



Report to: **CLINICAL GOVERNANCE GROUP**

Date: **15 March 2017**

<b>Report Title:</b>	Scope of Practice Newly Qualified Paramedic
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### Purpose of Report

This paper is to present and approve the EMAs scope for practice for newly qualified paramedics.

### Executive Summary

This scope of practice has been developed in direct response to the national workstream supporting newly qualified paramedics and associated development frameworks to embed theory into practice. This scope of practice, developed by the Associate Director of Paramedicine and agreed by the Medical Director is presented for formal approval at this group. This scope aligns to the national direction of each trust having a scope of practice that provides support to newly qualified paramedics. The scope utilises paramedic pathway as the basis for guiding newly qualified paramedics to make supported clinical decisions.

### Impact:

<b>Quality</b> <ul style="list-style-type: none"><li>• Supports patient safety</li></ul>
<b>Financial Position</b> <ul style="list-style-type: none"><li>• No financial impact</li></ul>
<b>Operational Performance</b> <ul style="list-style-type: none"><li>• Actions support operational delivery</li></ul>
<b>Workforce including Equality Issues</b> <ul style="list-style-type: none"><li>• Supports delivery of the People Strategy and Equality, Diversity and Inclusion Strategy</li></ul>
<b>Reputation of the Trust</b> <ul style="list-style-type: none"><li>• Provides supportive framework for newly qualified paramedics</li></ul>
<b>Other</b> <ul style="list-style-type: none"><li>•</li></ul>

State in the box below the committees or groups which this report has already been presented to:



East Midlands Ambulance Service **NHS**  
NHS Trust

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**Risk Management:**

Details of any new risk(s) identified which may result from the recommended decision or action:	Risk Assessment		
	Consequence (A)	Likelihood (B)	Score (A x B)
No risks identified			
Details of mitigation of identified risk(s):			

**Recommendation(s)**

<b>The group is asked to :</b> Approve this scope of Practice .
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## **Newly Qualified Paramedic Scope of Practice.**

### **1. Introduction**

This scope of practice defines the working role of the Newly Qualified HCPC registrant Paramedic and should be read in conjunction with the Newly Qualified Paramedic Job Description. It outlines the general work role and defines the specific responsibilities associated with the role.

This document also defines the boundaries of practice which the Newly Qualified Paramedic must always operate within.

### **2. Work Role**

The Newly Qualified Paramedic may work with any of the following clinical, Emergency Care Assistant, Ambulance Technician, Student Paramedic, another Newly Qualified Paramedic, Paramedic or Emergency Care Practitioner. When working with an ECA, Ambulance Technician, Student Paramedic the Newly Qualified Paramedic is defined as the senior clinician and clinical lead with overall responsibility and accountability for all aspects of patient care. When working with another Newly Qualified Paramedic the attendant will be the senior clinician and clinical lead. When working with a senior clinician such as a Paramedic or ECP, the senior clinician will adopt the lead clinician's role. The Newly Qualified Paramedic may also work solo on a FRV after a 12 month preceptorship period. In all configurations described above the Newly Qualified Paramedic will adhere to the following scope of practice.

The Newly Qualified Paramedic will be able to respond to the full range of emergency, urgent and routine calls.

### **3. Key accountabilities**

The Newly Qualified Paramedic must:

- Comply with the HCPC Standard of Conduct Performance and Ethics and HCPC Standards of Proficiency.
- Practice within the legal and ethical boundaries of their work role as defined in the HCPC Code of Conduct performance and Ethics.
- Practice in a non-discriminatory manner
- Maintain confidentiality and obtain informed consent
- Exercise a duty of care



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- Know and understand the professional and personal scope of their practice and when to seek assistance or guidance from senior clinical staff when required.
- Maintain their level of knowledge and their fitness to practice in line with the HCPC Standards of Continual Professional Development.
- Reflect on their performance and utilise a recognised model of reflection to improve their practice.
- Undertake development in order to maintain knowledge and skills in line with developments and changes to the role.

**4. Working relationships.**

The Newly Qualified Paramedic must:

- Work effectively as part of a multi-disciplinary team under the direction of other senior clinical staff.
- Work effectively with ECA's, Ambulance Technicians, Student Paramedics, other newly qualified Paramedics, Paramedics and ECPs when responding as a crew.
- Provide supervision to ECA's, Ambulance Technicians, Student Paramedics whilst remaining responsible and accountable at all times for patient care.
- Understand the need for effective communication throughout the care of the patient. Liaise with other agencies to provide detailed highly sensitive and confidential information regarding the patients medical and social history, clinical condition, observations and clinical interventions
- Communicate and act in a manner that is consistent with relevant legislation, policies, procedures and HCPC guidance.

**5. Identification of basic health and social needs**

The Newly Qualified Paramedic must:

- Attend a wide range of emergency and non emergency situations, exercising judgement within a dynamic risk assessment process to identify risks and hazards whilst maintaining a safe working environment for themselves the patient and colleagues
- Provide and receive a range of information, of a complex and sensitive nature using empathy, often in difficult or hostile situations, with tact and diplomacy recognising the diverse cultural make up of the community you serve.
- When working with ECA's, Ambulance Technicians, Student Paramedics or on a FRV request additional advice or support from a senior clinician via the Emergency Operations Centre as and when required.
- Complete all reports and records accurately within the service defined time scales in accordance with service policies procedures and guidelines, all records must be clearly written, easy to read and all entries must be signed and dated.



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- Ensure that all records completed by students or other staff for whom you are responsible at the time, are clearly written, accurate, appropriate and if necessary countersigned.
- Communicate appropriately, co-operate, and share your knowledge and expertise with other practitioners and health care professionals for the benefit of service users

## **6. Equipment and Resources**

The Newly Qualified Paramedic must:

- Undertake daily serviceability checks on:
  - vehicles
  - clinical equipment
  - communication equipment
  - documentation
- Use communication / data equipment to input store, retrieve and transmit information.
- Ensure the safe and legal storage of all equipment and medical gasses.
- Use equipment and resources in a way which considers health and safety legislation, minimises risk, and reduces waste and the potential impact upon the environment.
- In accordance with Trust policies and procedures, ensure that their own personal practices in infection prevention and control meet the requirements of the hygiene code and health & safety at work; this will include cleaning of ambulance vehicles and equipment, maintaining cleanliness of vehicles and equipment, personal hygiene and promotion of good infection prevention and control standards for the protection of self, colleagues, patients and others from healthcare acquired infections.
- Ensure vehicles and equipment meet agreed serviceability standards, ensuring that they are kept in a state of cleanliness and any defects are recorded and reported for appropriate action to be taken.
- Be able to store and dispose of hazardous substances such as clinical waste and sharps in line with Trust policy and procedures.
- Identify equipment shortage and restock as required.
- Drive a range of ambulance vehicles in accordance with road traffic law and Trust policy and procedures in order to promote patients condition and prevent deterioration and to, minimise vehicle wear and tear,
- Use equipment in line with manufacturers guidelines and Trust procedures to transfer and transport patients safely and in a manner which minimises any negative impact upon their condition and promotes improvement in their circumstances.
- Be able to apply a range of immobilisation devices and adapt those devices to the patients presenting condition and circumstances in suspected traumatic injuries.

## **7. Supporting and providing patient care**



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The Paramedic must:

- Comply with the HCPC Standards of Proficiency for Paramedics.
- Be competent in basic and advanced life support and resuscitation for all ages of patient.
- Be able to use a range of adjuncts in order to maintain a patient's airway. This will include the use of a bag-valve-mask, equipment, oropharyngeal airway (OPA), Nasopharyngeal airway (NPA), supraglottic airways (SAD), intubation (where appropriately trained and experienced) and associated airway manoeuvres and manipulation
- Be able to use both an automated external defibrillation (AED) or more normally a manual external defibrillation device as part of the resuscitation effort in cardiac arrest.
- Ensure patients are positioned (and if necessary immobilised) for safe and effective interventions.
- Know the indications and contraindications of using specific paramedic techniques, including their modifications.
- Be able to adapt their practice and skills to emergency situations
- Formulate effective care plans and take appropriate decisions in the preparation and administration of drugs in line with Trust policy and procedure.
- Be able to obtain a patient history and perform a primary and secondary patient assessment.
- Be able to make reasoned decisions initiate, continue, modify or cease treatment or the use of techniques or procedures and record the decisions and reasoning appropriately
- Be able to utilise a range of patient moving and handling techniques adapting them to individual circumstances and patient requirements
- Be able to recognise a range of clinical conditions and injuries and administer the appropriate treatment including if necessary the use of the EMAS drug formulary, in line with established clinical guidance contained with the JRCALC guidance and EMAS PGD.
- Be able to record the following observations and recognise and act upon abnormal measurements or observations:
  - Manual and automated blood pressure
  - SPO2 measurements
  - Temperature
  - Blood glucose
  - Skin condition and colouration
- Be able to acquire a 3 and 12 lead Electrocardiograph (ECG) and be able to recognise abnormalities and a range of rhythms including Ventricular Fibrillation (VF), Pulseless Electrical Activity (PEA), Asystole, ST Elevation Myocardial Infarction (STEMI) and Left Bundle Branch Block and other ECG abnormalities.
- Be able to perform a FAST test in order to identify stroke and access the local stroke pathway.



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- Be able to recognise patients who are suitable to be left at home using guidance contained within the EMAS On-Scene Assessment and Conveyance Procedure.
- Following a thorough clinical assessment, be able to arrange for an alternative transport provider. This may include the patient's own transport, VAS/PAS agencies or other patient transport services.
- Be able to recognise death and manage the bereavement with relatives.
- Be able to recognise time critical patients and where appropriate when working with an ECA's, Ambulance Technicians, Student Paramedics or Paramedics recognise when to seek senior clinical advice via the Emergency Operations Centre.
- Be able to use triage systems such as the Paramedic Pathfinder and the National Early Warning Scores (NEWS) to identify urgency and mode of transport.
- Be able to undertake clinical documentation, using the ePRF or PRF clearly, concisely and at all times using the medical model of documentation.

**8. Boundaries of Practice**

- When assessing capacity, the Newly Qualified Paramedic must work to the guidance stipulated within the EMAS Capacity to Consent Policy.
- In respect of conveyance decisions, ensure that these are undertaken in alignment to the On-Scene Assessment and Conveyance Procedure and in all cases ensure that the use of the Paramedic Pathfinder Triage Tool and NEWS are complied with in each occasion.
- Whilst it is accepted that there may be circumstances where Paramedics will be required to step outside the guidance contained within the above procedure in an attempt to work in the best interest of the patient. This should be documented appropriately and senior advice sought on all occasions when a patient presents with a positive Pathfinder outcome. Senior advice can include a supervising manager, member of the Clinical Assessment Team, or a more senior registered clinician (eg ECP or GP).
- The Paramedic must undertake decisions around diagnosis of death and termination of resuscitation attempts in line with the EMAS Diagnosis of Death Procedure and accompanying algorithm. In the case of a determination of futile resuscitation, the Newly Qualified Paramedic must seek advice from a more senior paramedic supervising manager, member of the Clinical Assessment Team or a more senior registered clinician.
- When undertaking the on-scene assessment and clinical decision making in respect of a paediatric patient, due consideration to the Paediatric Policy and On-Scene Assessment and Conveyance Procedure should take place. A low threshold to convey should be the norm and in all cases ensuring that a robust safety net has been put in place.
- In respect of the administration of medicines, the NQP should not deviate from the information stated within the current JRCALC medicines guidance and EMAS patient group directions. In the very rare occurrence that a deviation is to be considered, advice must be sought from a prescribing clinician (Doctor or Nurse prescriber).





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- It is implicit that when considering a deviation, the clinician understands the clinical, physical, procedural and legal implications (i.e. consent, best practice and competence) of deviating from agreed guidelines and protocols in the circumstances with which they are faced.

**9. Mentoring and supporting other Clinicians**

- The following table articulates the national agreement of the NQP responsibilities for mentoring other clinicians.

0-6 months	6-12 months	12-24 months	After 24 months
No practice based education function	At 9 months, NQP can undertake practice education (mentoring) qualification, if not already achieved	NQP with appropriate qualification can mentor undergraduate paramedics on an ambulance service placement	Post NQP status, can act as Preceptor (supporting NQPS) as well as practice educator (Mentor)