Terminal Building
Redhill Aerodrome
Kings Mill Lane
Redhill
Surrey
RH1 5YP

SOP *Duty of Care (Carriage of Patients)*

Links:

The following documents are closely associated with this SOP:

- PTS-SOP-03 Carriage of Patient Transport Services Patients (Mobility)
- Risk Management Policy
- Untoward Incident Reporting Policy
- Equality and Diversity Policy

Document Owner :	Compliance, Governance and Health & Safety
Document Lead:	Compliance, Governance and Health & Safety Manager
Document Type:	Standard Operating Procedures - Operational
For use by:	All E-Zec Patient Transport Services Operational E-Zec Staff, E-Zec PTS Control Staff, E-Zec Voluntary Car Service Operatives and E-Zec PTS Third Party Providers

Equality Impact Assessment	

This document has been published on the:	
Name:	**Date:**
Document Library	10-11-2015
Intranet Link:	To be created
Distribution includes:	Ambulance Bases – Control - HQ

Terminal Building
Redhill Aerodrome
Kings Mill Lane
Redhill
Surrey
RH1 5YP

	Contents	Page
1	Scope	3
2	Responsibilities	3
3	Procedure	3-5
4	Deteriorating patient	6
5	Missing and absconded patient	7
6	Patient Care – no response to knock on the door – Staff concerns	9

Introduction

Terminal Building
Redhill Aerodrome
Kings Mill Lane
Redhill
Surrey
RH1 5YP

This Standard Operational Procedure (SOP) outlines the procedure for the correct Duty of Care (Carriage of Patients)

1.0 Scope

1.1 This Standard Operational Procedure (SOP) outlines the duty of care to patients and staff when being transported in an E-Zec Medical operational vehicle. The duty of care extends from the time a patient or other passenger comes into contact with a member of operational staff until the time they are handed over to a member of clinical staff or returned to their home. For staff the duty of care applies for the duration of their journey. This applies equally to High Dependency patients/ staff as well as PTS patients/ staff.

2.0 Responsibility

2.1 It is the responsibility of all operational staff, including patient transport services (PTS), HDU, volunteers and third-party providers to adhere to this procedure.

2.2 It is the responsibility of the relevant contract lead to ensure that third party or volunteer providers are aware of these requirements and that adherence is monitored. Safe carriage is included in the quality schedule which is appended to all contracts.

2.3 It is the responsibility of the planning officer that when organising transport, that they ensure that service users that has had a Positron Emission Tomography (PET) does not come into close contact with pregnant women, babies or young children. So must ensure that these runs are allocated using this objective.

2.4 It is the responsibility of the E-zec Medical crew to inform control if the patient is not ready or of any delays including mobility changes. i.e. booked as a stretcher transfer but needs to be transported in a wheelchair or visa versa. Any mobility changes must be notified to control prior to transporting the patient.

3.0 Procedure

3.1 All operational staff should:

- Ensure that the correct patient is collected from the department/home/ward etc.
- Ensure that all medication that needs to travel with the patient is collected
- Ensure that the correct Personal Protection Equipment (PPE) is used
- Transport only escorts that have been booked to travel and ensure that any escort booked travels (contact control if any issues arise)
- Accompany the patient from their dwelling place to the operational vehicle (ambulance or car)
- Accompany the patient from the operational vehicle to the hospital department (unless to do so would leave a vulnerable patient unattended)
- Once patient has been identified then collect the patient from the hospital department and escort him/her to the operational vehicle (unless to do so would leave vulnerable patients unattended)

- Accompany the patient from the operational vehicle to his/her dwelling place and ensure he/she can gain access
- Ensure vehicle is secured with doors locked (when appropriate) and ramp stowed when leaving vehicle.
- If a non-vulnerable patient needs to be left unattended on a vehicle. The operational staff must ensure that they are left in a safe place and with dignity. Ensure that the ambulance is secure with the doors closed. Ensure that the patient's dignity is maintained and the patient does not get cold, this might be by the means of using extra blankets.
- Vulnerable patient must not be left in vehicles alone.
- Patients must be discharged in a safe place vulnerable service user in the care of others
- Patients must be transported safe and secure wearing lap belts, seat belts or harnesses. If travelling by wheelchair not sat on any unstable or slippy surface.
- Vehicle clean/wipe down after patient discharge.

3.2 Ambulance staff must ensure that the patient and any other passengers (including themselves) are adequately secured within the vehicle using the appropriate restraining straps/belts (see 3.3- 3.5). This includes when the patient is either sat in a seat or lying on the stretcher. The driver must not move off or manoeuvre the vehicle until all passengers (including staff) are so seated and secured with the appropriate restraining straps provided (except where exempt for clinical reasons see 3.6).

3.3 For adults/ children over 45kg the restraining harness or straps provided by the manufacturer with the particular stretcher, seat or chair must be used. Restraining straps may include a 2 point harness, 4 or 5 point harness, 3 point belts or lap belts.

3.4 For children/ babies 5- 45kg a Ambulance Child Restraint (ACR) should be used.

Only transport babies weighing less than 5kg if it is absolutely required i.e. required from a clinical or safeguarding perspective. If it is essential wherever possible use their personal car restraint, secured by their responsible adult such as a parent. If this isn't possible conduct a T.I.L.E.E dynamic risk assessment to determine the safest method to transport the child, based on their clinical need. In this situation consideration could be given to restraining an adult on the stretcher whilst holding the baby in their arms.

3.5 If it is not possible for either a member of staff or patient to wear the restraining straps provided due to the clinical interventions required for treatment of the patient, this must be fully documented on the patient report form (PRF) or PDA with the reason why outlined.

3.6 Regulations under the Road Traffic Act 1988 generally oblige all drivers and passengers in the front and rear of motor vehicles to wear seat belts.

3.7 Drivers and passengers may be exempted from seat belt wearing on medical grounds
Medical practitioners need to decide whether, in each case, an exemption is justified, and issue a certificate for the relevant period of time
Before giving an exemption, a medical practitioner should consider the evidence showing that seat belt wearing reduces risk of injury and death in road accidents

Before transporting an exempt patient E-zec staff must ensure that if a medical

practitioner decides to grant exemption, then the E-zec staff member must see the certificates which must specify a period of validity, which may be as long or as short as medically justified. Note that a medical practitioner's letter is not, in law, a valid substitute. The patient is told to keeps the certificate to show if challenged by the police. A record should be kept of exemptions issued. It is import to ensure that E-zec staff document this might be by information control as all call are recorded as car insurers may need to be informed if someone is travelling when not restrained.

3.8 Staff must complete a daily vehicle checklist (preferably at the start of the shift or if this is not possible as soon as possible during the shift and as a minimum within 4 hours of the shift starting).

3.7 If staff find that the required restraining straps are not available on their vehicle during their daily vehicle checks at the start of their shift prior to accepting a job all reasonable attempts should be made to locate them. If not able to locate the straps this must be reported to their line manager immediately. An alternative vehicle or stretcher should be used that does have the appropriate restraining straps available. An Incident Report should also be completed either via the telephone reporting line or by completing an Incident form.

3.8 If staff find that the required restraining straps are not available on their vehicle during their daily vehicle checks during the course of their shift all reasonable attempts should be made to locate them. If not able to locate the straps this must be reported to their line manager immediately. The crew should transfer to an alternative vehicle or obtain an alternative stretcher that does have the appropriate restraining straps as soon as possible for the remainder of the shift. An Incident Report should also be completed.

3.9 If the required restraining straps are not available and this is not identified until a patient has already been put onto the vehicle the crew must undertake a T.I.L.E.E dynamic risk assessment to determine whether the risk of delaying conveying the patient outweighs the risk of conveying them without the required restraints.

3.10 If it is determined that the risk of conveying the patient unrestrained is greater than the risk of delaying conveyance the crew should call for an alternative resource to convey the patient.

3.11 If it is determined that the risk of delaying conveying the patient outweighs the risk of conveying them without the required restraints the crew should secure the patient as best they can e.g. with the lap belt as a minimum and proceed to convey.

3.12 The outcome of the T.I.L.E.E dynamic risk assessment and action taken must be documented on the PRF or PDA and an Incident Report should also be completed for either scenario.

3.13 It is expected that 3.10- 3.12 should only occur in exceptional circumstances and that in most cases vehicles will be appropriately equipped prior to commencing shift.

3.14 On vehicles, the attendant (where present) must travel in the rear of the ambulance (unless another member of registered staff is in attendance e.g. a nurse or doctor on an emergency transfer with HDU to ensure the wellbeing of both the patients and escorts during the journey and to ensure passengers remain seated until the vehicle has stopped.

3.15 Staff should always advise the patient that it is in their best interests for safety that a lap belt /seatbelt/harness is worn and where a patient is refusing try reasonably to talk them round. If any untoward incident occurs due to a lap belt/seat belt/harness not being worn then an IR1 must be completed and record refusal on the PRF.

3.16 The decision to remove a seatbelt to facilitate clinical management/treatment or to deal with some other matter that poses a serious and imminent danger is the responsibility of the individual following a dynamic risk assessment. Should a clinician/attendant need to remove a patient's restraint for clinical intervention this must be immediately relayed to the driver so that they can ensure they adjust their driving accordingly. It must also be recorded on the PRF. As soon as possible the adjust their restraining straps should be reapplied

3.17 The Driver must be informed of any instance when a patient or escort declines the wearing of a securing belt or harness. On being made aware of the clinician (or other) being unrestrained in the rear of the vehicle, the driver must adapt their driving to accommodate an unrestrained passenger, until they are informed that all passengers are once again restrained. This will often require adjustment to vehicle positioning and a reduction in speed but any anticipated significant changes in acceleration, braking or direction must be communicated to the unrestrained passenger in plenty of time. This communication does not absolve the driver from having to make necessary adjustments to their driving.

3.18 Whilst unrestrained and where appropriate, staff must make full use of available handrails or consider lowering their centre of gravity to increase personal stability.

3.19 When active clinical or other patient related management/treatment necessitating the removal of the seatbelt is complete, the seatbelt must be reapplied to reduce the risk of injury

3.20 All escorts, whether medical/care staff, or relatives/friends must wear an appropriate seatbelt. If they refuse then they must be told that they cannot travel in an E-Zec Medical vehicle

3.21 If you require any training in the fitting of either an adult safety harness or an ambulance child restraint please contact your line manager in the first instance who will arrange for training byan appropriate member of the team

3.22 Transporting dementia patients.

3.23 Assess the patient mental capacity and the level of awareness and self-sufficiency (does the patient live at home on their own?) etc.

3.24 Keep noise to a minimum. Overstimulation from noise can be very distressing for people with dementia. Consider reducing noise in whichever ways are possible.
3.25 People with dementia often like to be able to see staff/relatives all the time so try to facilitate this whenever possible in the back of the ambulance.
3.26 Allow plenty of time to settle a person with dementia onto the ambulance. For PTS crews, try to ensure the person is able to sit in the same place for each journey as the familiarity will be reassuring for them.
3.27 Maintain dignity and respect.

3.28 Using dynamic risk assessment, ensure that potential hazards are identified before moving the patient; including the patient's normal level of mobility.
3.29 Ensure handrails and grab handles are clear and easy to grip.
3.30 The floor is kept free of trip hazards.
3.31 Lights are kept in good working order.
3.32 The general light level is good.

4.0 Deteriorating Patient

The patient has new-onset confusion, disorientation and/or agitation, where previously their mental state was normal — this may be subtle. The patient may respond to questions coherently, but there is some confusion, disorientation and/or agitation.

Monitoring the deteriorating patient

4.1 All patients showing signs of deterioration must be monitored using the ABCD E approach as a minimum

- Airway
- Breathing
- Circulation
- Disability
- Exposure

Adult patients in receipt of an episode of continuing care or are subject to a period of clinical monitoring should be assessed using the National Early Warning System (NEWS) or equivalent as defined in the local SOP if they become, or are at risk of becoming, acutely e.g. bed-based care.

The Paediatric Early Warning System (PEWS) can be used for children in similar circumstances.

Inpatient facilities must also have systems in place to ensure that clinical staff are able to recognise and respond to acutely ill patients in accordance with NICE Clinical Guideline 50.

Summoning help

4.1 All E-zec Medical Transport Ltd staff members should recognise the importance of summoning help at an early stage where appropriate

4.2 Ambulance staff working within the patient transport service (PTS) must at all-time monitor the service users while in your care.

4.2 Notification about a deteriorating service user might be from a colleague, this might be a safeguarding referral which will be dealt with using the safeguarding referral service and social services.

4.3 All staff should be clear as to the importance of summoning expert help at an early stage when managing a patient that has deteriorated.

4.4 All E-zec staff members must be clear about how to summon help in their particular setting. The first line in an emergency situation is to contact the 999 service and then E-zec ambulance control. Use your training regarding BLS and oxygen therapy which waiting for a responder. Do a full verbal handover and assist where convenient.

4.5 Inform the 999 operators if you have a death in transit and if CPR has been commenced or if CPR has not been commenced that the service user has a DNACPR in place

5.0 Missing and Absconding Patients

5.1 Many patients may inform E-zec Medical staff that they have made arrangement to make their own way home after treatment this must be reported to control and if the patient has full mental capacity they can do so of their own free will and as a matter of choice and are free to do so. However patients who do not inform staff and go missing without the knowledge of staff, cause anxiety and distress to all concerned**.**

5.2 Whilst most patients are able to leave the hospital/care facility without risk to themselves or others, some patients may be at risk due to age, physical or mental frailty, an underlying mental illness or personal social circumstances.

5.3 Staff must ensure that there is an accurate assessment of risk should a patient go missing, or be at risk of absconding, plus a thorough, prompt and sufficient response to the situation.

5.4 Categorization of Risk

High Risk

5.4.1 A patient who does not have the mental capacity to make a decision regarding discharge arrangements and who could be classified as a vulnerable adult e.g. A Patient who is confused, has dementia, amnesia or with a significant learning disability

5.4.2 A patient that is assessed as likely to come to harm without medical assistance. This category includes patients who go missing without their medication and who are then in immediate risk to themselves or are a risk to others.

5.4.3 An extremely young or an extremely old person who is dependent upon the assistance of another responsible person (e.g. parent or carer) and is likely to face immediate and significant harm in the absence of that person.

5.5 Missing Patient

5.5.1 The member of staff who identifies that a patient is missing must immediately inform the nurse in charge of the ward or department.

5.5.2 The member of staff who identifies that a patient is missing must immediately inform E-zec Control and also if available at the hospital the PTLO.

5.5.3 The immediate area must be searched to establish whether the patient has taken his or her belongings with them and to determine what they are likely to be wearing.

5.6 Time span – within 15 minutes

5.6.1 The E-zec crew will assist the nurse in charge or designated person to implement a thorough search of the department including toilets, bathrooms and waiting rooms

5.6.2 The E-zec crew will check the ambulance to see if the patient has made their own way onto it and also the surrounding area.

5.6.3 Where patients have been assessed as high risk, consultation must take place with the hospital/care facility weather the police should be notified. The police will require the following information of the patient's description and will require staff to complete a report to police form

If still further concerns or the patient has not been located

5.7 Time span - within 30 minutes

The E-zec crew will call and update the Control and inform them of the level of risk.

5.8 No Result from initial / and secondary searches – Time span within 45 minutes

The controller coordinating the missing patient will report as a safeguarding incident and also Manager on-call or, if out of hours.

5.8 Location of Patient

5.8.1 If the patient is located at any stage in the above process the crew or control must inform their line-manager.

5.9 Unsuccessful location of Patient or Patient Harmed

5.9.1 In the event of the patient being harmed or not located after an agreed time span, a formal investigation will be initiated by the Contract or Compliance Manager and reported to the Head of Clinical Governance.

Terminal Building
Redhill Aerodrome
Kings Mill Lane
Redhill
Surrey
RH1 5YP

All procedure MUST be followed in conjunction with the hospitals/care facilities own policies and procedures regarding Missing and Absconding Patients.

6.0. Patient Care – no response to knock on the door – Staff concerns

Some tell-tale signs that a service user might be in poor health and not able to answer the door and their health may be in jeopardy simply might be closed curtains and newspapers sticking out of letterboxes.

6.1 Initial checks if no answer to front door.

- Look through letter box if possible and call the service users name.
- Look through windows if safe to do so
- See if safe access can be gained to rear of property and check other access points
- Contact E-zec Medical Control

6.2 Action to be taken by E-zec Control - If no answer and no evidence of service user in distress

Checks:

- Check booking information
- Ring the telephone number provided for that address
- Confirm with the E-zec crew they have established from neighbours, relevant information about the service user
- Establish with the E-zec crew if the service user can be seen or heard to be in distress before an entry is forced and their consent should be sought where possible. This does not apply in cases where the patient is unresponsive.

There can be all manner of reasons why the crew might suspect something may be wrong but if they strongly sense that something is not quite right, there is no reason why the crew should not check to see if neighbours has seen the service user and knows if they are in the house or gone out. The crew should ask the neighbours who lives next door about the current situation before they take any action, as they may be able to reassure the crew that all is well.

If the crew know the service users phone number or can find that out, they should take that option first. If they are able to speak with the person concerned, just tell them why the crew felt the need to call and ask them if they're OK and still require ambulance transport for their hospital appointment.

6.3 Dealing with the Elderly

The elderly, in particular, are often most at risk of falling ill without anyone realising and they can also be renowned for being the most stubborn when it comes to accepting they are sick and in need of help. If the door is unlocked and you're able to gain access to a house where you suspect an elderly person (or anyone of any age, in fact) is in poor health and in need of help do so. As you enter the house call out the service users name and introduce yourself '"hello (services users name) this is the ambulance service"

6.4 What to Do in a Potential Emergency Situation

If E-zec Medical cannot contact the service user or any of their relatives on the phone or gain access to their home, the crew may have no option but to contact the E-zec Medical control and inform them of the situation, as a last resort the police or social services might be contacted. Obviously, E-zec Medical need to have some reasonably sufficient grounds for them to investigate the matter. For example, if the crew are informed that a neighbour knows the person visits the same places at the same time each day and the neighbours haven't seen them for days, then it's reasonable to call the police or social services to ask them to investigate the matter further. In the event the crew can gain access and the service user has lapsed into unconsciousness or has some other serious health issues, the crew need to call the emergency ambulance service straight away, carry out any first aid which may be needed and wait for help to arrive.

6.5 Recognising the service user might need help

You don't need to be a first-aid expert to determine whether or not a person's health is a potentially life-threatening situation. Just sitting and chatting to them, observing them and their surroundings will often give you clear signals that all might not be well. Do they look clean, is the house reasonably tidy? Go into the kitchen. Does it look as though they've had a meal recently?

If they have pets, is there food and water in the bowls. Are there signs of pet urine or faeces? Do their pets seem fretful or concerned? Often, it's what you observe around you which will tell you a lot more than the person concerned will express verbally.

6.6 Non-Emergency but Worrying Situations

If you've been able to gain access to the house and have spoken to the service user concerned and they say they do not want to attend hospital for their appointment because they feel unwell and you are still troubled by what you witness with regard to their health, try to find out if they have any relatives. You can always weave this into a conversation, by prompting them to give you the contact details of a relative they could get in touch with if they were to become 'really' poorly.

Then, if you're able to get that information from them, you could always call the relative, expressing your concerns and simply advise them that it might be worth checking up on the service user.

All situations of this nature are very different and determining a level of concern isn't always easy or straightforward. Often tact and diplomacy play a big part as well. Gaining trust is another issue and, where possible, you need to try to enlist the help of relatives or neighbours to also act as 'lookouts'.

Ultimately, however, if you think that a situation could be life threatening, you need to call the emergency services or, at the very least, get in touch your local social services department.

If the situation is 'patient refuses to travel' the E-zec control must be informed along with the department that the service user was attending with reasons why.

6.6 Forced Entry by Ambulance Staff

In the instance of ambulance staff being unable to gain access to a property they should contact E-zec control to confirm the address and that all relevant information has been received. If it is obvious that there is somebody in the premises that requires urgent assistance **because the crew can either talk to them and they have asked for help or see them in distress** then the crew need not wait for further permission from E-zec control before effecting forced entry to the location.

Examples would be where service user asks for help or the crew can see the service user lying unresponsive on the floor with signs of blood loss evident, or a service user lying unresponsive, or presumed to be in cardiac or respiratory arrest.

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.

In the instance of a forced entry it is critical that E-zec control is made aware as soon as possible. E-zec control staff will advise the emergency ambulance service and the police.

When the emergency ambulance service arrives they will make the decision whether the service users condition is time critical and requires immediate removal, 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 responsible person to look after the premises until the police arrive.

Any forced entry in to a property should be documented on the PTS-ICD-01-pdf Incident-Report-Form including the reasons for doing so and the efforts made to secure the property before departure.

When on scene it is paramount that E-zec Medical ambulance staff first protect themselves, their colleagues, the service user and any other persons on scene. - Forced entry must be justified

Equality Impact Assessment

Name of process/policy	Care Path Process
Is the process new or existing? If existing, state policy reference number EXISTING	PTS-SOP-05
Person responsible for process/policy	Director of Operations Wayne Spedding
Name of assessment lead or EIA assessment team members	Gary Parkinson Head of Clinical Governance
EIA	Does not impact on this policy

Terminal Building
Redhill Aerodrome
Kings Mill Lane
Redhill
Surrey
RH1 5YP

Who does the policy/procedure/practice/event impact on? Race X Religion/belief X Marriage/Civil Partnership X Gender X Disability X Sexual Orientation X Age X Gender Re-Assignment X Pregnancy/maternity X