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17th April 2020

Email:

Dear,

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 200410.

You requested the following information, please also see our response below:

Please could I see the clinical scope of practice for your Associate Ambulance Practitioner Role.

Please see below.

Appendix A: Skills Authorised for use, by Clinical Grade/Role

Key:

	Full authority (no restriction)
	Restrictions apply (denoted by variable and letter in key columns)
	No authority given for stated skills/intervention

[illegible]

[illegible]

[illegible]

[illegible]

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
Discharge Rights	Primary Care	Full (F) Supported (S) None (N)	Ref 7 - AAP/Tech & NQP	N	N	N	S	S	S	F	F	F	F	F
	Secondary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Tertiary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Discharge of patients aged under 1 year													
Conveyance (unplanned and/or non-HCP calls)	Secondary Care	Full (F) Supported (S) None (N)		N	N	F	F	F	F	F	F	F	F	F
	Tertiary Care	Full (F) Supported (S)		N	N	S	S	S	S	S	F	F	s	F

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
		None (N)												
	Delayed Conveyance	R = When on SRV only		N	N	N	R	R		F	F	F	F	F
Diagnostics/Observations														
	Automated Blood Pressure													
	Manual Blood Pressure													
	Pulse Oximetry													
	Side stream capnography													
	Inline capnography													
	Blood glucose	When under direct supervision (not when working with another ECSW)				S								

[illegible]

[illegible]

[illegible]

[illegible]

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	Managing IV fluid infusion													
	Escort patient after receiving benzodiazepine or other form of sedation (paramedic MUST travel in ambulance)		Ref 11											
Safeguarding Referrals														
	Child safeguarding referrals				Own proce ss									
	Adult safeguarding referrals				Own proce ss									
	PREVENT referrals				Own proce ss									
Miscellaneous														

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	CFR	IECR	Emergency Care Support Worker	Associate Practitioner/AAP	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
	Falls referrals													
	Hypoglycaemia referrals													
	Access to IBIS care plans													
	GP Summaries													

Appendix B: Reference Information from Appendix A

Reference Number from Appendix A	Title	Definition
1	Driving Standards Policy	Please refer to the Driving Standards Policy for information about modes of response and authority to use trust vehicles and exemptions
2	Intimate examinations	Intimate examinations are restricted to immediate life-saving interventions (i.e. stopping bleeding), or where paramedics can administer medicines via the rectal route.
3	Just in Case Medicines	Patient who are at, or approaching, the end of their life due to terminal illness are sometimes issued “just in case” medicines. These are often strong painkillers or sedatives which may be familiar to SECamb clinicians, but are often prescribed at higher dosage. SECamb issued medicines cannot be used to fulfil a just in case prescription. Only medicines dispensed to the patient, and kept in their “just in case” box should be used to treat them.
4	Prescribed and Dispensed medicines	<p>Healthcare professional should, where competent to do so, administer any prescribed medicine that has been dispensed to them by a pharmacy. Where SECamb staff carry stocks of medicines for use via PGD, these stocks cannot be used to supply further medicines where a prescription has run out.</p> <p>Prescribing is currently outside of the capability of paramedics, although the legislation is likely to change in 2018 to allow advanced paramedic to train as prescribers. Dispensing can only be done by a pharmacist.</p>
5	Intranasal Medicines	The only medicine that can be given via the intranasal route is Naloxone, which can be used under an exemption of the Human Medicines Regulations (2012) in Schedule 19. This exemption applies only to parenteral medicines (injected) and therefore cannot be given by non-parenteral routes such as intranasal. Staff authorised to give naloxone can only do so via IM injection.
6	External Jugular Vein Cannulation	This can only be carried out by staff trained to do so. Not all SECamb paramedics were trained to do this, and should only be done if trained and competent.

Reference Number from Appendix A	Title	Definition
7	Referrals for Associate Ambulance Practitioners, Technicians and Newly Qualified Paramedics.	<p>Referral and Discharge by these groups of staff is authorised, but should be done with the support of a senior colleague.</p> <p>The exception to this is where the patient is has an obvious self-limiting condition and/or clearly uninjured, and with associated absence of mechanism and ongoing distracting conditions (i.e. arthritis)</p>
8	ECG Interpretation	<p>Only paramedics can fully interpret 12 lead ECGs, but other grades of staff may link their clinical findings to gross abnormalities of the ST segment of the ECG to support decisions to take patients to pPCI.</p> <p>Paramedics may assess ECGs for normality in the presence of other presentations (i.e. Transient Loss of Consciousness) and refer/discharge based on the ECG and clinical assessment (observing best practice – see Referral and Discharge Procedures)</p>
9	Abdominal Assessment	Examining abdomens can be hazardous and therefore is restricted to those trained to undertake a full abdo exam, including deep palpation.
10	Otoscope/Ophthalmoscope use	Nurses with Nurse Practitioner qualification may also use these items to assess patients.
11	Escorting patients given Opioids or Benzodiazepines	Non-paramedics may escort patients who have received IV/IO doses of opioids or benzodiazepines. This would most commonly be relating to inter-facility transfers, and after the patient has been monitored in the emergency department.

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust