



Urgent Care Transport Service Standard Operating Procedure

Links

The following documents are closely associated with this Standard Operating Procedure

- Emergency Operations Centres Dispatch Protocols
- On Scene Conveyance and Referral Procedure
- Urgent Care Assistant Scope of Practice
- Infection Prevention and Control Policy and Procedures
- Safeguarding Adults Policy
- Safeguarding children and young people's policy
- Safer Manual handling policy
- Uniform and dress code policy
- Health and Safety Policy
- Untoward Incident Reporting Policy

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Version	Date Approved	Publication Date	Approved By	Summary of Changes
1.0	12 February 2018	15 March 2018	Risk Safety & Governance	New Document

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1. Introduction

- 1.1. The Trust is implementing a new tier of ambulance resources called the Urgent Care Transport Service to assist with the changing profile of capacity and demand. This Standard Operating Procedure outlines the business processes and procedures to allow for the urgent care resources to provide safe and effective care to patients.
- 1.2. The Urgent Care Transport Service provides the Operations Directorate with a transport platform to address transport requests arising from the wider NHS system. The Urgent Care Transport Service primarily exists to undertake transport requests booked by primary care healthcare professionals.

2. Objectives

- 2.1. The objectives of this Standard Operating Procedure are to:
 - document the business processes and working practices that allow for the safe and effective deployment of urgent care resources to appropriate calls
 - rationalise the mobilisation of a new service and existing trust procedures into a single approval document and ensure consistent working practices across all urgent care resources
 - promote patient safety and clinical excellence, and to ensure best practise standards are delivered at all times.

3. Scope

- 3.1. This document applies to all operational staff including Urgent Care Assistants, frontline Accident & Emergency staff and divisional managers. It also applies to Emergency Operations Centre staff including Dispatchers, Duty Managers and the Clinical Assessment Team.
- 3.2. This document sets a standard working practice for the Urgent Care Transport Service. The Urgent Care Assistants are required to comply with the policies and procedures referenced in the links section.

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4. Definitions

Term	Definition
AMPDS	Advanced Medical Priority Dispatch System
UCA	Urgent Care Assistant
Healthcare Professional	Authorised Medical Professional recognised by AMPDS protocol
Urgent Care Resource	Vehicle crewed with 2 Urgent Care Assistants
Designated Destination	Acute NHS Hospital receiving the patient

5. Responsibilities

5.1. Executive Director of Operations

5.1.1. The **Executive Director of Operations** has the overall accountability for the management of the Urgent Care Transport Service including the management of staff, assets and deployment to calls.

5.2. Deputy Director of Operations

5.2.1. The **Deputy Director of Operations** has the delegated responsibility to oversee the service delivery of the Urgent Care Transport Service

5.3. Medical Director

5.3.1. The **Medical Director** is responsible for the oversight of all clinical services provided to patients

5.4. Divisional General Manager

5.4.1. The **Divisional General Manager** is delegated by the Deputy Director of Operations to oversee the resourcing and direct line management of Urgent Care staff and Vehicles to ensure sufficient coverage is available to provide a safe and effective service.

5.5. Emergency Operations Centre Duty Manager

5.5.1 The **Emergency Operations Centre Duty Manager** is responsible for the overall management of the allocation and deployment of Urgent Care Transport Service resources to appropriate crews

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5.6 Emergency Operations Centre Urgent Care Dispatch Officer

5.6.1 The **Emergency Operations Centre Urgent Care Dispatch Officer** is responsible ensuring adherence to dispatch deployment protocols are maintained at all times

5.7 Emergency Operations Centre Urgent Care Clinical Advisor

5.7.1 The Emergency Operations Centre Urgent Care Clinical Advisor is responsible for the safe and effective management of the waiting transport requests to ensure patient safety is maintained

5.8 Urgent Care Assistant

5.8.1 The **Urgent Care Assistant** is responsible for providing safe and effective care to patients and providing transport to the designated destination for continuing treatment.

6. Urgent Care Transport Service Resourcing

6.1. The Urgent Care Transport Service comprises of a newly created role called the Urgent Care Assistant. This role exists to provide patients with safe and effective transport to the designated destination requested by their admitting healthcare professional.

6.2. The service operates between the hours of 9:00 and 19:00 across all geographic divisional areas. A staggered shift system of 9am – 5pm, 10am – 6pm and 11am – 7pm means that each resource works for eight hours per day, each day between Monday and Friday.

6.3. Urgent Care Transport Service resources are expected to arrive in a timely manner to ensure they are operationally ready for duty at the start of their shift. This means that resources should book on duty and be available for calls as soon as is reasonably practicable in line with the Safer Vehicle Check Protocols.

6.4. The Urgent Care Transport Service will be entitled to 30 minutes break and operate the following meal-break windows

6.4.1. 9am – 5pm: Meal break between 12pm – 2pm

6.4.2. 10am – 6pm: Meal break between 1pm - 3pm

6.4.3. 11am – 7pm: Meal break between 2pm – 4pm

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- 6.5. As the Urgent Care Transport Service resources do not undertake emergency calls and only work to scheduled transport requests, Urgent Care Assistants only receive an exclusive Meal Break. This meal break will be in accordance with Agenda for Change agreements and taken at the crew's base station. Due to the nature of the work Urgent Care Assistants undertake, they can be given transport requests up until the last hour of their meal break window.
- 6.6. For the Urgent Care Transport Service to be productive different end of shift protocols are necessary compared with frontline Accident and Emergency Crews to ensure maximum use of resources. Therefore Urgent Care Resources can be allocated calls within the last hour of their shift subject to the consent and agreement of the crew. This takes into account local knowledge of geography and any anticipated overrun. It is considered that this is the exception rather than normal business as planned work can be allocated to crews appropriately to match finishing time.
- 6.7. Each Urgent Care Resource will be staffed by two Urgent Care Assistants. There may be occasions through the use of bank that the vehicle may be staffed by higher grades of ambulance staff. At all times regardless of the grade of staff, the resource will operate as part of the Urgent Care Transport Service and all of its deployment protocols. Where higher grades of staff are aboard the vehicle, they shall treat the patient with the equipment available to them whilst ensuring a frontline resource has been tasked to support them.

7. Urgent Care Transport Service Dispatch

Although patients often require admission to acute hospital trusts or another healthcare provider, many do not require clinical intervention on route. In order to reduce the length of time patients wait to reach continuing care, the Urgent Care Transport Service provides prompt and safe transport to patients who have low acuity care needs. For this service to operate at best productivity the scope of utilisation of the Urgent Care Resources has been clearly defined below;

7.1. Primary Tasking: Healthcare Professional Transport Requests

Healthcare professionals across the East Midlands can arrange transport to a designated destination for any patient. These requests are triaged through the AMPDS system and allocated a response time indicator based on the answers given by the healthcare professional.

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7.1.1. Urgent Care Transport Service resources can respond as a primary resource to all calls coded by AMPDS through Card 35 as an Alpha response (Category 4) with Suffixes A, L and T.

7.1.2. Urgent Care Transport Service resources can respond as a primary resource to all calls coded by AMPDS through Card 35 as a Charlie response (Category 3) with Suffixes A, L and T after suitability assessment by the Clinical Assessment Team remotely. In accordance with the Ambulance Response Programme, these calls will be downgraded by the Clinical Advisor using the Clinical Desk Outcome Option within CAD and the journey will be booked as an appropriate Health Care Professional Requested Transfer.

7.1.2.1. The Clinical Advisor making the referral must be satisfied beyond reasonable doubt that there is no indication that the patient requires a Technician or Paramedic intervention en route. (Patient is stable, with no immediate risk of deterioration based upon full patient assessment).

7.1.3. Urgent Care Transport Service resources will not attend patients from the following clinical categories;

7.1.3.1. Patients under the age of 12 (Patients over the age of 12 and up to 16 will be transported in accordance with the EMAS Chaperone Policy)

7.2. Secondary Tasking: Low Acuity Emergency Transport Requests

The secondary focus for the Urgent Care Transport Service will be assisting Accident and Emergency Operations with providing transport to 999 emergency patients with low acuity health needs. These requests will be undertaken by ambulance practitioners either by telephone triage or after assessment face to face by a resource at the scene.

7.2.1. Urgent Care Transport Service resources can respond as a primary resource to all 999 calls coded as Category 3 and Category 4 after suitability assessment by the Clinical Assessment Team remotely. In accordance with the Ambulance Response Programme, these calls will be downgraded by the Clinical Advisor using the Clinical Desk Outcome Option within CAD and the journey will be booked as an appropriate Health Care Professional Requested Transfer.

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7.2.1.1. The Clinical Advisor making the referral must be satisfied beyond reasonable doubt that there is no indication that the patient requires a Technician or Paramedic intervention en route. (Patient is stable, with no immediate risk of deterioration based upon full patient assessment).

7.2.2. Urgent Care Transport Service resources can respond as a secondary resource to all 999 calls coded as Category 3 and Category 4 after suitability assessment by the ambulance practitioner at the scene. In accordance with the Ambulance Response Programme, these calls will be downgraded by the Clinical Advisor using the Clinical Desk Outcome Option within CAD and the journey will be booked as an appropriate Health Care Professional Requested Transfer.

7.2.2.1. The ambulance practitioner making the referral must be satisfied before leaving scene that beyond reasonable doubt, there is no indication that the patient requires a Technician or Paramedic intervention en route. (Patient is stable, with no immediate risk of deterioration based upon full patient assessment).

7.2.2.2 Once the ambulance practitioner has left the scene, the Emergency Operations Centre will continue to offer support to the patient via telephone and escalate the journey as is deemed necessary.

7.3. Conveyance

7.3.1. In the main, Urgent Care resources provide transportation to the destination designated by the authorising Healthcare Professional at time of booking the request. Deviation from this destination will only take place after clinical escalation in accordance with section 8 of this standard operating procedure or due to instructions from the admitting destination due to capacity issues.

7.3.2. Urgent Care Resources should not in business as usual circumstances convey a 999 patient unless the patient has been assessed by a clinician either on scene or remotely by telephone triage.

7.3.3. Urgent Care Assistants are not trained nor have the appropriate driving license categories to operate Frontline Accident and Emergency Double Crewed Ambulance (DCA) vehicles and are not trained to drive under emergency road conditions. Therefore at all times, Urgent Care Assistants must only drive the Urgent Care

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Ambulance vehicles or Fast Response Cars (if supported by a Paramedic at an incident) under normal road conditions.

7.4. Running Calls

As the Urgent Care Transport Service will be operating in marked ambulance vehicles there is a possibility that the Urgent Care Assistants may be alerted to either developing or on-going emergencies by members of the public. At all times the Urgent Care Resource will stop in an appropriately safe place and render aid within their scope of practice.

7.4.1. The Urgent Care Resource will inform the Emergency Operations Centre using the priority speech request on the Airwave Radio advising the Dispatch Officer of the location of the patient and their clinical condition.

7.4.2. The dispatcher officer will generate an emergency call using the RUNCAL escalation code (Category 2). The Emergency Operations Centre will treat it as an uncovered Category 2 and dispatch the nearest Accident and Emergency resource to the location.

7.5. Emergency Operations Centre Urgent Care Dispatch Desk

7.5.1. The Urgent Care Transport Service and its resources are controlled by dedicated Dispatch Officers. The dispatch officers oversee and allocate waiting transport requests to urgent care resources. This is recorded in the MIS Alert C3 Command and Control System. The Urgent Care Transport Service resources will be displayed as URG as a resource type on the Command and Control System and bear the call sign URG followed by the designated fleet number.

7.5.2. The dispatch desk is staffed by dedicated dispatch operatives working staggered shifts across the 9am-7pm time period Monday – Friday. This shift pattern operates as 8:30am – 4:30pm and 11am – 7pm to allow sufficient coverage on the desk during peak resource demand periods.

7.5.3. The dispatch officers will work in accordance with the Emergency Operations Dispatch Protocols with the exception of the differences explained in sections 6, 7 and 8 of this Standard Operating Procedure.

7.5.4. The Urgent Care Transport Service operates on a dedicated Airwave radio channel separate from Accident and Emergency operations.

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Urgent care resources will have contact with the Emergency Operations Centre on a dedicated telephone line.

- 7.5.5. The Urgent Care Transport Service dispatch desk is supported by an Urgent Call Handler who assists with calls to patients and healthcare professionals to update on the status of their transport request. Whilst conducting this role, the Urgent Call Handler can continue to support the Urgent Care Booking Line as is needed by the Emergency Operations Centre Duty Manager.

7.6. Operational Escalation

- 7.6.1. The organisation experiences periods of severe demand and as an emergency service must have appropriate plans for all eventualities. Therefore outside of business as usual circumstances (for avoidance of doubt Capacity Management Level 4 and Major Incident Declarations) The Trust Strategic Commander in consultation with the Trust Business Continuity Director can adjust the deployment criteria of the Urgent Care Transport Service as follows;
- 7.6.2. For declaration of Capacity Management Level 4, the Urgent Care Transport Service may be deployed as a primary response to cardiac arrest calls within their vicinity. They may also attend as a secondary response to other categories of calls after appropriate assessment by the responding ambulance practitioner at the scene. At all times the clinical escalation process described in section 8 applies.
- 7.6.3. For declaration of Major Incident (in accordance with the major incident plan) the Urgent Care Transport Service may be utilised to provide transportation to patients as instructed by the Emergency Operations Centre or Strategic Command Cell.

8. Clinical Care & Escalation

In the main, Urgent Care Assistants will care for patients in accordance with their training as Basic Life Support practitioners. However, the nature of emergency and urgent care means that patients can deteriorate between the time the patient is assessed by the referring healthcare professional and the arrival of the Urgent Care Resource.

- 8.1. In the event of a patient's condition deteriorating recognised by the Urgent Care Assistant using the Sick/Not Sick Triage Tool (appendix 5), immediate contact must be made with the Emergency Operations Centre via priority speech request using the Airwave Radio.

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8.2. The Emergency Operations Centre Urgent Care Dispatch Officer must note the escalation accordingly in the Command and Control Software.

8.2.1. If an immediately life threatening condition is identified, the dispatch officer must request a Priority 1 Backup Request using the CAD and verbally notifying the Emergency Operations Centre Duty Manager. The Duty Manager will task the relevant Accident and Emergency Dispatch Officer to deploy the nearest Accident and Emergency resource to the scene.

8.2.1.1. In the event that a fast response vehicle or operational manager is tasked at the priority back up and it is deemed appropriate to transport the patient in the Urgent Care vehicle, upon completion of the incident the vehicle will be marked off road to return the clinician to their vehicle.

8.2.2. If advice is required as to the course of action with a patient, the Urgent Care Dispatch Officer will make arrangements for the Urgent Care Clinical Advisor to contact the Urgent Care Resource to give clinical advice as to the course of action. The Clinical Assessment Team must give advice to the crew within ten minutes of the escalation being made.

9. Vehicles & Equipment

9.1. The Urgent Care Transport Service utilises vehicles specifically designed for low acuity transport needs. The vehicle has a maximum gross laden weight of 3.5 tonnes and is operated at Category B (Car) Driving License.

9.2. The vehicle bears emergency lights and sirens that can only be operated when the handbrake is activated. It is not expected that Urgent Care Assistants will operate the emergency warning systems routinely and should only be used where there is a need to offer scene protection if attending a running call as described in section 7.4 of this procedure.

9.3. The Basic Equipment Vehicle List is listed in Appendix 3 of this Standard Operating Procedure

9.4. The Urgent Care Transport Service is issued with standard Accident & Emergency uniform including personal protective equipment. Due to a rotating 5 consecutive shift pattern the Urgent Care Assistants will be issued with an increased quantity of uniform comprising of 4

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shirts and 3 sets of trousers. The Urgent Care Transport Service also have a specified epaulette identifying the role of Urgent Care Assistant.

10. Education & Training

10.1. Urgent Care Assistants undertake basic ambulance aid lasting a maximum of six weeks. This programme of training comprises of the following subject areas;

- 10.1.1. Corporate Induction & Mandatory Education
- 10.1.2. Emergency First Aid
- 10.1.3. Basic Life Support
- 10.1.4. Non-Emergency Ambulance Driving
- 10.1.5. Patient Moving & Handling
- 10.1.6. Electronic Patient Report Form
- 10.1.7. Communication & Care Skills

11. Consultation

11.1. The consultation process undertaken with this policy included discussions with the Trust's senior operations and clinical teams, emergency operations centre management teams and our recognised trade unions. Consultation was also undertaken with external stakeholders including other NHS Ambulance Trusts and NHS Acute Hospital Providers.

12. References

- Transforming Urgent and Emergency Care
- NHS Five Year Forward View

13. Monitoring Compliance and Effectiveness of the Standard Operating Procedure

13.1. The Executive Director of Operations will monitor the implementation of this policy, and compliance with the assurance framework as defined by organisational policy. This includes the minimum requirements of the NHS Litigation Authority Risk Management Standards, and take assurance to the Quality and Governance Committee. This Policy will be reviewed on a biennial basis, or sooner by exception.

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Plan for Dissemination of Procedural Document

Title of document:	Urgent Care Transport Service		
Version Number:	1.0	Dissemination lead: Print name, title and contact details	Ben Holdaway Deputy Director of Operations
Previous document already being used?	No		
Who does the document need to be disseminated to?	Emergency Operations Centres Divisional Operational Management Teams Clinical Education Teams		
Proposed methods of dissemination: Including who will disseminate and when Some examples of methods of disseminating information on procedural documents include: <i>Information cascade by managers</i> <i>Communication via Management/ Departmental/Team meetings</i> <i>Notice board administration</i> <i>Articles in bulletins</i> <i>Briefing roadshows</i> <i>Posting on the Intranet</i>	EOC: Change Wednesday Bulletins Divisional Operational Management Teams by Email Clinical Education Teams by Email Published on Insite and S:Drive Announced in Enews		

Note: Following approval of procedural documents it is imperative that all employees or other stakeholders who will be affected by the document are proactively informed and made aware of any changes in practice that will result.

Urgent Care Assistants

Scope of Practice v0.1

Urgent Care Assistants play a vital part in emergency and Urgent Care Transport Service delivery. Their primary role is to provide safe and effective care to patients with low acuity medical needs and provide transportation to the designated destination

Where Urgent Care Assistants are deployed to incidents, whether the patient has been pre-assessed by a healthcare professional or not, the following practice is expected:

- That all patients are assessed and treated in line with this scope of practice.
- Concerns will be escalated as appropriate to the Emergency Operations Centre and assistance sought either to the scene or via telephone by the Clinical Assessment Team

Professional accountability

Urgent Care Assistants must:

- Work within the legal and ethical boundaries of their work role.
- Work in a non-discriminatory manner.
- Maintain confidentiality and obtain informed consent.
- Exercise a duty of care.
- Know and understand the professional and personal scope of their work and when to seek assistance/guidance from higher grades of ambulance practitioners.
- Maintain their level of knowledge and their fitness to work and career-long self-directed learning.
- Reflect on their performance and use reflection to improve their practice.
- Undertake development in order to maintain skills and knowledge in line with developments and changes in the role.

Professional relationships

Urgent Care Assistants must:

- Work effectively as part of a multi-disciplinary team under the direction of other professionals.
- Primarily work unsupervised in accordance with training

- When directed to do so follow the directions as given by a registered healthcare professional.
- Understand the need for effective communication throughout the care of the patient. This may be with client or user support staff, with patients, clients and users and with their relatives and carers.

Identification of basic health and social care needs

Urgent Care Assistants must:

- Undertake immediate scene survey and risk assessment in order to establish the presence of hazards.
- Be able to undertake an immediate and basic patient assessment (using the ABCDE mnemonic, sufficient to identify life-threatening conditions and give immediate life support to the level to which they are trained.
- When clinically appropriate and with patient consent, use basic vital signs to ascertain the patient's stability to be transported to the designated destination and escalate accordingly using the National Early Warning Score.
- Provide structured information about the patient and their care to the designated destination and receiving staff
- Use the electronic patient report form system to appropriately record details of the patient and the care they received
- Must be able to recognise and respond to those adults/children/families that are in need of support/care/protection. This will include referring the individual(s) to the dedicated safeguarding/care concern referral line (as per EMAS Safeguarding Policy) in a timely manner.
- Adhere to Infection, Prevention and Control policies and standard operating procedures at all times including hand hygiene compliance and bare below elbows.
- Adopt safe working practices when moving and handling patients using basic moving and handling tools such as banana boards, slide sheets, lifting cushion and the carry chair.

Supporting patient care

Urgent Care Assistants must:

- Be competent in the principles of first aid, basic life support and resuscitation.
 - Recognition and Management of Immediately Life Threatening Conditions

- Basic Patient Assessment and questioning techniques
- Using the principles of First Aid at Work, the management of Minor Traumatic Injuries including wounds and burns
- Using the principles of First Aid at Work, the management of Minor & Chronic Medical Conditions
- Be able to follow a stepwise airway approach and use simple adjuncts in a stepwise order to maintain a patient's airway during resuscitation – Oropharyngeal airway and Bag-Valve-Mask.
- Be able to use an Automated External Defibrillator (AED) as a part of basic life support resuscitation in patients suffering cardiac arrest.
- Provide oxygen therapy in line with the patient's prescription and in accordance with the Urgent Care Transport Service Standard Operating Procedure
- Provide suction therapy using oral suction equipment in emergencies for clearance of airway obstructions in the unconscious patient.
- Support the qualified ambulance practitioner in finding equipment aboard an Accident & Emergency Vehicle

Equipment and Resources

Urgent Care Assistants must:

- Undertake daily serviceability checks on:
 - Vehicles
 - Clinical equipment
 - Communication equipment
- Use communication / data equipment to input, store, retrieve and transmit information.
- Ensure the safe and legal storage of all equipment and medical gases.
- Use equipment and resources in a way which minimises waste and impact upon the environment.
- Be able to store and dispose of hazardous substances such as clinical waste and sharps in line with current policies and procedures. Identify equipment shortages and restock as required.
- Drive specific ambulance vehicles in accordance with road traffic law and Trust policies and procedures in order to promote patient's condition and prevent deterioration and to minimise vehicle wear and tear.
- Use equipment in line with manufacturer's guidelines and employers procedures to transfer and transport patients safely and in a manner which minimises any negative impact upon their condition and promotes improvement in patients condition.

Basic Vehicle Equipment List

Response Bag

- Automatic External Defibrillator (Lifepak Express)
- Spare Defibrillator Pads
- Shears
- Razor
- OP Airways (Size 1, 2,3, 4)
- Adult Bag Valve Mask
- Low Adherent Dressings
- Dressing Pads (All Sizes)
- Bandages (All Sizes)
- Tape
- Triangular Bandages
- Handheld Pulse Oximeter
- Automatic Blood Pressure Cuff & Machine
- Hand Held Oxygen Saturation Probe
- Tympanic Thermometer
- Alcohol Handrub
- PPE pack (apron, surgical mask, sleeve protectors)

Medical Gasses Bag

- Oxygen Cylinder
- Oxygen Masks (Adult All Sizes)
 - Non-Rebreather
 - Medium Flow
 - Nasal Cannula
- Suction Unit Handheld

Infection Prevention and Control

- Clinnell "green" universal Wipes
- Clinell "red" sporicidal wipes
- Haz-Tab granules
- Haz-Tab tablets, 1litre diluter bottle and instruction posters.
- Paper Towel
- Infectious (orange) and non-infectious (tiger) health care waste bags
- Domestic waste bags
- Sharps bin (yellow lidded)
- Incontinence Sheets

- Vomit Bowls
- Absorbent “vernagel” granules
- Male Urinals
- Bedpan Base & Liners
- Nitrile Gloves all Sizes
- Disposable coverall suits
- Aprons
- Sleeve protectors
- Surgical facemasks

Safety

- Rescue Hammer
- Torch
- Fire Extinguishers

Laundry

- Blankets
- Sheets

Documentation

- Vehicle Defect and Safety Check books
- Patient Clinical Record Pads
- Map books
- Patient Refusal of Treatment and Transport Leaflets

Urgent Care Transport Service**Learning Outcomes**

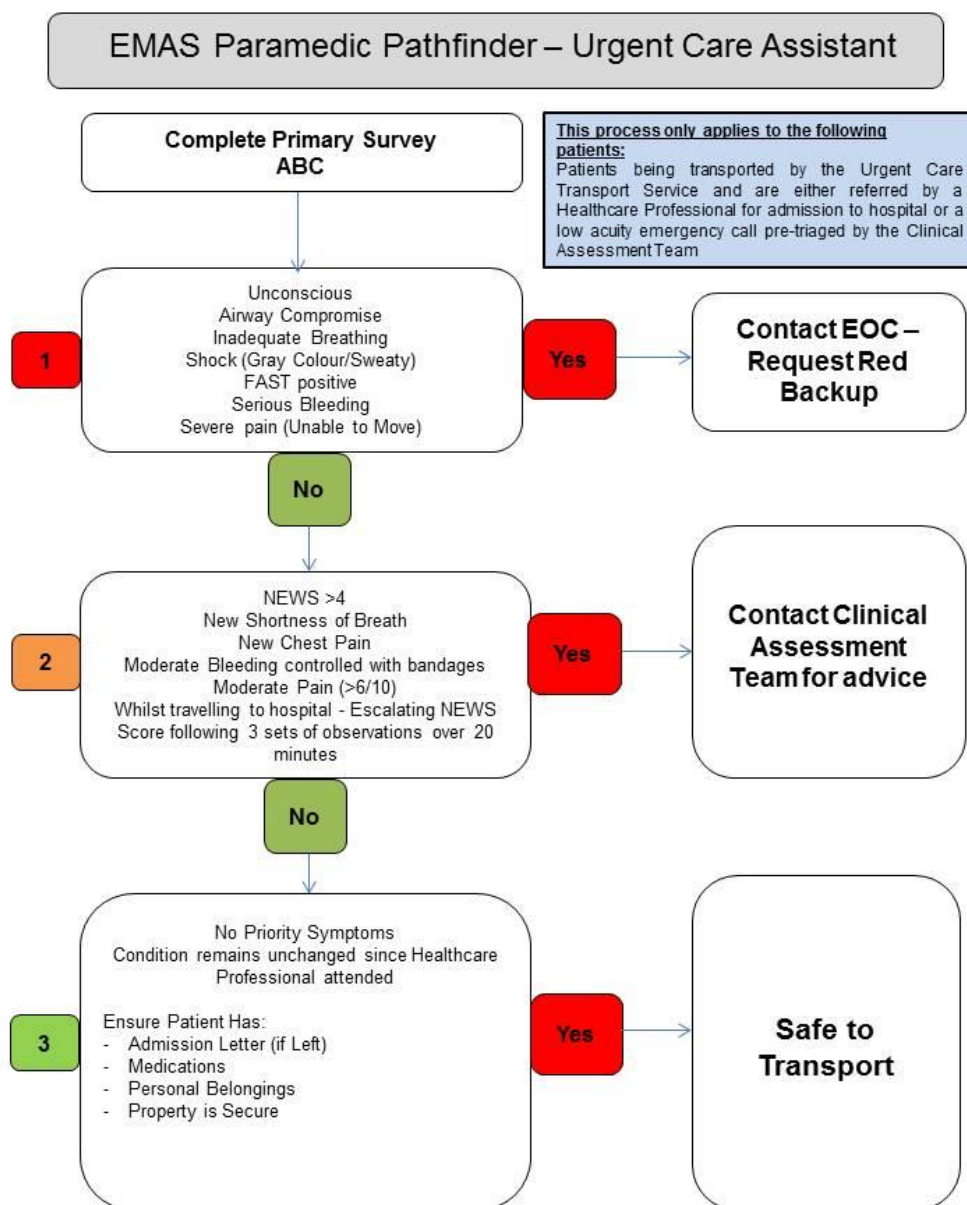
Learner Outcome No.	Overall Objective: That the learner shall be able to:
1.0	Understand the structure of the course, the roles of the tutors and facilities and requirements of the education centre
2.0	Understand the purpose of the care certificate and the responsibilities of completion
3.0	Understand the EMAS values in relation to the code of conduct and duty of care
4.0	Understand the role and responsibilities of an Urgent Care Assistant
5.0	Be able to demonstrate safe moving and handling techniques, utilising kinetic principles and appropriate patient moving and handling equipment
6.0	Understand how to identify safeguarding issues for adults and children and be able to refer concerns. Gain an understanding of the PREVENT initiative and the role of the ambulance service in recognising vulnerable individuals who may need support.
7.0	Understand and be able to demonstrate factors that improve communication with people
8.0	Understand how to identify behaviour that indicates an escalation toward aggressive and violent behaviour. Assess level of risk and utilise verbal/nonverbal skills to manage and if required use acceptable and proportionate physical interventions to reduce or manage risk behaviour and enable patient compliance.
9.0	Be able to demonstrate a working knowledge of infection prevention and control, to protect themselves, their patients and their colleagues.
10.0	Understand common mental health conditions, learning disabilities and Dementia. Provide an overview of the Mental Health Act / the Mental Capacity and how these relate EMAS.
11.0	Understand the basic anatomy of the human body
12.0	Be able to demonstrate the ability to obtain a patient history and using SAMPLE and NEWS distinguish between time critical and non-time critical patients
13.0	Understand the main disorders / diseases and long term problems of the respiratory system.
14.0	Understand how to identify the need for, and be able to demonstrate, early intervention in securing a patent airway
15.0	Be able to demonstrate the use of oxygen therapy equipment
16.0	Understand the elements of Basic Life Support (BLS) and be able to demonstrate the procedure for Cardiopulmonary Resuscitation

	(CPR) in Adults, and demonstrate safe and effective use of an Automated External Defibrillator (AED)
17.0	Understand individual and Trust responsibilities with regard to information governance.
18.0	Promote equality and inclusion in order to support the needs of patients, their family and colleagues.
19.0	Understand your own responsibilities, and the responsibilities of others, relating to health and safety in the workplace
20.0	Understand the duty of candour legislation and how it applies to your role
21.0	Understand the main disorders/diseases of the cardio vascular system
22.0	Describe the main types of wounds and bleeding, and demonstrate the management of wounds, bleeding and penetrating injuries.
23.0	Identify the importance for safe patient positioning taking into account patient needs including using the multi posture cot
24.0	Identify the need for Entonox, its contraindications and delivery and the associated storage issues to be considered
25.0	Understand the common medical emergencies encountered by the Ambulance Service and be able to demonstrate the basic management of these patients.
26.0	Briefly describe the causes and initial management of an unconscious patient.
27.0	Describe the general management of a patient with musculoskeletal injuries
28.0	Describe the best practice needed to fully assess an elderly patient including raising awareness of the causes and consequences of falls in an ageing population.
29.0	Be able to demonstrate the correct use and basic maintenance of the equipment available to the UCA
30.0	Understand the complexities of Emergency Preparedness and the UCA role within a major incident
31.0	Be able to demonstrate to correct use of the electronic patient report form to record and share patient information
32.0	Understand medicines management in relation to the UCA role
33.0	Understand the complexities of dealing with a bariatric patient (for assisting a Qualified Crew)
34.0	Understand the networks and services available to staff to support their mental health and wellbeing
35.0	Understand and be able to demonstrate the use of vehicle systems and equipment to support the UCA role
36.0	Understand the correct procedure for dealing with death and dying with special consideration for relatives

Urgent Care Assistant

Clinical Escalation Process

This process outlines the escalation approach for the Urgent Care Assistant to identify and manage a patient with immediately life threatening conditions.



Desk	Contact Number	Speed Dial
EOC Dispatch Desk	0115 966 xxxx	
Clinical Assessment Team	0115 966 xxxx	