Appendix C: Emergency Care Support Worker

Clinical Practice Areas	Comments/Notes
Grade of Staff: **Emergency Care Support Worker (ECSW)** The ECSW role is intended to be one that is supervised by a paramedic in the emergency response role. ECSWs can, in exceptional circumstances respond solo, but do so under the scope of practice of a Community First Responder. ECSWs can work as a crew with another ECSW on Intermediate Tier Vehicles. When working on an Intermediate Tier Vehicles they work with another ECSW to undertake planned transfer work. ITV work is considered supervised, as the patient has already received a diagnosis (working or definitive) and requires only high standards of care and monitoring whilst en-route to a pre-planned care facility. This includes patients who are being taken to hospital as an HCP call, or 999 calls which are being conveyed by ITV as a delayed conveyance. ITVs may in exceptional circumstances be tasked as a primary response to 999 calls, and the Scope of Practice when doing so remains that of a Community First Responder in broad terms, but some exemptions exist to ensure that when working without direct clinical supervision, observations can be carried out.	

1.	Responsibility	
	1.1. **Work in line with the Trust Job Description for the role and adhere to any conditions.** 1.2. Provide emergency response 1.3. Crew response (DCA) 1.4. A&E duties 1.5. PTS duties 1.6. Intermediate Tier Vehicle duties (see ITV procedure document) 1.7. Maintain and be able to produce evidence of Continuous Professional Development	

2.	**Skill set**	
	2.1. Primary and Secondary Survey`s 2.1.1. ECSWs will not be required to examine intimate areas of a patient, expect where not doing so would put the patient at further risk. ECSWs will not carry out any invasive or internal examinations or procedures 2.1.2. ECSWs may be required to assist paramedics with intimate or invasive procedures (such as administration of rectal diazepam, or assisting with childbirth) 2.2. Undertake clinical observations 2.2.1. ECSWs are authorised to carry out non-invasive clinical observations on patients when working the ITV role, or when making a first-response to a 999 call. 2.2.1.1. The intention of permitting ECSWs to carry out observations when attending 999 calls is to ensure that once back-up arrives, a more complete handover can be undertaken. 2.2.1.2. Please refer to 2.2.3 2.2.1.3. This does not extend any treatments available beyond those available to CFRs, as per Appendix M. 2.2.2. ECSWs may carry out: 2.2.2.1. Manual or automatic blood pressure measurement 2.2.2.2. Pulse oximetry 2.2.2.3. 12 Lead ECG 2.2.2.4. Thermometry 2.2.2.4.1. Blood glucometry 2.2.3. ECSWs are not authorised to make clinical decisions based on these values, except in an emergency situation, or following discussion with the Clinical Desk or the originating clinician to adjust treatments based on specific values (i.e. changes to oxygen therapy in response to changes in saturation reading). 2.3. Administration of specified medications (see list below)	

	2.3.1. Depending on whether working under supervision or solo/double ECSW 2.3.1.1. ECSWs may use medicines indicated in Appendix M for use by ECSWs only when receiving direct supervision 2.3.1.2. When responding solo (in exceptional circumstances) or attending a 999 call as a first response when working on an ITV, only medicines indicated for use by CFRs in Appendix M can be used, until back up arrives. 2.4. Defibrillation using automated external defibrillator only (not manual) 2.5. 3 &12 lead ECG acquisition 2.6. Basic Life Support & Intermediate Life Support 2.7. Assisting other clinicians in carrying out Advanced life support (ERC guidelines) – Adult, Child, Infant, Newborn 2.8. Protocol C under supervision only 2.9. Patient immobilisation skills, under supervision from technician or above. 2.10. Care of Intravenous fluids / lines whilst on route to a care facility 2.11. Advanced driving (Blue light) 2.11.1. When responding solo (or as a double ECSW crew) as a first response to 999 calls, ECSWs can respond using blue lights and sirens, but must be backed up immediately. 2.11.2. The decision by EOC to send a solo response must fulfil the following criteria 2.11.2.1. There is a life-threatening call with no response assigned or available 2.11.2.2. There is no other member of staff available that can accompany the ECSW 2.11.2.3. Measures have been taken to locate resources (such as all calls to ambulances at hospital) 2.11.3. Instances of ECSW solo or double crewed ECSW emergency responses will be monitored by EOC and reported to the Duty Bronze manager who will contact the Duty Dispatch Manager to ensure that conditions listed above were met and the response was	

	justified and appropriate. 2.11.3.1. A report will be sent to the Senior Clinical Operations Team meetings will all instance of Solo or Double crewed ECSW response. 2.11.3.2. These reports are not required for planned work or providing backup within the role of the Intermediate Tier Vehicle system 2.11.4. Solo response of an ECSW to an emergency call will be considered an extraordinary event and will require investigation to ensure that the criteria is met, except: 2.11.5. Where a member of staff or manager who holds an ECSW level qualification has a strategic or tactical requirement to respond. This does not alter any other aspect of the ECSW scope of practice. 2.11.6. ECSWs do not require supervision when driving. 2.12. Manual Handling	
3.	**Referral rights**	
	3.1. Emergency Care Support Workers should only be deployed with a suitably qualified and experienced clinician. Therefore should not need to refer. However under exceptional circumstances where an ECSW has attended an incident alone they must always refer the patient onto a suitably qualified clinician such as Technician, Paramedic, PP, CCP etc. ECSWs adopt the scope of practice of a CFR when responding solo, and this includes the principles associated with referral and discharge (please refer to the CFR appendix). When working on an Intermediate Tier Vehicle, there should be no requirement to refer as the work undertaken will be planned and the patients' needs already agreed.	
4.	**Drugs and preparations authorised for use under supervision or when working as an ITV (solo response covered as per the CFR scope of practice)**	

	4.1. JRCALC Drugs 4.1.1. **Please refer to Appendix M** 4.1.2. Special instruction regarding Oxygen 4.1.2.1. Oxygen does not require supervision in an emergency 4.1.2.2. Patients on long term oxygen therapy must not have their oxygen flow increased, unless in an emergency. 4.2. PGDs 4.2.1. ECSWs are not registered health professionals and therefore not legally entitled to issue drugs under a patient group direction 4.3. Medicine management responsibilities 4.3.1. ECSWs are responsible for the safe keeping of medications in their possession and must report damage, theft or losses. 4.3.2. Use of medicines must be recorded on patient documentation provided. 4.3.3. ECSWs are required to complete Patient Clinical Records legibly. 4.3.4. ECSWs are required to complete any drug audits. 4.4. Medicines administration responsibilities 4.4.1. Medicines must only be administered in the dose stated and via the route stated. 4.4.2. ECSWs cannot deviate from training. 4.4.3. ECSWs must act as the patients advocate and must make any concerns known to others involved in patient care where a potential and/or imminent drug error could occur. 4.5. ECSWs can assist Technicians, Paramedics and Drs with the preparation and administration of other drugs only under direction of that clinician. 4.5.1. "Preparation" is defined as the assembly of syringes/needles, and the selection and	

	checking of medicines (where legally appropriate, i.e. controlled drugs). 4.5.2. "Administration" is defined as giving the drug via the route intended (i.e. oral, IM, IV etc) 4.5.3. "Under direction" is defined as: directly supervised by the clinician responsible for the patient and/or the medicine, and to the exclusion of all other tasks (i.e. the paramedic cannot direct administration whilst driving the ambulance)	
5.	**Supervision**	
	5.1. Supervises: 5.1.1. ECSW do not provide managerial supervision in their clinical role. It is recognised there are managers within the Trust who hold the clinical grade of ECSW. 5.1.2. Specific guidance in relation to situations where an undergraduate student paramedic is on placement in SECAmb. 5.1.2.1. Student paramedics are encouraged to remain with the patient en-route to hospital, and this may mean whilst the patients is being monitored by an ECSW. 5.1.2.2. ECSWs have no supervisory role in these circumstances and must not permit the student paramedic to undertake and interventions/skills 5.1.2.3. The paramedic supervisor remains responsible for the student paramedic at all times, and if they elect to drive the ambulance must ensure that the ECSW is not supervising or permitted interventions by the student paramedic 5.2. Supervised by: 5.2.1. Paramedics (Inc. PPs & CCPs) 5.2.2. Clinical Team Leader 5.2.3. Clinical Operations Managers 5.3. ECSWs provide support to any higher grade of staff working with them. This allows ECSWs to work alongside Technicians in order to uphold their duty of care to promote safe patient care.	

6.	**Documents related to grade**	
	6.1. JRCALC Clinical Practice Guidelines	
7.	**Pre-requisites for continued employment**	
	7.1. DBS on appointment 7.2. Occupational health check on appointment 7.3. Full, valid UK driving licence (up to 9 penalty points; will be monitored by line manager) 7.4. Up to date evidence for right to work and reside in the UK. 7.5. Maintain and be able to produce evidence of Continuous Professional Development	
8.	**Specialist Roles and Special Conditions**	
	8.1. Under exceptional circumstances an ECSW may be tasked to incidents alone as a last resort and this must not be a pre-planned deployment. 8.2. ECSWs may be asked to crew CCP ambulances with a qualified CCP. This does not extend the ECSW scope of practice, but will expose them to higher acuity patients.	