



## Emergency Care Assistants – Scope of Practice

ECAs play a vital part in both emergency and urgent care tiers; their primary role is in the support of Clinical professional such as Paramedics and Emergency Medical Technicians. The ECA will also work independently under certain conditions

### Urgent Care ECAs

Urgent Care ECAs will be tasked with the transport of patients in the Urgent Care Tier. These will consist of HCP Urgents – 2 or 4 hours, Inter Facility Transfers, Green 4 patients after assessment from the Clinical Assessment Team and Green Back Up requests from solo responders. Double crewed ECA DMAs will only be used for those patients deemed clinically suitable by a Health Care Professional. Single Crewed ECA DMAs will only be used in a limited number of situations where a full risk assessment has been performed i.e. Neonatal transfer team.

The Urgent Care Tier patients will require a basic set of observations (SpO2 and NIBP) on arrival and completion of the National Early Warning System. Any patient scoring a total of 3 or more will be discussed with the Urgent Care Hub clinician before transport. Paramedic red/amber back up will be required for patient with a total score 5 or more or a single score of 3

ECA crews may in rare situations be tasked to attend a Red 1 – Cardiac Arrest as a CFR type response. The ECA will act independently to assess the patient and provide basic life support until the arrival of a clinical professional. Any ECA tasked to a Red 1 must be backed up by the nearest available paramedic response.

### A&E ECAs

Double ECA DMAs will never be deployed under A&E situations unless tasked to a nearby Red 1 as a CFR type response. They must be backed up by the nearest Paramedic resource. Double ECA DMAs will not be sent to patient unless a clinical assessment has been performed and the patient deemed suitable for the urgent care tier.

## **Professional accountability**

Emergency Care Assistants must:

- Practise within the legal and ethical boundaries of their work role.
- Practise 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 practice and when to seek assistance/guidance from clinically qualified practitioners.



- Maintain their level of knowledge and their fitness to practise 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**

Emergency Care Assistants must:

- Work effectively as part of a multi-disciplinary team under the direction of other professionals.
- 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**

Emergency 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, sufficient to identify life-threatening conditions and give immediate life support to a Community First Responder level
- Apply patient monitoring equipment independently and with patient consent – 3 lead ECG, SpO2, and NIBP.
- Perform a Blood Glucose measurement independently for patients with a reduced conscious level and act appropriately
- Apply patient monitoring under the guidance of a clinical professional – 12 lead ECG and End Tidal CO2.
- Inform the qualified clinical practitioner of changes in the patient's condition or identify a deteriorating patient condition through the National Early Warning System (NEWS) and escalate as required
- Support the practitioner in completing and maintaining appropriate patient records.
- Must be able 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 in EOC (as per EMAS Safeguarding Policy) in a timely manner.



## **Equipment and Resources**

Emergency 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, drugs 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 a range of 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.

## **Supporting patient care**

Emergency Care Assistants must:

- Adhere to Infection Protection and Control policies and standard operating procedures at all times including hand hygiene compliance and bare below elbows.
- Be competent in the basic principles of first aid, basic life support and resuscitation.
- Be able to use simple adjuncts in order to maintain a patient's airway during resuscitation – Nasopharyngeal Airway, Oropharyngeal Airway or Supra Glottic Airway Device and Bag-Valve-Mask.
- Be able to use an Automated External Defibrillator (AED) or Lifepack 12/15 or Zoll E series in an automated mode as part of the resuscitation in patients suffering cardiac arrest.
- Provide Oxygen therapy as directed by a qualified clinical practitioner or independently in a Cardiac Arrest patient according to the British Thoracic Guidelines
- Provide suction therapy using oral suction equipment in emergencies and for clearance of secretions in a tracheostomy patient



- Provide analgesic treatment with inhaled Nitrous Oxide/Oxygen to assist with the moving and handling of patient with acute injuries or chronic requirements.
- Recognise patients at risk of spinal injury and provide manual cervical spine immobilisation independently if first on scene
- Employ the principles, kinetics and current best practice when moving and handling patients.
- Support the qualified clinical practitioner in their preparation and use of clinical equipment and techniques – advanced airway management, Intravenous and Intraosseous cannulation, immobilisation, dressings including major trauma equipment, maternity pack, and burns dressings.
- Assist the clinical practitioner in the preparation of drugs and medicines, Including Controlled Drugs.

## Appendix One

### National Early Warning Score (NEWS)\*

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				A			V, P, or U

\*The NEWS initiative flowed from the Royal College of Physicians' NEWS Development and Implementation Group (NEWSDIG) report, and was jointly developed and funded in collaboration with the Royal College of Physicians, Royal College of Nursing, National Outreach Forum and NHS Training for Innovation