



National Ambulance Service (NAS)

Ambulance Operations (Fleet) Procedure

**Safe use of the Side / Rear Access doors on
Emergency Ambulances**

(All Divisions)

Document reference number	<i>NASOF013</i>	Document developed by	<i>Macartan Hughes, Head of Education and Competency Assurance</i>
Revision number	<i>2</i>	Document approved by	<i>NAS Leadership Team</i>
Approval date	<i>19th November 2011</i>	Responsibility for implementation	<i>Area Operations Manager/Designate</i>
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1.0 POLICY

- 1.1 The policy of the National Ambulance Service (NAS) is to ensure that all staff are provided with and are aware of safe systems of work.

2.0 PURPOSE

- 2.1 To provide instruction regarding the safe operation of Emergency Ambulance patient compartment doors, in particular the operation of the near side patient compartment door. This instruction is aimed at ensuring staff and patient wellbeing and where applicable, compliance with any legal requirements e.g. under Health and Safety legislation.
- 2.2 Reduce the likelihood of an untoward incident occurring whilst operating an Emergency Ambulance.
- 2.3 Ensure that all staff members are made familiar with safe operating practices in relation to the operation of the patient compartment side door, in ambulances.

3.0 SCOPE

- 3.1 This Procedure applies to all NAS staff while operating any NAS vehicle.
- 3.2 This Procedure relates to the patient compartment side door, where fitted, rear of the front passenger door and also to the rear door of the patient saloon.

4.0 LEGISLATION/OTHER RELATED POLICIES

- A. Sections 8 & 13, Safety, Health and Welfare at Work Act 2005
- B. Procedure – AMBOF002 - Daily Vehicle Inspection & Inventory Check
- C. National Ambulance Service Safety Statements

5.0 GLOSSARY OF TERMS AND DEFINITIONS

NAS – National Ambulance Service

Leading EMT – Supervisor (Paramedic/Advanced Paramedic)

VDI - Vehicle Daily Inspection

6.0 ROLES AND RESPONSIBILITIES

- 6.1 It is the responsibility of the National Ambulance Service Leadership Team to ensure the dissemination of this Procedure to all staff in their area of responsibility.
- 6.2 Supervisors report directly to the Operations Resource Managers/Ambulance Officers who are responsible for the Division.

- 6.3 The responsibility for compliance with this Procedure lies with each member of staff. Supervisors are responsible for communicating this Procedure to all staff within their area of responsibility.
- 6.4 Operations Resource Managers/Ambulance Officers will monitor the performance of Supervisors within their areas of responsibility.

7.0 PROCEDURE

- 7.1 At the commencement of the shift, staff will carry out a VDI and the findings must be entered on the NAS Vehicle Daily inspection Form. On commencement of an operational duty shift, crew members will assess, and record, the functionality of the alarm systems and security systems, which indicates the status of the patient compartment doors. This check will form part of daily vehicle inspection process.
- 7.2 The patient compartment side or rear door must never be opened or its mechanisms operated unless the vehicle is stationary and that confirmation of the vehicle being stationary is agreed between the crew member in the patient compartment and the driver of the vehicle.
- 7.3 Staff should be familiar with the information contained within Safety Action Notice 001/12 in relation to side access doors on Emergency Ambulances and with the Risk Assessment circulated in relation to Emergency Ambulances, Side Door Modification, issued on 19th November 2012.
- 7.4 Staff must be satisfied that the visual and audible alarms installed in the drivers cab are functioning correctly to indicate when the side access door is not fully closed. This must be recorded at the beginning of each shift.
- 7.5 Staff must be satisfied that the warning lights for the side access door in the cab and patient compartment, which confirms that the secondary motion lock has engaged thus preventing the side door from opening when the vehicle reaches speeds in excess of 2 kilometres per hour, are functioning correctly.
- 7.6 During the course of each shift staff should maintain vigilance in relation to the operation of the side access door and the door must never be operated until the driver confirms that the vehicle is stationary and the crew agrees that it is safe to operate the patient compartment doors.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all Area Operations Managers.
- 8.2 This Procedure will be circulated electronically to all Officers, all Supervisors and Staff by the AOMs.

- 8.3 This Procedure will be placed in hardcopy in the Operations Fleet Procedure Manual in each Ambulance Station and Ambulance Control for ease of retrieval and reference
- 8.4 Each Supervisor responsible for updating Procedure Manuals will return the Confirmation Form to each Divisional Headquarters to confirm document circulation to all staff.
- 8.5 The Procedure summary will be displayed in all vehicles, to be posted with this Procedure on all staff notice and safety bulletin boards and to be circulated to all staff

9.0 REVISION AND AUDIT

- 9.1 This Procedure will be reviewed whenever circumstances, changes in vehicle engineering/procedures and/or operational practices or a relevant event dictate.
- 9.2 Due to the nature of the services provided, unforeseen situations may arise that may not be addressed by this Procedure. If such an event should occur, common sense, teamwork and courtesy will ensure that staff overcome the problem.

10.0 REFERENCES

None

11.0 APPENDICES

- 1.1 **Appendix 1** – Procedure Acknowledgement Form
- 1.2 **Appendix 2** - Risk Assessment – Emergency Ambulances – Side Door Modification, 19th November 2012
- 1.3 **Appendix 3** – Procedure Approval Group
- 1.4 **Appendix 4** – Document Control
 - 1.4.1 Document Control No. 1 Peer Review Policy, Procedure, Protocol or Guidance
 - 1.4.2 Document Control No. 2 Key stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement
 - 1.4.3 Document Control No. 3 Signature Sheet

APPENDIX 1 – Procedure Acknowledgement Form

Name:	Title:

APPENDIX 3 – Procedure Approval Group

Name:	Title:
Martin Dunne	National Director - NAS
Dr. Cathal O'Donnell	Medical Director – NAS
Macartan Hughes	Education & Competency Assurance Manager
Pat McCreanor	Control Manager
Sean Brady	Control & Performance Manager
William Merriman	Area Operations Manager – NL
Paudie O'Riordan	Area Operations Manager – West
Paul Gallen	Area Operations Manager - South

APPENDIX 4

Document Control No. 1 (to be attached to Master Copy)

Policy Governing Adherence to all SOP's, Policies and Procedures

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

_____	_____	_____
Name	Signature (Block Capitals)	Date

Please return this completed form to:

Name: Niamh Murphy

Contact Details: National Ambulance Service, Rivers Building, Tallaght Cross, Dublin 24 or email niamhf.murphy1@hse.ie

Document Control No. 2 (to be attached to Master Copy)

**Key Stakeholders Review of Policy, Procedure, Protocol or
Guidance Reviewer Statement**

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

_____	_____	_____
Name	Signature (Block Capitals)	Date

Please return this completed form to:

Name: Niamh Murphy

Contact Details: National Ambulance Service, Rivers Building, Tallaght Cross, Dublin 24 or email niamhf.murphy1@hse.ie

Document Control No. 3 Signature Sheet:

(to be attached to Master Copy)

Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

*I have read, understand and agree to adhere to the attached Policy, Procedure,
Protocol or Guideline:*

Print Name	Signature	Area of Work	Date