



REPUBLIC OF UGANDA



UGANDA POLICE FORCE



Standard Operating Procedures (SOPs) for Police Ambulance Services

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ABBREVIATIONS/ACCRONYMS

AIGP	Assistant Inspector General of Police
AIP	Assistant Inspector of Police
ASP	Assistant Superintendent of Police
CAA	Civil Aviation Authority
CP	Commissioner of Police
CPL	Corporal
D/CT	Director Counter Terrorism
D/F&RS	Director Fire And Rescue Services
D/HR&LS	Director Human Rights and Legal Services
D/HRA	Director Human Resource Administration
D/HRD	Director Human Resource Development
D/ICT	Director Information and Communication Technology
D/L&E	Director Logistics and Engineering
D/OPS	Director Operations
D/PHS	Director Police Health Services

D/TRS	Director Traffic and Road Safety
D/W&P	Director Welfare and Production
EMR	Emergency Medical Response
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
MOH	Ministry of Health
OPM	Office of The Prime Minister
PHS	Police Health Services
SCP	Senior Commissioner of Police
SOP	Standard Operating Procedure
SP	Superintendent of Police
SSP	Senior Superintendent of Police
UCC	Uganda Communication Commission
URCS	Uganda Red Cross Society
UPDF	Uganda People's Defence Forces
UPF	Uganda Police Force
VHF	Very High Frequency
CDC	Call & Dispatch Centre

FOREWORD

Emergency Medical services include 3 areas of response that is at the scene, during transportation and at health facility level. The Ambulance vehicles lie in the second area of response i.e. transportation. Uganda Police Force, has had unregulated, uncoordinated and substandard ambulance services. The Traffic and Road Safety Act, 1998 amended 2020, has specified ambulance vehicles as authorized motor emergency vehicles in section 123 of the principal Act. In order to ensure proper use of the privileged ambulance status and minimize on abuse, the Directorate of Health Services has come up with the SOPs for Police Ambulance Services, 2023. These SOPs shall be used in guiding the key Police stakeholders in management and use of Police ambulance vehicles. The document has been prepared under the mandate of the Directorate of Police Health Services to provide standards for health service delivery in UPF. These SOPs shall cover the Road Ambulance vehicle and in future they shall be reviewed to also cover, the Boat Ambulance

Vehicles and the aeromedical ambulances in UPF. I call upon the Police top management, Directorates and territorial command to embrace these Standard Operating Procedures (SOPs) for harmony and accountability when offering ambulance services in UPF.

A handwritten signature in black ink, consisting of a stylized 'M' followed by a long horizontal line that tapers to the right.

AIGP Dr. Moses Byaruhanga

DIRECTOR POLICE HEALTH SERVICES

1.0 INTRODUCTION

Uganda suffers a number of natural and human-induced disasters that have culminated into loss of life, property and displacements. The most prevalent are; displacement as a result of civil strife, transport accidents (road, water, air etc.), earthquakes, disease epidemics, flooding, landslides, technological accidents. National response to medical emergencies is a primary responsibility of the Ministry of Health department of EMS. UPF plays a supportive role to the national emergency response mechanisms. The development of Standard Operating Procedures (SOPs), therefore, is an effort to put in place a systematic management framework for the UPF ambulance services.

1.1 PURPOSE

The SOPs are developed to ensure efficiency and effectiveness of Police Ambulance operations in responding to medical related emergencies.

1.2 OBJECTIVES

- ii) To provide timely response to all medical related emergencies free of charge.
- iii) To support the national medical emergency response and rescue services.
- iv) To provide First Aid services to convoys of national and international dignitaries during transit.
- v) To provide First Aid services during national functions and other events.
- vi) To evacuate victims of accidents and natural disasters to the nearest health facilities.
- vii) To provide transport to Police personnel and their immediate family members who need hospital care.

2.0 MANDATE OF POLICE AMBULANCES

To provide emergency medical services in line with the UPF mandate derived from article 212 of the constitution of the Republic of Uganda, 1995 as amended and section 4(1) (a) of the Police Act as amended.

2.1 SCOPE

These SOPs shall be applicable during response to all medical emergencies within Uganda.

2.2 LOCATION OF POLICE AMBULANCES.

The ambulances shall be located at designated Police Emergency response centres. These include; Regional headquarters, specialised units, selected districts, divisions, stations along major highways.

2.3 STAKEHOLDERS OF POLICE AMBULANCE SERVICES

The key stake holders shall include but not limited to the following;

- Internal stakeholders: D/PHS, D/F&RS, D/TRS, D/OPS, D/L&E, D/IT, D/HR&LS, D/CT, D/W&P, D/HRD, D/HRA, Police Marines, Police Airwing.
- External stakeholders: OPM, MOH, URCS, Local Governments and Urban Authorities, UCC, Ministry of Works and Transport, CAA, UPDF.

3.0 MANAGEMENT AND COORDINATION OF POLICE AMBULANCES

The management and coordination of Police ambulances shall be the responsibility of the Director Police Health Services. He shall oversee these services through lower level managers. i.e. Coordinator EMR, Territorial commanders.

a) Director Police Health Services

The Director shall;

- Maintain an oversight role on command and control of all Police ambulances.
- Advise on the deployment of Police ambulances.
- Mobilise resources required for emergency medical response services.
- Coordinate and collaborate with other stakeholders to strengthen Police emergency medical services.
- Account for all resources and actions as required.

b) Coordinator Police EMR

The coordinator Police EMR shall be appointed by the D/PHS and should possess medical qualifications with training in Emergency care.

The coordinator Police EMR shall;

- Coordinate day-to-day Police Emergency Medical response operations across the country.
- Propose to the D/PHS on the deployment of Police ambulances and EMR personnel.
- Prepare the EMR budget and work plan for management approval.
- Ensure timely supply of appropriate medical equipment and emergency medical kit for Police ambulances.
- Coordinate with fleet management for timely ambulance maintenance and fuelling.
- Coordinate deployment, command, and supervision of all Police ambulances.
- Conduct stakeholder mapping for coordination, collaboration and timely response to emergencies.

- Coordinate regular ambulance inspection to ensure fitness for response.
- Ensure ethical and performance standards are strictly observed/adhered.
- Make reports on performance of EMR services.

c) Territorial/Unit Commanders

Territorial/Unit Commanders of Emergency Response centres shall include RPCs, DPCs and Heads of Specialised units.

Territorial/Unit Commanders shall be responsible for:

- Day-to-day supervision of ambulance operations.
- Routine maintenance of ambulances.
- Submit monthly returns on the ambulance operations and updated inventory to D/PHS.
- Ensure appropriate use of Police ambulances.
- Take appropriate action against any person for any form of abuse of Police ambulance.

- Ensure that the ambulance drivers have the requisite qualifications.
- Monitor routine movement of ambulances in AOR using movement log book.
- Ensure routine inspection of ambulances to ascertain their condition for response.
- Coordinate the Police emergency response team under his jurisdiction including; PHS, TRS, Fire & Rescue, Integrated High way patrol.

d) Emergency care workers

These shall mean and include doctors, clinicians, nurses, EMTs, First Aiders providing pre-hospital care.

These shall;

i) At the station;

- All emergency responses shall be made through the Call and Dispatch Centre (CDC).
- Ensure ambulance is ready and fit to respond.

- Ensure that life saving equipment are in place and functional.
- Ensure teams are briefed before dispatch.
- Ensure booking out of station is done.
- Ensure their personal safety.
- Ensure availability of the required registration tools.
- Turn out in gazetted Police medical uniforms.

ii) **At the scene;**

- Assess for the threats at the scene.
- Assess the need for more support.
- Triage.
- Provide First Aid.
- Communicate with the receiving facility.
- Evacuate casualties.
- Fill out emergency pre-health facility form.

iii) **During transit;**

- Continuous documentation.
- Closely monitor patient's situation.

- Regulate ambulance speed during transit.
- An ambulance shall have right of way at all times while responding to emergencies. In the event of an incident arising as a result of violation by other road users, the ambulance should proceed until patient handover.

iv) **At hospital/Health Facility**

- Ensure appropriate handover of patient with correct documentation.
- Provide feedback to the call and dispatch centre.
- Upon return to station, prepare and submit an incident report to the commander Call and Dispatch Centre.

e) **Police Ambulance Drivers**

Ambulance drivers shall possess a valid drivers' license in addition to other qualifications as may be determined by the D/PHS and D,L&E

Ambulance drivers shall;

- At all times maintain a clean and neat ambulance ready for response.
- Adhere to UPF Fleet management guidelines.
- Ensure ambulances remain parked at respective stations of the emergency response centre ready to respond to emergencies.
- In the event that an emergency happens while an ambulance is still in the field, the commander of the Call and Dispatch Centre can assign it another duty.
- Turnout smartly dressed in a gazetted police uniform with visible name tag.
- Never respond to emergencies without EMTs or health workers on board.
- Any driver who responds to an emergency without following the established procedures shall immediately be subjected to disciplinary action.

4.0 COMMUNICATION AND REPORTING

a) **Communication;**

- Emergency responders shall receive their communication from the Call and Dispatch Centre (CDC)
- Communications shall be through VHF, mobile phones and landlines.
- All calls shall be managed by the Call and Dispatch Centre.
- Response to emergencies shall be immediately after receipt of the call.
- Communication shall be maintained between Call and Dispatch Centre and the response teams at all times.

b) **Reporting;**

- Emergency response team leader shall provided situation report about the incident to the Call and Dispatch Centre Commander.

- Prepare a patient handover report.
- Prepare and submit periodic reports (Daily, Weekly, Monthly, Quarterly and Annually) to the D/PHS.
- Drivers shall book in and out of duty appropriately.

5.0 CALL AND DISPATCH

Call and Dispatch shall be managed on a 24hour basis at the EMR call centre.

a) **Call taker section;**

- This section shall be used to record all the relevant details of an emergency call received including the call, the caller and the emergency or complaint reported.
- The call taker shall be responsible for filling this section before forwarding the form to the dispatcher for a response and resource allocation.

- The following information shall be taken by the call taker;
 - Date & time of caller's name, calling phone number, address, relationship, patient name, age, sex, patient location, nature of incident, land mark, call taker name and signature of the person who received the call.

b) The Dispatcher section;

- This section records the emergency case priority, the ambulance allocated, crew members, and the nearest route to the scene and destination facility.
- The dispatcher is responsible for this section. Specifically, he or she prioritises the case based on information captured by the call taker, allocates and dispatches the most appropriate ambulance and crew members to the scene and destination facility.

- The following information shall be taken by the dispatcher;
 - Priority, dispatch number, ambulance number, time dispatched, the driver's full particulars, crew members, route, destination health facility, ward, dispatcher name and his or her signature.

6.0 CONCLUSION

These SOPs shall be observed by commanders and medical emergency teams. From time to time, emergency teams shall be subjected to mock exercises, simulations and refresher trainings as may be determined by the D/PHS.

Appendix I: ABUSE OF POLICE AMBULANCES

The following shall tantamount to abuse of Police ambulance and punitive action shall be taken against defaulters.

1. Use of ambulance as a means of transport for commanders/officers.
2. Use of ambulance to ferry unauthorised goods/merchandise including dead bodies.
3. Use ambulance for personal gain including smuggling purposes, charging clients/patients for services offered.
4. Use of ambulance as deployment vehicle or troop carriers
5. Use of ambulances without authority to engage in activities that do not directly translate into Police duties. E.g. inter-hospital transfers of civilian patients.
6. Drivers shall not respond to emergencies without emergency care worker, unless under special circumstances/express directives.
7. Syphoning of Police ambulances.

Appendix II: DUTY SCHEDULES FOR EMR TEAMS.

- Police Emergency Medical responders (ambulances) shall be on duty 24/7.
- The Police EMR team shall be accommodated or must reside near duty stations for quick response to emergencies.
- Leaves shall be allowed in consideration of appropriate replacement to handle the duty.
- Responsible unit commanders shall ensure duty schedules are strictly observed.

Appendix III: SAFE DRIVING PRACTICES

Ambulance drivers shall observe the following tips for safe driving.

- Speed does not save lives; good care does.
- Wear seat belts and shoulder restraints.
- Become familiar with how the vehicle accelerates, corners, sways, and stops.
- Stay in the extreme right-hand lane on multilane highways.

- **The decision to activate the emergency lighting and sirens will depend on;**
 - Traffic protocols
 - Patient condition
 - Anticipated clinical outcome of the patient
- **Ambulance drivers must always assume that motorists around their vehicle have not heard the siren/public address system or seen them.**
- **Always drive defensively**
 - Maintain a safe following distance from the vehicles in front of you.
 - Try to avoid being tailgated from behind.
 - Ensure that the blind spots do not prevent you from seeing vehicles or pedestrians.

- Never get out of the ambulance to confront another driver or pedestrian.
- Be aware of blind spots and scan mirrors frequently.
- **Excessive speed:**
 - Is unnecessary, dangerous, and does not increase the patient's chance of survival
 - Makes it difficult to provide care in the patient compartment
 - Hinders the driver's reaction time
 - Increases the time and distance needed to stop the ambulance
- **Siren syndrome**
 - Causes drivers to drive faster in the presence of sirens, due to increased anxiety.

- **Vehicle size and distance judgment**
 - Crashes often occur when the vehicle is backing up, so use a spotter.
 - Size and weight influence braking and stopping distances.
- **Weather and road conditions**
 - Ambulances have a longer braking time and stopping distance.
 - The weight of the ambulance is unevenly distributed, which makes it more prone to roll over.
 - Be alert for hydroplaning, water on the roadway, decreased visibility, and slippery surfaces.

Appendix IV: DRIVING RULES AND REGULATIONS FOR POLICE AMBULANCES

- If you are on an emergency call and are using your warning lights and siren, you may be allowed to do the following:

- Park or stand in an illegal location
 - Proceed through a red light or stop sign
 - Drive faster than the speed limit
 - Drive against the flow of traffic
 - Travel left of center to make an illegal pass
- **An emergency vehicle is never allowed to pass a school bus that has stopped to load or unload children.**
 - **Use of warning lights and siren**
 - Ambulance must be on a true emergency call
 - Both audible and visual warning devices must be used simultaneously
 - Ambulance must be operated with regard for other's safety

- **Right-of-way privileges**
 - Emergency vehicles have the right to disregard the rules of the road when responding to an emergency.
 - Do not endanger people or property under any circumstances.
- **Focus on driving and anticipating roadway hazards.**
- **Minimize distractions from:**
 - Call and dispatch center
 - Mounted mobile radio
 - Stereo/radio volume
 - Cell phone
 - Eating/drinking

Appendix V: CONTRIBUTORS

SN	Name	Desigantion	Directorate
1	AIGP Dr. Moses Byaruhanga	Director	Police Health Services
2	SCP Dr. Nuwamanya Emmanuel	Deputy Director	Police Health Services
3	CP. Dr. Byogero Olivia	CP Health Administration & Training	Police Health Services
4	SSP Oumo Peter Omms	Human Resource Manager	Police Health Services
5	SP Bagenda Livingstone	Staff officer	Police Health Services
6	SP Okobo Godfrey	Operations officer	Fire & Rescue Services
7	ASP Kamugisha John	Coordinator EMR	Police Health Services
8	ASP Ndashimye Gregory	Public Health Officer	Police Health Services
9	ASP Kentaro Pamela	Legal officer	Traffic and Road Safety
10	AIP Namutebi Dorcas	Nursing officer/EMR Nurse	Police Health Services
11	CPL Birungi Catherine	Fleet Manager	Police Health Services



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