



London Ambulance Service **NHS**
NHS Trust

Procedure on Actions on Scene INDIRECTLY Related to the Patient

DOCUMENT PROFILE and CONTROL.

Purpose of the document Aims to capture the most common operational issues that affect, but do not directly involve, the patient, some of which include liaison with other agencies.

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Related documents or references providing additional information		
Ref. No.	Title	Version
	IHCD Training Manual.	
	Road Traffic Act.	
	LAS Infection Control Manual.	
TP / 014	Procedure for Ambulance Observers.	
OP / 001	Dress Code for Uniformed Staff	
H&S/ 005	H&S Manual Handling Policy	
	IHCD Training Manual.	

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Introduction

Whilst attending the scene of a call-staff frequently face many operational issues that affect but do not directly involve the patient, some of which include liaison with other agencies.

This procedure aims to capture the most common of these situations and provides direction and guidance for staff on how they should be managed.

Objectives

1. To ensure that staff are appropriately advised of the action to be taken on scene, in the most commonly occurring issues that are not directly patient related.
2. To ensure that adequate support is available for staff to call upon when working in vulnerable situations.
3. To minimise risks that can occur whilst on scene.

Procedure

1.0 Safety on Scene

- 1.1 When on scene it is paramount that ambulance staff first protect themselves, their colleagues, the patient and any other persons on scene. Once ambulance staff arrive at an incident, there may be instances where further Personal Protective Equipment (PPE) may be required. If the scene is for any reason considered unsafe, staff should initially withdraw and immediately contact the Emergency Operations Centre (EOC).
- 1.2 Close liaison must be maintained at all times with other emergency services and, where appropriate, the senior safety officer or other responsible person on scene.

2.0 Forced Entry by Ambulance Staff

2.1 In the instance of ambulance staff being unable to gain access to a property they should contact EOC to confirm the address and that full information has been received.

Action to be taken by EOC

2.2 Before authorising a crew to make a forced entry into a private property, EOC should carry out the following checks in:

- Listen to the tape recording and confirm that the telephone number and address are correct
- Ring the telephone number provided
- Contact the police and advise them of the potential for a collapse behind locked doors
- Ask the crew to establish from neighbours information on the occupant and the location of spare keys to the property if available
- Once EOC is satisfied that there is likely to be an occupant in the premises that requires *urgent* medical help, permission should be granted to the crew to make a forced entry, if police are not in attendance. This is in accordance with the IHCD Training Manual. The patient should be seen or heard to be in distress before an entry is forced and their consent should be sought where possible

2.3 Staff should carry out a dynamic risk assessment, balancing the need for a fast entry, with their safety. Following this assessment, an entry with the minimum amount of damage and minimum personal risk may be attempted.

2.4 In the instance of a forced entry it is critical that EOC is made aware as soon as possible. EOC staff will advise the police and unless the patient's condition is deteriorating quickly, the crew should remain on scene until arrival of the police.

2.5 Where the patient's condition requires immediate evacuation, an attempt should be made to secure the premises in the best way possible and to leave it looking visibly secure. Depending on the circumstances it may be appropriate to ask a neighbour to look after the premises until the police arrive.

2.6 Any break in to a property should be documented on the PRF including the reasons for doing so, the condition of the patient and the security state of the property on departure.

3.0 Staff Attitude and Behaviour on Scene

- 3.1 As representatives of the LAS, ambulance staff should ensure that they conduct themselves in a manner that reflects both their own and the Services professional standing. A professional approach includes:
- the correct wearing of uniform in accordance with the LAS Dress Code for Uniformed Staff,
 - body language that imparts sympathy and understanding,
 - interpersonal and clinical skills that allow ambulance staff to assess each patient in a calm, confident and methodical manner.
- 3.2 Staff should be aware that their actions on scene may be witnessed by third parties who may feel that an action, inaction or statement is inappropriate for the circumstances. Staff should make every effort to explain their actions to those who have reasonable cause or grounds to request such information.
- 3.3 A patient's behaviour may at times appear unreasonable, but despite this staff should not be drawn into arguments. Any problems should subsequently be referred to a line manager and documented on the PRF.
- 3.4 Disagreements between LAS staff or with other Health Care Professionals must never take place in public places or in view or hearing of the patient or public.

4.0 Road Traffic Accidents (RTAs) not previously given as RTA

- 4.1 If, on arrival at scene, staff discover the call falls within the remit of the Road Traffic Act (this includes incidents such as falling from a bus) they should inform EOC as soon as possible and in the case of personal injury request the attendance of police. If the police have not arrived before conveying a patient, the crew should again, inform EOC of this fact and the hospital to which they are conveying.

5.0 Manual Handling

- 5.1 Ambulance staff should undertake a risk assessment of the situation in which they find their patient. If they estimate any factors to be beyond their capabilities then the assistance of a second ambulance crew or other services should be sought.

- 5.2 The rear suspension of the vehicle should be lowered when loading and unloading patients. Walking patients should use the hand rails provided to assist themselves into and out of the vehicle. Ambulance staff will need to give additional guidance if the person is injured, disabled, hard-of-hearing or has impaired sight.
- 5.3 Ambulance staff can request assistance from responsible personnel such as police officers, nursing and porter staff and members of the public but they must give clear and concise instructions and not ask them to undertake any activity that is obviously beyond their capability or which they are reluctant to do.
- 5.4 Staff should use all available lifting aids that they have been trained to use. If other lifting equipment is available on scene, for example, hoists, consideration should be given to allowing only the persons trained in use of the equipment to assist in the lift.
- 5.5 Ambulance staff called to attend patients in Care Homes are duty bound to fully examine, assess and treat appropriately. If it is necessary to lift the patient, staff should seek alternatives to manual handling such as hoist and slides if suitably qualified persons are present.
- 5.6 If patients in Care Homes are found to be uninjured the responsibility for lifting should be passed back to the Care Home staff.

6.0 Criminal Offences on Scene

- 6.1 Everyone has a responsibility to report a suspicion of criminal offence. Ambulance staff, in common with other NHS staff, also have a duty of confidentiality towards their patients. These priorities need to be balanced to ensure that appropriate medical care is provided for all patients whilst alerting police to a crime or crime scene.
- 6.2 If ambulance staff believe or suspect that their patient is involved with a crime they must continue to treat that patient and, if necessary, convey to hospital. Staff must immediately tell EOC, or advise the hospital staff, to inform the police of their suspicions or evidence. In any event, EOC must always be informed so that the call record can be endorsed.
- 6.3 Where there are unusual or suspicious circumstances, staff should take reasonable precautions to preserve the potential crime scene, and await, if appropriate, the arrival of the police.

7.0 Delays on Scene

7.1 Ambulance staff must report all delays on scene in excess of 15 minutes to EOC by the expiry time of the delay and keep them subsequently regularly updated. Ambulance staff should record delays on the PRF and EOC will also record all delay reports on the call record.

8.0 Safeguarding of Children

8.1 If the removal of a patient to hospital will result in a child being left unsupervised, ambulance staff must either convey the child/children or contact EOC to arrange for the police to attend and assume responsibility. This action should not delay the patient's conveyance to hospital. If the patient's condition is serious and children are to be left alone, then the urgency for the police attendance must be indicated.

8.2 There is no minimum age at which a child may be left unsupervised. Legally, no offence is committed until the child comes to harm, at which point the responsible adult can be prosecuted for failing to ensure their safety. As a guide, a person is considered a child in this context until the age of eighteen.

- If a child is under fifteen years, staff should make arrangements as in 8.1,
- Children between fifteen and eighteen years may be temporarily left alone if staff are confident of the child's ability to care for themselves. If in doubt staff may make arrangements as in 8.1. If the child is left at home the receiving A&E nurse/doctor must be notified at hand over and the occurrence documented on the PRF.

8.3 If an unrelated adult, e.g. a neighbour offers to take responsibility for the children, and the patient/carer is not able to approve the arrangement then ambulance staff must inform EOC to request police attendance.

9.0 Security of Property

9.1 Wherever possible the patient's property should be left with the patient, or a person accompanying the patient (where it may reasonably be assumed that such a person may be acting in the interests of the patient). There may, however, be some circumstances, where the patient, or any other person, is unable to take responsibility for the patient's property and, in these instances; the items should be taken to hospital with the patient, using the designated patient property bag. The bag should be sealed in the presence of the patient, the details completed and a record of the bag number made on the PRF. The bag should be passed to hospital staff at the handover of care; the tear-off strip should be attached to the PRF copy given to the hospital, or provided to the patient, if necessary around the patient's wrist.

- 9.2 If, however, the property is bulky and not easily transportable, for example a bicycle, attempts should be made for it to be secured at scene and only as a last resort stored as securely as possible in the vehicle and conveyed with the patient. Arrangements should be made at the hospital site for the secure maintenance of the item, and for the patient to be notified accordingly by hospital staff. Any action should be documented on the PRF.
- 9.2 Ambulance staff should always check the cab/saloon of the ambulance for patient property before leaving the receiving unit. If any item is encountered, the procedure described in paragraph 9.1 should be adhered to.
- 9.3 The Patient Advice and Liaison Service will host enquiries relating to patient property. Where information is not documented on the PRF, the matter will be referred to the relevant complex management team to resolve matters locally. Local managers should be aware of the requirement to advise an enquirer of their right to make a formal complaint and/or a compensatory claim. In this event the matter should be referred to the appropriate department.

10.0 Safeguarding the Welfare of Animals

- 10.1 If it is brought to the attention of ambulance staff that a patient in need of conveying has sole responsibility for an animal, reasonable measures should be taken to ensure that the animal is subsequently cared for.
- 10.2 If the patient is in a public place when receiving emergency care and has an animal with them, ambulance staff should ascertain whether there is an appropriate person on scene to take short term responsibility. EOC should then be informed to contact the police. As a last resort and at the discretion of staff the animal may be conveyed with the patient. Guide dogs must be conveyed as a matter of course.
- 10.3 If the patient is in their own environment and a neighbour is available it may be appropriate to ask them to ensure the animal is looked after. If not, then ambulance staff should contact EOC and they will inform the police.

11.0 Removal of Equipment/Soiled Dressings/Sharps

- 11.1 No used equipment, soiled dressings or sharps should be left on scene. If waste is generated at any time whilst attending a patient, it must be disposed of in a healthy and safe manner. Once sharps are used they must be put into a sharps container immediately. Clinical waste must be put into a yellow bag for incineration and general waste into the appropriate receptacle. This is in accordance with the LAS Infection Control Manual.

12.0 Persons Wishing to Accompany the Patient

12.1 Patients often wish to be accompanied by their friends or relatives to hospital and this should be accommodated where possible. In allowing 'escorts' the attendant should consider the following factors:

- Maximum loading on the vehicle, including patient and ambulance staff should not exceed 6 people,
- Escorts who are themselves distressed may have an adverse effect on the patient,
- Ambulance staff safety is paramount – escorts who appear drunk/disorderly may compromise that safety (especially if two or more). Equally, refusing an escort may aggravate the situation and will require careful judgement by the crew,
- If the patient is in cardiac arrest, or arrest is imminent, a relative / close friend will be helped through the process by seeing that everything possible is being done. If the decision is taken not to convey the relative / close friend with the patient, consideration should be given to arranging alternative transport.

12.2 In general terms, the work of the attendant is best achieved with the minimum number of 'escorts' in the vehicle. If the attendant decides not to allow escorts, this message should be conveyed with sensitivity, tact and diplomacy.

13.0 Observers

13.1.1 There are frequent requests for observers to accompany ambulance crews on A&E or Patient Transport Services (PTS) vehicles. Approval for observers on either A&E or PTS vehicles can only be authorised once the procedures laid out in [TP/ 014 'Procedure for Ambulance Observers'](#) have been followed.

13.1.2 When such arrangements have been approved, the observer, regardless of their status, qualifications and training must not become involved in the care and treatment of patients unless specifically requested to do so by ambulance staff.

13.1.3 Observers should be clearly identified by wearing an LAS fluorescent jacket marked 'Observer'.