist or cot, multi level, lift in				
8.2	1	Infant restraint device				
8.3	1	Lifting chair				
8.4	1	Stretcher, adjustable break-away				
8.5	1	Stretcher, portable				

9.0 Immobilization Equipment						
Line	Qty	Item	Y	N	NA	DNC
9.1	2	Adult Cervical Collars- 2 each size or equivalent multi-size				
9.2	2	Paediatric Cervical Collars- 2 each size or equivalent multi-size				
9.3	1	Spinal Board, quick connect				
9.4	1	Spinal immobilization extrication device				
9.5	4	Splint, multipurpose or malleable				
9.6	1	Splint, traction				

10.0		Kits				
Line	Qty	Item	Y	N	NA	DNC
10.1	1	Burn Kit with contents itemized:				
10.2		is sealed				
10.3		has an expiry date				
10.4	4	bandage, conforming gauze roll				
10.5	1	burn sheet, approximately 150 cm x 225 cm				
10.6	2	burn sheets, approximately 37 cm x 37 cm				
10.7	2	burn sheets, approximately 75 cm x 75 cm				
10.8	2 pr	gloves, sterile				
10.9	1000 ml	irrigation fluid				
10.10	1	First Response Kit that contains:				
10.11		airway, oropharyngeal (1 each size)				
10.12	1	bag-valve-mask resuscitator, adult				
10.13	1	blood pressure cuff/manometer (manual), adult				
10.14	1	blood pressure cuff/manometer (manual), pediatric				
10.15	1	oxygen cylinder				
10.16	1	oxygen mask, adult high concentration				
10.17	1	oxygen mask, pediatric simple				
10.18	1	oxygen nasal cannula				
10.19	1	oxygen pressure regulator				
10.20	1	resuscitation mask, adult				
10.21	1	Stethoscope (or personal issue)				
10.22	1	suction unit, hand operated OR suction unit, portable electric				
10.23	2	bandage, conforming gauze roll				
10.24	6	bandage, triangular				
10.25		cervical collar (1 each size or multi-size)				
10.26	2	dressing, pressure				
10.27	2	eye pad				
10.28	4	gauze pad				
10.29	2 pr	gloves, non-sterile				
10.30	1	hand rub, antiseptic				
10.31	1000 ml	irrigation fluid				
10.32	2 rolls	tape, adhesive				
10.33	1	MCI Kit that contains:				
10.34	6	light sticks				
10.35	2	markers, permanent ink				
10.36	1	multi-casualty incident (MCI) reference card				
10.37	1	site co-ordinator vest, MOL compliant				
10.38	1	Transport Canada Emergency Response Guidebook				
10.39	50	triage tags				
10.40	3	vests, high visibility				

Kits (con't)						
Line	Qty	Item	Y	N	NA	DNC
10.41	1	Obstetrics Kit with contents itemized:				
10.42		is sealed				
10.43		has an expiry date				
10.44	2	alcohol preps				
10.45	1	blanket, receiving, heat retaining, 100% cotton flannelette, white, with no tattered edges				
10.46	2 pr	forceps, sterile, disposable				
10.47	1	gauze pads, sterile (minimum 10 cm x 10 cm)				
10.48	2	gloves, sterile				
10.49	1	incontinent pad, sterile and disposable (approximately 60 cm x 120 cm)				
10.50	1	obstetrical pad, sterile				
10.51	2	obstetrical towelettes				
10.52	2	plastic bags				
10.53	1 pr	scissors, blunt-tipped, sterile, disposable				
10.54	1	suction device (manual) meeting current AHA guidelines for neonatal suctioning				
10.55	4	towels, disposable				
10.56	2	twist ties (to secure bags)				
10.57	2	umbilical cord clamps, sterile				
10.58	1	Symptom Relief Kit that contains:				
10.59	6 tabs	acetylsalicylic acid (ASA) (81 mg/tablet)				
10.60	10 mg	epinephrine 1:1000 (1 mg/1 ml)				
10.61	2 mg	glucagon				
10.62	2	glucose, oral (paste, tablets or other formulation) 15 G/dose				
10.63		nitroglycerin, lingual aerosol (0.4 mg/dose) OR nitroglycerin, tablets (0.3 or 0.4 mg/dose) (2 canisters OR 2 bottles)				
10.64		salbutamol, inhalation aerosol (100 mcg/puff) AND salbutamol, inhalation solution (2 canisters and 25 mg total)				
10.65	10	alcohol preps				
10.66	1	glucometer				
10.67	2	metered dose inhaler (MDI), valved holding chamber				
10.68		Needles (2 each size) <ul style="list-style-type: none"> • be provided in a minimum of three sizes (#18, #22, and #25 F); • have blunt tip (non-coring) for #18 F; • have beveled end needles with the exact gauge outside diameter for #22 F and available in 1½ inch size; • have beveled end needles with the exact gauge outside diameter for #25 F and available in 1 inch and ¾ inch sizes; 				
10.69		syringe, medical (2 each size 1 ml, 3 ml, and 10 ml sizes)				

11.0 Oxygen/Suction Equipment and Accessories						
Line	Qty	Item	Y	N	NA	DNC
11.1	2 sets	Airways, nasopharyngeal (complete range of sizes to accommodate adult patients)				
11.2	1 set	Airways, oropharyngeal (complete range of sizes- infant to large adult)				
11.3	1	Bag-valve-mask resuscitator, adult				
11.4	1	Bag-valve-mask resuscitator, paediatric				
11.5	4	Lubricant, water-based				
11.6	2	Nebulized medication delivery mask				
11.7	2	Oxygen cylinders, "D" size or equivalent volume				
11.8	1	Oxygen cylinder, "M" size				
11.9	1	Oxygen flowmeter, vehicle				
11.10	1	Oxygen mask, adult high concentration				
11.11	2	Oxygen mask, high concentration/low flow				
11.12	2	Oxygen mask, paediatric simple				
11.13	1	Oxygen nasal cannula				
11.14	1	Oxygen pressure regulator, vehicle (for use with "M" cylinder)				
11.15	2	Oxygen supply tubing				
11.16	1	Resuscitation mask, adult				
11.17	2	Resuscitation mask, paediatric				
11.18	2 each	Suction catheters (#10 F and #14 F)				
11.19	2	Suction tip, wide bore type				
11.20	2	Suction tip, Yankeur type				
11.21	2	Suction unit, collection container (vehicle)				
11.22	2	Suction unit, tubing				
11.23	1	Suction unit, vehicle				

12.0 Cardiac monitor/Defibrillator and Supplies						
Line	Qty	Item	Y	N	NA	DNC
12.1	1	Cardiac monitor/defibrillator (PCP)				
12.2	2 sets	Cardiac monitor/defibrillator, defib pads (2 sets of 2 pads)				
12.3	1	Cardiac monitor/defibrillator, ECG cable				
12.4	2 pts	Cardiac monitor/defibrillator, ECG monitoring electrodes (sufficient to monitor a min. 2 patients)				
12.5	2	Cardiac monitor/defibrillator, ECG paper				
12.6	2	Razor, disposable				

13.0 Wound Management/ Patient Care Supplies						
Line	Qty	Item	Y	N	NA	DNC
13.1	2	Adhesive tape, medical				
13.2	10	Alcohol swab				
13.3	5	Bandage, conforming gauze roll				
13.4	6	Bandage, triangular				
13.5	1	Blood pressure cuff/manometer (manual), adult				
13.6	1	Blood pressure cuff/manometer (manual), adult XL				
13.7	1	Blood pressure cuff/manometer (manual), paediatric				

Wound Management/ Patient Care Supplies (con't)						
Line	Qty	Item	Y	N	NA	DNC
13.8	2	Cold packs				
13.9	4	Dressing, abdominal				
13.10	4	Dressing, pressure				
13.11	6	Eye pads				
13.12	10	Gauze pads				
13.13		Irrigation fluid (1000ml total)				
13.14	1	Paramedic scissors				
13.15	1	Stethoscope (or personal issue)				

14.0 Personal Protective Equipment						
Line	Qty	Item	Y	N	NA	DNC
14.1	6	Contaminated material containment bag				
14.2	4	Coveralls/gowns, disposable				
14.3	2	Eyewear, protective (safety) or personal issue				
14.4		Gloves, non-sterile (10 pair, each size)				
14.5	2 pr	Gloves, safety (or personal issue)				
14.6	3	Hand rub, antiseptic				
14.7	2	Helmet, safety (or personal issue)				
14.8	10	Particulate respirator mask				
14.9	1	Sharps container				
14.10	4	Surgical mask				
14.11	2	Vests, high visibility (or personal issue)				

15.0 Blankets/Linens						
Line	Qty	Item	Y	N	NA	DNC
15.1	2	Blanket				
15.2	2	Blankets/ disposable				
15.3	2	Pillow				
15.4	2	Pillow case				
15.5	2	Sheets				
15.6	4	Towel				

16.0 Miscellaneous						
Line	Qty	Item	Y	N	NA	DNC
16.1	1	Bed pan				
16.2	4	Emesis bag				
16.3	2	Boxes of facial tissue				
16.4	1	Roll of toilet tissue				
16.5	1	Urinal				

17.0 Emergency Response Vehicle Equipment- RESPONDER							
Line	Qty	Item	Y	N	NA	DNC	
17.1	1	Burn kit	Go to section 10 – 10.1				
17.2	1	Cardiac monitor/defibrillator (PCP)					
17.3	2 sets	2 pads, Cardiac monitor/defibrillation pads					
17.4	1	Cardiac monitor/defibrillator, ECG cable					

Emergency Response Vehicle Equipment- RESPONDER (con't)						
Line	Qty	Item	Y	N	NA	DNC
17.5	2 pts	Cardiac monitor/defibrillator, ECG monitoring Electrodes (sufficient to monitor min. 2 pts)				
17.6	2	Cardiac monitor/defibrillator paper ECG paper (including spare)				
17.7	1	Eyewear, protective (safety) or personal issue				
17.8	1	First response kit (fully stocked)	Go to section 10 – 10.10			
17.9	2	Gloves, non-sterile 2 pairs each size				
17.10	1	Gloves, safety (or personal issue)				
17.11	1	Helmet, safety (or personal issue)				
17.12	1	Mass casualty incident kit	Go to section 10 – 10.33			
17.13	1	Obstetrical kit	Go to section 10 – 10.41			
17.14	1	Razor, disposable				
17.15	1	Spinal immobilization extrication device				
17.16	2	Splint, multi purpose/malleable				
17.17	1	Splint, traction				
17.18	1	Symptom relief kit	Go to section 10 – 10.58			
17.19	1	Vest, high visibility				

18.0 Emergency Response Vehicle Equipment- SUPPORT/COMMAND						
Line	Qty	Item	Y	N	NA	DNC
18.1	1	Eyewear, protective (safety) or personal issue				
18.2	1	First response kit (fully stocked)	Go to section 10 – 10.10			
18.3	1	Gloves, safety (or personal issue)				
18.4	1	Helmet, safety (or personal issue)				
18.5	1	Mass casualty incident kit	Go to section 10 – 10.33			
18.6	1	Vest, high visibility				

Land Ambulance Advanced Life Support Equipment and Drug List						
19.0 Advanced Airway Kit						
Line	Qty	Item	Y	N	NA	DNC
19.1	1	Airway kit soft sided, max loaded 12.244 kg (27 lbs)				
19.2	1	Chest drain valve				
19.3		Non-cuffed Endotracheal Tubes				
19.4	1 ea	# 3, 3.5, 4, 4.5, 5, and 5.5				
19.5		Cuffed Endotracheal Tubes				
19.6	1 ea	# 6 and 6.5				
19.7	2 ea	# 7, 7.5 and 8				
19.8	2	Endotracheal tube, extender device				
19.9	2	Endotracheal tube securing device				
19.10	2	Endotracheal tube, stylette				
19.11	1	Laryngoscope blades (1 each size)				
19.12	2	Laryngoscope handle				
19.13	2	Lubricant, water-based				
19.14	1	Magill forceps				

Advanced Airway Kit (con't)						
Line	Qty	Item	Y	N	NA	DNC
19.15	2	Metered dose inhaler (MDI), aerosolization adapter				
19.16	2	Meter dose inhaler (MDI), valved holding chamber				
19.17	2	Qualitative end-tidal CO2 detector				
19.18	2	Suction catheter (2 each size) <ul style="list-style-type: none"> • be available in the various sizes to effectively suction patients of varying sizes, • (#10 F and #14 F); • be approximately 50 – 55 cm in length; 				
19.19	2	Thoracostomy device				

20.0 Cardiac Monitor/Defibrillator						
Line	Qty	Item	Y	N	NA	DNC
20.1	1	Cardiac monitor/defibrillator (ACP)				

21.0 Cardiac Monitor/Defibrillator Accessories						
Line	Qty	Item	Y	N	NA	DNC
21.1	2	Cardiac monitor/defibrillator, defibrillation pads (2 sets of 2)				
21.2	1	Cardiac monitor/defibrillator, ECG cable				
21.3		Cardiac monitor/defibrillator, ECG monitoring electrodes (sufficient quantities to monitor 2 pts)				
21.4	2	Cardiac monitor/defibrillator, ECG paper				
21.5	2	Razor, disposable				

22.0 Intravenous and Drug Kit						
Line	Qty	Item	Y	N	NA	DNC
22.1	1	Intravenous and drug kit- soft sided, max. loaded weight 9.07 kg (20 lbs) must include separate and clearly identifiable protective cases for both controlled and other meds.				
22.2	10	Alcohol preps				
22.3	6	Dressing, clear sterile				
22.4	2	Intraosseous (IO) needles (2 each size)				
22.5	2	Intravenous catheters (2 each size)				
22.6	2	Intravenous drip tubing				
22.7	1	Intravenous pressure infuser				
22.8	2 litres	Intravenous solution (0.9% Sodium Chloride) any combination				
22.9	2	Needles- 2 of each size <ul style="list-style-type: none"> • be provided in a minimum of three sizes (#18, #22, and #25 F); • have blunt tip (non-coring) for #18 F; • have beveled end needles with the exact gauge outside diameter for #22 F and available in 1½ inch size; • have beveled end needles with the exact gauge outside diameter for #25 F and available in 1 inch and 5/8 inch sizes; 				

Intravenous and Drug Kit						
Line	Qty	Item	Y	N	NA	DNC
22.10	2	Saline flush solutions				
22.11	2	Syringe, medical (2 each size 1 ml, 3 ml, and 10 ml sizes)				
22.12	2	tourniquet				

23.0 Medications: the quantity of medications listed below are the minimum total amount to be carried in an ALS ambulance and includes meds carried in the IV/Drug Kit and meds stored within the vehicle. A min 50% of each med listed (to treat 1 pt) must be carried in the IV/Drug Kit						
Line	Qty	Item	Y	N	NA	DNC
23.1	36 mg total	Adenosine (6mg and/or 12 mg preparations)				
23.2	6 tablets	ASA (81mg/tablet)				
23.3	2 mg	Atropine sulphate injection				
23.4	4	50% dextrose in water injection (25G/50ml)				
23.5	100 mg	diphenhydramine				
23.6	2 bags OR 2	Dopamine HCL solution (400mg/250ml) OR dopamine HCL injection (200mg/5ml)				
23.7	10 mg	Epinephrine 1:1000 (1mg/1ml)				
23.8	10 mg	Epinephrine 1:10,000 (1mg/10ml)				
23.9	2 mg	Glucagon				
23.10	2	Glucose, oral (paste, tablets or other formulation) 15 G/dose				
23.11	600 mg	Lidocaine injection OR amiodarone injection				
23.12	2	Lidocaine spray (10mg/spray) with 2 spray nozzles/canister				
23.13	20 mg	Midazolam injection				
23.14	20 mg total	Morphine sulphate injection (or 10 mg if fentanyl is also carried)				
23.15	4 mg	Naloxone injection				
23.16	2 canisters/bottles	Nitroglycerin, lingual aerosol (0.4mg/dose) OR nitroglycerin, tablets (0.3 or 0.4 mg/dose)				
23.17	2 bottles	Phenylephrine 0.5% OR Xylometazoline 0.1%				
23.18	2 canisters AND 25 mg total	Salbutamol inhalation aerosol (100mcg/puff) AND Salbutamol inhalation solution				
23.19	2	Sodium bicarbonate injection (50mEq/50ml)				

24.0	Land Ambulance Auxiliary Equipment and Drug List: This equipment is not mandatory, however if ambulance services decide to stock any of these items, it must meet the applicable description and/or standard.					
Line	Qty	Item	Y	N	NA	DNC
24.1		Automatic Transport Ventilator				
24.2		Continuous Positive Airway Pressure Unit				
24.3	1 each size	Cuffed Nasotracheal Tubes Sizes #6, #7, #8				
24.4		Meconium Aspirator Adapter (Endotracheal tube)				
24.5		Stretcher, folding				
24.6	1920 mg	Acetaminophen				
24.7	100 mg	Dimenhydrinate				
24.8	100 mg	Diphenhydramine				
24.9	200 mcg	Fentanyl				
24.10	200 mg	Furosemide				
24.11	800 mg	Ibuprofen				
24.12	60 mg	Ketorolac				

