



London Ambulance Service **NHS**
NHS Trust

Single Crewing Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: The purpose of this policy is to provide clear guidance to all employees of the LAS who are involved in providing non-emergency patient transport as to when single, double or multiple crews should undertake patient journeys and the procedure to be followed

Sponsor Department: A&E Operations

Author/Reviewer: PTS Operational Performance Manager. To be reviewed by February 2014

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17/01/11	1.2	Jason Challen	Minor adjustments in terminology

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
LA38	Change in Mobility Request	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

- 1.1. In meeting the expectations of our patients and customers we are required to achieve ever increasing performance standards on numbers of patients transported within exacting time constraints. This must be done in an efficient and effective way without compromising the safety or quality of service we provide. This can only be supported through continually modernising our working practices.
- 1.2. The requirement to convey patients to hospitals or clinics in a stretcher, or where lifting is required, is diminishing. The majority of patients across the Patient Transport Service (PTS) require only minimal assistance in using our vehicles. This reduces the need for double crews.
- 1.3. In the few remaining areas where we have traditionally provided only double crewed vehicles we need to adapt and become more flexible in delivering the service. This will include more consistent single crewing, or doubling up with any other member of crew staff from across PTS.
- 1.4. The London Ambulance Service NHS Trust (LAS) recognises that certain types of journey will continue to need a double crew. It is therefore important for staff to be clear about the circumstances requiring a single, double or multiple-member crew to undertake a patient journey.
- 1.5. The service must ensure that its working practices are effective in providing the right resources to carry out patient journeys efficiently, safely, and on time.

2. Purpose

- 2.1. The purpose of this policy is to provide clear guidance to all employees of the LAS who are involved in providing non-emergency patient transport:
 - as to when single, double or multiple crews should undertake patient journeys; and
 - the procedure to be followed when the resources allocated to carry out a patient journey are found to be inappropriate.
- 2.2. The policy aims to ensure that the health and safety of both crews and patients are maintained at all times.

3. Procedure

- 3.1. In providing each patient journey there are at least two assessments of need/risk to be made in respect of every patient. These are:
- the assessment made by the clinician booking the transport via the booking form; and
 - the assessment made by the crew staff carrying out the transport in line with training given by the LAS.
- 3.2. The combination of these assessments will ensure that appropriate resources are used for each patient journey. These assessments should be made for every journey undertaken, as the needs of individual patients may change during the course of their treatment.
- 3.3. The LAS continues to work with its customers to educate clinicians on the appropriate resource to be booked for transportation. It is noted that these assessments may vary between clinicians. In the absence of firm evidence to the contrary it **must** be assumed that their assessment is correct.
- 3.4. Consequently the following resources should be utilised, based on the mobility code entered on a completed booking form:
- **Single Crew**
 - 10 - Patient is able to get into car with assistance of driver;
 - 11 – Patient needs to travel in an ambulance with assistance of driver;
 - 21 – Patient is able to travel by car but needs to take own folding wheelchair;
 - 31 – Patient requires exclusive use of a car;
 - 41 – Patient needs to travel in ambulance with ramp/tail lift, with assistance of driver only, travelling in own wheelchair.
 - **Double Crew**
 - 12 – Patient needs to travel in an ambulance with assistance of driver and attendant;
 - 22 – Patient has own folding chair but needs assistance of driver and attendant;
 - 32 – Patient needs to lie down on a stretcher, or sit with legs straight, with assistance of driver and attendant;
 - 42 – Patient needs to travel in an ambulance with ramp/tail lift, with assistance of driver and attendant, whilst travelling in own wheelchair;
 - 62 – Patient requires exclusive use of ambulance. Authorised by doctor or consultant.
- 3.5. PTS Co-ordinators will derive their planning from the booking codes given and allocate crews and vehicles accordingly.

3.6. On collecting a patient, crews will carry out an assessment of both the patient and their environment. This is to ensure that they have the appropriate capability to transfer the patient safely to their appointment at no risk to themselves. For example:

- **Example 1**

A single crew member is allocated a patient based on a booking code 11 given by the hospital. On arrival it is noted that the patient will have to navigate two flights of stairs to get to the vehicle. On enquiring further the crew member is told that the patient is experiencing dizziness and feeling faint. Consequently the crew member assesses that the patient will require to be lifted down the stairs and into the vehicle so as not to cause any harm to himself or the patient.

- **Example 2**

A double crew is allocated based on a booking code 32. On arrival the crew note that the patient is waiting by their front door ready to depart. The patient subsequently walks unaided to the vehicle and boards with no apparent difficulty. The assessment by the crew is that the patient does not require a double crew and could be transported by car.

3.7. Both examples describe cases where an assessment by a clinician is inaccurate at the time of collection. The immediate action based on the crew assessment will be different in each case. In example 1, the AP would need to contact control and advise them of their assessment, and request assistance. This assistance may be by providing additional resources or by agreeing with the hospital that the patient may travel at another time.

3.8. In example 2, although the resource allocation is not appropriate, the most efficient course of action would be to continue with the patient journey in line with the plan set out by the PTS Co-ordinator.

3.9. In both cases it is important that crews follow the “Change in Mobility Request” procedure. Where appropriate, this will include completing form LA38 for the LAS to seek clinician approval to change the patient’s mobility code, based on the assessment of the crew.

4. Crew Assessment of Patient

4.1. Assessment of the environment is generally straightforward. Assessing the patient may be more complex. In such cases crews are required to use their judgement, based on their experience and training. In particular, their assessments of the patients behaviour (are they particularly aggressive/demanding) and physical wellbeing (are there symptoms being demonstrated which require constant monitoring) are likely to determine any need for a double crew.

5. Wheelchair Patients

5.1. Wheelchair patients, who are required to bring their wheelchair with them fall into the following categories:

- those who can transfer to a vehicle seat;
- those who must remain in their wheelchair during the journey; and
- those in an electric wheelchair who must remain in their chair during the journey.

5.2. The ability to transport wheelchair patients by single crews will depend on:

- The access to the patient's home. There must be no significant hazard which may compromise the health and safety of the patient or crew member in transferring the patient to and from the vehicle;
- The capability of the crew member to control and manoeuvre both patient and chair. Assessment will include consideration of the patients' size, and physical environment; and
- The ability of electric wheelchair patients to access vehicles under the supervision of the crew member.

5.3. In transporting wheelchair patients by either single or double crews, it is essential that patients who travel in their wheelchair (electric or otherwise) should be secured to the vehicle with the appropriate equipment provided with each vehicle. This should be carried out in accordance with current service policy and training instruction.

5.4. The following vehicles are suitable for the transport of wheelchair patients by single crews; provided that the appropriate safety equipment is used in accordance with instruction.

5.4.1. Movano Mova 6C

5.4.2. Citroen Dispatch SWC

5.4.3. Movano Stretcher Vehicle (when the stretcher is removed and the vehicle adapted for single use)

6. Single Crewing and Double Crewing Flowcharts

- 6.1. All PTS staff will be issued with copies of this policy and procedure. Flowcharts have been produced to help crews assess patient journey requirements. These are attached.
- 6.2. The flow charts are to guide staff in the procedures to follow if they feel a booked mobility is incorrect. They will also be useful as reminders of the factors they should consider in making appropriate decisions.

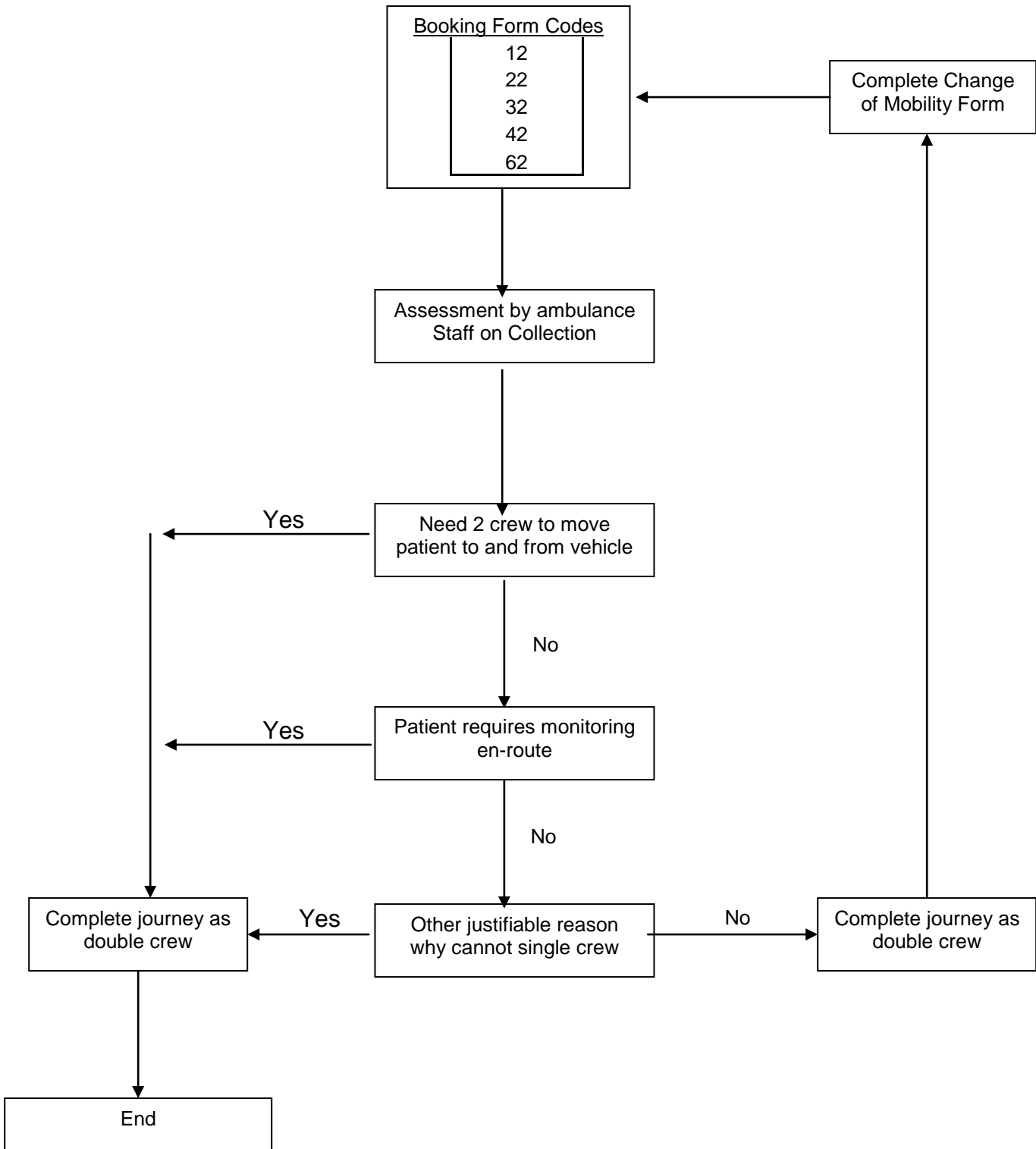
7. Health & Safety

- 7.1. The emphasis of this policy and procedure is to marry up patient journeys with appropriate resources. The central concern is the health and safety of patients and crews. Implementation of this policy will not put these parties at risk, and any concerns over its application should be brought to the attention of a local PTS line manager.

Implementation Plan

IMPLEMENTATION PLAN	
Intended Audience	For all LAS staff
Dissemination	Available to all staff on the Pulse
Communications	Revised Procedure to be announced in the RIB and a link provided to the document
Training	
Monitoring	

Double Crew Flowchart



Single Crew Flowchart

