



Scottish Ambulance Service

Healthcare Professional Ambulance Booking Guide

November 2020

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. Safety Netting
9. Overview – When we are at scene
10. 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 or two hours

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 or Two Hour Response:** A conveying resource driving under normal driving conditions for a timed admission or transfer. 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 driving conditions for a timed admission or transfer. Skill set dependent on patient needs. Likely Ambulance Care Assistant skill set from our Patient Transport Service (Capabilities found in section 6).
- **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
- Internal haemorrhage

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

RING 0345 6023999

You will be asked:

- Pickup location
- Contact telephone number
- What is the reason for the admission or transfer? (with NEWS score if possible)
- Does the patient require any active intervention i.e. oxygen, ECG monitoring etc. or is this for transport only?
- Does the patient have any known infection control issues?
- Approximate weight for the patient.

Examples of conditions requiring a **NOW** (one or two hour) response:

- Acute injury or pain for assessment – back pain, hip injury etc.
- Urgent medical/surgical assessment
- Acute confusion/ possible infection/ sudden deterioration
- New onset breathlessness

Examples of conditions requiring a **NOW** (within 4 hour) response:

- Secondary care diagnostics
- Functional inability to be managed at home
- DVT assessment

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 walking, chair and stretcher 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.

- **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 intraosseous), intubation, needle thoracentesis, needle cricothyroidotomy. Paramedics can also administer a wider range of medications i.e. atropine, morphine and diazepam.

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

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.

Examples of patients who may require PTS assistance include:

- 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, up to two 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.

NOW responses will always be attended by emergency vehicles.

NOW responses will likely be attended by urgent tier vehicles.

NOW responses will either be attended by PTS or urgent tier vehicles.

8. 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 **NOW**, or **NOW** 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.

9. 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.

10. 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.

Notes