London Ambulance Service NHS
NHS Trust

Procedure on Warding

Introduction

The London Ambulance Service NHS Trust conveys both acute and non-acute patients during the course of its work. The vast majority of these are conveyed to Accident and Emergency (A&E), or other Emergency Referral Units. However there are some cases, where requests are made to transfer patients to a pre-designated ward or department. In these instances the needs of the patient must remain paramount until responsibility for care has been properly and safely transferred; there is a need to be mindful of the impact on service delivery caused by excessive delays.

It is recognised that there are differences in local practices across London therefore this procedure is designed to provide a framework for staff when conveying acute and non-acute patients to areas other than A&E or Emergency Referral Units.

Under the membership rules of the Clinical Negligence Scheme for Trusts (CNST), *"cover is provided for the acts and omissions of staff carrying out a duty of care owed by the Trust to any person in connection with a diagnosis of any illness, the care or treatment of any patient"*. This includes taking patients to a ward or any other treatment area in a hospital. In other words, ambulance staff who are assisting on hospital premises in a patient related matter are covered under hospital insurances.

Objectives

1. To provide guidance and support for all LAS operational staff in respect of their responsibilities, when necessary to convey patients to or from wards and departments other than A&E and Emergency Referral Units.

2. To ensure that when the care of the patient is transferred from the LAS, the patient is left in a safe environment.

Procedure

1.0 Acute Patients

1.1 When a request is received by Emergency Operations Centre (EOC) for the transfer or admission of an acute patient (see Appendix 1 for definition), EOC must ensure that all relevant information is recorded and confirm that the receiving unit is appropriate to the patient's immediate needs.

1.2 Once the ward or department is identified then EOC should confirm with them:

- the ability of the unit to accept the patient,
- whether there is a designated reception point,
- the exact location of the ward/department within the hospital.

1.3 When recording details of the call, EOC should confirm the estimated time at which the patient will be ready to travel and emphasise the need to be notified of any change in status that would prevent the unit from accepting the patient.

1.4 If, for any reason, the ward or department cannot accept the patient then EOC must inform the referring clinician and wait to be notified of alternative arrangements.

1.5 If ambulance staff have concerns over the clinical condition of the patient at the pick up point or en-route, they should consider the need to pre-warn the designated unit, via EOC, of their arrival. These concerns may include the circumstances in which they found the patient. Where appropriate, ambulance staff may request via EOC that a clinician is available to meet the crew on arrival.

1.6 There are situations when the patient's condition deteriorates, en-route, to the extent that in the ambulance staff's judgement it is deemed inappropriate to complete the designated journey. Should the decision be taken to divert to the nearest A&E, EOC should be contacted immediately to:

- pre-warn the A&E department via the CASMEET procedure,
- notify the unit previously expecting the patient,
- notify the referring clinician of the change.

Clinical escorts should be involved in this decision making process as appropriate.

1.7 In all instances when acute patients are being conveyed, ambulance staff will be responsible for the safe transfer of the patient to the unit.

1.8 Ambulance staff will always hand the patient over to the receiving medical / nursing staff, in accordance with the Procedure on the Hand Over of Patients, unless a clinical escort has been provided for the journey.

2.0 Non-Acute Patients

2.1 Where a request is received by EOC for the transfer or admission of a non-acute patient, details should be confirmed with the referrer, and the ward/department agreed.

2.2 Where the journey is arranged via PTS the booking details will be confirmed at the time of arrangement, contact details should also be recorded.

2.3 Where the designated hospital is known by EOC to have a Medical Assessment Unit/Emergency Referral Unit, which is currently open and which is not the receiving area requested, then Control staff should suggest that this as a more appropriate hand over point.

2.4 Once the designated receiving area has been agreed, Control staff should confirm:

- that there is a bed available,
- that if the bed status at the receiving unit changes that they are informed,
- the location of the unit,
- the reception point for the patient,
- where, out of hours, the entrance to the hospital/designated receiving, unit is locked. The method employed to gain access.

2.5 Where the patient is being conveyed out of hours and the entrance to the hospital/designated receiving unit is locked, ambulance staff should inform EOC of their pending arrival. EOC staff should contact the person on call in the hospital to allow for a member of staff to be ready to open the door.

2.6 Where the patient is being conveyed out of hours and the entrance to the hospital/designated receiving unit is locked, and no arrangements for access have been previously arranged, staff will need to contact the unit reception staff/security to gain entry.

2.7 If A&E staff encounter any confusion with hospital staff as to how the patient should be conveyed to the designated receiving unit, ambulance staff must take responsibility for conveyance. Any difficulties encountered should be documented (on the PRF) and ambulance staff should inform EOC on return to

the vehicle. EOC will inform the appropriate officer. Delays within the hospital will be reported in accordance with Procedure on the Hand Over of Patients

2.8 If PTS staff encounter any confusion with hospital staff as to how the patient should be conveyed to the designated receiving unit, ambulance staff should take responsibility for conveyance. Any difficulties encountered should be documented and ambulance staff should inform their control as soon as possible. Delays within the hospital will be reported in accordance with Procedure on the Hand Over of Patients

3.0 Non-Acute Patients Conveyed to a Medical Assessment Unit/Emergency Referral Unit

3.1 Ambulance staff will be responsible for the transfer of the patient to the unit and will always hand the patient over to the receiving medical/nursing staff, in accordance with the Procedure on the Hand Over of Patients.

3.2 PTS have local contract agreements; staff will work under these local guidelines. It is not acceptable to leave a patient at any receiving unit without ensuring that the patient is passed into the care of a competent person who works for the unit.

4.0 Non-Acute Patients Requiring Conveyance on a Trolley Bed

4.1 With the agreement of the medical staff taking over management of the patient, ambulance staff may take the patient to the portering/transport area in the hospital on the proviso that there is a spare trolley bed available. Once the ambulance staff have transferred the patient onto the bed and given a full hand over to the receiving medical staff, then the patient may be left to be conveyed by hospital staff.

4.2 When a patient's clinical condition necessitates conveyance to a ward or department on a LAS trolley bed, this should always be undertaken by ambulance staff, who are trained in the equipments use.

5.0 Non-Acute Patients that can be Conveyed in a Wheel-Chair

5.1 There are occasions when a patient is to be conveyed to a ward or department in a suitable wheel chair and that it is clinically appropriate for ambulance staff to leave the patient in the portering / transport area in the hospital.

The porter/reception staff in control of the area where the patient is being left must be informed of the patient's presence, destination and location of any

personal property brought with them. Ambulance staff should identify a suitable person in the area for the patient to contact if in need of assistance, also ensuring that the patient is left in his/her view.

However before leaving the patient, ambulance staff must ensure that the medical / nursing staff in charge of the designated receiving unit is informed of the patient's presence and provided with a hand over of the patient's condition.

References:

Statement of Duties to Patients (TP/003)
Procedure for Transporting patients to Minor Injuries Units (OP/011)
Procedure on the Hand Over of Patients (OP/014)
Procedure for the Conveyance of Patients (OP/015)
Procedure on Actions on Scene DIRECTLY Relating to the Patient (OP/016)
Procedure on Actions on Scene INDIRECTLY Related to the Patient (OP/017

Signature: 

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Chief Executive Officer

Appendix 1

Definition of an Acute Patient:

An acute patient maybe defined as life threatened, serious or requiring immediate care and or treatment. A patient who presents with any of the following conditions, signs or symptoms should be classed under this heading and constantly escorted until handed over to a suitable clinician. These patients must NEVER be left in the care of anyone who is not involved in continuing the immediate care of the patient.

Examples of such patients include:

Airway compromised or requiring stabilisation

Difficult or laboured breathing, with or without oxygen therapy

Acute Coronary Syndromes (Acute Myocardial Infarction or Unstable Angina)

All patients suffering with Mental Illness, whether formally sectioned or informal, must be escorted to the arranged destination

Stroke or other suspected neurological impairment, including significant head injury

Significant traumatic injuries such as fractures or wounds

Suspected internal injury

Suspected spinal injury

Obstetric Emergencies

Significant haemorrhage, including haematemesis, melaena, haemoptysis, vaginal or rectal bleeding or ongoing external bleeding

Pregnant patients, who meet the following criteria MAY need to be escorted:

- Birth is not imminent i.e. contractions of up to 2minutes and not crowning, not having the urge to push
- No delivery complications are present or are expected (confirmed by patients notes)
- Patient's baseline observations are stable and within normal parameters for age and condition.
- The patient is not in severe pain or obvious distress

It should be recognised that a patient in early labour and in pain may require support from the ambulance crew and the circumstances should be appropriately considered before a patient is left in the care of non health care professionals i.e. portering staff

Any patient who presents with obvious deviation from normal (for age) values for the following:

- pulse rate
- respiratory rate

- blood pressure
- GCS/AVPU
- normal sinus rhythm on ECG monitor
- oxygen saturation level of less than 95% on air.

Patients that have received medications by injection / infusion which may elicit changes in the patient's medical condition

The above list is not exhaustive and is included as a guide to potential problems.