

Policy/Procedure/Guideline**Policy For Meeting the Needs, Comfort and Safety of Patients****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance
& Risk Board**Policy Author:** Bradley Woods**Policy Owner:** Clinical Lead**Review Frequency:** 1 Year**Identifiable Document Code:** PTUK013**Last Review:** April 2020**Next Review:** April 2021

POLICY AWARENESS	
People who need to know this policy in detail	All staff who come into contact with patients.
People who need to have a broad understanding of this policy	All Management
People who need to know this policy exists	All staff

CHANGE CONTROL DETAILS			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1.0	New Policy	New Policy

Policy location:

Main Policy Folder in Control Room and Crew Room
On PTUK Ltd Server

Contents

1.0	Introduction.....	3
2.0	Purpose.....	3
3.0	Equality & Human Rights Impact Statement	3
4.0	Duties	3
5.0	Patient Care	4
6.0	Appropriate resources	4
7.0	Mobility Categories	4
8.0	Patient Safety and Comfort.....	5
8.2	Safety On Board	7
9.0	Smoking.....	7
10.0	Alcohol	8
11.0	Driving	8
12.0	Plans Of Care	8
13.0	Handover	8
14.0	References	9
15.0	Appendices.....	9
	Appendix A: - Equality Impact Assessment Tool.....	10
	Appendix B - Checklist for the Review and Approval of Procedural Document	11

1.0 Introduction

Patient Transport UK (PTUK) deals with the transportation of, and sometimes the treatment of ill and injured people. People have human needs, including the needs to feel safe, the need for food, hydration and shelter. When ill or injured, people may feel vulnerable, and may have different needs to when they are well. Some of the simple tasks we take for granted in everyday life may depend on assistance from others when people are ill or incapacitated. PTUK recognizes that as an ambulance service, it has a greater responsibility for attending to the needs, comfort and safety of its service users than a regular transport company.

2.0 Purpose

This policy gives guidance to staff to ensure that PTUK patients experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights whilst in our care. It outlines an overview of patients' needs as applicable to the fields of ambulance transport and pre hospital care and acts as a prompt for all operational staff when attending patients who require treatment or transport to meet their needs and continue their care plans with minimal interruption.

3.0 Equality & Human Rights Impact Statement

This policy embraces Diversity, Dignity and inclusion in line with Human Rights guidance. PTUK staff recognise, acknowledge and value difference across all people. We will treat every person with respect, courtesy and with consideration for their individual backgrounds. We will ensure that everyone is treated fairly and that we convey equality of opportunity in service delivery and employment practice.

4.0 Duties

- 4.1 The **Director of Operations** has overall responsibility for the implementation of this policy and for ensuring that all staff having contact with patients deliver of care in accordance with this policy.
- 4.2 The **Training Manager** has responsibility to ensure that these guidelines are taught on induction courses and that all existing staff are updated with policy changes.
- 4.3 **All Operational and Clinical Staff** should ensure that they keep up to date with the latest version of this policy and treat patients according to its guidance as a minimal standard.

5.0 Patient Care

Patients being transported by PTUK will be treated with courtesy, respect and dignity and in a manner that pays due regard to their medical condition. PTUK crew will ensure that patients are collected from their pick-up point, escorted and assisted to the vehicle as appropriate, made safe and comfortable in the vehicle, and escorted or assisted to their destination and placed in the care of a responsible person. Outward journeys have similar requirements and patients must be taken in safely and comfortably settled before being left and should it be appropriate with a responsible person. Responsibility for the patient does not cease when the patient alights from the vehicle. Under no circumstances should a patient be left at any alternative location.

6.0 Appropriate resources

PTUK ambulances will be equipped to a standard appropriate to the type of work being undertaken. Patients will be allocated resources appropriate to their medical condition and mobility as stated when booking. If on arrival at the patient it is discovered that resources booked are unsuitable for the journey to be undertaken, the ambulance crew will contact control for advice or further resources as necessary. Appropriately trained staff will always be used to undertake duties involving patients. Staff will not work outside of their remit or beyond their level of training or expertise. Ambulance work involves a considerable amount of initiative, versatility and resourcefulness; however PTUK will not compromise patient safety or comfort by using unsafe resources or practices. A guide to patient categories and mobility levels is given in the following paragraphs.

7.0 Mobility Categories

Patients who require non-emergency transport will be allocated to a form of transport appropriate to their medical condition and mobility. Correct categorisation of patients is essential to ensure effective utilisation of resources.

7.1 Walking Patients

A patient who will be able to walk, but may need the assistance of one person to or from the ambulance. Such patients may be required to travel by a PTS ambulance or MPV.

7.2 Chair Case or Two Person Lift

A patient who is able to sit for the entire journey and will need the assistance of two people, or will need a wheelchair or carry-chair at some point during the journey. In this context, a carry-chair includes apparatus such as stair climbers which are not necessarily carried.

7.3 Own Wheelchair

A patient who, for clinical reasons, may have to be transported for the whole or part of the journey in a wheelchair, which will usually be supplied by the patient. The attendant will always supervise such patients from the back of the vehicle for the duration of the journey. This may be a specially adapted chair for the patient and/or may be electrically powered.

7.4 Stretcher Patient

A patient who, for clinical reasons, will need to travel either laying flat, semi-recumbent, or may need to extend or elevate their legs for a clinical reason. A stretcher patient will always be dealt with by a two person crew.

7.5 Bariatric

These are patients whose body weight is such as to require specialist handling equipment. PTUK has a separate protocol for dealing with these patients, which includes a specialist vehicle equipped with a bariatric trolley bed and wheelchair. These vehicles can be backed up by a support van containing bariatric lifting and handling equipment such as hoist.

8.0 Patient Safety and Comfort

8.1 Long Journeys

Most PTUK journeys are relatively short, the patient being on board for less than 90 minutes. However, other journeys cover a longer distance, taking more time meaning patient hydration, nutrition, toileting and tissue viability needs to be considered. Ambulance crews should ask if Body Mapping has taken place prior to accepting a patient. This could identify specific areas of concern and assist in the most comfortable journey for the patient.

8.1.1 Hydration

Bottles of drinking water for patient use are carried on all PTUK ambulances. These should form part of the daily vehicle check, and should be freely handed to patients on request, or indication of thirst. Some patients may need assistance in steadying or lifting the container to their mouth. Patients needing specialist feeding cups etc. should be encouraged to bring their own with them, or the dispatching ward/department requested to supply one for the journey.

8.1.2 Nutrition

On planned long distance journeys, the dispatching ward/unit will normally provide a packed meal for the patient. This may not always be the case, sometimes because of unplanned journeys, or because of varying hospital policy. Should food not be provided on long journeys, appropriate stops will be made for food at meal times. This is especially important for diabetics on insulin or certain hypoglycemic medications, patients with other endocrine disorders and patients on medication needing to be taken with food.

8.1.3 Toileting

Disposable bed pans and urinals are provided on PTUK ambulances. In order to preserve patient dignity, these should only be used in emergency or as a last resort. Consideration should be made by the crew to other alternatives en-route, including being wheeled out to disabled toilets if possible. Many people have a natural psychological inhibition to answering the call of nature with other people around. This often causes constipation with associated complications in hospital and can be exacerbated on long ambulance journeys. Whilst many patients require constant monitoring, crew should be tactful and sympathetic to psychological needs when dealing with issues of personal hygiene and toileting, and should afford as much privacy as circumstances permit.

8.1.4 Tissue Viability

8.1.4.1 Mobility

Patients with reduced mobility cannot always shuffle, turn or make the normal minor adjustments that most people do subconsciously at frequent intervals. On longer journeys, this causes problems with tissue viability, leading to ulceration which can cause long term and serious short term problems in the chronically ill. It is good practice to move these patients regularly on long journeys. This can be difficult with the width of a standard ambulance trolley bed, but even giving them a slight incline to one side, propped up with a pillow or blanket roll, can make a lot of difference. Try to alternate sides, or with patients with some mobility, encourage them to adjust their position. There is no rigid rule for doing this, but staff are encouraged to think laterally and do what is most appropriate for that patient and the circumstances they are in. On long journeys, use of specialist mattresses or sheep skins should be considered when available. The patient or transferring department will sometimes have possession of such items.

8.1.4.2 Waterlow Pressure Ulcer Prevention

It is best practice that when considering moving a patient on a long journey, that use of the pressure score system is used. Whilst this is not definitive, considering all factors will assist in the best possible outcome for the prevention of any tissue deterioration. PTUK guidelines are that any patient who scores 10+ should be assessed and moved when necessary every 30 minutes. Details of such movements should be recorded on the PRF.

8.2 Safety On Board

8.2.1 Seatbelts

All vehicle occupants are required by law to wear seat belts other than those people medically exempt. It is PTUK policy that patients and accompanying escorts wear seatbelts whilst the vehicle is in motion for their own comfort and safety. The crew will remind patients of this requirement and offer assistance with application as required.

8.2.2 Own Wheelchairs

Patients travelling in their own wheelchair will be securely fastened with an appropriate harness or the floor mounted seatbelt. The wheelchair must be securely fastened with the floor mounted clamping system.

8.2.3 Loose items

Any large mobile equipment such as wheelchairs or walking frames should be securely fixed in transit. In the event of an accident, such unsecured equipment can become a missile putting vehicle occupants at risk of injury or death.

8.2.4 Children

Children will be conveyed using appropriate restraints and equipment for their age, size and clinical condition. The law says that all children up to 135cm tall or the age of 12, (whichever comes first) must travel in the correct child restraint for their weight. PTUK keep a range of car seats and child restraints for different ages, and a Ferno Pedimate harness system designed to fit Ferno trolleybeds. Instructions for use of childseats are printed on the side of the appliance, and instructions for the pedimate are stored on a printed sheet with the appliance. An exemption in the law exists for children over 3 years of age in the cases of unexpected necessity over a short distance, if the restraint is unavailable at the time. This would cover short urgent and emergency journeys. When a mobile crew are allocated non urgent or distance work involving children, the crew should be instructed as to whether the patient have their own suitable child restraint/chair, or if they are to return to base to collect the appropriate equipment before going on to the pickup point. Alternatively, if resources are available, the appropriate appliance can be taken to the crew.

9.0 Smoking

For the health, safety and comfort of service users and staff, no person, will be allowed to smoke in PTUK vehicles. Ambulance staff must not be seen smoking near the vehicle or anywhere on hospital premises. Please refer to the PTUK No Smoking Policy (PTUK029).

10.0 Alcohol

No alcohol will be consumed in PTUK vehicles.

11.0 Driving

Extra care will be taken whilst driving with patients onboard. The key is to avoid sudden changes in speed, direction or transmission gear. Smooth gradual steering and gently easing the clutch into the right gear for the speed of the vehicle grePTUKy enhances the ride. particular care being taken over speed reduction humps PTUK vehicles will be driven in accordance with the PTUK Safe Driving Policy, and company drivers are encouraged to read and adhere to the system of car control as described in "Roadcraft", the police driver's manual.

12.0 Plans of Care

A plan of care outlines the care and treatment to be provided to a patient. The Care Quality Commission states that as far as possible, our patients should understand the care and treatment choices available to them. They should be able to express their views, be involved in making decisions and should have their views and experiences taken into account in the way in which the service is delivered. This outlines the importance of involving the patient in any plans we make or actions we take. This is also ratified by the PTUK Consent Policy. Any treatment given or planned should be recorded on the Patient Report Form (PRF) which, in an ambulance setting, acts as a temporary care plan pending delivery of the patient to a more permanent place of care. Patients being transferred between care establishments, (e.g. Hospitals or care homes) will have a care plan in place which is continued whilst the patient is in PTUK care. The importance of clinical handover is paramount to continuing care for the patient.

13.0 Handover

At the patient's destination crew will hand the patient over in accordance with the PTUK Handover Policy. This will include any existing care plans as above or any we have devised with or for the patient.

14.0 References

Ambulance Service Basic Training. IHCD 3rd edition, updated 2003.

The Care Quality Commission (CQC); Essential Standards of Quality and Safety 2010.

Roadcraft: The essential police driver's handbook. Police Foundation, 1997.

Think! Road safety. www.dft.gov.uk/think/children

Judy Waterlow: www.judy-waterlow.co.uk

15.0 Appendices

Appendix A

Appendix B

Appendix A: - Equality Impact Assessment Tool

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favorably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Chair person of the Clinical Governance and Risk Board, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix B: - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	11/04/2020
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisations database of approved documents.

Name		Date	11/04/2020
Signature			