

# CGP112

## National Ambulance CLINICAL POLICY FOR HIGH RISK PROCEDURES

## Table of Contents

1. POLICY INTRODUCTION	3
2. SCOPE	3
3. ROLES AND RESPONSIBILITIES	4
4. POLICY STATEMENT	4
5. PROCEDURE	5
6. KEY PROCESSES	7
6.1. DEFINITIONS	7
7. APPENDIX 1	8
8. FEEDBACK	9
9. DOCUMENT CONTROL AND OWNERSHIP	9

## 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 Clinical Policy for High Risk Procedures 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 and procedure applies to patients undergoing high risk procedures 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.

It applies to all Emergency Medical Technicians; Note that for Emergency Technicians – Basic level their scope of practice would not normally enable them to complete the procedures defined here with the exception of administration of the drug Adrenaline, however they may be involved in the care of a patient who is undergoing the procedures.

### 3. ROLES AND RESPONSIBILITIES

**Medical Director** is responsible for development of this Policy and Procedure, its 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 to support this Policy and Procedure.

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

**All Operation 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 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 supervisors. (i.e. eLearning and face to face training).

### 4. POLICY STATEMENT

4.1. National Ambulance clinical staff must:

4.1.1. Act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice, must use relevant qualifications, training, skills and experience to provide optimal clinical care and have the relevant competencies signed off.

4.1.2. National Ambulance clinical staff must be fully aware of the special consent considerations required for the patient group undergoing high risk procedures and ensure they have knowledge of CGP 105 Patient Consent Policy and Procedure.

4.1.3. Consult with the NA Medical Director to ensure they have approval for the procedure

4.2. National Ambulance will ensure that:

4.2.1. All clinical staff have adequate age and size appropriate resources to enable them to provide optimum care such as equipment and vehicles;

4.2.2. 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;

4.2.3. Patient assessment is the basis for determining when an invasive procedure is necessary and in selecting the appropriate procedure. Assessment provides information necessary to

- Select the appropriate procedure and the optimal time;
- Perform procedures safely; and
- Interpret findings of patient monitoring.

4.2.4. Procedure selection depends on the patient's history, physical status, and diagnostic data, as well as the risks and benefits of the procedure for the patient. Procedure selection considers the information from the assessment and other available information. The assessment process is carried out in a shortened time frame for emergency patients. The assessment also helps in the determination of when an invasive procedure should be deferred to the receiving organization.

4.2.5. A patient's continuing care may depend on the events and findings of the invasive procedure. Thus, the PCR includes any diagnosis, a description of the procedure and any findings, and the names of the individual performing or assisting in the procedure.

4.2.6. The patient's physiological status is monitored during the invasive procedure and immediately after. The monitoring is appropriate to the patient's condition and the procedure performed

4.2.7. Results of monitoring trigger key decisions during the procedure as well as decisions regarding post-procedure follow-up. Monitoring findings are entered into the PCR

4.2.8. It is necessary to plan for any post-procedure care, including the level of care, the care setting, follow-up monitoring or treatment, and the need for medication. The required post-procedure care is documented in the patient's record to ensure continuity of services during patient care till handover to the receiving healthcare facility.

4.3. 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 Procedure
- CGP 108 EMT & Physician Clinical Policy (which lists all Clinical Services policies)

- CGP 114 Policy and Procedure for use of Chemical Restraint and Care of Patients in Restraints
- CGP 116 The Policy and Procedure for the Transport of Special Patient Populations
- CGP 123 High Alert Medication Policy and Procedure
- CGP 134 Patient Care Protocols
- CGP 141 Care of Paediatric Patients Policy and Procedure
- CGP 145 Policy and Procedure for the Care and Transportation of the Comatosed Patient and the Patient on Life Support
- CGP211 Medication Management Manual

4.4. High risk procedures may involve the preparation and administration of drugs as well as certain invasive medical procedures that have been identified as a possible significant risk to the patient.

## PROCEDURES

The following procedures are considered high risk for the purpose of this policy:

- Chest Decompression (Needle Thoracostomy)
- Chest Tube Thoracotomy
- Cricothyrotomy – Needle
- Cricothyrotomy – Surgical
- Gastric Decompression and Use of NG/OG Tubes
- Rapid Sequence Intubation
- Intubation: Supraglottic Airway
- Intubation: Tracheal
- Synchronized Cardioversion
- Transcutaneous Pacing (TCP)
- Urinary Catheter Placement
- FAST Scanning (Focused Assessment with Sonography in Trauma)

## MEDICATIONS

High Risk Medication or High Alert Medication:

Medications that bear a heightened risk of causing significant patient harm when used in error are considered high risk or high alert. Although the mistakes may or may not be common, the consequences of an error have potentially devastating effects on the patient. The Institute for Safe Medication Practices (ISMP) provides an extensive list of these medications that require special safeguards to reduce the risk of errors.

Medications that considered high alert are listed in CGP211 Medication Management Manual

## 4.5. PROCEDURE

Clarify that the procedure is both clinically and ethically justified; That all precautions have been taken to prevent and control infection risk

- The procedure must be within your scope of practice and you must have the relevant training to perform the procedure.
- You should follow the 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
- You must act in the best interest of the patient and perform within your scope of practice.
- Get consent for the procedure where possible.
- Following patient assessment, contact the MD / Medical Delegate for advice and pre-approval (use the NA Communications centre for any communication issues).
- It is imperative that you work as a team and provide a consistent standard of care to the patients in the pre-hospital field.
- The most senior qualified and privileged clinician is to assume the leadership role.
- At all times you are required to reduce the risk of falls by ensuring that the patient is transported in the appropriate manner (carrychair, stretcher, wheelchair) and assessed continuously to prevent falls
- Ensure patient is appropriately packaged and secured during transportation to reduce any falls risk
- When you have carried out the procedure you must document comprehensively and accurately all your findings and all relevant information required for the NA Patient Care Record.

**NOTE Emergency Medical Technicians need to be trained in these particular procedures and be highly competent in all areas. They must complete the training packages offered by National Ambulance and be approved as competent before applying these procedures.**

## 5. RELEVANT LEGISLATION

Code, Name of Legislation	Jurisdiction
JCI Accreditation Standard for Medical Transport Organization, 2 <sup>nd</sup> Edition – COP.6	July 2015

## 6. RELATED POLICIES AND FORMS

Policy & Procedure /Form
CGP 105 Patients Consent Policy and Procedure
CGP 108 EMT & Physician Clinical Policy (which lists all Clinical Services policies)
CGP 114 Policy and Procedure for use of Chemical Restraint and Care of Patients in Restraints
CGP 116 The Policy and Procedure for the Transport of Special Patient Populations
CGP 123 High Alert Medication Policy and Procedure
CGP 134 Patient Care Protocols
CGP 141 Care of Paediatric Patients Policy and Procedure
CGP 145 Policy and Procedure for the Care and Transportation of the Comatose Patient and the Patient on Life Support
CGP211 Medication Management Manual



## Appendix 1

### KEY POINTS

- High Risk Procedures should only be performed by those with specialist training and skills; competencies must be signed off for each procedure.
- High risk procedures may involve preparation and administration of drugs that have been identified as a possible significant risk to the patient.
- The high risk drugs are listed in the definitions section of this policy
- Clinical staff must be fully aware of the special consent considerations required for the patient group undergoing high risk procedures
- Following patient assessment , contact the MD/Delegate for advice and pre-approval
- You must work as a team to provide best quality and safe care and the most senior qualified and privileged clinician should assume the leadership role

## 7. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to [qhse@nationalambulance.ae](mailto:qhse@nationalambulance.ae)

## 8. 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**

### Change Brief

Version No.	Date	Changes
1	12 December 2013	First Draft
2	21 August 2014	To revise as a policy and procedure, give detail of High Alert Medications and a list of key points Name changed from Policy and Procedures of High Risk Procedures to Clinical Policy for High Risk Patients
3	6 February 2016	Updated for JCI Edition 2 High Risk Procedures updated High Risk Medication removed as in another policy List of other relevant policies
4	January 2017	Emphasis on Fall Management Updated High Alert Policy to CGP211
5	September 2019	Update the high risk procedure Medical Director Terminology DOH terminology
6	November 2019	Delete Directors and Supervisors Update the high-risk procedure documentation in PCR Change the location of the table which contain the procedures

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MD Approval

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