

SCHEME

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**Ambulance Services at Rural Hospitals /  
Block Primary Health Centres / Primary  
Health Centres through Public Private  
Partnerships**

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Department of Health and Family Welfare  
Government of West Bengal

November 2006

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# Section: 1 Background and Current Scenario

## 1.1 Background and need for Ambulances

Accessibility to emergency health services especially emergency obstetric care is an important factor which can contribute significantly to the improvement of basic health indicators like Infant Mortality Rate and Maternal Mortality Rate and increased levels of safe and institutional deliveries. Various studies however indicate that accessibility of emergency services from remote areas in West Bengal is still a major concern despite ambulance services being operated by groups like Red Cross and St. John's Ambulance. Most of these existing ambulance services are localised and do not have the much needed rural reach.

This being the ground reality, there is an unmet need in remote areas of West Bengal for emergency transportation services, especially emergency obstetric care, accidents and other medical conditions.

Efficiently managed ambulance services in such areas will fulfill this need and shall bridge the existing gap.

Additional advantages of professionally managed ambulance services in rural areas will be:

- ▶ Timely medical care at appropriate referral centres to people living in the rural areas
- ▶ Extension of life saving services to larger number of rural people
- ▶ Greater confidence of the people in public health services
- ▶ Better security and safety of patients during transportation
- ▶ Higher utilisation of medical services at Rural Hospitals (RH) , Block Primary Health Centers (BPHC) and Primary Health Centres (PHCs)
- ▶ Higher percentage of institutional delivery

To meet this need for emergency health care, Department of Health and Family Welfare (DoHFW), Government West Bengal (GoWB) decided to set up emergency transportation services by involving reputed NGOs/CBOs/Trusts etc. to take-up day to day operational management of ambulance services as partners under Public Private Partnerships (PPP) in eight districts of West Bengal namely Purba Medinipur, Paschim Medinipur, Purulia, Bankura, Birbhum, Jalpaiguri, Cooch Behar and Darjeeling. Accordingly, 133 Ambulance Services at the level of RH/ BPHC/PHC managed by NGOs/CBOs etc under PPP became operational in these eight districts from March 2005. Encouraged by the overall success of the scheme, DoHFW has now decided to replicate this scheme across all blocks in the state.

## 1.2 Ambulance Operations – Five-Year Projections

Particulars	Year 1	Year 2	Year 3	Year 4	Year 5
Intensive work/trips within core geographical area					
Radius in kms.	20	22	25	27	30
Occasional work/trips to the peripheral areas.					
Radius in kms.	30	35	40	50	60
Distance likely to be covered in a day in kms	120	130	140	150	160
Distance likely to be covered in a year in kms. (25 days/month)	36000	39000	42000	45000	48000
Total distance likely to cover in a month	3000	3250	3500	3750	4000

**Intensive work/trips within core geographical area - radius in kms:** The ambulance will work intensively and transport patients frequently from within a radius in the 5 years, which is considered the core work area (80% of the workload will be from this area).

**Occasional work/trips to the peripheral areas - radius in kms.:** The ambulance will also transport patients from a wider radius but these visits will be occasional (10% of the workload will be from within this area).

**Distance likely to be covered in a day:** It will be the combined workload in core area and the wider coverage area. It is estimated that an ambulance will undertake 2 to 3 visits in a day assuming that the current patient load at the RHs/BPHCs/PHCs will remain constant and not taking into account workload from the private sector.

**Distance likely to be covered in a month:** It is estimated that the vehicle will run 25 days a month.

**Total distance likely to be covered in a year:** This is calculated taking the distance likely to cover per month and computing it for the full year.

## **Section 2: Goals, Objectives and Expected Outputs**

### *2.1 The Goal:*

**P**rovide high quality, easily accessible and timely healthcare services to people of West Bengal.

### *2.2 The Objectives:*

- a. To develop cost effective ambulance services for transporting accident, emergency and other patients to appropriate referral medical care centres.
- b. To establish a sustainable system of emergency transportation operated professionally and cost effectively by NGOs/CBOs/Trusts etc.

### *2.3 Expected Outputs:*

- a. Reliable and professionally managed ambulance services available to people at a reasonable costs and on 24-hour basis.
- b. Considerable saving of time and effort of patients and their relatives to locate and get transportation services.
- c. Reduced expenditure on transportation due to cost-effective rates finalised with GoWB.
- d. Increased confidence of people in public healthcare services.
- e. Enhanced utilization of public health infrastructure.
- f. Increased institutional delivery and quality management of emergency obstetrics and neo-natal care.

# Section 3: Nature of Partnership and Ownership

## *3.1. Nature of partnership*

- 3.1.1. **T**he nature of partnership between the Government of West Bengal and Bengal and NGOs/CBOs/Trusts etc pertaining to ambulance services will be governed by a contractual agreement between the agreement between the two. The Chief Medical Officer of Health (CMOH) Health (CMOH) of the particular district on behalf of the District Health and Family Welfare Samiti (DHFWS) and the Secretary/President of the selected NGOs/CBOs/Trusts etc will sign an agreement (form of which has been given in Annexure 1 of this document). This agreement will be valid for a period of five years from the date of signing subject to renewal on such terms and conditions and for such a period as mutually agreed upon by both the parties.
- 3.1.2 Under this agreement the GOWB will provide the NGOs/CBOs/Trusts etc partner with an ambulance in good running condition together with related equipment and furniture such as oxygen cylinder, stretcher, IV stand, etc. for operation in the RH/BPHC/PHC allocated by DHFWS .for each NGO/CBO/Trust.
- 3.1.3 The NGOs/CBOs/Trusts etc on the other hand will bear the allowances of the driver as well as the attendant together with expenses related to operation and maintenance of the ambulance.
- 3.1.4 The said ambulance shall be exclusively utilized by the second party for carrying the emergency and referral patients within the districts and in particular, from the villages to the RH/BPHC/PHC and from there to the Rural Hospital / State General / Sub Divisional Hospital / District Hospital of the District and tertiary hospitals as well as nearest private hospitals as and when needed with the prior intimation to the Superintendent/BMOH / MOIC..
- 3.1.5 The NGOs/CBOs/Trusts etc will be entitled to collect and retain user charges as per the rates fixed by DHFWS in each district. These user charges are supposed to cover all operational and administrative expenses for managing the services. DHFWS shall intimate the fixed user charges to the Department of Health and Family Welfare.

## *3.2. Ambulance Ownership*

At all times the Government of West Bengal represented by the DHFWS will own the said ambulance together with the life saving equipment and furniture.

# **Section 4: Roles, Responsibilities and Obligations of each partner**

## ***4.1 Roles, Responsibilities and Obligations of GoWB and its various arms***

### *Handover of Ambulance*

- i) The GoWB will handover the ambulance with the necessary furniture and equipment inclusive of oxygen cylinder, stretcher, IV stands etc. to selected NGOs/CBOs/Trusts etc.

### *Allocation of RH/BPHC/PHC*

- ii) The DHFWS of each District will decide the RH/BPHC/PHC to be allocated for each of the NGO/CBO/Trust for operation of Ambulance Services. The CMOH, on behalf of DHFWS, will send this information to the Department of Health and Family Welfare.
- iii) The NGO/CBO/Trust will operate the Ambulance Services only in the allocated RH/BPHC/PHC. The Ambulance shall not be shifted to any other health facility, excepting rare compulsions, for which the NGO/CBO/Trust shall require prior written approval from DHFWS. The CMOH, on behalf of DHFWS, will intimate such changes to the Department of Health and Family Welfare.

### *Parking Space*

- iv) The selected NGOs/CBOs/Trusts etc. shall park the said ambulance only in the RH/BPHC/PHC compound. Subject to availability, such parking space will be allotted in the RH/BPHC/PHC at the request of the operating NGO/CBO/Trust free of cost. The selected NGOs/CBOs/Trusts etc. party will be entitled to construct a temporary shed for parking within the campus if required at their own cost. In case parking space is not available in the RH / BPHC/PHC compound or for any other justifiable reason, Superintendent / BMOH/MOIC may permit the ambulance to be parked at a location arranged by the selected NGOs/CBOs/Trusts etc. as close to the RH/BPHC/PHC as possible, so as to ensure that the ambulance can be put into service on call by the Superintendent/BMOH/MOIC or any other employee authorized by the Superintendent/BMOH/MOIC at the earliest.

### *Prioritising use of ambulance*

- v) The Superintendent/BMOH/MOIC will prioritize the use of ambulance in case of more than one patient needing emergency transportation at the same time.

### *Insurance Premium*

- vi) The DoHFW, GoWB will pay the insurance premium for the entire duration of the contract i.e. 5 years.

The insurance would cover the following:

- Damages caused due to all accidents including earthquake, flood, riot, strike and malicious acts.
- Total loss of vehicle provided that originating cause of such damage is an accident including theft.
- Liability of insured towards third party personal injury and property damage arising out of an accident involving the insured vehicle.
- Loss of accessories.
- Legal liability to the paid driver, cleaner or any workman.
- Personal accident to the occupants.
- Unlimited legal liability towards property damage of third party.

However, it needs to be noted that for cost of any claim that exceeds the admissible limit of the Insurance Company, the difference of amount between the cost of the claim and the admissible limit of the Insurance Company shall have to be paid by the NGO/CBO/Trusts etc.

### *Road Tax*

- vii) The DoHFW, GoWB will pay the road tax and other taxes under Motor Vehicles Act for the initial period of 5 years

### *Telephone*

- viii) A telephone at the RH/BPHC/PHC will be made available for ambulance services. Existing employees of RH/BPHC/PHC deputed by Superintendent/BMOH/MOIC will always be on duty to attend the telephone.
- ix) The selected NGOs/CBOs/Trusts etc. will be required to provide a mobile phone to the driver of the Ambulance at their own cost.

### *User Fees*

- x) District Health and Family Welfare Samity (DHFWS) in each district will fix user charges per kilometer (km). DHFWS will review user charges from time to time.

Suggested Formula For Fixing The User Charges:

$$X = (CF + CV) / D$$



**CF** = Fixed Cost per month. Fixed cost includes the following components:

- a. Allowances of the driver and attendant.

**CV** = Variable Cost per month. The same includes the following components:

- a. Cost of fuel (diesel).  
Fuel efficiency – 1 litre: 10 kilometers.
- b. Expenses on lubricant and vehicle maintenance.
- c. Expenses on stationeries
- d. Cost of refilling of oxygen cylinder
- e. Uniform for driver and attendant
- f. Cost for procurement of mobile phone
- g. Expenses for regular usage of mobile phone
- h. Miscellaneous Expenses

**D** = Total distance covered per month in terms of kilometer.

**X** = Actual cost per kilometer.

**User Fees/km = 1.10 X** (i.e. actual cost per kilometre plus 10%. This 10% has been kept as administrative expenses for the Operating Partner).

The above user fees will be applicable for distances in kms on to and fro basis.

However, in case of use of ambulance for shorter distances, DHFWS will decide on a fixed amount to be paid by the Users. Such distances may be considered up to 15 kms (to and fro) or part thereof for which the fixed amount shall be applicable.

### *Training*

- xi) The NGOs/CBOs/Trusts will be required to train the drivers and attendants for providing first aid and handling of patients including administration of oxygen from organizations having the required expertise in the above-mentioned subjects. NGOs/CBOs/Trusts will have to make their own arrangements for such training programme. DHFWS will monitor to ensure that such training programmes have been undertaken by the operating NGOs/CBOs/Trusts.

### *Monitoring*

- xii) The Superintendent/BMOH/MOIC on behalf of the Block Health and Family Welfare Samiti (BHFWS) and DHFWS will monitor ambulance operations on day-to-day basis.

## ***4.2 Roles, Responsibilities and Obligations of the Operating NGOs/CBOs/Trusts etc.***

### *4.2.1 Ambulance Operations*

a. The said ambulance shall be exclusively utilized by the selected NGOs/CBOs/Trusts etc. for carrying the emergency and referral patients within the districts and in particular, from the villages to the RH/BPHC/PHC and from there to the State General / Sub Divisional Hospital / District Hospital of the District and tertiary hospitals as well as nearest private hospitals as and when needed with the prior intimation to the Superintendent/BMOH / MOIC. If the patients are picked up from their residences and transported directly to the Private Hospitals/Nursing Homes, the Superintendent/BMOH/MOIC shall post facto approve such movements in the call record after being satisfied about the same.

If the patients, residing in the blocks closer to the bordering states, prefer to be transported to some specific hospitals/nursing homes of those states for treatment, such transportations will be allowed for the benefit of the patients with the prior intimation to the Superintendent/BMOH / MOIC.

b. The driver of the ambulance will obtain written instruction for each movement of the ambulance from the Superintendent/BMOH / MOIC or any other employees authorized by the Superintendent/BMOH/MOIC in this regard.

c. The NGOs/CBOs/Trusts etc will be responsible for providing ambulance services to patients who are in need of the same round the clock.

d. If required by the condition of the patient, the ambulance will pick up patients from their place of residence.

e. The NGOs/CBOs/Trusts etc will ensure that there are no lapses or negligence in providing such services to needy patients.

f. The NGOs/CBOs/Trusts etc will ensure that the vehicle “downtime” is not more than one day a month

g. The NGOs/CBOs/Trusts etc will abide by the Standard Operating Procedures (SOP) for Ambulance Operations, which will form a part of the agreement (See Annexure II)

h. The NGOs/CBOs/Trusts etc will not be permitted to install any extra fittings in the vehicle without the written approval of the CMOH of the concerned district

### *4.2.2 Allowances*

a. The NGOs/CBOs/Trusts etc will recruit and bear the allowances of the ambulance driver as well as the attendant.

b. The NGOs/CBOs/Trusts etc will also bear all clerical expenses incurred in relation to the ambulance operations and reporting requirements

#### *4.2.3 Parking*

The selected NGOs/CBOs/Trusts etc. shall park the said ambulance only in the RH/BPHC/PHC compound. Such parking space will be allotted in the RH/BPHC/PHC at the request of the selected NGOs/CBOs/Trusts etc. free of cost, subject to availability. The selected NGOs/CBOs/Trusts etc. will have to construct a temporary shed for parking within the campus, if required, at their own cost. In case parking space is not available in the RH/BPHC/PHC compound, or parking space is not available for any other justifiable reason, the Superintendent/BMOH/MOIC may permit the ambulance to be parked at a location arranged by the selected NGOs/CBOs/Trusts etc. as close to the RH/BPHC/PHC as possible, so as to ensure that the ambulance can be put into service on call by the Superintendent/BMOH/MOIC or any other employee authorized by the Superintendent/BMOH/MOIC at the earliest.

#### *4.2.4 Movement Register*

The NGOs/CBOs/Trusts etc will maintain a movement register/logbook, which will be kept and regularly updated by the driver of the ambulance, indicating therein the distance covered and user charges realised from the patient or his/her representative

#### *4.2.5 User Charges*

- a. The NGOs/CBOs/Trusts etc will be entitled to collect and retain user charges from the patients as per the rates fixed by the DHFWS. These charges can be used to meet expenditure related to operation, maintenance and management of the ambulance without making any profit from such operation. Under no circumstances shall the NGOs/CBOs/Trusts etc charge users, rates higher than the user charges.
- b. If two patients are transported at the same time to the referral centers, the total user charges would be equally apportioned amongst the patients.
- c. NGOs/CBOs/Trusts etc will not offer free services to any patient.

#### *4.2.6 Operation Costs*

The NGOs/CBOs/Trusts etc will bear all operation costs and expenses for plying the vehicle including the cost of fuel, lubricants, spare parts and repairing, regular servicing as well as other operational costs towards refilling of oxygen cylinder, charges for use of mobile phone and expenses for stationeries..

#### *4.2.7 Reports*

The NGOs/CBOs/Trusts etc will be responsible for preparing and submitting the necessary ambulance utilization reports in prescribed monthly report format and other relevant paper work to the Superintendent/BMOH/MOIC and the BHFWS within the stipulated time. Copy of the monthly reports needs to be submitted to CMOH of the district and Special Secretary, DoHFW, Kolkata.

#### *4.2.8 Handover*

The NGOs/CBOs/Trusts etc will handover the ambulance to DHFWS “in good condition subject to normal wear and tear” in case of termination of the agreement or on expiry of the agreement without claiming any ownership or right whatsoever.

#### *4.2.9 Training*

The NGOs/CBOs/Trusts will be required to train the drivers and attendants for providing first aid and handling of patients including administration of oxygen from organizations having the required expertise in the above-mentioned subjects. NGOs/CBOs/Trusts will have to make arrangements for such training programme at their own cost

### ***4.3. Roles, Responsibilities and Obligations of both GoWB and Operating NGOs/CBOs/Trusts etc.***

- a. Both partners will follow and abide by the contractual agreement entered into by both the parties. Any deviations from the agreement will lead to termination of the agreement.
- b. Both partners will ensure the use of the ambulance exclusively for carrying the emergency and referral patients. The GoWB will issue necessary guidelines to ensure proper usage of the ambulance and to prevent misuse by any individual, organisation, agency or body.

## **Section 5: Investment, Recurrent Costs and Revenue Sharing**

### ***5.1.1 GoWB:***

- 5.1.1.1 The GoWB will purchase several ambulances with necessary fittings etc.
- 5.1.1.2 The RH/BPHC/PHC will allot parking space for the ambulance at the RH/BPHC/PHC compound.
- 5.1.1.3 The GoWB will be responsible for road tax and insurance premium for a period of 5 years.
- 5.1.1.4 The GoWB will not bear any recurrent costs during the 5 year period

### ***5.1.2 Operating NGOs/CBOs/Trusts etc:***

- 5.1.2.1 The NGOs/CBOs/Trusts etc will not have to make any initial investment for the vehicle excepting the cost incurred for providing a mobile phone for the driver.
- 5.1.2.2 The NGOs/CBOs/Trusts etc. will bear recurrent costs like:
  - i. Allowances of driver, attendant and clerical staff
  - ii. POL charges
  - iii. Maintenance and Repairs
  - iv. Replacement of tyres and batteries
  - v. Expense on stationeries
  - vi. Expenses for refilling of oxygen cylinders
  - vii. Cost for regular usage of mobile phone by the driver

### ***5.2. Principles of Revenue Sharing:***

- 5.2.1 The GoWB will provide the vehicle along with essential equipment free of cost to selected NGOs/CBOs/Trusts etc for its operation.
- 5.2.2 Selected NGOs/CBOs/Trusts etc will run the vehicle, collect and retain the User Fees from clients.
- 5.2.3 The GOWB will not recover any costs from the NGOs/CBOs/Trusts etc for operating the vehicle

## **Section 6: Monitoring and Grievance Redressal**

### ***6.1. Monitoring:***

- 6.1.1 The Superintendent/BMOH/MOIC on behalf of the Block Health Family Welfare Samity will monitor day-to-day ambulance operations.
- 6.1.2 As a part of the monitoring mechanism, a monitoring body comprising of the Block Development Officer, Sabhapati, Swasthya Karmadaksha and Project Officer, ICDS will also periodically review ambulance operations and utilization during their visits in the respective Blocks. In addition, State Health Transport Officer (SHTO) or his designated officers in the respective districts will be a part of the monitoring mechanism relating to the vehicle.
- 6.1.3 The operating NGOs/CBOs/Trusts etc will prepare and maintain all necessary reports in prescribed format and relevant paper work with regard to ambulance operations and utilisation and submit the same in the prescribed monthly report format to the Superintendent/BMOH/MOIC. Copy of the monthly report needs to be submitted to the CMOH of the district and Special Secretary, DoHFW, Kolkata.

## **Section 7: Termination of Agreement**

7.1 The agreement between the District Health and Family Welfare Samity and the operating NGOs/CBOs/Trusts etc can be terminated on any one of the following grounds:

1. If the ambulance is inoperative for more than one day a month and for 3 consecutive months and no alternative arrangement has been made.
- 2.If the service has been unavailable more than three times a month, excluding non-provision during one-day down time.
3. In case the operating NGOs/CBOs/Trusts etc is blacklisted by any Government/Donor agency.
4. In case the operating NGOs/CBOs/Trusts etc fails to show adequate causes on two consecutive occasions for not complying with the Standard Operating Procedures.
5. Non-compliance of statutory requirements.
6. Insolvency.
- 7.Criminal indictment of any officer bearer of the NGOs/CBOs/Trusts etc.
8. Recurrent misconduct / dereliction of duty by the driver.
9. Charging user charges higher than the approved rate.
10. If the vehicle has been leased out or sub-contracted by the NGO/CBO/Trust etc to any individual or organization for operation under this scheme.

## **Section 8: Eligibility Criteria for NGOs/CBOs/Trusts etc**

In order to be eligible for receiving ambulances under this scheme - an organisation/institution

8.1. Should be registered under any of the following:

- ✓ Society Registration Act, 1860
- ✓ The West Bengal Societies Registration Act, 1961
- ✓ Indian Trust Act, 1982
- ✓ The Cooperative Act
- ✓ Statutory Body (e.g. The Indian Red Cross Society)
- ✓ Section 25 A, Companies Act
- ✓ Registered with appropriate statutory authority of Government of West Bengal or Government of India.

8.2 Must be managed by a Governing Body/ Executive Committee/ Board of Trustees/ similar appropriate governance structure

8.3. Chief Functionary/ies to have at least three years experience and successful track record in the development sector.

8.4. Compliance to statutory requirements of the relevant Acts & documentation of the board/ appropriate governance structure meetings since inception/ for last three years.

8.5. At least one year of activities in the concerned district or in the state of West Bengal.

8.6. Should be able to provide details of last three years' activities with coverage of:

- a. Last year's Annual Activity Reports in presentable format (neatly typed / printed/ mimeographed).
- b. Last one year's audited financial report, submitted to the Registrar of Societies/ income Tax Authorities/ other appropriate statutory authority of the Government.
- c. Evaluation Certificate/ Letter of Successful Completion from donors/clients testifying to successful management of at least one programme.



- 8.7. At least one programme in collaboration with the Government or Semi-Government Organizations, external donors or NGOs of repute, run for at least one year.
- 8.8. Demonstrated experience of generating funds (fully/ partially) for development activities
- 8.9. Preferable: experience of running public health programme.
- 8.10. Financial capacity to sustain services for at least a period of six months in the event of delay of release of funds.
- 8.11. Experience in running ambulance services, preferred

## **Section 9: Procedures for Submitting Application and Application Format**

9.1 Procedures for submitting Application

9.1.1 Application in the prescribed form should be submitted to the District Health and Family Welfare Samity of the concerned district.

9.1.2 *whom to contact for detailed information:*

Special Secretary  
Department of Health and Family Welfare,  
Government of West Bengal,  
Swasthya Bhavan, 4<sup>th</sup> floor, Wing-B  
GN 29, Sector- V, Bidhannagar, Kolkata-700 091.  
Telephone: (033) 2357-3625/2357-0955  
Fax: (033) 2357-7909

## 9.2. Application Format For NGOs/CBOs/TRUSTs etc.

1. **Title of the Scheme** :
2. **Name of the RH/BPHC/PHC for which the application is submitted** :
3. **Basic Details of the Applicant**
  - i. Name and Address of the Organization with postal code :
  - ii. Telephone number with STD Code :
  - iii. Fax No. :
  - iv. Email address, if any :
  - v. Year of Establishment :
  - vi. Date of Registration & Registration No. :
  - vii. Name and Address of the Chief Functionary with Telephone No. :
  - viii. Number of years of experience of the Chief Functionary in NGO/CBO/Trust Sector :
4. **Banking Details**
  - i. Account Name and Number :
  - ii. Bank Name & Address, Branch Code :
5. **Existing Sources of Funding** :  
(Please describe all sources of Funding including income from services/operations, grants, donations etc.)
6. **Background, brief descriptions and activities of the Organization**
  - i. Overall Goal :
  - ii. Areas Covered (Name of Districts and number of Villages) :
  - iii. Total population directly benefiting by the activities of the Organization :
  - iv. Current Activities (in brief) / Beneficiaries :
6. **Staff position**
  - i. Number of Technical and Administrative staff (Regular, Part Time and Honorary) :
  - ii. Staff Salary /month (under different category) :

- 7. Project Sustainability** :
- (How the Ambulance Project is going to pay for salaries and other expenses in the first three months and how to sustain the project after the expiry of five months)
- 8.** Brief mention of any program done by the Organization in collaboration with Government/Semi-Government Organization /External Donors/NGOs of repute. :
- 9.** Experience, if any, of running ambulance services :
- 10.** Other Information, if any :

List of Documents to be submitted with the Application:

(Please put a tick against the document submitted)

1. Copy of Registration Certificate of the Organization and proof of up-to-date renewal.
2. Copy of By Laws/ MOU
3. Annual General Meeting (AGM) Reports of the Organization for last three years  
(neatly typed/printed/mimeographed)
4. Last three years Audited Financial Reports of the Organization
5. Evaluation Certificate / letter of successful completion from donors/clients testifying to successful management of at least one program.
6. Copy of resolution of the Board/Executive Committee of the organization approving the decision to take up ambulance operations
7. Letter of authorization of signatories (if the signatory is other than Chief Functionary)

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**Signature of authorized signatory  
with Seal of the Organization**

**Name of Signatory:**

**Designation:**

**Date:**

***Annexure-1***

***Agreement to be executed by District Health and Family Welfare Samiti with the private partner for provision of Ambulance facilities***

This Agreement is made on this the \_\_\_\_\_ day of \_\_\_\_\_ 2006 between District Health and Family Welfare Samiti (DHFWS), \_\_\_\_\_ district represented by the Chief Medical Officer of Health (CMOH) of \_\_\_\_\_ district, hereinafter referred as “the **FIRST PARTY**” and \_\_\_\_\_, a Non Governmental Organisation (NGO<sup>1</sup>) registered under the Societies Registration Act of 1860/ The West Bengal Societies Registration Act, 1961/The Indian Trusts Act of 1982/The Co-operative Societies Registration Act<sup>2</sup> represented by its \_\_\_\_\_, namely \_\_\_\_\_ and having its main office at \_\_\_\_\_, in the district of \_\_\_\_\_ in the State of West Bengal, hereinafter referred to as “the **SECOND PARTY**”.

**WHEREAS** the Government of West Bengal, in its endeavor to improve the health situation of the population in the districts of West Bengal as well as to bring in qualitative and quantitative improvement in the provision of basic health services, has decided to purchase several ambulances and to hand over the said vehicles to various parties selected for this purpose, including the Second Party herein, so that the patients, who are in need of availing of the services of an ambulance in the rural areas of the state of West Bengal, may avail such facilities as laid out in the Scheme and the SOP.

**AND WHEREAS** with the aforesaid aim and object the Government of West Bengal has authorized the First Party hereto, to enter into this Agreement with the Second Party and has decided to hand over one ambulance to the said Second Party, inter alia, on the following terms and conditions for the aforesaid purpose and the said Second Party has also agreed to enter into this Agreement in consideration of the fact that the said Second Party shall be able to render its services to the general public by providing the ambulance facility to the patients for emergency and referral transport without making any profit out of such operation.

**NOW THIS AGREEMENT WITNESSETH as follows:-**

1. Simultaneously with the execution of this Agreement, the First Party shall hand over one ambulance being (particulars of the vehicle, i.e. make, Engine No, chassis No, Registration No, attached in schedule 1 and referred to here) as more particularly mentioned and described in the schedule of this Agreement hereunder written and hereinafter referred to as "the said Ambulance" or "the Ambulance" which the Second Party has duly received in good running condition inter alias, on the terms and conditions contained in subsequent clauses.

\_\_\_\_\_

<sup>1</sup> or a statutory body or a professional association or a social welfare organisation as the case may be

<sup>2</sup> or such other legislation under which the Second Party is constituted

2. The said Ambulance shall at all times be owned by the Government of West Bengal represented by the First Party, and at no point of time the Second Party shall deny or dispute the right, title and interest or ownership over and in respect of the said ambulance of the Government of West Bengal as handed over to the Second Party. The NGOs/CBOs/Trusts etc will not be permitted to undertake any extra fittings in the vehicle without the written approval of the CMOH of the concerned district
3. The embossing on the body of the Vehicle shall be read as follows “ A development project of the Department of Health and Family Welfare, Government of West Bengal.” The NGOs/CBOs/Trusts etc can display their name as “ managed by .....” on other side of the body of the Vehicle.
4. The said Ambulance shall be exclusively utilized by the Second Party for carrying the emergency and referral patients within the district and in particular, from the villages to the Rural Hospitals(s)/Block Primary Health Centre(s)/Primary Health Centre (s) and from there to the nearest State General/ Sub-Divisional Hospital(s) / District Hospital of the district and tertiary hospitals as well as nearest private sector hospitals as and when needed with prior intimation of the Superintendent/BMOH/MOIC. If the patients, residing in the blocks closer to the bordering states, prefer to be transported to some specific hospitals/nursing homes of those states for treatment, such transportations will be allowed for the benefit of the patients with the prior intimation to the Superintendent/BMOH / MOIC.
5. For carrying such patients, the Second Party shall be entitled to receive the user charges as per rates fixed by the District Health and Family Welfare Samiti for different types of services, hereinafter referred to as "User Charges". Under no circumstance(s) shall the Second Party charge users, rates, higher than the User Charges. If two patients are transported at the same time to the referral centers, the total user charges would be equally apportioned amongst the patients. These user charges may be changed by the District Health and Family Welfare Samiti from time to time.
6. The Second Party shall be entitled to retain and appropriate the User Charges for the purpose of meeting the various expenses incurred by it relating to the operation, maintenance and management of the ambulance.
7. Any driver of the Ambulance engaged by the Second Party shall move/operate the Ambulance only after obtaining written instructions for each movement of the Ambulance from the Superintendent/ BMOH/MOIC or any other employee authorized by the Superintendent/BMOH/MOIC in this regard. Such instructions shall be recorded in the Call Record. If the patients are picked up from their residences and transported directly to the Private Hospitals/Nursing Homes, the Superintendent/BMOH/MOIC shall post facto approve such movements in the Call Record after being satisfied about the same. In addition to the Call Record, a logbook needs to be maintained by the Second Party and kept with the driver(s) of the Ambulance, indicating therein the distance covered for each transportation. For User Charges realized from the patient or his/her representative / relative, a printed receipt shall be issued in the format prescribed by Department of Health & Family Welfare. The aforesaid Call Record, log book and duplicate copies of cash receipts shall be safely and properly preserved and made available to the Superintendent/BMOH/MOIC or any other employee authorized or other person authorized by the Superintendent/BMOH/MOIC//DHFWS, for verification whenever called for.

8. The Second Party shall park the said Ambulance only in the Rural Hospital/ Block Primary Health Centre / Primary Health Centre compound. Such parking space will be allotted in the Rural Hospital / Block Primary Health Centre /Primary Health Centre at the request of the second party free of cost, subject to availability. The second Party will be entitled to construct a temporary shed for parking within the campus if required at their own cost.

In case adequate parking space is not available in the Rural Hospital/ Block Primary Health Centre/ Primary Health Centre compound or for any other justifiable reason, the Superintendent/BMOH/MOIC may permit the Ambulance to be parked at a location arranged by the Second Party as close to the Rural Hospital/ Block Primary Health Centre/ Primary Health Centre as possible, so as to ensure that the Ambulance can be put into service on call by the Superintendent/ BMOH/MOIC or any other employee authorized by the Superintendent/ BMOH/MOIC at the earliest. .

9. The Second Party shall engage suitably qualified persons as drivers of the said Ambulance and an attendant for providing in first aid and handling of patients including administration of oxygen as ambulance attendants. The second Party will train the attendants for the aforesaid purpose. The Second Party shall pay the allowances of the driver / attendant of the said Ambulance or any other person engaged or associated with the operation, maintenance and management of the Ambulance. For this the First Party shall have no obligation nor shall any fund be allotted or sum disbursed to Second Party by the First Party for such purpose.

10. All the operational costs and expenses for plying the said Ambulance shall be borne by the Second Party including the costs of fuel, lubricants, spare parts repairs and annual maintenance contract including regular servicing of the vehicle and the costs of the mobile phone and payment of its bills.

11. The said vehicle shall be insured with an insurance company for its safety and security. The insurance premium for the first five years shall be paid by DoHFW, GoWB. The insurance would cover the following risks:

- a. Damages caused due to all accidents including earthquake, bomb explosions, flood, riot, strike and malicious acts.
- b. Total loss of vehicle provided that originating cause of such damage is an accident or theft.
- c. Unlimited liability of insured towards death, permanent disablement, personal injury and property damage arising out of an accident involving the Ambulance to third parties.
- d. Loss of accessories.
- e. Any legal liability to driver(s), attendant(s) or any other party employed.
- f. Personal accident to occupants.
- g. Unlimited legal liability towards property damage of third party.

However, in case the cost of any claim exceeds the admissible limit of the Insurance Company, the difference of amount between the cost of the claim and the admissible limit of the Insurance Company shall have to be paid by the Second Party.

12. The road tax and other taxes under the Motor Vehicles Act for the initial period of five years shall be paid by the DoHFW, GoWB. These taxes for subsequent years shall be paid for by the Second Party.

13. The Second Party shall have the obligation to provide the Ambulance services to patients who are in need of the same, for all the 24 hours of the day and for all days of the year during the period of this Agreement.

14. Since the required services of the Ambulance falls within the meaning of emergency services, the Second Party hereby undertakes that it will comply with the Standard Operating Procedures set out in the Schedule annexed herewith and that there would be no lapse or negligence on its part to provide such facility to the needy patients at all hours of the day and night, subject to the vehicle being in roadworthy condition. In case of any default in providing such service, the First Party shall have the right to issue a show-cause notice to the Second Party calling upon the Second Party as to why the said vehicle shall not be taken possession of by the First Party as owner thereof and as to why the Agreement should not be terminated on the grounds of violation of this Agreement. The decision as may be taken by the First Party in this regard after considering the answer to such show cause notice shall be final and binding upon the Second Party.

15. This Agreement may be terminated by the First Party in case

- (i) the ambulance is inoperative for more than one day in a month for any 3 consecutive months and no alternative arrangement has been made;
- (ii) the service has been unavailable for more than three times a month, excluding non-provision during permitted one day down time;
- (iii) the Second Party is blacklisted by any Government or donor agency;
- (iv) the Second Party fails to show adequate causes on two consecutive occasions for not complying with the Standard Operating Procedures;
- (v) of non-compliance with statutory requirements;
- (vi) of insolvency
- (vii) of criminal indictment of any office bearer of the Second Party.
- (viii) of recurrent misconduct/derelection of duty by any driver/attendant engaged by the Second Party.
- (ix) of charging user charges higher than the approved rate.
- (x) the vehicle has been leased out or sub-contracted by the NGO/CBO/Trust etc to any individual or organization for operation under this scheme.

16. The Block Health and Family Welfare Samiti shall monitor the use of the Ambulance to ensure that it is strictly used for emergency transportation of patients only. In the event that it is found that the Second Party is plying the Ambulance for any other purpose, the First Party may terminate this agreement on account of such misuse.

17. The Second Party shall keep and maintain the Ambulance in proper roadworthy condition and shall have the obligation to hand over the Ambulance to the First Party in case of termination of this Agreement (or on expiry). Prior to such handover of the Ambulance, the Second Party shall ensure that the vehicle is in proper roadworthy condition, subject to normal wear and tear. In case of any damage to the vehicle (other than normal wear and tear the Second Party shall pay the essential cost of repairs to the First Party.



18. In case this Agreement is terminated by the First Party on grounds of violation of agreed terms and conditions by the Second Party, the Second Party shall be debarred by the Department of Health and Family Welfare, Government of West Bengal from receiving any funds / grant from any scheme or programme run by Government of West Bengal or any institution funded by the Government of West Bengal, for a period of three years from the date of termination of agreement.

19. This Agreement shall be initially valid for a period of 5 years from the date of signing, subject to renewal on such terms and conditions and for such a period as may be mutually decided by both the parties, within the overall policy framework of the Government.

20. This Agreement shall be liable to termination upon one-month notice from either side.

**IN WITNESS WHEREOF the parties hereto of the first and second part have set and subscribed their respective hands and seals on the day, month and year first above written.**

SIGNED SEALED AND DELIVERED by the

District Health and Family Welfare Samiti through the Chief Medical Officer of Health (CMOH) of \_\_\_\_\_ in the State of

West Bengal in the presence of:

SIGNED SEALED AND DELIVERED by the

\_\_\_\_\_ through its

Authorized signatory namely \_\_\_\_\_

at \_\_\_\_\_ in the presence of :

**TO BE ATTACHED WITH THE AGREEMENT:**

**Details of Vehicle – Schedule 1**

**Name of the RH/BPHC/PHC -- Schedule 2**  
**allocated to the Second Party**  
**for operation of Ambulance**  
**Services**

**Details of user charges – Schedule 3**

**Standard Operating Procedures – Schedule 4**

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# **Standard Operating Procedures - Manual For Ambulance Operations**

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# Section 1: Standard Operating Procedures for Ambulance Operations

## *1.1. Introduction:*

This manual provides Standard Operating Procedures (SOPs) for operating ambulances at the Rural Hospitals (RH) / Block Primary Health Centres (BPHC) and Primary Health Centre (PHC) in West Bengal.

Standard Operating Procedures are a set of written instructions that should be followed in every sphere of activity in order to achieve economy, efficiency, effectiveness and uniformity. In other words SOPs are prescribed procedures that tell who will do what, where, when, why and how.

## *1.2 Background*

Accessibility to emergency health services especially emergency obstetric care is still a major concern in remote areas of West Bengal despite ambulance services being operated by the Red Cross Society, St. John's Ambulance, other NGOs and Private Bodies. Operating ambulance services in such areas will help to improve accessibility, safety and security of patients because ambulance services are meant to bridge the gap between the need for critical care of patients and timely care to be offered by hospitals / physicians for diagnosis and treatment of ailing patients.

To meet this need for emergency health care Government of West Bengal decided to set up emergency transportation services by involving reputed NGOs/CBOs/Trusts, etc to take-up day to day operational management of ambulance services. Accordingly, 133 Ambulance Services at the level of Rural Hospitals (RH)/ Block Primary Health Centres (BPHC)/Primary Health Centres (PHC) managed by NGOs/CBOs etc under PPP have become operational in eight districts of West Bengal from March 2005. Encouraged by the initial success of the scheme, DoHFW has now decided to replicate this scheme in the remaining Blocks of the eight districts as well as at the Block level in other districts of the state.

For successful and efficient running of ambulance services by these NGOs/CBOs/Trusts, etc it is essential to have and follow Standard Operating Procedures that will direct all those involved in ambulance operations to perform and accomplish tasks with a greater degree of efficiency, economy and uniformity.

**SOPs** in the case of ambulance operations will be of two types, general and specific.

**General SOPs** will detail out the General Attributes and Conduct of Personnel/NGOs involved in ambulance operations while **specific SOPs** will help direct people involved in ambulance operations to respond to and act upon requests for ambulance services in specific ways.

# Section 2 General Standard Operating Procedures

## *2.1 General Attributes & Conduct of Personnel Involved in Ambulance Operations*

### 2.1.1. Respect and Consideration

Ambulance Services personnel will treat all patients with respect and consideration regardless of their race, color, sex, creed, culture, economic status and religious beliefs. There will be no discrimination on the basis of race, sex, sexuality and sexual orientation.

### 2.1.2. Professional Execution

Both the driver and the attendant will ensure that the vehicle and related equipments are washed and cleaned once daily and in between transportation of patients. The driver of the vehicle will check the status of fuel, oxygen cylinder and other necessary equipment as per the checklist provided (**Annexure/SOP- 1**) every morning as well as before leaving for a call. Both the driver and the attendant will complete all paperwork related to ambulance operations in between calls and at the end of the day.

The cleaning of vehicle, cleaning of equipment, completion of paperwork, and continuing maintenance of the vehicle are absolutely necessary for proper and timely functioning of ambulance services.

### 2.1.3. Attendance

Both the driver and the attendant will be available for ambulance duty at any point of time to perform the duty. It is the responsibility of the operating partner to ensure that regular attendance and punctuality is maintained at all points of time.

### 2.1.4. Uniform

Standard uniform code will be dark gray shirts and trousers. Both the driver and the attendant will wear uniforms as specified above while on duty to promote professionalism and facilitate identification as ambulance operations staff.

### 2.1.5. Physical Fitness

The Driver and the attendant will remain physically and mentally fit and sound so as to be able to perform their duties at all times.

### 2.1.6. Patient Disposition

Patients should be transported to the hospital as per the guidelines specified in the Scheme

### 2.1.7. Communication Protocols

Proper communication protocols need to be maintained with the callers and patient party.

### **Guidelines/Protocols:**

Simple, direct, professional and courteous language will be used at all times.

When an ambulance is dispatched on the basis of a call the dispatcher will ensure that the ambulance is responding to the correct address.

Contact with the dispatch (ambulance and driver) will be maintained at all times.

Some commonly used Ambulance Operation terms are:

“Available”	: ambulance is available to respond to a call.
“On call”	: ambulance is picking up or transporting a patient
“Out of Service”	: ambulance is not available to respond
“Received”	: ambulance staff has received the information.
“Responding”	: ambulance is en route to a call
“Status”	: Find out the availability of ambulance
“Welfare Check”	: To check the physical welfare of the ambulance staff
“On Scene”	: Ambulance has arrived at call location.
“Transporting”	: Ambulance is transporting the patient to a hospital. Must be followed by hospital name.
“Arriving at Hospital”	: Ambulance has arrived at the hospital (use name)

#### 2.1.8 Mobile Phone

The NGO/CBO/Trust shall provide a mobile phone to the Driver of the Ambulance for enabling the Driver to establish timely communication link with the RH/BPHC/PHC.

## ***2.2 Infection Control By Ambulance Personnel***

- i. Use all protective gears for handling patients at all times
- ii. When the possibility of exposure to blood or other body fluid exists, gloves are recommended. If hands accidentally become contaminated with blood, they should be washed thoroughly as soon as possible.
- iii. When there is a risk of eye or mouth contamination (for example, the patient is vomiting bloody material or there is arterial bleeding), protective eyewear and masks are recommended.
- iv. Masks should be worn by the ambulance staff or patient for those infectious agents transmitted by airborne diseases like Tuberculosis, Chicken Pox, Measles and the like
- v. Equipment should be thoroughly cleaned after each use.
- vi. All significant exposures shall be reported to the Superintendent/ BMOH/MOIC immediately so that necessary action can be taken.

*Significant exposure is defined as the following:*

- i. Any puncture of the skin by a needle or other sharp object that has had contact with patient's blood or body fluids or with fluids infused into the patient.
- ii. Blood spattered onto mucous membranes (e.g. mouth or eyes).
- iii. Contamination of open skin (cuts, abrasions, blisters, open dermatitis) with blood, saliva, amniotic fluid, etc..

## ***2.3. Patient Care Reports/ Documentation***

Documentation is one of the most important aspects of completing an ambulance call. Both the call receiver as well as the driver of the ambulance must maintain and complete call reports. Patient Care Reports are frequently referred to as Call Reports. The documentation norm will be –

- a. Complete report on each patient for any call **(Annexure/SOP- 2)**
- b. All call reports to be recorded in duplicate as the call occurs and the duplicate copy kept in office file.
- c. All calls to be registered in the Log Book after the completion of the call **(Annexure/SOP- 3)**



## Section 3: Specific Standard Operating Procedures

The primary function of an ambulance is emergency transportation of obstetric care, accident and other emergency health cases from the villages/places of residence to the RH/BPHC/PHCs or to the Sub-Divisional/District/tertiary hospital or to a nearest private hospital. Request for ambulance services will therefore come to the RH/BPHC/PHC through telephone or in the form of a personal caller for transporting accident or obstetric care and other emergency health cases (termed hereunder as normal emergency cases) as per guidelines mentioned below.

### ***3.1A. Request For Ambulance Services Over Telephone For Transporting Emergency Cases***

3.1A1. An employee of RH/BPHC/PHC authorized by the Superintendent/BMOH/MOIC will receive a phone call requesting for ambulance services.

3.1A.2 Details of request will be noted in the 'Request for Ambulance' / Call Record form (Annexure 2) in duplicate. Full address and clear direction for location of the patient supported by important landmarks will also be noted down. The employee of RH/BPHC/PHC will in turn inform about user charges and mode of payment to the caller.

3.1A.3 The filled-in form should be signed by Superintendent/BMOH or Medical Officer on duty or any other person authorized by Superintendent/BMOH/MOIC before dispatch of the ambulance.

3.1A.4 Thereafter, the original of the form is to be handed over to the driver of the ambulance immediately. The copy of the form should be kept in office file.

3.1A5. The concerned employee will immediately try to establish contact with the driver of the ambulance and pass on the necessary information. If contact cannot be established with the driver of the ambulance within 30 minutes, the same should be informed to the telephone caller so that the patient party can make alternate transportation arrangements.

3.1A6. In case, the patient is to be transported to any center other than the RH/BPHC/PHC , the concerned employee will intimate and obtain prior permission for the same from the Superintendent/BMOH/MOIC and then pass on the necessary information to such center

***3.1B Request For Ambulance Services In Person (By Patient's Relatives or Neighbour) For Transporting Emergency Cases***

3.1B.1. Details of request will be noted in the 'Request for Ambulance' form (Annexure 2) in duplicate. Full address and clear direction for location of the patient supported by important landmarks will also be noted down. The person on duty of RH/BPHC/PHC will in turn inform about user charges and mode of payment to the caller.

3.1B.2 The filled-in form should be signed by Superintendent/BMOH/MOIC on duty or any other person authorized by Superintendent/BMOH/MOIC before dispatch of the ambulance.

3.1B.3. Thereafter the original of the form is to be handed over to the driver of the ambulance immediately. The copy of the form should be kept in office file.

3.1B.4. In case the Ambulance is out on duty, the concerned employee of RH/BPHC/PHC will inform the same to the person and request him/her to wait up to a maximum of half an hour

3.1B.5. The concerned employee will immediately try to establish contact with the driver of the ambulance in the Driver's mobile phone and pass on the necessary information. If contact cannot be established with the ambulance within 30 minutes, the same should be informed to the personal caller so that the patient party can make alternate transportation arrangements

3.1B.6. In case of ambulance being available the concerned employee of RH/BPHC/PHC will inform about its availability and details of user charges and mode of payment to the personal caller, requesting for ambulance.

3.1B.7. In case, the patient is to be transported to any center other than the RH/BPHC/PHC, the concerned employee will intimate and obtain prior permission for the same from the Superintendent/BMOH/MOIC and then pass on the necessary information to such center.

### ***3.2. Pick-up and transportation of patient***

#### ***3.2A. If the ambulance is available at the RH/BPHC/PHC at the time of receipt of call/personal caller***

3.2A.1. Before movement, the driver will check the status of fuel, oxygen cylinder and other necessary equipment as per the 'Check List' provided to him (**Annexure/SOP- 1**)

3.2A.2. The driver / attendant will take with him the 'Request for Ambulance' and blank "Money Receipt" form in duplicate (**Money Receipt form: Annexure/SOP- 4**)

3.2A.3. On reaching the pick-up point, the driver will produce 'Request for Ambulance' form and get the same signed with the time of arrival for pick-up mentioned at the column provided, by the patient's relative.

3.2A.4. The driver / attendant will also tell the patient's family members to take with them the prescription of the Doctor and other important reports.

3.2A.5. The driver and attendant will ensure safe shifting of the patient to the ambulance on a stretcher, wherever required, with the help of the accompanying attendant and family members of the patient.

3.2A.6. Only two persons from the patient's family will be allowed to accompany the patient in the ambulance.

3.2A.7. The driver/attendant will ensure use of oxygen cylinder/other life saving equipment by the patient, if required.

***3.2B. In case the ambulance is not available at RH/BPHC/PHC during time of telephone call /personal caller***

3.2B.1. In case the ambulance is not posted at the RH/ BPHC/PHC at the time of receipt of request for ambulance, the driver, on receiving a call from the RH/BPHC/PHC , needs to go to the place of the patient directly from another location.

3.2B.2. He will use a blank 'Request for Ambulance' form available with him and arrange to fill in all relevant details in the form

3.2B.3. Thereafter, the procedures from 3.2A.1. to 3.2A.7. as mentioned above will be followed

3.2B.4. The Driver shall obtain a post facto approval in the Call Record from the Superintendent/BMOH/MOIC.

***3.3. Drop-in of the patient at RH/BPHC/PHC or other referral point/hospital***

3.3.1. The driver / attendant will take the relatives accompanying the patient to the Medical Officer of RH/BPHC/PHC /Referral Hospital on duty for next course of action

3.3.2. The driver / attendant will then get the "Request for Ambulance' form signed along with mention of 'Time of release' in the column provided by the family member of the patient, collect user charges and hand over the properly filled money receipt.

3.3.3. The driver will fill the "Log Book" (**Annexure/SOP- 3**) kept in the Ambulance in the custody of the driver and be produced to the Superintendent/ BMOH/MOIC whenever asked for.

3.3.4. The driver will inform of his arrival to the receiver of requests for ambulance at the RH/BPHC/PHC.

### ***3.4. Transportation of Accident Emergency Patients***

#### ***3.4A. Request For Ambulance Services Over Telephone For Transporting Accident Emergency Cases***

3.4A.1. An employee of RH/BPHC/PHC authorized by Superintendent/BMOH/MOIC will receive a phone call requesting ambulance services for transporting accident cases.

3.4A.2 Details of request will be noted in the 'Call Record' form (**Annexure/SOP- 2**) in duplicate. Clear directions for locations of the accident victims supported by landmarks will also be noted down.

3.4A.3. The filled-in form should be signed by the RH/BMOH/MOIC on duty before dispatch of the Ambulance.

3.4A.4. Thereafter, the original of the form is to be handed over to the driver of the Ambulance immediately. A copy of the form should be kept in the office file.

3.4A.5. In case the patient is to be transported to any centre other than the RH/BPHC/PHC, the concerned employee will pass on the necessary information to such centre.

3.4A.6. In case the Ambulance is out on duty, at the time of the telephone call, the same should be intimated to the telephone caller with a request to make an alternative arrangement in case of an extreme emergency. However, the caller would also be requested to call back after 10 minutes in case no alternative arrangement could be made by the caller for transportation of the patient.. In between, contact would be established with the driver through phone and depending on the status, necessary actions would be taken.

#### ***3.4B. Request For Ambulance Services By A Personal Caller For Transporting Accident Emergency Cases***

3.4B.1. Details of request will be noted in the 'Call Record' form (**Annexure/SOP- 2**) in duplicate and the same should be signed by the personal caller. Clear directions for locations of the accident victims supported by landmarks will also be noted down.

3.4B.2. The filled-in form should be signed by the Superintendent/BMOH/MOIC on duty before dispatch of the Ambulance.

3.4B.3. Thereafter, the original of the form is to be handed over to the driver of the Ambulance immediately. A copy of the form should be kept in the office file.

3.4B.4. In case, the patient/s are to be transported to any center other than the RH/BPHC/PHC, the concerned employee will pass on the necessary information to such center.

3.4B.5. In case the Ambulance is out on duty, the same will be intimated to the personal caller. However, contact would be established with the driver through phone and depending on the status, necessary actions would be taken.

### ***3.5. Pick-up and transportation of injured patient/s***

#### ***3.5.A. If the ambulance is posted at the RH/BPHC/PHC at the time of receipt of telephone call/personal call***

3.5.A.1. Before movement, the driver will check the status of fuel, oxygen cylinder and other necessary equipment as per the 'Check List' provided to him (**check list details: Annexure/SOP -1**).

3.5.A.2. The driver will take with him the 'Call Record' form. (**Annexure/SOP-2**)

3.5.A.3. On reaching the pick-up point, the driver will ensure safe shifting of the patient/s to the ambulance on a stretcher, wherever required, with the help of the accompanying attendant.

3.5.A.4. The driver/attendant will ensure use of oxygen cylinder/other lifesaving equipment by the patients if required.

### ***3.6. Pick-up and transportation of patient/s from Residence to Private Hospitals/Nursing Home***

3.6.1 The Driver shall obtain a post facto approval in the Call Record Form from the Superintendent/BMOH/MOIC who would approve such movement after being satisfied about the same.

### ***3.7 Transportation of patient/s to the Bordering States***

3.7.1 If the patients, residing in the blocks closer to the bordering states, prefer to be transported to some specific hospitals/nursing homes of those states for treatment, such transportations will be allowed for the benefit of the patients with the prior intimation to the Superintendent/BMOH / MOIC.

## Section 4: Code of Conduct

### ***4.1. Roles, Responsibilities & Obligations Of The Operating NGOs/CBO/Trust/etc:***

#### ***4.1.1. Ambulance Operations***

- a. The NGOs/CBO/Trust/etc. partner will exclusively use the ambulance for carrying the emergency and referral patients within the district and from the villages to the RH/BPHC/PHC and to the Sub-Divisional/District/Tertiary and nearest private sector hospital.
- b. The driver of the ambulance will obtain written instruction for each movement of the ambulance from the Superintendent/BMOH/MOIC or any other employees authorized by the Superintendent/BMOH/MOIC in this regard
- c. The NGOs/CBO/Trust/etc partner will be responsible for providing ambulance services to patients who are in need of the same on a round the clock basis.
- d. If required by the condition of the patient, the ambulance will pick up patients from their place of residence.
- e. In case a patient does not wish to use the services of a RH/BPHC/PHC but wishes to go directly to a higher end facility or a nearest private hospital, the NGOs/CBO/Trust/etc. can transport such patients to their desired destination in consultation with the Superintendent/BMOH/MOIC to determine that there is no higher priority emergency case awaiting transportation at the RH/BPHC/PHC .If during an emergency, the patients are picked up from their residences and transported directly to the Private Hospitals/Nursing Homes, the Superintendent/BMOH/MOIC shall post facto approve such movements in the Call Record after being satisfied about the same.
- f. The NGOs/CBO/Trust/etc will ensure that there are no lapses or negligence in providing such services to needy patients.
- g. The NGOs/CBO/Trust/etc will ensure that the vehicle “downtime” is not more than one day a month
- h. The NGOs/CBO/Trust/etc will abide by the Standard Operating Procedures for Ambulance Operations provided to them at the time of handing over of the vehicles.

#### ***4.1.2. Allowances***

The NGOs/CBO/Trust/etc will recruit and bear the allowances of the ambulance driver as well as the attendant.

The NGOs/CBO/Trust/etc will also bear all clerical expenses incurred in relation to the ambulance operations and reporting requirements

### ***4.1.3 Parking***

The NGOs/CBO/Trust/etc will park the ambulance in the RH/BPHC/PHC compound. In case of parking space not available in the RH/BPHC/PHC, the NGOs/CBO/Trust/etc can park the vehicle at a place arranged by it near the RH/BPHC/PHC after obtaining permission from the Superintendent/BMOH/MOIC. The NGOs/CBO/Trust/etc. can if required construct a temporary shed within the BPHC/PHC / PHC campus for parking of the vehicle.

### ***4.1.4 Movement Register/Log Book***

The NGOs/CBO/Trust/etc will maintain a movement register/logbook, (**Annexure/SOP-3**) which will be kept and regularly updated by the driver of the ambulance, indicating therein the distance covered and user charges realized from the patient or his/her representative. The logbook will be regularly checked and signed by the Superintendent/BMOH/MOIC.

### ***4.1.5 User Charges***

a. The NGOs/CBO/Trust/etc will be entitled to collect and retain user charges as per the rates fixed by the DHFWS. These charges can be used to meet expenditures related to operation, maintenance and management of the ambulance. Money Receipt (**Annexure/SOP-4**) must be issued against receipt of user charges.

b. If two patients are transported at the same time to the referral centers, the total user charges would be equally apportioned amongst the patients.

c. NGOs/CBO/Trust/etc will not offer free services to any patient.

### ***4.1.6 Operation Costs***

The NGOs/CBO/Trust/etc will bear all operation costs and expenses for plying the vehicle including the cost of fuel, lubricants, spare parts and repairing, regular servicing as well as the AMC.

### ***4.1.7 Reports***

The NGOs/CBO/Trust/etc will be responsible for preparing and submitting the necessary ambulance utilization reports (**Annexure/SOP – 5**) in prescribed Monthly Report Format and other relevant paper work to the Superintendent/BMOH/MOIC and the BHFWS within the stipulated time. Copy of Monthly Report needs to be submitted to the CMOH of the District and Special Secretary, Department of Health & Family Welfare, Swasthya Bhawan, 4<sup>th</sup> floor, Wing-B, GN-29, Sec-V, Bidhannagar, Kolkata –700091. The Superintendent/BMOH/MOIC will provide information relating to point nos. 12-A, 12-B, 13-A and 13-B of the Monthly Report. The NGOs/CBOs/Trusts/etc will be required to ensure that all information are properly filled in the Monthly Report and the report is sent to all concerned so as to reach by 7<sup>th</sup> of every month.

### ***4.1.8 Handover***

The NGOs/CBO/Trust/etc will handover the ambulance to DHFWS “in good condition subject to normal wear and tear” in case of termination of the agreement or on expiry of the agreement without claiming any ownership or right whatsoever.



## ***4.2. Code Of Conduct Of The Person Receiving The Call***

- Will be polite
- Will listen attentively
- Will be sympathetic
- Will record all details as per format
- Will give feedback and act as per feedback
- Will not initiate dialogue not relevant to ambulance operations
- Will give correct information regarding availability of ambulances
- Will give correct information on user charges
- Will be cordial with the driver and attendant
- Will not use aggressive and abusive language
- Will not shout or scold
- Will note down full details and not take incomplete information

### ***4.3. Code Of Conduct Of The Driver/Attendant***

- Will be cleanly dressed in uniform
- Will be polite
- Will be sympathetic
- Will be punctual and on time
- Will complete paperwork
- Will check all operational details of the ambulance every morning and before leaving for an assignment as per checklist (Annexure 1)
- At all times will drive the ambulance within permissible speed limits. At 10kms to 20 kms per hour in busy/crowded areas and 30 kms per hour in less crowded areas/intersections
- Will not use the hooter indiscriminately. Will use the hooter only while transporting patients.
- Will not chew or smoke in front of patients and during transportation and inside the ambulance when the ambulance is not running.
- Will not consume alcohol during duty hours or should not have consumed alcohol 4 hours prior to departure
- Will not shout or use abusive language
- Will not charge extra money from the relatives of the patients
- Will not harass patients

Driving and Vehicle Operations

Before driving any ambulance a driver must have the following documentation:

- Current, valid Driving License
- “Clean” Driving Record from the Department of Motor Vehicles (No Record of Reckless Driving, not more than two moving violations in the past one year).

Vehicle**Vehicle documents required:**

- Certificate of Registration,
- Certificate of Road Worthiness/Fitness,
- Tax Receipt
- Insurance Certificate
- Pollution Certificate

Operational Checklist

- Fuel
- Brake Oil
- Gear Oil
- Coolant
- Life saving equipment
- Stretcher in place
- Vehicle is clean
- Hooter is working
- Money Receipt
- Blank Ambulance Request Form
- Battery for the Mobile Phone is fully charged.

Request for Ambulance Form/Call Record

Date:

Time:

Patient Name:

Caller Name:

Tel/Person/Referred by B/PHC:

Relationship with Patient:

Age of Patient:

Sex of Patient:

Address:

Place of Pick Up:  
(Including clear directions)  
Important Landmarks:

Destination:

Complaint:

Referral Doctor:

Signature of Call Receiver/Driver:

Authorization by Superintendent/BMOH/MOIC or his/her representative:



## Money Receipt

**Name of Patient:**

Sex:

Age:

Date:

Time:

Start kms:

Pick Up (kms):

Drop (kms):

Total Distance Travelled (kms.):

Rate Per Kilometre:

Amount Collected in Rupees:

Signature of recipient:

Signature of Patient/Patient Party:

**MONTHLY REPORT OF THE NGOS FOR THE AMBULANCE SCHEME UNDER PPP**

1. Name of the RH/BPHC/PHC: \_\_\_\_\_ 2. District \_\_\_\_\_  
 3. Name of the NGO: \_\_\_\_\_ 4. Vehicle No. \_\_\_\_\_  
 5. Reporting Month: \_\_\_\_\_ 6. Date of Submission \_\_\_\_\_

<b>7. TOTAL NUMBER OF PATIENTS TRANSPORTED DURING THE MONTH</b>	
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7-A. Type of patients transported	7-B. Details of transportation	7-C. Category of patients transported
Accident emergency cases	Referred from RH/BPHC/PHC	BPL
Delivery related cases	Residence to RH/ BPHC/PHC	NON-BPL
Child related cases	Residence to other govt. hospitals	
Other Emergency cases	Residence to private hospitals	
Others (specify)	Others (specify)	
<b>Total Patients</b>	<b>Total Patients</b>	<b>Total Patients</b>

8-A) Opening Kilometer on the first day of the month	
8-B) Closing kilometer on the last day of the month	
8-C) Total kilometer travelled during the month	

9-A) Number of days the ambulance did not carry any patient	
9-B) <i>Reasons:</i>	

10-A) Number of times the ambulance used for some other purposes:	
10-B) <i>Reasons:</i>	

11. Problems encountered / Important case studies/ General comments:

**Information under 12-A, 12-B, 13-A and 13-B to be provided by the Superintendent/BMOH/MOIC**

12-A) Total number of patients referred from the RH/BPHC/PHC (OPD+Em+IPD) during the month	
12-B) Number patients availed this (PPP) ambulance out of the total referrals from the RH/BPHC/PHC during the month	

13-A) Total number of beneficiaries under the Referral Transport Scheme from the RH/BPHC/PHC during the month	
13-B) Number of the beneficiaries availed this (PPP) ambulance out of the total beneficiaries under the Referral Transport Scheme from the RH/BPHC/PHC during this month	

*Full Signature and Designation of the Reporting Person  
of the NGO with seal and date*

*Abbreviations:*

<b>BPHC</b>	<b>Block Primary Health Centre</b>
<b>BHFWS</b>	<b>Block Health and Family Welfare Samiti</b>
<b>BMOH</b>	<b>Block Medical Officer of Health</b>
<b>BPL</b>	<b>Below Poverty Line</b>
<b>CBO</b>	<b>Community Based Organisation</b>
<b>CMOH</b>	<b>Chief Medical Officer of Health</b>
<b>DHFWS</b>	<b>District Health and Family Welfare Samiti</b>
<b>DoHFW</b>	<b>Department of Health and Family welfare</b>
<b>GoWB</b>	<b>Government of West Bengal</b>
<b>MOIC</b>	<b>Medical Officer In Charge</b>
<b>NGO</b>	<b>Non-Governmental Organisation</b>
<b>ONGOs</b>	<b>Operating NGOs</b>
<b>PHC</b>	<b>Primary Health Centre</b>
<b>POL</b>	<b>Petrol, Oil, Lubricant</b>
<b>PPP</b>	<b>Public Private Partnership</b>
<b>Pvt.</b>	<b>Private</b>
<b>RH</b>	<b>Rural Hospital</b>
<b>SOP</b>	<b>Standard Operating Procedure</b>