

CGP116

TRANSPORT OF HIGH RISK PATIENT POLICY, PROCESSES AND PROCEDURES

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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 Transportation of High Risk Patient 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..

This Policy is related to Management components Leadership and Commitment and Continuous Improvement.

2. SCOPE

Care and management of high risk patient it is only to be performed by all National Ambulance Clinical personnel as trained within their scope of practice and in accordance with their qualifications, skills, experience and training.

This policy relates to transportation of specific groups. It includes but is not limited to the following:

- Patients with compromised immune systems,
- Infectious patients,
- Geriatric patients,
- Children (Paediatric),
- Bariatric patients,
- Challenged emotional/mental status
- Comatose or ventilator dependent patients or
- Patients with a complex medical history that requires more specific care than a standard case.

This policy and procedure includes specific elements of patient assessment and management for these patient groups in the Emergency medical services environment to ensure best possible outcomes; it also includes requirements for documentation to ensure comprehensive and accurate recording of all patient related activity takes place.

3. ROLES AND RESPONSIBILITIES

Medical Director is responsible for development of this Policy and Procedure, review and revision and any Performance Indicators and should be available for advice and support for a Duty Manager. The MD is also responsible for developing training required 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. Reporting of the suspected or confirmed communicable disease must be completed in accordance with the DOH / MOH regulations and in accordance with the steps that are included in the policy and procedure.

Clinical staff that provide care for patients are responsible for acting according to this Policy and Procedure in accordance with their scope of practice. They are also responsible for ensuring that they attend or pursue any relevant training recommended by their line managers. (i.e. eLearning and face to face training).

4. POLICY STATEMENT

National Ambulance clinical staff must be fully aware and they have knowledge of CGP 105 Patient Consent Policy and Procedure.

National Ambulance will ensure that:

- All clinical staff have adequate age and size 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.
- Other relevant policies and procedures are in place and available to support this policy and procedure including but not limited to:
 - CGP 103 Patient Rights and Responsibilities Policy and Charter
 - CGP 105 Patients Consent Policy and Procedures
 - CGP 110 Patient Assessment and Reassessment and Triage
 - CGP 112 Clinical Policy for High Risk Procedures
 - CGP 115 Patient Transportation Policy & Procedure
 - CGP119 Policy & Procedure for Patient Care Record and Patient Care Documentation and Reporting
 - CGP 129 Infection Preventions and Control Policy
 - CGP 141 Care of Paediatric Patients Policy and Procedure

Clinical staff have a responsibility to:

- Ensure at they have clearly identified the patient with at least two patient identifiers
 - Full Name from National ID, Passport, documentation
 - Date of Birth
- Ensure they have been signed off to have the correct knowledge, training and skills to give the best quality and safest patient care for these patient groups by referencing the Scopes of Practice, Clinical Competencies and Learning Management System and thus the approval of specific clinical privileges.

- Develop and use the tools to achieve optimum patient care and to support the decision-making process in patient care.
- Completion of going learning and development
- Read this document and follow the stepwise approach to acquire knowledge they need to assess the relevance of this policy and procedure for their patients. Information they will need is mainly contained in this Clinical Policy and procedure
- Attend all courses as determined by National Ambulance and ensure that you bring the most optimal treatment to the specialty patient population and have access to the Clinical Policy and procedure materials and other related policies and procedures.
- However this is a policy and procedure, it is up to you to use your professional judgment and your knowledge of the relevant documents that are mentioned in the introduction.
- This policy and procedure is for best practice and is not intended to substitute good clinical judgment.
- You must ensure that care is delivered current with the Specialty Population information and practice that NA teaches.

5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

6. PROCEDURES

The procedure is as follows:

- Act in the best interest of the patient and perform within your scope of practice as per CGP 203 Fitness to Practice policy.
- Understand the high risk patient population, as determined by National Ambulance to ensure you can bring proper care to the patient and have access to clinical policy and procedures documents.
- Follow the Clinical Policy and procedure details; in addition you must 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.
- Ensure that you have been trained on all equipment carried on the transport vehicle and are familiar with the equipment prior to having to use it.
- Report to Ambulance Communications Centre or Duty manager if you have concerns regarding the equipment resources.

- In some cases the use of special equipment may be needed. In those cases it is important to ensure that whoever is operating the equipment be fully trained and knowledgeable on the functions of the equipment and how to troubleshoot if something was to go wrong.
- If a piece of specialized equipment is needed and the clinical staff is not comfortable with the operation of the equipment it would be of best interest for the patient to have the operator of that piece of equipment to continue the care of the patient throughout the transportation.
- Communicate with those on scene and those that routinely care for each patient to ensure the highest level of care and treatment.
- Work as a team and provide a consistent standard of care to the patients in the pre-hospital field.
- The clinical staff with the highest level of privileges is to assume the leadership role.
- Once an assessment has been carried out it must be documented comprehensively and accurately in regards to the findings and all other relevant information required for the Patient Care Record.

6.1. IMMUNOCOMPROMISED PATIENT GROUP

- **Use appropriate PPE and non-touch techniques with reference to the NA Infection control programme CGP129 when dealing with these patient group and in accordance with any advice.**
- **Inform ACCTL that you have a patient with a suspected or confirmed compromised immunity and give updates and further information as required including assessment outcomes and management.**
- Ensure that the ambulance and all equipment is properly cleaned to the extent outlined in the infection control Policy CGP 129; this is to ensure those patients with compromised immune systems are not subjected to further infectious agents. Be meticulous about your own hygiene.
- Ensure you are familiar with the specific Policy for Care of this patient group, CGP 124 Care of patients with suspected or confirmed communicable diseases and for patients who are immune compromised.

6.2. PATIENT ON DIALYSIS

All patients who are transported from home to hospital, home to a health care facility (such as a dialysis center) or health facility to home must be managed within scope of practice. It must be noted that patient deterioration may have occurred during the time of receiving the call to transport and the actual transportation and the patient could become an 'emergency patient'. If any clinical criteria are present on arrival that indicate that the patient should be regarded as an 'emergency patient', then ACC must be notified.

6.3. COMATOSE AND / OR VENTILATOR DEPENDENT PATIENT GROUP

- Ensure the handling of comatose and/or ventilator dependent patients should be done with care as to ensure that airway maintenance is not disrupted. Apart from standard care it may necessitate the clinical staff taking time to understand the functions of unfamiliar equipment and any special considerations that may be needed for the patients transport so that their condition is not exacerbated during transportation. This is especially important if care is been handed over from one service to another. It is imperative to continuously monitor and record the patient's observation in this group so that interventions can occur immediately as required.
- Ensure you are familiar with the specific Policy for Care of this patient group, CGP 145 Policy and procedure for care of patients in a coma or on life support.

6.4. GERIATRIC PATIENT GROUP

- This is a complex group and even taking them from their normal environment can be a significant stressor. Pay particular attention to their prior medical history, their current medications and their relatives and care givers. The handling of geriatric patients must be done with extreme care due to the possibility of a complex medical history and exacerbation and causation of injuries.

6.5. CHILDREN

- This encompasses children 0-17 years +365days and also referred to as 'paediatric'
- This is the most vulnerable group of patients that we deal with. Extra special attention and care is warranted.
- Children have the tendency to deteriorate from a 'well' state to a moribund state within minutes as they do not have the same physiological reserves as adults.
- Not only are children physiologically very different to adults but psychologically and emotionally as well. Thus where possible **always transport a parent or guardian with their child.**
- Be conscious that children experience pain to the same degree as an adult but do not always verbalise to the same degree so **use the FLACC or Wong and Baker scores to accurately assess pain and treat accordingly.**
- Ensure that you are familiar with the specific Policy for Care of this patient group, CGP 141 Policy and Procedure for care of Paediatric Patient
- Ensure that you are familiar with the NA Consent Policy

6.6. VULNERABLE PATIENT'S

Vulnerable patients can be considered as those patients who are unable to protect themselves, are unable to signal for help or have a potential risk of being abused, this includes but is not restricted to, infants and vulnerable children, the elderly, those incapacitated, and those with mental illness.

Where possible care and transportation must occur with the patient being accompanied by a designated responsible adult in order to protect and safeguard the welfare of the vulnerable patient

Normal restraints to secure the patient during transport (i.e. seat belts / harnesses on stretcher, patient carry chair and ambulance seat) have to be maintained.

As this patient group may be unable to make alternative safekeeping arrangements for their possessions, and those incapable of making decisions regarding their possessions, it is important to seal their items in the patient possessions bag to ensure that they will not be lost or stolen.

6.7. BARIATRIC PATIENT GROUP

- The complexity of the logistics of transportation of this group cannot be understated and the importance of **requesting assistance early is important**. Atypical transportation modalities may need to be employed.
- The movement of bariatric patients should be done with great care to minimize the discomfort to the patient and the possibility of rescuer injury. By definition this group has long standing cardiorespiratory challenges and exacerbations and deteriorations can occur rapidly during transportation.

6.8. INFECTIOUS PATIENT GROUP

- When transporting infectious patients, proper PPE must be adorned as per CGP129 Infection Control Programme. Take extra attention to protect yourself, practice best hand and personal hygiene and follow equipment cleaning protocols for your ambulance fully after every such patient. In cases where a suspected or confirmed DOH notifiable infectious patient has been transported that your line manager, duty manager or Ambulance Communications Centre has been informed.
- Ensure you are familiar with the specific Policy: CGP124 Care of Patients with suspected or confirmed communicable diseases and for patients who are immune compromised.

6.9. PATIENTS WITH A COMPLEX MEDICAL HISTORY THAT REQUIRES MORE SPECIFIC CARE THAN A STANDARD CASE E.G. PATIENTS AT THE END OF LIFE

- This is a special patient group for who comfort giving care including symptom control for pain, breathlessness, secretions etc. is of paramount importance.
- The Patient may have an Advanced Resuscitation Directives or Advanced Care Directives; these should be followed in discussion with the patient (where possible)/family members and/or any other involved healthcare professional. At all times the priority is to respect the wishes of the patient and to provide the most comfortable, caring and compassionate assistance, including transportation as appropriate

Summary

Special patient groups require special care and attention. By putting the patients' needs first these needs can be addressed appropriately. If you have any concerns please contact ACC. Use NA CGP 134 Patient Care Protocols, NA Clinical Practice Guidelines and other approved policies. Moreover, anticipate how you would deal with a particular patient group what extra care is needed, what you can do to make the experience for your patient better. If you are in doubt you must ask for help.

7. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

9. DOCUMENT CONTROL AND OWNERSHIP

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

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

Change Brief

Change Brief

Version No.	Date	Changes
1	01-January-14	New Document
2	08 June 2014	Revised to become a Policy and Procedure, improved clarity and consistency across clinical policies
3	29 February 2016	Updated for JCI Edition 2 Updated for NA policies Updated for patients receiving blood products, those on dialysis, children and vulnerable patients.
4	Oct 2016	Document amended to include Risk Based thinking
5	January 2017	Medical Delegate Terminology Patients identifiers Including due consideration to emotional/mental status patient blood consent taken by prescribe physician
6	October 2019	Medical Director Terminology DOH Terminology Update Immunocompromised Patient Group Replace CSD with ACC Staff or crew replaced by clinical staff

CEO Approval

Board Member Verification