



Standard Operating Procedure

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Title	Deployment, Supervision and Clinical Practice of ACAs, ECAs, Student Paramedics, Advanced Technicians, Nurses, Paramedics, Paramedics on the temporary register and Emergency Response Assistants - (Covid-19 Modified)
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1. Scope

1.1 This Standard Operating Procedure (SOP) details the clinical practice and supervision arrangements for all grades of clinical staff.

2. Principles

2.1 The purpose of this SOP is to clarify the professional accountability and duty of care of Paramedics and Nurses when delegating tasks to be conducted under supervision by ACAs, ECAs, Student Paramedics, Advanced Technicians, **Paramedics on the temporary register and Emergency Response Assistants**. For the purposes of this SOP, the term 'Advanced Technician' will mean both Technicians, Advanced Technicians and Ambulance Practitioners.

2.2 The Trust remains committed to the development of staff, as part of our on-going commitment to develop future generations of Paramedics. This SOP provides guidance on the supervision of ACAs, ECAs and Student Paramedics to enable their development, and the routine practice of Advanced Technicians, whilst ensuring that patients receive the highest standard of safe clinical care.



3. Responsibility

- 3.1 The Deputy Director of Clinical Care is responsible for determining the clinical scope of practice and supervisory requirements for all grades of clinical staff.
- 3.2 The Executive Director of Operations is responsible for ensuring the full operational implementation of this SOP.
- 3.3 County Commanders and Head of Resourcing are responsible for ensuring that rostering supports the principles of this SOP and that it is fully applied in practice.
- 3.4 All staff are responsible for working within this SOP at all times.

4. Deployment

4.1 Rapid Response Vehicles (RRV)

- 4.1.1 An RRV must be planned to be covered by an Advanced Technician, Nurse, and Paramedic, who may work autonomously to respond to all types of emergency calls.
- 4.1.2 In exceptional circumstances (i.e. never as planned cover) a single ECA will respond to confirmed Cat1 calls (with the exception of obstetric/maternity incidents where a midwife is not on-scene) under blue light conditions using any Trust blue light vehicle where they are the nearest resource, in the following two situation:
 - All other feasible options to split or swap clinicians on other DCA shifts have been exhausted and the deployment has been authorised prior to commencement by the local Operational Commander.
 - In an emergency situation e.g. when an ECA is on station single manned, or using a Pool Car for travelling (see Pool Car SOP) and they are nearest to a **CAT 1**. Whilst this does not require authorisation from the Bronze Commander, they must be informed by the Clinical Hub following the incident.
- 4.1.3 Immediately after allocating the single ECA, the nearest DCA, RRV or Responding Officer must be allocated as priority 1 back-up. Where it is not possible to immediately allocate back-up, the Control Officer must be informed and review the call.

4.2 Patient Support Vehicles (PSV)

- 4.2.1 The staffing and operation of PSVs is covered by SOPO35 Patient Support Vehicles. Any Double Crewed Ambulance (DCA) where the crew does not consist of at least one Advanced Technician, Ambulance Practitioner, Nurse, Paramedic, **Paramedic on the temporary register** or ECP will be deemed a PSV.



4.2.2 Emergency Response Assistants may form part of the PSV crew. As non-blue light drivers, it is important to note that whilst the blue light driver trained part of the crew can respond under blue light driving conditions, they could not convey patients under blue light driving conditions (see role definition below).

4.3 Double Crewed Ambulances (DCA)

4.3.1 A DCA must be planned to be covered with at least one Advanced Technician, Nurse, Paramedic or **Paramedic on the temporary register** as part of the crew. The second/third crew member may be an Emergency Care Assistant or Student Paramedic, working under the supervision of the clinician. The DCA will work autonomously to respond to all types of emergency calls.

4.3.2 Should despite planning a DCA commence shift crewed by two ECAs or employed Student Paramedics, the Clinical Hub must operate the resource as a PSV (using a PSV vehicle if available), in accordance with [SOP035 Patient Support Vehicles](#).

4.3.3 Emergency Response Assistants may form part of the DCA crew. As non-blue light drivers, it is important to note that whilst the blue light driver trained part of the crew can respond under blue light driving conditions, they could not convey patients under blue light driving conditions (see role definition below)..

4.4 Responding Officers

4.4.1 The term 'Responding Officer' is defined within the Trust as referring to all officers, managers and directors of any clinical grade who respond to emergency calls utilising a car with audio/blue visual warning devices (normally allocated individually as a lease/hire vehicle or pool car). The operational deployment of Responding Officers is detailed within [SOP013 Responding Officers](#).

4.4.2 Clinically, Responding Officers must work within the requirements detailed within this SOP. The only additional exception will be for Officers who are not clinically qualified, who may respond within their allocated vehicle or an RRV provided that they meet all of the following requirements:

- Community First Responder course and all applicable regular refreshers completed.
- Passed basic conflict resolution training.
- Authorised to drive using audio/blue visual warning devices.
- Operate a vehicle provided by the Trust for their normal use or an RRV.

4.5 Student Paramedics

4.5.1 Bournemouth, Plymouth and UWE University Student Paramedics must normally be supervised by a Paramedic with at least one year of experience post HCPC registration during their university placements. For any practice during overtime undertaken outside of university placements on a bank contract, the student must be supervised by a Paramedic who has passed the Trusts' preceptorship



requirements (or has at least two months of experience post HCPC registration if prior to the implementation of the preceptorship program).

- 4.5.2 Supervising Nurses must have completed one year of pre-hospital experience and fulfilled any preceptorship requirements.

4.6 Emergency Response Assistants

- 4.6.1 Emergency Response Assistants have been developed to support to Trust's response to the Covid-19 pandemic. They are Community First Responders that have received additional training in manual handling, equipment familiarisation and driving. They cannot however drive under blue light emergency conditions. Therefore, consideration must be given when deploying them to CAT1/ time critical patients that may require urgent admission to hospital. In this scenario, consider deploying an RRV or Operations Officer to support conveyance. The lead clinician will be required to dynamically risk assess the benefit of waiting on scene for a conveying resource, or conveying under normal road conditions.

5. Supervision

- 5.1 Following a number of Professional Practice referrals, the Health and Care Professions Council (HCPC) wrote to all UK ambulance services on the 27th July 2011 to clarify the position of Paramedics working with ambulance clinicians of a lower clinical grade.
- 5.2 Within their letter, the HCPC stated that *'Paramedics have a professional obligation to act in the best interest of patients and, where they are the most senior ambulance clinician on scene, must use sound clinical reasoning to ensure that patients receive care from the most appropriate and available ambulance clinician. Paramedics should ensure that they do not endanger patients by putting their colleagues in situations where they may not recognise or respond to subtle but significant changes in the patient's condition. Paramedics need to consider carefully, on a case by case basis, whether they drive or attend to a patient'*.
- 5.3 The HCPC Standards of Conduct, Performance and Ethics (2008) states that Paramedics must *'be sure that whenever they delegate tasks to another person to carry out on their behalf, they have the knowledge, skills and experience to carry out the tasks safely and effectively. They must not ask them to do work which is outside their scope of practice'*.
- 5.4 **Emergency Response Assistants**, ECAs, Student Paramedics and Advanced Technicians must only be delegated tasks or instructions that they have been trained and assessed as competent to practice. The ECA/Student Paramedic/Advanced Technician must confirm to the Paramedic that they are competent and confident to carry out the delegated task, and decline any task that they do not personally feel competent to conduct.



- 5.5 The Paramedic remains clinically and professionally accountable for the assessment and treatment of the patient whilst in their care, including any task delegated to an **Emergency Response Assistant**, ECA, Student Paramedic or Advanced Technician. Paramedics must ensure that they would be able to justify the rationale for each task delegated, should the decision be scrutinised during an internal or external investigation process.
- 5.6 In order to ensure the highest standard of patient care clinicians who supervise other staff (Paramedics, Nurses and Advanced Technicians) must apply the guidance detailed within this SOP at all times. Although Nurses are registered with the NMC, it is expected that they will embrace the guidance provided by the HCPCP within this section.

5.7 Emergency Response Assistants

- 5.7.1 **Emergency Response Assistants have received limited training in manual handling, equipment familiarisation and driving. They have received First Responder training and can therefore assist with skills such as chest compressions in line with their CFR skill set.**
- 5.7.2 **Under no circumstances must the Emergency Response Assistant be left to attend a patient without the direct supervision of a clinician, particularly in the back of a vehicle whilst conveying patients to hospital.**

5.8 ECAs and Student Paramedics Levels 1-3

- 5.8.1 In a limited range of circumstances it may be permissible, at the Paramedic/Nurses complete discretion, for an ECA or Student Paramedic to remain with the patient whilst being transported to hospital. The practice is only permissible if **all** of the following criteria are fulfilled; if there is any doubt the Paramedic/Nurse must remain with the patient:
- The patient must be non-time critical, completely stable and unlikely to deteriorate.
 - No medicines (excluding oxygen, Entonox, oral paracetamol and ibuprofen) have been administered or are likely to be required en-route.
 - No Paramedic interventions have been conducted, or are likely to be required en-route.
 - The Paramedic/Nurse is satisfied that the ECA/Student Paramedic is trained, competent and confident to remain with the patient.
 - The ECA/Student Paramedic must confirm to the Paramedic/Nurse that they are trained, competent and confident to remain with the patient.
 - The decision will not in any way compromise the level of care provided to the patient.



5.9 ACAs, ECAs and Student Paramedics Operating a PSV

5.9.1 The operation of PSVs is detailed within [SOP O35 Patient Support Vehicles..](#)

5.10 Student Paramedics Level 4

5.10.1 In order to support their development, Student Paramedics at Level 4 should be facilitated to deliver care in a wider range of situations, from the agreed point during their final year of study. At the supervising Paramedic's/Nurse's complete discretion, a Student Paramedic Level 4 may remain with the patient whilst being transported to hospital. The practice is only permissible if **all** of the following criteria are fulfilled; if there is any doubt the Paramedic/Nurse must remain with the patient:

- The patient must be non-time critical, completely stable and unlikely to deteriorate.
- Further medicines are unlikely to be required en-route (excluding continuing administration of oxygen and Entonox).
- No Paramedic interventions are likely to be required en-route.
- The Paramedic/Nurse is satisfied that the Student Paramedic is trained, competent and confident to remain with the patient.
- The Student Paramedic must confirm to the Paramedic/Nurse that they are trained, competent and confident to remain with the patient.
- The decision will not in any way compromise the level of care provided to the patient.

5.10.2 During the period where a Student Paramedic Level 4 has completed their course but are awaiting HCPC registration, at the Paramedics/Nurses complete discretion, they may remain with a wider group of patients whilst being transported to hospital, in order to maximise their experience. The Paramedic/Nurse must be mindful of the principles detailed within this SOP from both the Trust and HCPC. The over-riding principle must be that any decision ensures that patients receive the best possible care, and are not compromised at any point.

5.11 Advanced Technicians

5.11.1 As autonomous clinicians, it is also permissible, at the Paramedic/Nurses complete discretion, for an Advanced Technician to remain with the patient whilst being transported to hospital, provided that **all** of the following criteria are fulfilled; if there is any doubt the Paramedic/Nurse must remain with the patient:

- The patient must be non-time critical, completely stable and unlikely to deteriorate.
- Further medicines outside of the Advanced Technician scope of practice are unlikely to be required en-route.
- No Paramedic interventions are likely to be required en-route.
- The Paramedic/Nurse is satisfied that the Advanced Technician is competent and confident to remain with the patient.
- The Advanced Technician must confirm to the Paramedic/Nurse that they are competent and confident to remain with the patient.



- The decision will not in any way compromise the level of care provided to the patient.

- 5.11.2 When working as the lead clinician at an incident, Advanced Technicians may transport patients outside of the criteria detailed in Para 5.11.1. It is recognised that it may be appropriate for an Advanced Technician to transport a time-critical patient when timely Paramedic back-up has either been requested but is not available or where Paramedic skills are not required to enhance patient care, and it is in the patient's best interest to do so. Consideration should be given to meeting a Paramedic en-route to hospital with the patient, where this is appropriate.
- 5.11.3 When working with an ECA or Student Paramedic, the requirements detailed in Sections 5.7 and 5.10 still apply; however, the word 'Paramedic' must be substituted for 'Advanced Technician' when interpreting the sections.

5.12 General Guidance

- 5.12.1 Although ECAs and Student Paramedics may assist with the completion of the Patient Clinical Record (PCR), where part of the crew, the Paramedic/Nurse remains responsible for the quality of documentation and must review and sign the 'Senior Clinician' section of every PCR, without exception, to confirm that it meets the standards required. **Emergency Response Assistants have not been trained in the completion of electronic clinical record and therefore must reframe from doing so.** Although Advanced Technicians may autonomously complete PCRs, when working with a Paramedic the procedure above must be followed with the Paramedic/Nurse reviewing and signing every PCR. Paramedic/Nurses must be mindful that they are individually accountable for the PCR should any incident be subject to an internal or external investigation.
- 5.12.2 When officers of band 6 and above who are registered Paramedics or Nurses are working as part of a DCA crew, they are considered to be the senior clinician for the purposes of signing the Patient Clinical Record (PCR). Without exception, the officer must review and sign the 'Senior Clinician' section of every PCR when they are working with another member of staff of any clinical grade. Signing this section confirms that they are personally satisfied that the documentation meets the require standard. If the officer considers that the document does not meet the Trust's standards, it must be rectified prior to submission. If clinical issues are identified during the review of the PCR, the officer must ensure that these are highlighted to the member of staff at the time and dealt with according to Trust processes. The PCR must be annotated appropriately to reflect this.
- 5.12.3 Further guidance on the supervision and scope of practice of Student Paramedics can be found in the Enhanced Skills Policy available on the Trust intranet site.



6. Attending Incidents

- 6.1 The principle of 'job about' or split shifts, where ambulance staff take it in turns to swap between the roles of attendant and driver after the transportation of a patient to hospital, may have previously been applied. Although the Trust and the HCPC in their letter, accept that it is entirely appropriate both for a Paramedic to drive, and for other ambulance clinicians to continue to attend, it is vital that the most appropriate clinician attends and transports each patient. For example, although an ACA, ECA, Student Paramedic or Advanced Technician may have been nominated as the attendant for the next incident; if on route, arrival or during transportation the patient requires Paramedic assessment or treatment, or the patient does not fulfill the requirements of Section 5, the Paramedic (or Advanced Technician in the absence of a Paramedic) must immediately assume the role of attendant, and continue patient care until clinical handover at hospital. An ERA must not be left with a patient in the back of a vehicle whilst conveying to hospital under any circumstances.

7. Administration of Medicines

- 7.1 The medicines which can be administered by each grade of ambulance clinician are detailed in the Trust publication *Administration of Medicines: Who can Give What?*

7.2 Ambulance Care Assistants / Emergency Response Assistants

- 7.2.1 ACA/ERAs are able to administer oxygen autonomously, and may administer Entonox under the supervision or instruction of an Advanced Technician, Nurse or Paramedic. They are not authorised to administer any other medication, even under direct Paramedic supervision.

7.3 Emergency Care Assistants

- 7.3.1 ECAs are able to administer oxygen and entonox autonomously, but are not authorised to administer any other medication, even under direct Paramedic/Nurse supervision.

7.4 Advanced Technicians

- 7.4.1 Advanced Technicians are authorised to autonomously administer the range of medicines within the Advanced Technician scope of practice, but may not administer any other medication, even under direct Paramedic/Nurse supervision. Advanced Technicians are also legally unable to direct the other clinicians to administer medicines.



7.5 Student Paramedics

7.5.1 Student Paramedics may administer oxygen, Entonox and the Combipen autonomously, and an increasing range of medicines as they progress successfully through each stage of their course. The authorised medicines for each level are detailed in the Trust document List of medicines which can administered and supplied by each grade of clinician, which is available on the intranet. For example, once the student has reached Student Paramedic level 4 (after January of final year), they may administer the following medicines under the **direct supervision** of a Paramedic/Nurse:

- Adrenaline 1:1,000 injection.
- *Aspirin 300mg tablets (administration only).*
- Atropine sulphate injection.
- Chlorphenamine (injection/tablets/syrup).
- Glucagon injection.
- Glucagel.
- Glucose 10% injection.
- *GTN spray.*
- Hydrocortisone injection.
- Ipratropium nebulas.
- Ibuprofen tablets and suspension.
- Misoprostal tablets.
- Naloxone injection.
- *Paracetamol suspension and tablets.*
- Salbutamol nebulas.
- Sodium chloride 0.9% 5ml pre-filled syringe (cannula/IO flushing only).

7.5.2 The medications listed may be legally administered as the Human Medicines Regulations 2012 only specifies who may administer **parenteral** prescription only medicines (POM). The Trust is able to direct staff to administer non-parenteral POMs (shown in italics) in accordance with a protocol or guideline. The medicines listed (not in italics) can be administered under an exemption to the Regulations for parenteral medicines provided in Part 12, Chapter 3, Regulation 238. This exemption allows the administration of certain parenteral medicines in an emergency for the purpose of saving a life.

7.5.3 Regulation 235 (3) of the Human Medicines Regulations 2012 allows persons who are registered paramedics to administer certain parenteral POMs listed in regulation for the immediate, necessary treatment of sick or injured. A paramedic cannot direct anyone else to administer the POM. Therefore students are legally unable to administer, even under direct paramedic supervision, any medicine not listed in 7.5.1.

7.5.4 Regulation 229 (1) d and Condition B of the Human Medicines Regulations allow the Trust to provide Paramedics and Nurses with Patient Group Directions which enable the administration of POMs. The legislation does not allow the paramedic/nurse to direct anyone else to administer the medicine.

7.5.5 Student Paramedics may only administer the full range of Trust Paramedic medicines once they are **registered** with the HCPC and the autonomous use of their paramedic skills have been authorised by the Trust.



7.5.6 The ability to administer a medicine listed in Para 7.5.1 under direct supervision (defined as a Paramedic directly supervising the student at the patients side) does not imply authorisation to remain as the only clinician with the patient during transportation; the restrictions detailed in Section 4 still apply. It also does not allow the student to administer medicines (with the exception of oxygen and Entonox) unsupervised, such as during conveyance to hospital.

7.6 Transportation Following the Administration of Morphine

- 7.6.1 Following the administration of IV/IM/IO morphine by a Trust Paramedic/Nurse/BASICS or Critical Care Doctor, one of the following grades of clinician, Paramedic/Nurse/BASICS or Critical Care Doctor, must remain with the patient in the back of the ambulance whilst en-route to hospital to ensure that the patient continues to receive the best possible pain management; under no circumstances must this be delegated to another grade of clinician. The clinician must be in the back of the ambulance with the patient; driving the vehicle does not fulfill this requirement. This paragraph does not apply in the case of patients prescribed morphine as part of their normal care (e.g. morphine infusion pumps, routine oral morphine prescribed).
- 7.6.2 Following the administration of oral morphine by a Trust clinician, if further analgesia is likely to be required, a Paramedic/Nurse/BASICS or Critical Care Doctor must remain with the patient in the back of the ambulance whilst en-route to hospital to ensure that the patient continues to receive the best possible pain management. However, at the discretion of the senior clinician on-scene, if the patient fulfills **all** of the following requirements they may be conveyed by a lower clinical grade:
- Meets the requirements for conveyance by an Advanced Technician or ECA crew.
 - Unlikely to require any further analgesia.
 - Has been monitored for at least 20 minutes following administration of the oral morphine.

