



**Scottish
Ambulance
Service**

Taking Care to the Patient

Scottish Ambulance Service

Healthcare Professional Ambulance Booking Guide

November 2019





Contents

This booking guide has been split into the various sections below to help with acuity, staffing and resources available:

- 1. Healthcare Professional Request Overview**
- 2. To book an ambulance Now**
- 3. For an ambulance in One Hour or Within 4 Hours**
- 4. For an ambulance in a Geographically Remote Location**
- 5. Overview – Who we are and what we do**
- 6. Our Staff**
- 7. Our Resources**
- 8. Our Clinical Response Model**
- 9. Case Studies**
- 10. Safety Netting**
- 11. Overview – When we are at scene**
- 12. FAQ's**

1. Responses to Healthcare Professional requests

We will provide a number of different responses to requests from Healthcare Professionals dependent on the needs of the patient. This includes:

Now

One hour

Within 4 hours

- **Now response:** The response will be aligned to our emergency clinical response model and prioritised in the same way as 999 patients across the purple, red, amber and yellow response categories. Conveying ambulance with blue lights and sirens and paramedic/technician skill set from our Accident and Emergency service.
- **One-hour response:** A conveying resource driving under normal road conditions. Skill set dependent on patient needs. Likely to be ambulance technician/ACA skillset from our urgent tier service.
- **Within four-hour response:** A conveying resource driving under normal road conditions. Skill set dependent on patient needs. Likely to be ambulance technician/ACA skill set from our urgent tier service, or ACA skill set from our Patient Transport Service.
- **Scheduled response – same day or in future:** A conveying resource driving under normal road conditions with ACA skill set from our Patient Transport Service.

If your patient is in a cardiac/respiratory arrest or peri-arrest please call 999 immediately.

2. How to book an ambulance needed **Now**

RING 0333 3990111

What you must provide:

- Patient phone number
- Patient address

You will be asked:

- Is the patient breathing?
- Is the patient conscious?
- An approximate patient weight - - What is the reason for the admission/transfer?

SAY

“I am Dr X / Nurse Y / AHP Z and need an ambulance for a person with [include condition]”

Examples of conditions requiring a Now response:

- Unconscious
- Unstable airway / airway compromise
- Life-threatening haemorrhage
- Chest pain or suspected MI's
- Query Sepsis
- Exacerbation of COPD

3. How to book an ambulance needed in up to **One hour, and **Within four hours****

RING 0345 6023999

Further questions will be introduced in spring 2020, and this booking guide will be updated and re-issued at that point.

4. How to book an ambulance from a geographically remote location

For ambulance response to geographically remote locations where road-based responses may not be appropriate, contact the Specialist Services Desk in the first instance on **03333 990 222**. The Specialist Services Desk will coordinate all levels of response that require any air or supported land based transport.

5. SAS – who we are and what we do

The Scottish Ambulance Service responds to around 1.8 million calls for emergency and non-emergency assistance each year, and attends nearly 700,000 unscheduled incidents. We transfer around 90,000 patients between hospitals each year and respond to over 150,000 requests from Healthcare Professionals for admission, transfer and discharge of patients to and from hospitals.

In addition to our road based response, our air ambulance service undertakes around 3,500 missions each year and our Patient Transport Service takes over 1.1 million patients to and from scheduled appointments each year.

We operate across the whole of mainland Scotland and its island communities and are a national service, delivered locally across every health and social care partnership.

6. Our staff

We employ over 5,000 highly skilled staff, and are helped by over 1,500 volunteers working in roles such as Community First Responders and volunteer car drivers.

We have a range of different skilled roles including:

- **Ambulance Care Assistants** can drive a range of ambulance vehicles and provide safe and comfortable transport of patients, ensuring

their dignity and respect is maintained. Ambulance Care Assistants can provide basic first aid and administer up to 6L/min of oxygen.

- **Ambulance technicians** provide treatment and transportation for all acuities of patients. Technicians have completed the Diploma in Emergency Care Support at SCQF level 6 and perform a full range of monitoring and assessment skills for patients including all baseline observations, 3 and 12 lead ECG diagnostics and monitoring and blood glucose monitoring. Technicians can also administer a range of oral, buccal and IM drugs including: Aspirin, GTN, Entonox, O₂, Salbutamol, Atrovent, Epinephrine 1:1000, Glucagon, Hypostop, Naloxone and Paracetamol.
- **Paramedics** are registered healthcare professionals with a Diploma of Higher Education in Paramedic Practice at SCQF level 8. From 2021 all new entry paramedics will be degree educated. Paramedics can perform the same monitoring and assessment skills as technicians, however also have the ability to undertake cannulation (venous and intraosseus), intubation, needle thoracocentesis, needle cricothyroidotomy, and can administer the following drugs: Aspirin, GTN, Epinephrine 1:1000, Atropine, Amiodarone, Entonox, O₂, Morphine, Naloxone, Paracetamol, Ibuprofen, Furosemide, Benzylpenicillin, Cefotaxime, Salbutamol, Atrovent, Diazepam, Chlorphenamine, Hydrocortisone, Dexamethasone, Metoclopramide, Glucagon, Hypostop, Glucose 10%, Sodium Chloride, Tenectapase, Heparin & Clopidogrel

Drugs can be administered intravenously, intra-muscular, subcutaneous, rectal or orally as required dependent on drug.

- We also have a number of **Advanced Practitioners**, educated to SCQF level 11 in our community, urban and rural, and Airwing departments. Advanced Practitioners have a range of extended assessment, treatment and referral options and support all our A&E and PTS staff where required.

7. Resources – staff and vehicles

We have a range of resources which can respond to your request for transport depending on the needs of the patient.

- **Patient Transport Service (PTS)** is staffed by Ambulance Care Assistants with a range of vehicles that can accommodate patients on stretchers, seated patients and patients in wheelchairs. The vehicles can accommodate multiple patients at the same time. All vehicles are equipped with a defibrillator and can take patients who require oxygen en-route.

Examples of patients who may require PTS assistance include:

- Suspected uncomplicated lower limb fracture needing X-ray
 - Frail person with an uncomplicated UTI who is unable to be managed in the community
 - A person receiving palliative care needing a stretcher and/or oxygen to transport them to a hospice
 - An immobile person with limb cellulitis who has no systemic upset but requires secondary care input
 - A person detained under the Mental Health Act who only needs transport with their medical escorts
- **Urgent Tier** vehicles are staffed by an Ambulance Technician and Ambulance Care Assistant with full emergency driving capability should it be required. Urgent tiers are fully equipped ambulances and are targeted towards our one hour, four hour and inter-hospital transfer requests however have the ability to respond and transport under emergency conditions if required.
- **Accident and Emergency Ambulances** are staffed by Paramedics and Ambulance Technicians and are fully equipped to attend to the full range of pre-hospital patients.

8. Our Clinical Response Model

Our new Clinical Response Model was introduced in November 2016 following the most extensive clinically-evidenced review of its type ever undertaken in the UK. The model focuses on improving patient outcomes, rather than simply measuring the time it takes to respond. Resources are now allocated on confirmation of the severity of the incident, rather than the location of the incident. The model allows us to respond faster to more patients with time-critical, immediately life-threatening conditions, such as cardiac arrest. It also supports our call handlers to better understand our patients' health needs in less urgent cases, so that our dispatchers can more effectively send the right resource first time for patients.

An overview of the hierarchy of response categories is provided below.

Purple category: high chance of cardiac arrest > 10%

Response: two closest emergency resources with a minimum of three clinicians attending.

SAS 2018/19 median: 5 mins 52 seconds

SAS 2018/19 90th percentile: 12 mins 58 seconds

Red category: high need for resuscitation on scene or cardiac arrest > 1%

Response: nearest emergency response, and if this is not a conveying or paramedic resource then appropriate back up is allocated

SAS 2018/19 median: 7 mins 16 seconds

SAS 2018/19 90th percentile: 15 mins 59 seconds

Amber category: defined need for acute pathway care

Response: nearest conveying resource with paramedic skillset

SAS 2018/19 median: 12 mins 23 seconds

SAS 2018/19 90th percentile: 25 mins 56 seconds

Yellow category: requirement for face-to-face assessment with number of onward care options

Response: Nearest appropriate response determined by coding as a result of call triage

SAS 2018/2019 median: 17 mins 56 seconds

SAS 2018/2019 90th percentile: 58 mins 19 seconds

Green category: defined potential for treatment/referral by clinician-led telephone triage

9. Case studies:

999 / Purple response

23-year-old, female, 2 weeks post-natal. Presenting with chest pain and shortness of breath. Collapses during assessment – not responsive, no pulse and absent respiration.

Call 999.

Response: Purple response (highest priority) Two resources e.g. Paramedic in rapid response car and conveying ambulance, both with blue lights and sirens with paramedic skill set. Any additional responders also sent to ensure a minimum of three responders at scene. Crews will work to stabilise patient before transport to resus at ED.

When the ambulance arrives, please hand over care of the patient to them. Provide a handover including any pertinent patient history and management provided. You may be asked to assist with resuscitation efforts until further crews arrive.

A **Now** response:

72 year old female with known COPD. Has had shortness of breath and increased use of inhalers for approximately one week. Sats at 84%, usually 92%, RR34, P114. She is using accessory muscles and has widespread wheeze.

Call **0333 3990111**

Response: Conveying ambulance with blue lights and sirens. Paramedic skill set preferred. Crew will assess, stabilise and transport to closest ED.

A **One hour** response:

86-year-old female lives alone at home. She had carers three times daily to assist with meals and personal care. Call to GP from carer that she is 'more confused' and 'not herself'. She is incontinent of urine and faeces. New onset AF and is disorientated to time and place, she is also unsteady on her feet.

Call **0345 6023999**

Response: Conveying ambulance, usually an urgent tier, under normal driving conditions. Technician and ACA skill set to convey to point of next care.

Within four hours' response:

56-year-old male, obese with known CCF and COPD. Left leg swollen and tender calf. Sats, BP, P, RR unremarkable. No fever. Needs to attend secondary care for leg ultra sound.

Call **0345 6023999**

Response: Conveying ambulance under normal driving conditions. Ambulance Care Assistant skill set to transport to secondary care.

10. Safety netting

On occasions where we are unable to attend the patient in the timescale requested due to geographical or demand implications we will safety net all patients from within our control rooms.

For any lights and sirens **Now** response patients, one of our clinicians will call back and undertake a full clinical triage after 45 minutes. This may result in the response level staying the same or being elevated.

For **One** or **Within 4-hour** response levels, our call handlers will undertake welfare calls at hourly intervals if we are unable to make the initial response time. If, in the unlikely event we are unable to attend within 3 hours, a clinician will undertake a full clinical triage.

We will never knowingly re-categorise a patient lower than that booked of the booking HCP. Where a condition changes, i.e. patient refuses ambulance on call back, we will always strive to contact the booking HCP for professional to professional discussion.

11. When we are at scene

When we arrive at scene our clinicians will assess the patients do any baseline observations required. It can be very helpful to have a set of observations to compare against and all necessary assessment and treatment will be administered prior to setting off.

On some occasions if patients have deteriorated, it may not be appropriate for the patient to be taken to the originally agreed destination and crew's may require to divert to ED/Resus rooms.

12. FAQs

We have compiled a list of FAQ's to compliment this booking guide for your information:

Do you provide a slower response to Healthcare Professional requests as you consider patients are in a place of safety?

No. Requests from healthcare professionals are prioritised alongside all requests including 999 calls using our clinical response model methodology. We prioritise based on clinical acuity of patients' needs.

What do I tell the patient after I have requested the ambulance response?

Let the patient know the timeframe of the response you have requested, and that the ambulance may arrive at any point up to that timeframe i.e. if a four-hour response has been requested the ambulance may arrive after one hour and the patient should be ready to be transported to hospital.

If the ambulance response is delayed, please make the patient/family aware we may call them for a safety/welfare check.

Can I get an update on the expected time of arrival of the ambulance?

Unfortunately, not. Ambulances may be diverted to higher priority patients at any time and therefore we cannot provide accurate ETAs. We will contact the patient if the ambulance will not arrive within the requested time frame.

Do I need to wait with the patient after I have requested an ambulance response?

No. If the patient is stable and you have provided their contact details to us during the booking process then you do not need to wait with the patient unless they require any ongoing intervention, and can continue to see other patients. We will contact the patient, or their relative/carer, directly in the case of a delayed ambulance response and assess by telephone triage any deterioration or requirement to upgrade the response.

What should I leave with the patient?

A letter or handover document should be left detailing where they are going to and why. A set of observations are helpful as they provide a baseline and help us to determine any deterioration in the patient's condition.

Why do you spend some time assessing the patient before going to hospital?

Why can't you just scoop and run?

Our paramedics and technicians are clinicians and as such have professional responsibility to ensure the clinical safety and transport to the most appropriate unit for the patient's needs. Therefore, for those patients who are attended by an emergency ambulance, following a request from another HCP, the crew will take some time to assess the patient before onward transport. Those patients who are attended by our ACAs as part of our Patient Transport Service will be settled in the vehicle and taken to hospital with no additional assessment.

Are you going to try and see and treat my patient and not take them to hospital?

No. You are a Healthcare Professional who has requested an admission to hospital and we will not reassess that request.

For patients that present via 999 and have not had any assessment by a healthcare professional then it may be appropriate for their care needs to be managed without attendance at hospital, but not in these cases. If there is any change in situation i.e. the patient refuses transport to hospital, we will strive to contact the booking HCP for a further professional to professional discussion.

How is this booking guide for you? We are continually trying to improve our service and communication with HCP's. If you have any comments or further questions regarding this booking guide please email: scotamb.cst@nhs.net with your feedback. Thanks.

Notes



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If your patient is in cardio-respiratory arrest or peri arrest dial 999



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NOW
One hour
Within 4 hours

**For Healthcare Professionals requesting
an ambulance response **NOW****



Ring **0333 3990111**

What you must provide:

- Patient phone number
- Patient address

You will be asked:

- Is the patient breathing?
- Is the patient conscious?
- An approximate patient weight
- What is the reason for the admission/transfer?



Say:

...I am *Dr X / Nurse Y / AHP Z* and need an ambulance for a person with *[include condition]*...



Examples of conditions requiring a **NOW response:**

Unconscious	Chest pain
Unstable airway / airway compromise	Query Sepsis
Life-threatening haemorrhage	Exacerbation of COPD
	Shortness of breath

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