



Medical Transport  
UBIQUE

## THE IMT MEDICAL TRANSPORT LIMITED 56 – SAFER VEHICLE CHECK LIST POLICY AND SOP (V4)

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Date: Reviewed: APRIL AND OCTOBER ANNUALLY  
Policy Authorisation: IMT Medical Board

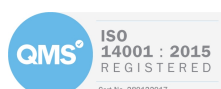
**POLICY STATEMENT:** At IMT Medical, we are committed to promoting equality and diversity across and in all aspects of our business. We aspire to promote a diverse, inclusive and representative working environment in which everyone is treated with dignity and respect. Our aim is to support our staff and to promote with our clients, to achieve progress towards a truly diverse workforce. We operate inclusive, open-minded, non-discriminatory practices. We will work with all sections of the community to ensure that there is neither discouragement nor discrimination against anyone. As an employer we are committed to equality and diversity in all of our practices and we recognise that groups and individuals will not be discriminated against on the basis of age, gender, ethnic origin, race, nationality, colour of skin, sexuality, impairment (physical, sensory or learning), physical appearance, marital or another life status, religious or political belief and other differences that cannot be justified.

**POLICY PURPOSE:** The primary purpose of the Policy and SOP / Procedure is to confirm the Company’s commitment to the prevention and control of safety and infection prevention for vehicle and equipment being used in the delivery of all services undertaken by the Company. The document also includes that all Suppliers working on our behalf will also meet those standards. The Policy, SOP / Procedure will promote effective vehicle and equipment safety checks in line with standards, control points and infection control. Protecting all staff, clients, patients, members of the general public and Suppliers and will clarify roles and responsibilities, frequencies and methodology of vehicle and equipment checks.

**NOTE: IN JUNE 2020 WE WILL MOVE TO AN ELECTRONIC REPORTING SYSTEM VIA AN APP.**

THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING DOCUMENTS / POLICIES:

- 35 - IMT MEDICAL TRANSPORT LIMITED INFECTION PREVENTION & CONTROL POLICY
- 37 - IMT MEDICAL TRANSPORT LIMITED VEHICLE CLEANING POLICY AND PROCEDURE
- 38 - IMT MEDICAL TRANSPORT LIMITED PERSONAL PROTECTIVE EQUIPMENT POLICY
- 42 - IMT MEDICAL TRANSPORT LIMITED DRIVING POLICY



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IMT Medical Transport Limited a company registered in England under registration number 10713061

## Version Control

### Document Location.

The latest version of this document can be found with the HR department or on-line in our website staff page.

### Document Usage.

If using a printed version of this document ensure it is the latest published version.

VERSION	DATE	AUTHOR/S	REASON	REMARKS
1.0	11 March 2018	John Hood	NEW DOCUMENT	
2.0	22 October 2018	John Hood	Policy Review	
3.0	12 April 2019	John Hood	Policy Review	
4.0	17 October 2019	John Hood – Mike Huddart	Policy Review	
5.0	10 April 2020	John Hood – Steve Walker	Policy Review	IMT will move to an electronic form of daily and other vehicle checks in June 2020

### Quick Reference Guide

For quick reference, this page summarises the actions required by this policy. This does not negate the need to be aware of and to follow the further detail provided in this policy.

IMT Medical staff and those working or training under other arrangements are expected to:

1. Understand our equality objectives (i) better health outcomes for all; (ii) improved client and patient experience; (iii) empower, engage and support staff; (iv) inclusive leadership at all levels.
2. Treat everyone who comes into contact with us with dignity and respect.
3. Work towards a positive and inclusive work environment.
4. To outline the forms of policy, SOPs and procedures that will be used during Vehicle and Equipment safety checking and in raising and supporting awareness in H&S.
5. To provide guidance on the type of check required for the vehicles or equipment.
6. To provide information relating to frequency of checks.
7. To provide guidance on responsibilities and recording of completed forms.
8. To provide H&S awareness.

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## 1.0 Introduction.

1.1 IMT Medical Transport Limited is committed to providing a safe environment for our staff, clients, patients, other road users and members of the public. Safety remains a key priority for IMT Medical Transport to reduce the risks associated with unsafe vehicles, to reduce the risks of vehicle breakdowns and to ensure that all drivers (Company and Suppliers) are aware that they have a legal responsibility to ensure that the vehicles they drive are roadworthy and legal to drive and that equipment is legal and safe to use.

1.2 All staff or Suppliers driving any vehicle or using equipment on behalf of IMT Medical Transport Limited, where it is found the vehicle or equipment is not roadworthy, could be subject to considerable fines, points on their licences, disqualification or possibly even legal action.

1.3 As a healthcare provider we are all responsible for providing a safe environment for our staff, clients, patients, other road users and the general public. Under health and safety legislation, IMT Medical Transport has an obligation to ensure that as far as reasonably practicable, the health, safety and welfare of our employees is maintained. The Health and Social Care Act 2008 places the responsibility upon IMT Medical Transport to deliver healthcare services in appropriate environments. Our clients expect the excellent standards we aim to deliver.

1.4 This Policy and Standard Operating Procedure (SOP) is intended to formalise the start and end of shift checks, including the equipment required for the operational vehicles we use or secure. It applies across IMT Medical and to our Suppliers and provides clarity for Managers, staff and Suppliers.

## 2.0 Objectives.

2.1 The objective of this Policy and SOP is to:

Provide a clear and robust framework that formalises the method of managing the daily checks of IMT Medical's and our Supplier's vehicles and equipment that ultimately benefits the safety of our staff, clients, Suppliers the general public and patient care.

## 3.0 Scope.

3.1 This Policy and SOP outlines the start and end of shift checks, including equipment required for operational vehicles.

## 4.0 Responsibilities.

4.1 It is the responsibility of the Fleet manager, first line management tier and all crew or drivers (IMT or Supplier) to ensure that this procedure is adhered to and monitored at a level where the collation of the documents is recorded at fleet management level.

4.2 It is the responsibility of the Fleet Manager to ensure the monitoring and compliance with the Policy and SOP. (Compliance audited as an element of the IMT Medical KPI's).

## 5.0 Vehicle SOP / Procedure (Roadworthiness).

5.1 All IMT Medical staff and Suppliers must log on with IMT Medical's Operational Control Centre (OCC) in the first instance when they are on duty. Then immediately commence the vehicle and equipment checks and record the checks in the document attached at Appendix 1 (Vehicle Primary **RED1** and Secondary Visual Check List).

5.2 IMT Medical has a duty of care to ensure that basic safety checks are carried out at the start of each shift to ensure vehicles remain safe and roadworthy. Where the **RED1** checks are listed, this is direction for an absolute minimum check and would generally be used for emergency ambulances only.

5.3 When deployed on Transplant driving, Medical Team driving, Secure Patient Transport driving and Patient Transport Services driving, there will be **NO REASON** why the Primary **RED1** and all

Secondary Visual Checks are not undertaken before commencement of shift or journey.

5.4 The vehicle does not need to be reported VOR for the checks to be carried out.

5.5 Tyre pressures and fluid levels are to be managed locally by the driver who should coordinate the management through the Fleet Manager. All other vehicle or equipment defects identified must be reported to either the Fleet department during working hours or via the 24-hour out of hours contact number through the OCC.

6.0 Ambulance SOP / Procedure (Clinical Equipment).

6.1 All operational staff (IMT or Supplier) have a responsibility to ensure the appropriate checking of clinical equipment within their designated vehicle. This includes the presence of functionality and cleanliness of all equipment.

6.2 In the event that any equipment is identified as missing or defective this must be rectified where possible and raised to the relevant line manager and/or reporting pathway (OCC is available for advice 24-hours).

6.3 All operational staff (IMT or Supplier) **MUST** check the ambulance's clinical equipment as soon as practicably possible at the commencement of their shift. In the event that operational requirement leads to the need to respond prior to completion of these checks, these must be completed as soon as practicably possible. The use of any piece of equipment, which has not been checked is forbidden.

6.4 Minimum Essential Equipment (Primary Visual **RED1** Checks) – this **MUST** be completed (any equipment deficits will be considered VOR).

6.5 Equipment Checklist:

- Defibrillator (visual check and shock test – where appropriate).
- Oxygen (visual check for volume).
- Response bag(s) – visual check for presence.

6.6 Green equipment checks (Secondary Visual Checks) **MUST** be completed after **RED1** Checks as soon as practicably possible.

6.7 Each element that must be checked is indicated in Appendix 2, the Ambulance Equipment Primary **RED1** and Secondary (**GREEN**) Visual Check List.

6.8 Any equipment defects/shortages **MUST** be raised to the relevant line manager or immediately rectified. This should also be raised via standard reporting processes.

6.9 End of Shift **RED1** Checks – at the conclusion of each shift the vehicle must be checked and compliant with **RED1** Checks. This must be indicated on the vehicle check sheet.

6.10 **ANY** equipment defects/shortages post shift must be rectified immediately and raised to the relevant line manager and reported as per normal reporting processes.

7.0 Conclusion.

7.1 In addition to the appendixes attached to this Policy and SOP / Procedure, Appendix 4 Deep Clean Sheet has been added for advisory purposes. This document forms its own Policy (**37 - IMT MEDICAL TRANSPORT LIMITED VEHICLE CLEANING POLICY AND PROCEDURE**) and should be used separately when undertaking Deep Cleaning of vehicles or equipment.



**Appendix 2 (V3) – Ambulance Equipment Primary RED1 and Secondary (GREEN) Visual Check List.**

VEHICLE REGISTRATION NR: _____	SHIFT TIME From: _____ To: _____
NAME OF CREW MEMBER 1: _____	NAME OF CREW MEMBER 2: _____
Primary Visual Check (PVC) and Secondary Visual Checks (SVC) Statutory Responsibilities & Checks. Each area of equipment check will be indicated accordingly as: <b>D</b> – DEFECTIVE OR DAMAGED - <b>O</b> – Operational - <b>N / A</b> – NOT APPLICABLE	

**PVC Equipment RED1 Check List** (Circle appropriate rating of check and remarks).

Equipment / Item	Visual Check	Additional Check	Remarks / Comments
Defibrillator	D / O / N/A	Shock Test	See Appendix 3 Daily Pre-shift Assessment to Safely Check Manual Defibrillator
Oxygen O2	D / O / N/A	Check Volumes	
Response bag	D / O / N/A	Presence and Tag fitted	
Drug Bag – Appropriate for Vehicle	D / O / N/A	Presence and Tag fitted	

**SVC Equipment GREEN Check List** (Circle appropriate rating of check and remarks).

Equipment / Item	Visual Check	Additional Check	Remarks / Comments
Medical gases	D / O / N/A	Check Volumes and regulators function	
Full Itinerary Check	D / O / N/A	Check Volumes and date of items	
Vehicle cleaning	D / O / N/A	Presence and Tag fitted	
Drugs bag (s) levels and dates correct	D / O / N/A	Check Volumes and date of items	
Comments box remark on:  Shortages:  Defects:  Reasons:  Time defect reported:  Time remedy was made:  Total time off Duty:			

1. The carrying out and recording of Equipment Primary and Secondary Visual Checks is a legal requirement. Failure to carry out or record checks to the required standard may result in disciplinary or legal action.
2. This check sheet forms part of the Equipment Maintenance Record. On completion of your shift pattern please return this check sheet to IMT Medical's Fleet Admin office.
3. By signing below this also includes the conclusion of shifts check undertaken as per paragraph 6.7 of the main Policy.

**Crew's Confirmation of check signatory area:** Signed crew 1 by: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signed crew 2 by: \_\_\_\_\_ Signature: \_\_\_\_\_

**Appendix 3 (V3) – Daily Pre-shift Assessment to Safely Check Manual Defibrillator.**

**OPERATOR’S CHECKLIST**

This check-list **MUST** be completed by the lead staff member at the start of each shift to confirm that inspection and testing has been carried out. The lead must have completed induction training on defibrillator checking as proof of competence.

Apply standard precautions for infection control and any relevant health and safety measures.

Date: \_\_\_\_\_ Serial No: \_\_\_\_\_ Location (VRN): \_\_\_\_\_ Service Date: \_\_\_\_\_

CHECK TO UNDERTAKE	CONFIRM BY: OK OR U/S. (IF U/S) CHECK IS A FAIL, CONTACT STATION STAFF AND REMOVE DEFIBRILLATOR FROM USE. THEN DEVICE MUST BE REPORTED AND NOT USED UNTIL REPAIRED.	REMARKS
<b>WASH HANDS PRE-CHECK</b>		
<b>1. Inspect physical condition for:</b>		
Cleanliness of the device (clean after each patient use)		
Damage or cracks		
<b>2. Inspect batteries for:</b>		
Broken, loose, or worn battery pins		
Damaged or leaking battery		
<b>3. Inspect Cable for</b>		
Visually inspect the pads adaptor cable and patient cables for wear, insulation nicks and other damage		
Ensure the leads are securely attached		
Check AED is on standby mode – green flashing light		
<b>4. Inspect Pads for:</b>		
Check infant/child pads are sealed and in date		
Check spare pads are sealed and in date		
Are the electrodes in date?		
<b>5. Lights and Warnings:</b>		
Are there any warning lights on?		
<b>6. Perform User Test</b>		
Outcome		
<b>WASH HANDS POST CHECKS</b>		

1. The carrying out and recording of Defibrillator Checks is a legal requirement. Failure to carry out or record checks to the required standard may result in disciplinary or legal action.
2. This check sheet forms part of the Defibrillator Maintenance Record. On completion of your shift pattern please return this check sheet to IMT Medical’s Fleet Admin office.
3. By signing below this also includes the conclusion of shifts check undertaken as per paragraph 6.7 of the main Policy.

**Crew’s Confirmation of check signatory area:** Signed crew 1 by: \_\_\_\_\_ Signature: \_\_\_\_\_

**FORM RETURNED TO (NAME OF FLEET OFFICE STAFF MEMBER):** \_\_\_\_\_

**DATE INFORMATION PASSED BY FLEET TO MASTER DOCUMENT ON:** \_\_\_\_\_



**Appendix 4 (V3) – DEEP CLEAN SHEET (TO BE USED IN CONJUNCTION WITH POLICY DOCUMENT AREA).**

NAME OF STAFF MEMBER UNDERTAKING DEEP CLEAN: \_\_\_\_\_

VEHICLE REGISTRATION NUMBER: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

**CLEANING PROCESS - OUTSIDE CLEAN**

AREA / ITEM	Nr	TYPE	TICK ON COMPLETION	DAMAGE RECORDED	REMARKS
All Panels	1	Clean			
All Glass	2	Clean			
Wheels & Wheel Arches	3	Clean			
Mirrors	4	Clean			
Lights	5	Clean			
Number Plates	6	Clean			
Door Handles	7	Clean			

**CLEANING PROCESS - CAB AREA**

Vacuum and wash Cab	8	Clean			
Headlining	9	Clean and Disinfect			
Doors / Bulkhead	10	Clean and Disinfect			
Dashboard	11	Clean and Disinfect			
Seats (All) inc under seats	12	Clean and Disinfect			
Seat Belts	13	Clean and Disinfect			
Steering Wheel	14	Clean and Disinfect			
Foot Wells	15	Clean and Disinfect			
Floor	16	Clean and Disinfect			

**CLEANING PROCESS - CAB AREA - RADIO TELECOMMUNICATION DEVICES (Clean with caution no wet cloths)**

Mobile Data Terminal	17	Clean and Disinfect			
Voice Radio Fixed Cab	18	Clean and Disinfect			
Hands-free Phone Kit	19	Clean and Disinfect			

**CLEANING PROCESS - SALOON AREA (With Caution - Electrical switches, sockets and terminals)**

Empty vehicle	20	Equipment must be placed in clean and tidy area			
Ceiling	21	Clean and Disinfect			
Walls	22	Clean and Disinfect			
All cupboard fascia	23	Clean and Disinfect			
All cupboard interiors	24	Clean and Disinfect			
Storage trays/drawers	25	Clean and Disinfect			
Work surfaces	26	Clean and Disinfect			
Seats (all) inc. under seats	27	Clean and Disinfect			
Seat belts (all)	28	Clean and Disinfect			
Com's (telephone)	29	Clean and Disinfect			
Windows	30	Clean and Disinfect			
Floor	31	Clean and Disinfect			
Tail-lift/ramp	32	Clean and Disinfect			
Electrical switches/ sockets	33	Clean and Disinfect			
All internal fittings	33	Clean and Disinfect			Ox - Ent Canisters (If appl.) / Stretchers / Wheelchair / Straps
Equipment brackets	34	Clean and Disinfect			
Cleaner dispenser	35	Clean and Disinfect			
Fire extinguisher	36	Clean and Disinfect			
Floor mount stretcher device	37	Clean and Disinfect			
Hand/grab rails	38	Clean and Disinfect			
Heater/speaker/grilles/vents	39	Clean and Disinfect			
Skylight/sunroof	40	Clean and Disinfect			
Waste receptacles	41	Clean and Disinfect			
Doors inside	42	Clean and Disinfect			
Oxygen area	43	Clean and Disinfect			
Sign and Date when complete	Name:		Date:	Signature:	

Station Manager Sign and Date when complete.	Name:	Date:	Signature:
Station Manager Date when entered into IT System.	Date:	Date of Next 6-Weekly	Date:

## Appendix 5 - Equality Impact Assessment Tool

<b>Policy Title: SAFER VEHICLE CHECK LIST POLICY AND SOP V4</b>	<b>Human Resources</b>
<b>Name of person/s auditing/developing/authoring:</b> John Hood	
<b>Aims/Objectives of policy/service:</b> The overall aim is to provide a consistent, fair and equitable approach whilst supporting the Company in achieving its goals.	

<b>1. Check for DIRECT discrimination against any group of SERVICE USERS:</b>						
Question: Does our policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
1.1 Age?		✓		✓		✓
1.2 Gender (Male, Female and Transsexual)?		✓		✓		✓
1.3 Disability?		✓		✓		✓
1.4 Race or Ethnicity?		✓		✓		✓
1.5 Religious, Spiritual belief (including other belief)?		✓		✓		✓
1.6 Sexual Orientation?		✓		✓		✓
1.7 Human Rights: Freedom of Information/Data Protection		✓		✓		✓
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.						
<b>2. Check for INDIRECT discrimination against any group of SERVICE USERS:</b>						
Question: Does our policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
2.1 Age?		✓		✓		✓
2.2 Gender (Male, Female and Transsexual)?		✓		✓		✓
2.3 Disability?		✓		✓		✓
2.4 Race or Ethnicity?		✓		✓		✓
2.5 Religious, Spiritual belief (including other belief)?		✓		✓		✓
2.6 Sexual Orientation?		✓		✓		✓
2.7 Human Rights: Freedom of Information/Data Protection		✓		✓		✓
If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.						
<b>TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION = 0</b>						
<b>3. Check for DIRECT discrimination against any group relating to EMPLOYEES:</b>						
Question: Does our policy/service contain any	Response		Action required		Resource implication	

conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:		Yes	No	Yes	No	Yes	No
3.1	Age?		✓		✓		✓
3.2	Gender (Male, Female and Transsexual)?		✓		✓		✓
3.3	Disability?		✓		✓		✓
3.4	Race or Ethnicity?		✓		✓		✓
3.5	Religious, Spiritual belief (including other belief)?		✓		✓		✓
3.6	Sexual Orientation?		✓		✓		✓
3.7	Human Rights: Freedom of Information/Data Protection		✓		✓		✓

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

**4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:**

Question: Does our policy/service contain any statements which may exclude employees from operating under the grounds of:	Response		Action required		Resource implication		
	Yes	No	Yes	No	Yes	No	
4.1	Age?		✓		✓		✓
4.2	Gender (Male, Female and Transsexual)?		✓		✓		✓
4.3	Disability?		✓		✓		✓
4.4	Race or Ethnicity?		✓		✓		✓
4.5	Religious, Spiritual belief (including other belief)?		✓		✓		✓
4.6	Sexual Orientation?		✓		✓		✓
4.7	Human Rights: Freedom of Information/Data Protection		✓		✓		✓

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

**TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = 0**

Signature of auditor:

*John Hood*

Original date of signing: 11 March 2018