

National Ambulance Policy and Procedure for Patient Transport CGP115

[LINK TO POLICY](#)

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FORMS](#)

1. POLICY INTRODUCTION

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence based best practices, with the appropriate sections in Clinical Practice Guidelines used by National Ambulance, and other clinical policies, procedures and protocols approved and/or published by National Ambulance.

The Policy and Procedure for Patient Transport has been developed to ensure and maintain safe and quality care for patients, any relatives or guardians accompanying the patients and National Ambulance staff providing the care and transportation in accordance to these internationally recognized guidelines and procedures.

National ambulance clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide optimal clinical care. National Ambulance clinical staff must also be fully aware of the special consent considerations required for this patient group.

This policy is related to management components of leadership and commitment and Continuous Improvement.

2. SCOPE

This policy serves to support patient s' rights to care and also takes into account issues of consent and patients right to refuse care and/or transportation to a health facility. In many instances' patients are evaluated but do not want to go to a health facility for various reasons. Therefore, this policy serves to provide some guidance on patients that may be considered for on-scene release as an option.

Assessment, care and management of a patient is only to be performed by National Ambulance clinical personnel as within their scope of practice and in accordance with their qualifications and privilege level.

In the event that the patient may have been released or taken away by a third party, details of the third party need to be recorded on the PCR.

Also this policy will cover all aspects of dealing with the deceased patient.

The policy and procedure is applicable to all NA Clinical staff.

3. ROLES AND RESPONSIBILITIES

Medical Director is responsible for development of this Policy and Procedure, review and revision and any Performance Indicators; he should be available for advice and support to the Shift leader and the Duty Manager. The MD is also responsible for developing training to support this Policy and Procedure.

The Chief Operations Officer is responsible for the implementation and monitoring of this Policy and Procedure.

All Managers are responsible for ensuring that staff have induction in alignment with this Policy and Procedure, for monitoring the applicability and ongoing implementation as well as raising any issues with the MD and reporting any incidents or near misses through the QHSE system.

National Ambulance clinical staff must read, understand and act in accordance with this policy and procedure. They are also responsible for ensuring that they attend or pursue any relevant training recommended by their supervisors. (I.e. eLearning and face to face training).

4. POLICY

Any patient that is in need of emergency medical service has a right to be treated and transported to a Health Care facility for continuum of care. The clinical assessment and responsibility for patient care still remains with the health care practitioner dealing with the patient and they should always act in the best interest of the patient. Criteria listed in this policy serves only as a guide to support decision making and collaboration with the Ambulance Communications Centre (ACC) for permission is still essential. Annotation of (at least 2 Identifiers) patient's details on the PCR is required for patients not being conveyed or released from scene. The policy applies to all staff that initiate patient care. Continuous monitoring, quality reviews and clinical audits will be used to evaluate these categories of patients that were not taken to a health facility from scene. This policy is related to the following Management component, 'Continuous Improvement and Quality Care' All clinical staff that provide patient care are responsible for acting according to this policy and procedure in accordance with their scope of practice. All clinical staff have adequate age and size appropriate resources to enable them to provide optimum care such as equipment and vehicles. All clinical staff have access to suitable ongoing training to ensure they have the most relevant and up to date information and that they have access to ongoing support in the workplace.

National Ambulance clinical staff must be fully aware of the special consent considerations that may be required and ensure they have knowledge of other related Policies and Procedures such as:

- CGP 103 Patient Rights and Responsibilities Policy and Charter
- CGP 105 Patients Consent Policy and Procedure
- CGP 108 Clinical Policy (which lists all Clinical Services policies)
- CGP 112 Clinical Policy for High Risk Patients
- CGP 116 The Policy and Procedure for the Transport of Special Patient Populations
- CGP 119 Policy & Procedure for Patient Care Record and Patient Care Documentation and Reporting
- CGP 141 Care of Paediatric Patients Policy and Procedure
- OPP 116 HEMS Standard Operating Procedures

4.1. Patient Assessment

All Patient assessments, reassessments and treatment must be carried out (with due consent) in accordance to the Patient Care Protocols (CGP 134).

Pre-hospital assessment of patients have many limitations. Therefore, all patients that an ambulance is requested for, should be taken to hospital for further assessment and treatment as standard rule. If the patient is assessed on scene, treated at level of available care, conveyed to an emergency department (hospital) by ambulance, the necessary paperwork is complete and a handover is done to a similar or higher level health practitioner at the hospital then the patient is considered to be moved/transferred to hospital. If any of the above is not carried out to complete the chain of patient movement to a hospital then the medical crew may still be held responsible unless there are particular reasons for the incomplete handover of the patient. All details must be documented on the Patient Care Record (PCR), Patient signature should be taken for any decision against medical advice. The medical crew need to liaise with the Ambulance Communications Centre (ACC) team leader for any Advice when it is needed.

4.2. Criteria for immediate transport

Any patient that National Ambulance staff respond to and consent for treatment is given. These patients should be treated and taken to hospital as required in keeping with NA Patient Care Protocols (CGP 134).

Criteria for immediate transport by ambulance:

- Personnel are unable to confidently exclude serious illness or injury **or**
- A significant treatment (medicine or IV fluid) or a significant intervention including any high risk procedure as identified in the Clinical Guideline for High Risk Patients has been provided (for exceptions, see below*) **or**
- There is a significant abnormality in any vital sign recording.

If a medication (e.g. injectable formulation) has been administered in a clinical facility by a clinician which is out of scope of the NA clinician's privileges, transport can only occur if:

- The clinician accompanies the patient e.g. when an IV infusion is still ongoing, **or**
- Administration of the medication has concluded and 30 minutes has lapsed in order to reduce the risk of any anaphylactic / adverse drug reaction during transportation.
- Time critical conditions warrants immediate transportation

4.3. Criteria for non-transport

- Any patient that is considered clinically stable on scene and does not warrant further Emergency Transportation to hospital by Ambulance after a full assessment as per NA protocols and clinician privilege, a formally documented care management should be established.

- Any patient that Refuses treatment or transport after initial assessment and care. We have to respect the patient's wishes. In this case the patient should sign the PCR refusal form. Documentation should be the standard procedure as with the Patient Care Documentation Policy (CGP-119).
- If the patient is considered to be in need of further emergency care but refuses care and/or transport, or is considered not of a rational mental state, then the Police Services / relative, family member or friends should be appraised of the situation. A handover to the police / relative, family member or friends should be the norm, if possible. Please annotate in the PCR the Police Officers details / relative, family member or friends and other identifiers on hand-over. The ACC must always be updated on the case. The communication is recorded and will serve as a reference.
- If these patients are considered for transport to non-emergency care (to Doctor, Clinic, Parent, Family Member etc.) The patient must be in a stable clinical condition with vital signs found to be within the normal range (for that age group) and is recorded to confirm patient condition at the time of assessment. Please use Patient Care Protocols CGP 134 (Assessment & Reassessment) as a guide.
- In case if there is a non National Ambulance UAE licenced doctor on scene and he/she did a proper patient assessment and has agreed that immediate transport is not required. The physician's license number, contact details and a summary of the discussion must be recorded on the PCR. Physician should sign the release form. Proper handover to him/her.

4.4. Transporting the Deceased Patient:

- The term 'deceased patient' shall be applied to any patient who has recently died and who has been confirmed dead by a DOH/MOHAP registered Physician in line with DOH/MOHAP guideline requirements or in cases where life extinct as per CGP 134 – Patient Care Protocol.
- All assessments of a deceased or suspected deceased person should be conducted only by a DOH/MOHAP Licensed professional in accordance with the CGP 111 NA Policy and Procedure for Patient Resuscitation and the NA Patient Care protocols.
- The DOH/MOHAP Licensed professional will ensure at all-time correct communications with the relevant organizations. The Police will be involved with all incidents resulting in a deceased person.
- Key communication will be initiated as soon as possible with the relevant Ambulance Communications Centre (ACC) and updates should be given to ACC throughout the incident (For Northern Emirates see Appendix 1 and for HEMS see Appendix 2).
- Guidance for ACC staff – Removal of a dead body from a public area:
 - (1) Crew will confirm report of deceased patient in public area (mall, street). This contact should be via Call Back Request to ACC.
 - (2) Police Officer in charge will speak with ACC and provide the following information:
 - a. Name
 - b. Rank
 - c. Confirmation that Police require NA to transport the deceased patient to hospital.
 - d. Destination hospital.

During working days ACC Shift Leader will obtain the required information from the police on the recorded line.

- (3) Team Leader must confirm permission to transport based on the above criteria.
 - (4) Team Leader must confirm destination hospital and receiving department (Mortuary or ED).
 - (5) ACC will update the attending crew with instructions.
 - (6) ACC must ensure that attending crew communicate with an initial **SITREP**, and follow these approved steps before transporting any deceased patient in a public area.
- All Deceased people will be packaged correctly prior to transportation as per DOH/MOHAP requirements and in accordance with NA Infection Control Program Policy and Procedures. The Police Officer, if on scene will oversee the preparation of all Deceased people. Cover the deceased person or place the Deceased in an appropriate sealable container. (i.e. Body Bag). The deceased person must not be washed or disturbed in any other way.
 - Any suspected or confirmed communicable disease must be notified to DOH as per NA Infection Control Program and the DOH Standard for Vital Statistics or any other DOH or MOHAP Regulations. Staff must protect themselves and others as per the NA policies.
 - All deceased patients will be identified if this is possible and may be labeled with identification tags before handover if they are available. In a Mass casualty situation Triage Tags will be used as per the NA Policy for Major Incident and Disaster Response Policy and Procedure OPP 123.
 - National Ambulance healthcare professional must complete the NA Patient Care Record or ePCR for each Deceased person. If the patient has already been certified as deceased, the National Ambulance healthcare professional may be given a copy of the Death Notification Certificate by the Certifying Physician, this must accompany the patient and be handed to the receiving physician or Mortuary staff.
 - All persons deceased at home must be removed to Hospital, however this must only be done on Police direction.
 - The Police Officer may escort each deceased person for the duration if relevant.
 - The Police Officer will liaise with the relevant Healthcare facility, Operations Department or Mortuary to arrange a receiving facility or mortuary.
 - NA staff are not normally directed to move the deceased from a public place to a hospital or mortuary. In exceptional circumstances where this is deemed necessary the NA healthcare professional must ensure that they have received the names and contact details for those who have agreed to receive the deceased and must inform the NA Communications Centre.
 - **Transportation of a deceased patient from a private dwelling is not undertaken by National Ambulance.**
 - The following steps will be followed by National Ambulance to ensure safe and accurate handover of the Deceased Person their personal effects. The following information fields must be completed on the Patient Care Record:
 - ✚ Name of the deceased;
 - ✚ Site at which death occurred (such as ambulance, road, etc.);
 - ✚ Nationality of the deceased;
 - ✚ Date of birth and/or age of the deceased;
 - ✚ Date and time of death; and.
 - ✚ Identification number or patient care record number
 - Personal effects can be handed over to the receiving facility or to the family of the deceased (or handling by the police with the required records/documentation, where the case is identified as

- 'police case'). A signature should be obtained from those receiving the personal effects where possible
- For Helicopter Emergency Medical Services (HEMS) handover will take place between the healthcare professional and the Hospital Emergency Department Staff at the Helipad. The healthcare professional will then have passed all clinical responsibility over to the receiving clinician. If certification of death and notification has already been completed, then the deceased can be taken directly to the hospital mortuary.
 - For Northern Emirates Handover the situation may differ see Appendix 1 for the current procedure.
 - NA clinician should ensure:
 - ✚ The Scene safety before preparing the deceased patient.
 - ✚ A Police officer should be informed as soon as possible and be present during the preparation of the deceased unless NA staff are given clear direction otherwise.
 - For HEMS if permission is given to transport without a police officer NA staff can proceed.
 - NA staff will treat the Deceased Individual with dignity and respect at all times and be sensitive to the cultural requirements of the nationality and country in which the Deceased resides
 - From the medico-legal point of view clinical staff can't transport any deceased patient until they have an official order from the police to transport a fresh deceased body (not fermented)
 - In case of a fermented deceased body the transport should not be done by National Ambulance it should be organized by the police and legal authority
 - Proper PPE should be used during handling deceased body
 - Ambulance transporting deceased body will be out of service under deep clean is completed.

What type of healthcare facility does the patient need?

If a patient is being referred to a healthcare facility, they should be referred to the most appropriate healthcare facility taking into account:

- The patient's expected healthcare requirements (treatment and/or investigations) **and**
- How these healthcare requirements are most appropriately and efficiently met.
- Not all patients require transport to an Emergency Department. It is preferable to refer a patient to their GP, or an urgent care clinic, provided that:
 - The patient's healthcare requirements could be reasonably met by that healthcare facility **and**
 - It is reasonable and practical to refer the patient to that healthcare facility.

When a competent patient declines recommendation made to them

Competent patients have the right to decline recommendations made to them. In this situation clinical staff must:

To judge patient competency, the clinical staff must ensure that the patient has been assessed for **capacity** using the following measures.

- Does the patient understand the communication?
- Does the patient appear to believe the clinical staff communication?
- Can the patient remember what has been communicated to them (can they repeat it back to the speaker)?
- Can the patient communicate a decision?
- Does the patient exhibit a mental status which is of concern?

In all cases the healthcare professional must:

- Explain the implications of the patient's decisions to them **and**
- Involve the patient's family, friends or GP, provided the patient consents to this and it is appropriate to do so **and**
- Provide the patient with appropriate advice on what to do if they do not improve, including when to see their GP **and**
- Ask the patient to sign the 'patient refusal' section of the National Ambulance PCR **and**
- Fully document the assessment, interventions, recommendations and interactions **and**
- Note names and times of family/other health care facility or professional contacted if required **and**
- Provide the patient with the patient copy of the PCR.

When the patient appears to be not competent

Personnel should insist on treatment and/or transport if they believe this is in the best interests of a patient who appears to be not competent to make decisions.

The above guidance on assessment of patient capacity must be followed.

The risks of treatment and/or transport against their will must be balanced against the risks of their illness or injury. In this setting personnel must:

- Encourage the patient to accept their recommendations **and**
- Involve the patient's family, friends or GP when appropriate **and**
- Fully document the assessment, interventions, recommendations and interactions.
- Fully document the PCR area regarding capacity and consent.
- If personnel are unsure they should contact the Ambulance Communications Centre (ACC)/ shift leader at the first instance. The Duty Manager may then be contacted if required.

When the patient is a child

- Although we use 0-18 years to define 'child' / 'paediatric patient' as per the definition in the NA Consent Policy, all children should be communicated with and treated as if they are competent.
- If a patient younger than 18 years of age is making a decision, which in the opinion of the treating personnel is not in their best interest, then that child should be deemed to be not competent.
- Personnel should seek advice from the ACC/shift leader, Duty Manager or other relevant senior staff if the situation is difficult.
- Parents or guardians have the right to decline recommendations on behalf of the child, but personnel should insist on treatment and/or transport if they believe the parents or guardians, are placing the child at risk.

There are unlikely to be concerns regarding transportation if:

- The patient is very unlikely to require significant treatment or significant intervention during transport **and**
- The patient has not had any significant treatment (noting that the exceptions listed under 'criteria for immediate transport' also apply here) or significant intervention provided by personnel **and**
- A reasonable and appropriate alternative form of transport is available.
- An appropriate, sensible adult is available to stay with the patient.

When the patient or family insist on transport by ambulance

- Competent patients have the right to decline recommendations but patients and families do not have the right to insist on transport that personnel do not think is clinically indicated.
- Knowledge of the *National Ambulance Consent Policy* and the *Patient Rights and Responsibilities Charter and Procedure* is required to understand the definition of 'competent patient'.
- If the insistence of the patient or family appears to be based upon genuine concern, and no other reasonable transport option is available, then the patient should be transported by ambulance.
- If the insistence of the patient or family appears to be based on maliciousness, convenience or petty concerns, then personnel may decline to transport the patient provided they:
 - Explain the reasons for not providing transport **and**
 - Fully document their involvement with the patient and family **and**
 - Discuss the situation with ACC/shift leader
 - The Duty Manager may be contacted if required.
 - Forward the audit copy of the PCR for formal audit.

When the patient or family insist on treatment but are declining transport

- This Policy and Procedure is based on the premise that patients receiving a significant treatment (medicines or IV fluid) will have a firm recommendation made to them that they are immediately transported to a healthcare facility.
- Significant treatment should not be provided to a patient if they (or their family) are insisting on treatment but are already declining transport, unless that treatment is required for a life threatening condition.

It is vital that:

- For all cases of non-transport that the patient understands potential complications or other possible consequences of not following advice for transportation/referral.
- Clear and concise instructions are given to patient and/or carer detailing actions to be taken if there are complications
- Where appropriate or if in doubt you seek advice from the NA Clinical support team
- You clearly and concisely document all patient care and any actions you take.

Hospital Pre-Alert Entry Note

When required National Ambulance staff should pre-alert the receiving hospital using the mnemonic PHONE

P – Patient Details (Age, Gender)
H – History / Complaint
O – Abnormal Observation
N – Notable Assessment / Intervention
E – Estimated Time of Arrival

For specific critical cases in Abu Dhabi CASMEET hospital pre-alert should be used. Please refer to Appendix 3 “Integrated Continuum of Pre-hospital and Emergency Department Care for Time Critical Conditions in the Emirate of Abu Dhabi”.

CASMEET.

C – Call sign and CAD number
A – Age of patient
S – Sex of patient
M – Mechanism of Injury or Mode of illness
E – Examination, AVPU/GCC, RR, HR, BP & SPO2 (where possible)
E – Estimated time of arrival (give actual time of arrival e.g. ‘ETA 2.10 pm’, rather than ‘ETA in 10 minutes’)
T – Treatment given (Trauma level if available).

Handover of Patient Care

All patients who are transported must be handed over to a clinician who is identified as having suitable qualifications, skills and training to manage the patient. Patient handover must be carried out in accordance with DOH/MOHAP standards National Ambulance staff should use the mnemonic IMIST AMBO to ensure that all elements of patient assessment and management are included. To facilitate a smooth systematic handover NA staff should,

1. Review handover details pre-arrival,
2. Maintain a 20-30 second period where the patient remains on the stretcher and deliver IMIST information uninterrupted,
3. Encourage questions on completion of IMIST and again at the end of AMBO.
4. Treating staff should remain with the patient during handover.

I – Identification
M – Mechanism / Medical complaint
I – Injuries / Information related to the complaint
S – Signs
T – Treatment and Trends

A – Allergies
M – Medication
B – Background history
O – Other information

All other information given to the clinician must reflect the PCR. A copy of the PCR should be given to the receiving clinician and to the patient where possible.

5. PROCEDURE

Below is a summary of the procedure to be followed by all clinical staff.

- Act in the best interests of the patient and perform within your scope or practice.
- Communicate your findings, the care you are giving and the outcomes to your colleagues, any other health professionals involved in the patient treatment and any other involved party where appropriate such as patient, relative or consent giver.
- Make sure you have consent from the patient wherever possible and follow the NA Consent policy.

- Fully assess the patient including a detailed history, primary survey, secondary survey and the measurement of appropriate vital signs. The assessment must include seeing the patient mobilise (providing they can normally do so) prior to them receiving a recommendation that about transport and transportation to a healthcare facility or that transportation or visit to GP or urgent care centre is the appropriate option.
- Fully assess the patient's competency to understand information and make informed decisions, use the definitions in the NA Consent Policy to help you with your assessment.
- Take into account all available information, including non-clinical aspects such as social factors.
- Fully inform the patient regarding their condition, the recommendations being made to them, the reasons for the recommendations and the benefits and risks of any alternative courses of action.
- Act in the patient's best interest, while allowing competent patients to decline recommendations.
- Strongly recommend treatment and/or transport if it is in the best interest of a patient who is not competent to make decisions.
- Fully document assessment, interventions and recommendations and where patient or guardian signature is required.
- Contact the NA Clinical Support team for advice if the situation is difficult or if you have any concerns.
- On arrival at the identified healthcare facility complete the handover process with a designated member of staff using the tools detailed in this policy, obtaining their signature and designation and handing over any relevant documentation.
- If there is clinical waste as a result of patient care and management, this can be disposed of using appropriate clinical waste bags and containers at the receiving facility and receiving staff alerted to this.
- Complete final communications including documentation.

Appendix 1 – Northern Emirates Procedure

1. Identify the police officer in charge and ensure the officer is ready to speak to ACC.
2. Contact ACC via radio and request a call-back on your ambulance mobile phone stating that this concerns the transportation of a deceased body and that the police officer in charge is awaiting the call.
3. ACC will call back as soon as possible. You will then explain the situation on scene and once ACC are satisfied with the information provided you will hand the phone to the police officer in charge.
4. The police officer in charge will have to provide the following information
 - a. Name;
 - b. Rank;
 - c. Confirm that the Police require National Ambulance to transport the patient to hospital and that it is ok to remove the patient from the scene;
 - d. Which hospital the deceased should be transported to; and
 - e. Which Police officer will accompany you
5. Once all this information has been given to ACC the phone will be given back to you and ACC will inform you if you have police authorization and are permitted to move and transport the bodies on scene and to what the agreed destination hospital is.
6. DO NOT move or transport deceased bodies without prior permission from ACC.
7. DO NOT transport from a private residence.
8. DO NOT transport to a residence or a mosque.
9. The procedure for the receipt of deceased bodies is different in every hospital. Please confirm with hospital staff when you arrive where you should take the deceased. It will usually be the ED or the Morgue.
10. If you attend a call and there are deceased bodies in a public place, but you are busy dealing with living patients please contact ACC and request assistance.
11. Whenever possible try to get the police officer in charge to speak directly to ACC. Only this direct communication means that ACC can get you help if you need it.
12. Ensure that you document all patient related events including any communications with ACC.

Appendix 2 - HEMS PROCEDURE

Please refer to Flow Chart 1.

HEMS Operations Centre

1. Gather clinical information.
2. Deliver Basic First Aid/ Resuscitation Advice as required.
3. Open CAD following NA call taker guidelines.
4. Launch HEMS as per NA – HEMS **SOP 4.01** Activation of service – Emergency and/ or NA – HEMS **SOP 4.02** Activation of service – Inter-facility transfer as required.
5. Inform ADMA RTO of mission launch.
6. If patient has been declared deceased then liaise with the on-site Doctor to ensure DOH e-notification death procedures are adhered to.
7. Confirm with the DOH registered Doctor on scene as to which receiving hospital the deceased patient will be transported to. If the onsite Doctor is unable to determine this, HOC should contact SEHA for clarification.

HEMS Team

1. Ensure scene and personal safety at all times.
2. Inform HEMS Operations that you have landed.
3. Triage patient as per SMART triage protocols.
4. Manage patients as per standard BLS / ALS principles NA Approved Guidelines CGP111 – NA Patient Resuscitation.
5. If necessary terminate resuscitation efforts/ or confirm patient deceased in line with NA/ JRCALC guidelines.
6. Following confirmation of death by NA HEMS or onsite Doctor:
 - a. Follow UAE regulation and law on the requirements of transporting the deceased with either Police escort and/ or gaining the appropriate letter and stamp from Police/CICPA.
 - b. A DOH registered Doctor should complete the e-notification of death as per DOH notification of death requirements. Further details can be viewed at the website: <http://www.haad.ae/haad/tabid/871/Default.aspx> [Accessed 15th April 2014]
7. Where a DOH registered doctor is not on-scene the deceased patient should be moved to the nearest site where a DOH registered doctor is available, can examine the body, and issue the e-notification certificate to confirm the death.
8. If the DOH registered doctor is not aware of the DOH process you must explain the process to them, ensuring they are aware of the DOH brochure which explains the e-notification procedure:
<http://www.haad.ae/HAAD/LinkClick.aspx?fileticket=DMUR6D3eQv8%3d&tabid=1159>

[Accessed 15th April 2014].

9. If, and at last resort, it is not possible to complete the e-notification certificate the following alternatives can be considered:
 - a. DOH printed death certificate, completed by the DOH registered Doctor on-scene and endorsed with his official stamp and telephone number.
 - b. A full letter from the Doctor confirming the death of the patient, the history leading up to the death, patient's past medical history and any resuscitative attempts/ interventions made. This should also be endorsed with the DOH registered Doctors Stamp and telephone number.
10. It is advisable to arrange/ ensure the availability of this paper work before the patient is transported to the HEMS aircraft.
11. In addition to the notification of death from the Doctor you must ensure that there is the correct authority from the Police/ CICPA. This will take the form of either:
 - a. Letter and stamp from the Police/ CICPA on site.
 - b. A member of the Police/ CICPA will travel ensuring responsibility of the deceased during, and after the team have handed the patient over to the receiving hospital/ mortuary.
12. Liaise with HOC regarding destination for the body to be transported to.
13. Do not depart the on-site facility without the correct paper work.
14. Update HEMS operations center regarding ETA at the receiving facility.
15. Complete handover and Patient Care Record as required, ensuring signature/ endorsement from the clinical member of staff receiving the patient.

HEMS Operations Center continued.

1. Receive update for HEMS team including ETA at receiving facility
2. Update CAD system
3. Pre-alert receiving facility advising of ETA 15-20 minutes prior to landing. Notify that the patient will need to be transported to the mortuary.
4. Complete and close case on confirmation that the HEMS team is clear.

Patient Packaging

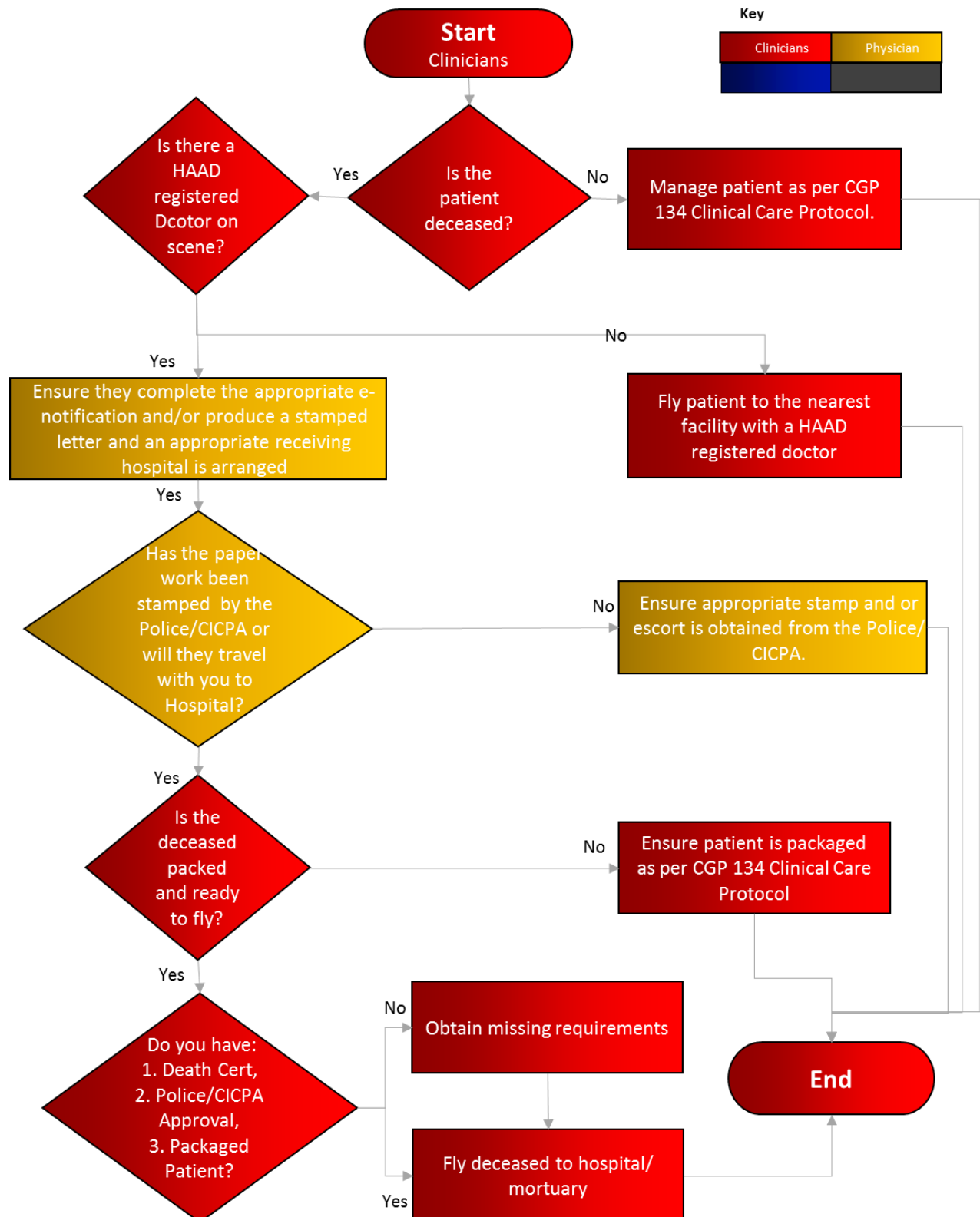
1. In the event that the patient has already been packaged by the receiving facility the HEMS paramedic should still complete a head to toe exam noting signs consistent with death and any injuries observed.
2. If the patient requires packaging do so in line with NA policy and it is pertinent to complete a head to toe exam of the body to identify any injuries. Document these fully on your PRF.

HEMS Manager

Phone the HEMS manager in the event that:

- a. The above requirements for the legal transportation of a deceased patient cannot be met satisfactorily.
- b. The situations involves equal to or greater than three dead patients.

Flow Chart 1 – Transportation of the deceased patient - HEMS



Appendix 3 - Integrated Continuum of Pre-hospital and Emergency Department Care for Time Critical Conditions in the Emirate of Abu Dhabi

A. Triage Protocol for **Burns Emergencies** and their Referrals in Pre-Hospital Setting

1. Triage for EMS-Driven Burns Emergencies

- 1.1. EMS conduct triage as per CGP 134 Patient Care Protocols to establish the type of burn injuries and the necessary level of care.
- 1.2. Irrespective of burn type, all burns emergencies will be first transported to the closest ED to be stabilized:
 - 1.2.1. EMS contact the closest ED to alert them about the incoming emergency.
 - 1.2.2. EMS communicate the patient's data to the closest ED as per CASMEET

2. List of Currently Designated Facilities with Specialized Burns Services in Abu Dhabi

- 2.1. Burns Centers - None at the time of publishing
- 2.2. Burns Units - Mafraq Hospital

B. Triage Protocol for **STEMI** and their Referrals in Pre-Hospital Setting

1. ST-Elevation Myocardial Infarction (STEMI) emergencies ensure that:

- 1.1. **Emergency Operations Coordination Centre** is the coordinating unit for all pre- hospital services with ambulances. At the time of publication, SEHA service is managing this Centre and can be contacted through the number **02-4102111**.
- 1.2. Primary PCI: is the very urgent use of PCI (within 90 mins door-to-balloon time) in people with acute myocardial infarction (heart attack), especially where there is evidence of severe heart damage on the electrocardiogram (ST elevation MI).

2. Triage for EMS-Driven STEMI Emergencies

- 2.1. EMS conduct triage as per CGP134 to establish a STEMI emergency. All STEMI emergencies shall be directly transferred to the closest designated STEMI Centre as advised.
- 2.2. In an emergency setting diagnosis is done by clinical signs and symptoms and by carrying out a 12-lead ECG. As the condition is time sensitive, this is all that is needed to activate a Cath lab and plan a Primary PCI.
- 2.3. In case the designated STEMI Centre is not within a reasonable transport distance (defined as 45 minutes), all STEMI emergencies will be first transported to the closest ED to be stabilized.
- 2.4. EMS contact the Emergency Operations Coordination Centre (02-4102111) to alert them about the incoming emergency and request an appropriate designated STEMI Centre.

- 2.5. EMS communicate the patient's data to the Emergency Operations Coordination Centre as per CASMEET
- 2.6. The Emergency Operations Coordination Centre communicates the patient's data to the designated STEMI Centre/Intervention Cardiologist on duty as per CASMEET
- 2.7. EMS transfer the STEMI emergency case to the designated STEMI Centre.

3. List of Currently Designated STEMI Centers

- 3.1. SKMC
- 3.2. Mafraq Hospital
- 3.3. Cleveland Clinic Abu Dhabi
- 3.4. Tawam Hospital
- 3.5. Al Ain Hospital

C. Triage Protocol for **Pediatrics Emergencies** and their Referrals in Pre- Hospital Settings

1. Definitions

- 1.1. Adult: 18 years and above.
- 1.2. Pediatric: zero to less than 18 years, including adolescent's subgroup 12 years to less than 18 years.

2. Triage for EMS-Driven Pediatric Emergencies

- 2.1. EMS conduct triage as per CGP134 to establish the type of emergency needed by the pediatric patient and the necessary level of care.
- 2.2. For all pediatric emergencies – excluding trauma - the patient will be first transported to the closest ED to be stabilized:
- 2.3. EMS contact the closest ED to alert them about the incoming emergency.
- 2.4. EMS communicate the patient's data to the ED of the receiving facility as per CASMEET

3. List of Currently Designated Facilities with Pediatric Emergency Services:

- 3.1. Sheikh Khalifa Medical City (SKMC)
- 3.2. Tawam Hospital

D. Triage Protocol for **Hyper-acute Stroke Emergencies** and their Referrals in Pre-Hospital Setting

1. Hyper-acute Stroke Therapy

- 1.1. **BE FAST Tool** to help healthcare providers and the public quickly recognize a patient's symptoms as suggestive of a stroke

1.2. **Emergency Operations Coordination Centre** is the coordinating unit for all pre- hospital services with ambulances. At the time of publication, Cleveland Clinic Abu Dhabi service is managing this Centre for Abu Dhabi and can be contacted through the number **056 417 4608**.

1.3. SEHA is managing this service for the Eastern Region.

2. Triage for EMS-Driven Hyper-acute Stroke Emergencies

2.1. EMS conduct triage as per CGP134 to establish a Hyper-acute Stroke emergency. All Hyper-acute Stroke emergencies shall be directly transferred to the closest designated Comprehensive Stroke Centre.

2.2. In case the designated Comprehensive Stroke Centre is not within a reasonable transport distance (defined as 45 minutes) all Hyper-acute Stroke emergencies will be first transported to the closest ED to be stabilized.

2.3. EMS contact the Emergency Operations Coordination Centre to alert them about the incoming emergency and requests a designated Comprehensive Stroke Centre.

2.4. EMS communicate the patient's data to the Emergency Operations Coordination Centre as per CASMEET

2.5. The Emergency Operations Coordination Centre communicates the patient's data to the designated Comprehensive Stroke Centre as per CASMEET

2.6. EMS transfer the Hyper-acute Stroke emergency case to the designated Comprehensive Stroke Centre.

3. When to Trigger Stroke Activation

3.1. A patient is considered as having a Hyper-acute Stroke and is a candidate for Hyper-acute Stroke Therapy when they develop acute Stroke Symptoms within the Time Window of 6 hours, as described below. These patients should immediately be directed to a Comprehensive Stroke Centre.

4. Time Window

4.1. Patient with witnessed onset of new stroke symptoms within last 6 hours.

4.2. Patient with new stroke symptoms first identified within last 6 hours – including “wake-up strokes” and “unknown time of onset strokes”.

4.3. Patients with a longer time-period since onset or identification of symptoms need to be discussed on a case-by-case basis with the Emergency Operations Coordination Centre

5. Stroke symptom identification - Patients being reviewed by EMS with no MD backup:

5.1. Use a bedside screening tool to identify patient's symptoms as suggestive of a stroke

5.2. Different ones may be used but BE-FAST is preferable because it also includes some posterior circulation symptoms commonly missed by other tools

B – Balance- Does the person have a sudden loss of balance?

E – Eyes - Has the person lost vision in one or both eyes?

F – Face - Does the person's face look lopsided / asymmetric?

A – Arm - Can the person raise both arms equally?

S – Speech - Is the speech slurred? Does the person have trouble speaking or seem confused?

T – Time - To act immediately call EMS

6. List of Currently Designated Comprehensive Stroke Centres in Abu Dhabi:

6.1. Cleveland Clinic Abu Dhabi

6.2. Al Ain Hospital

REFERENCES

DOH Policy for the Integrated Continuum of Pre-hospital and Emergency Department Care for Time Critical Conditions (Policy/TCC/V1.0; Dec 2017)

DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

MEDICAL DIRECTOR

- Change Brief

Version No.	Date	Changes
1	16 December 2013	First Draft
2	26 May 2014	Revised to become a policy and procedure, general review for clarity and consistency
3	15 December 2014	Further information on handover of patients at ultimate stage of patient transport and specific direction regarding handover protocol and waste disposal

4	31 January 2016	Updated for JCI Edition 2 Updated for NA policies Encompassed procedure when transporting patients who have been administered medication which are out of the competencies
5	28 July 2016	Updated for communication with CSD
6	October 2018	Merge the content of CGP 152 – Treat and Refer to this policy Merge the content of OPP 115 – Transporting of Deceased Person Update the “scope” Terminology e.g. MD, Shift leader, Team leader Major update in section 4 (4.1, 4.2, 4.3) New section added (4.4) ASHICE replaced by PHONE New section CASMEET added “Pre-alert for critical cases in Abu Dhabi” 3 Appendices added: Appendix 1 – Northern Emirates Procedure Appendix 2 - HEMS Procedure Appendix 3 - Integrated Continuum of Pre-hospital and Emergency Department Care for Time Critical Conditions in the Emirate of Abu Dhabi Flow Chart 1 – Transportation of the deceased patient - HEMS One Reference added
7	September 2020	Delete Directors and supervisors from the role and responsibilities Add three point at the end of transportation of deceased body

Review & Approval: _____ Date: _____

Dr. Ayman Ahmad – Medical Director