



plims

SOUTH WESTERN AMBULANCE SERVICE

IMMEDIATE CARE DOCTOR CALL OUT PROCEDURE

Immediate Care (BASICS) Doctors in SWAST's Medical Responders group, have specific, advanced training and considerable experience in pre-hospital emergency care.

Doctors are available to attend incidents at the request of the ambulance service. Call out is appropriate in the following situations:

- When an ambulance crew require medical assistance on scene
- When ambulance control have reasonable reason to suspect that, in light of information received medical assistance might be beneficial (see call-out criteria).
- When a Major Incident or Major Incident Standby has been declared.

A MORE DETAILED LIST OF EXAMPLES OF CALL CATEGORIES THAT AN IMMEDIATE CARE DOCTOR WOULD EXPECT TO BE CALLED FOR IS ATTACHED AS AN APPENDIX

The doctor's main role is not to help attain attendance time targets. However some may be able and willing to attend promptly when there is likely to be a significant delay in the attendance of the ambulance.

Call out will be initiated by the ambulance service in one of two ways:

- Selective call out at specific request of Clinical Hub
- Scheme member response to automatic paging system

Selective Call Out Procedure:

There are situations where a despatcher, ambulance crew or ambulance officer may determine that an incident would benefit from attendance of an immediate care doctor. This includes situations that the nearest immediate care doctor may be unaware of through the automatic paging system (e.g. falling outside the boundaries of his/her pager area or outside the hours of operation of the pager). This is particularly likely at night. Whilst they may not always be in a position to attend, scheme members are happy to be contacted in this situation. Logging on and logging off will aim to highlight availability of Immediate Care Doctors. A refusal to respond, when called upon, will not engender resentment from the response desk.

NB: During daylight hours use of an air ambulance could be considered to transfer a doctor to a scene if travel time is likely to be prolonged.

The primary method of contact in this situation should be a mobile phone message giving the incident type and location and asking if the doctor is available. Some doctors, may be out of mobile phone reception range, or may not be in a position to answer, so a pager message giving the information should also be sent.

Automatic Paging System: (There is poor pager reception in some areas, particularly, west Devon and Cornwall)

The scheme member is issued with an ambulance service pager programmed to his/her specifications regarding the geographical area covered, the types of call he/she wishes to be informed of and the times he/she wishes to be available to automatic paging.

On receiving a pager message of an incident that the doctor is able to attend, he/she will telephone the response desk at ambulance control to determine whether attendance of a doctor would be beneficial.

Immediate Care Doctor (BASICS) Call Out For South Western Ambulance Service NHS Trust

Appendix: Call-out Criteria

Primary Response (Consider despatch at the same time as the first Ambulance)

Any of the following

- Falls from first floor window equivalent height or greater
- Severe burns >18% or facial burns
- Unconscious/cerebrally irritated casualty
- Limb amputation or partial amputation/entrapment
- Significant paediatric trauma
- Significantly unwell children
- Obstetric emergencies involving trauma or pre-term imminent birth
- Near drowning
- Cardiac arrests
- Reported Entrapment
- Multiple casualties (3 or more)
- High speed RTC (closing speed likely >30mph)
- RTC with potentially serious mechanism e.g. rollover, vehicle left the carriageway.
- RTC with ejection from the vehicle
- Traumatic fatality with other patients within vehicle
- Life-threatening medical emergencies

A BASICS doctor should be despatched **to an RV point** and told to await instructions for the following incidents.

- Gunshot wounds
- Stab injuries to head/neck and torso
- Major Incident or Major Incident standby
- CBRN/Significant Hazmat/USAR or complex incident

Secondary Response

- When any report from the scene indicates primary response criteria
- At the request of an Ambulance crew on scene
- At the request of other Emergency Services

If in doubt - activate early and stand down.