



## SCOPE OF PRACTICE



# ASSOCIATE AMBULANCE PRACTITIONER

**Innovative. Responsive. Excellent. Always community focused. Always patient driven.**

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## INTRODUCTION

This scope of practice defines the working role of the Associate Ambulance Practitioner (AAP) in East of England Ambulance Service NHS Trust (EEAST). It outlines the general work role and defines the specific responsibilities associated with the job. The scope of practice also defines the boundaries of practice within which the clinician must always operate.

The AAP will work in a diverse range of environments and must recognise the need to seek assistance where needed. They will attend cases of sudden illness or injury and respond to urgent, special and planned patient transfer requests.

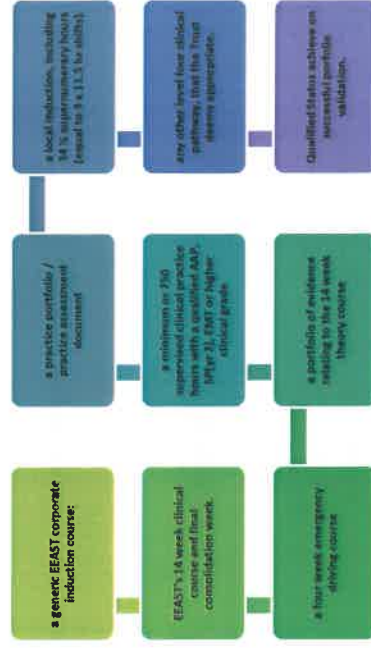
The aim is to allow the AAP to provide high quality and effective clinical assessment and personal care, selecting and applying appropriate equipment and skills in line with the scope of practice and associated development programme(s).

**This document should be read in its entirety, with the skills matrix and specific section on medicine management in this document.**

The learning outcomes (separate document) are also referenced and must also be viewed for completeness.

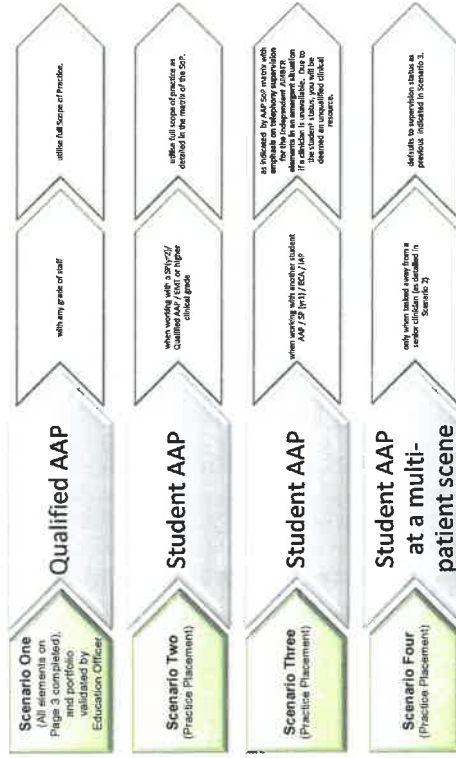
This scope of practice relates to those staff on an AAP development programme commencing after May 2016, and outlines the skills and competencies for staff that are completing and have completed the AAP course.

The journey for a Student Associate Ambulance Practitioner involves:



Ownership of this document rests with EEAST. The review period for this document is twelve months and is the responsibility of the Clinical Education & Training team to review. This scope is to be reviewed one year after authorisation or as soon as is practicable after this date, unless significant changes warrant an earlier alteration.

## AAP PROTOCOL FOR OPERATIONAL WORKING



## KEY ACCOUNTABILITIES

Where there is a more senior, registered practitioner present, they remain accountable for patient care and treatment at all times.

Associate Ambulance Practitioner's (AAPs) deliver care to patients, clients and service users in a variety of settings with a range of needs, both in emergency and urgent settings. AAPs may not practice skills or techniques beyond their defined scope of practice; this includes independent use as well as when working with a supervising registered clinician.

During the first year of operational duties and until portfolio has been successfully completed and validated by a qualified assessor, the AAP will be deemed a student AAP and be viewed as unqualified.

They will be required when discharging a patient on scene to ensure that they appropriately safety net and document the patient via clinical advice line or other registered health care professional.

## KEY ACCOUNTABILITIES

### IMPORTANT

There may be occasions where qualified AAPs are crewed with SP(yr 1) or Emergency Care Assistants (ECAs). On this basis AAPs must always operate within their scope and boundaries of practice.

The individual clinician is responsible for their own practice and must not ask an individual to undertake a skill that they are not authorised to do, or undertake a skill outside of their scope of practice.

All staff should take the responsibility to familiarise themselves with the Scopes of Practice utilised in the Trust. They can be found on EAST24 (<http://east24/emergency-ops/scope-of-practice.htm>).

On occasion it may be necessary for a vehicle to be crewed by two members of staff who are in their first, unqualified, year. This scope of practice outlines the skills that can be used independently, in these circumstances, and those for which the AAP will need to access clinical support. **When working with a supervising, clinician (SP yr2, qualified AAP, EMT or registered healthcare professional), the AAP is able to undertake all skills within their scope of practice**

**In certain circumstances, for example at incidents where there are multiple casualties, it may be necessary for a registered clinician to delegate care of a patient whilst not directly with the AAP.**

**In these circumstances the AAP must continue to operate within their scope of practice and seek support when patient care dictates.**

## KEY ACCOUNTABILITIES

### The AAP must:

Practice within the legal and ethical boundaries of their work role.

Practice in a non-discriminatory manner.

Maintain confidentiality, assess capacity and obtain informed consent.

Exercise a duty of care and a duty of candour

Manage their own time and activities.

Know and understand the professional and personal scope of their practice and when to seek assistance/guidance from more clinically qualified practitioners.

Maintain their level of knowledge and ensure their fitness to practice; reflect on their performance and use reflection skills to improve their practice.

Maintain a portfolio of evidence of continuing professional development

Undertake development in order to maintain skills and knowledge in line with developments and changes in the role.

Demonstrate an understanding of safeguarding, child protection and vulnerable adult procedures.

Follow the national and local requirements necessary to protect staff, patients and the public from the risks of healthcare associated infections.

## KEY ACCOUNTABILITIES

### The AAP must:

- Adhere to all relevant EEAST policies and procedures.
- Support and deliver quality patient care that is safe, effective and promotes a positive patient experience.
- Undertake their role with regards to all relevant legislation (including but not exclusively The Health and Safety at Work Act, 1974; The Equality Act 2010 and The Data Protection Act, 1998).
- Ensure, within their scope of practice, a safe environment, management of risk and security of EEAST equipment and data.
- Ensure incidents and near misses are reported in accordance with EEAST policies.
- Ensure that all patients, internal and external stakeholders and members of the public are treated with respect and dignity at all times.
- Ensure personal fitness for work, including health and appearance.

## WORK RELATIONSHIPS

### The AAP must:

- Work safely and effectively as part of a multi-disciplinary team under the direction of other professionals.
- Work safely and effectively as an independent practitioner, including the supervision and mentoring of other staff where appropriate.
- Demonstrate the need for effective communication throughout the pathway of care for the patient. This may be with client or user support staff, with patients, clients and other service users, and with their relatives and carers.
- Use a variety of communication methods including written, verbal and non-verbal in the delivery of their role.
- Use appropriate generic and local referral pathways.

## IDENTIFICATION OF HEALTH AND SOCIAL CARE NEEDS

### The AAP must:

- Gather appropriate information.
- Select and use appropriate assessment and re-assessment techniques.
- Undertake or arrange investigations as appropriate.
- Analyse and critically evaluate the information collected.
- Use research, reasoning and problem-solving skills to determine appropriate actions.
- Draw on appropriate knowledge and skills in order to make judgements.
- Formulate specific and appropriate management plans including the setting of timescales.
- Conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully.

## ASSESSMENT

### The AAP must:

- Carry out global overview, including comprehensive scene assessment.
- Perform primary survey and establish time criticality and the need for additional or specialist resources (e.g. HART, air ambulance).
- Perform secondary survey, including relevant and comprehensive history taking.
- Prioritise individuals for further assessment, treatment and care and prioritise interventions.
- Carry out appropriate and relevant physical assessment.
- Carry out appropriate, relevant and focused system assessments.
- Formulate working and differential diagnoses.
- Evaluate the mechanism of injury and the potential for traumatic injuries.
- Assess a diverse range of patients, including, but not limited to: adults; paediatrics; obstetrics; the older patient; and vulnerable patients.

## EQUIPMENT AND RESOURCES

### **The AAP must:**

- Undertake daily serviceability checks on:
  - Vehicles (as per driver training instruction).
  - Clinical equipment.
  - Communication equipment.
  - Uniform and personal protective equipment.
- Use communication / data equipment to input, store, retrieve and transmit information.
- Ensure the safe and legal storage of all equipment and medical gases as directed.
- Use equipment and resources in a way that minimises waste and impact upon the environment.
- Be able to store and dispose of hazardous substances such as clinical waste and sharps in line with current legislation, policies and procedures.
- Adhere to legislation and regulations in respect of medicines, along with the Trust's medicines management policy.

## EQUIPMENT AND RESOURCES

- Identify equipment shortages, restock as required and appropriately report faults and discrepancies.
- Drive a range of ambulance vehicles in accordance with road traffic law and Trust policies and procedures, in a manner that is sympathetic to the patient's condition that prevents excessive wear and tear and promotes safety (as per driver training instruction).
- Use equipment in line with manufacturer's guidelines and EEA/ST policies and procedures to transfer and transport patients safely and in a manner that minimizes any negative impact on the patient's condition.
- Where appropriate, ensure reporting of faulty equipment.
- Ensure that incidents or near misses are raised through the appropriate reporting processes.

## PATIENT CARE

### The AAP must:

- Develop and agree treatment pathways, including treatment and discharge in line with Trust policy and in line with your personal progression on the AAP pathway as this will be specific to the individual.
- Give healthcare and treatment advice and information in a range of settings to a range of people.
- Manage patient falls.
- Manage patient pain effectively using a wide range of techniques and pharmacological and non-pharmacological interventions.
- Use a range of treatment techniques and adjuncts (see skills matrix).
- Perform appropriate life support.

## PATIENT CARE

- Use a range of invasive procedures.
- Manage a range of medical and traumatic emergencies
- Use a range of pharmacological interventions (*dependent on skill mix & personal progression on AAP pathway*).
- Manage complications that occur as a result of intervention.
- Assess the need for emotional, psychological and/or social support and/or rehabilitation.
- Use appropriate moving and handling techniques, procedures and equipment.
- Recognise life extinct and support the bereaved.
- Brief and prepare others and handover to other healthcare personnel.
- Evaluate the delivery of care plans.
- Transport to a range of locations



## PATIENT CARE

Where skills are outside of the AAP scope of practice, assist the Registered practitioner:

To control haemorrhage (up to and including catastrophic haemorrhage techniques and equipment).

In dealing with death and bereavement.

In the management of seizure (excluding schedule controlled PSD medications).

In the management of the unconscious patient (including fainting and collapse).

In vehicle extrication and helmet removal.

In the management of the diabetic patient.

In the management of poisoning.

In the management of hypothermia and hyperthermia.

In the management of mental illnesses.

In handling conflict and aggression.

In the management of obstetric emergencies.

In the management of drowning and electrocution.

## SKILLS MATRIX

This skills mapping matrix should be used in conjunction with the scope of practice document and course learning outcomes (separate document). It is important that an AAP is able to demonstrate the elements contained within this document for safe and effective clinical practice.

There is a strong emphasis on delivery of care and the ability for the AAP to use specified skills independently. It is vital that the boundaries of independent practice are recognised along with the need to escalate clinical concern in line with EEAST policies and procedures (to include 'red flag' conditions).

Under **NO** circumstances must an element indicated as 'to be carried out with an appropriate clinician', be undertaken by an AAP independently or without the appropriate clinician being present.

**Important information/use of this matrix:**

- It is important that the individuals impacted by this scope of practice are aware of which elements are for independent use and which elements require an appropriate clinician being directly present.
- An 'appropriate clinician' refers to an HCPC registered paramedic or other registered professional (Doctor or nurse) and with skills appropriate to their grade.
- Where 'indication' is used, this includes contra-indications and/or cautions.
- Where there is a skill identified it should include the elements: selection; indication/measurement; insertion or technique; Securing/connection; Safety, disposal; and cleaning.

## SKILLS MATRIX

Element	Student AAP	Qualified AAP	Paramedic or higher
Manual airway control head tilt - chin lift jaw thrust	Independent	Independent	
Handheld suction	Independent	Independent	
Mechanical suction hard tip catheter soft tip catheter	Independent	Independent	
Nasopharyngeal airway	Independent	Independent	
Oropharyngeal airway (adult)	Independent	Independent	
Oropharyngeal airway (child)	Independent	Independent	
LMA (Gel) (adult)	Independent	Independent	
LMA (Gel) (paediatric)	Independent	Independent	
Adult intubation bougie/ jet - securing - confirmation - ventilation	Asking registered professional	Asking registered professional	✓
Paediatric intubation bougie/ jet - securing - confirmation - ventilation	Asking registered professional	Asking registered professional	✓
Needle cricothyrotomy and jet intubations (> 5yrs) preparation - securing - ventilation	Asking registered professional	Asking registered professional	✓
Needle chest decompression (adult) site preparation - process - securing - safety and disposal	Asking registered professional	Asking registered professional	✓
Needle chest decompression (paed) site preparation - process - securing - safety and disposal	Asking registered professional	Asking registered professional	✓

AAP/ Scope of Practice - version 1 (to be reviewed May 2017)

Element	Student AAP	Qualified AAP	Paramedic or higher
External Jugular vein cannulation site preparation - process - securing - safety and disposal	Asking registered professional	Asking registered professional	✓
Intravenous cannulation/IZIO insertion site preparation - process - securing - safety and disposal	Asking registered professional	Asking registered professional	✓
Intramuscular injection Equipment - site preparation - process - securing - safety and disposal	Independent for IMRA exempt medicines Independent for IMRA exempt medicines	Independent	
Subcutaneous injection	Asking registered professional	Asking registered professional	✓
Intraseous access	Asking registered professional	Asking registered professional	✓
End tidal CO <sub>2</sub> Equipment - connection - maintenance - reading	Independent in cardiac arrest	Independent	
Millar blade as tongue depressor	Independent	Independent	
Mechanical ventilator	Independent	Independent	
Peak expiratory flow measurement	Independent	Independent	
12 lead ECG STEMI recognition	Independent	Independent	
BVM (adult)	Independent	Independent	
BVM (paed)	Independent	Independent	
Nebulising mask (adult), including medicines administration	Independent when supervised by a qualified AAP (or equivalent) or higher	Independent	
Nebulising Mask (paed) including medicines administration	Independent when supervised by a qualified AAP (or equivalent) or higher	Independent	
High concentration O <sub>2</sub> mask (adult)	Independent	Independent	
High concentration O <sub>2</sub> mask (paed)	Independent	Independent	

AAP/ Scope of Practice - version 1 (to be reviewed May 2017)

Element	Student AAP	Qualified AAP	Paramedic or Nurse
Medium concentration flow O <sub>2</sub> mask (adult)	Independent	Independent	
20% concentration O <sub>2</sub> mask (adult)	Independent	Independent	
Medium concentration flow O <sub>2</sub> mask (paed)	Independent	Independent	
O <sub>2</sub> via nasal cannulae	Independent	Independent	
T-piece nebulising	Independent when supported by a qualified AAP (or equivalent) or higher. Independent when supervised by a qualified AAP (or equivalent) or higher.	Independent	
Nebuliser via BVM	Independent	Independent	
Dressings/bandages/trauma packs	Independent	Independent	
Triangular bandages	Independent	Independent	
Burns dressings	Independent	Independent	
Russell chest seal	Independent	Independent	
Maternity cord clamps	Independent	Independent	
Cervical Collar	Independent	Independent	
Kendrick Extrication Device (KED)	Independent	Independent	
Traction splint (adult)	Independent	Independent	
*SAM <sup>®</sup> pelvic binder	Independent	Independent	
Orthopaedic stretcher (adult)	Independent	Independent	
Orthopaedic stretcher (paed)	Independent	Independent	
Long Board (adult)	Independent	Independent	
Manual log roll	Independent	Independent	
Box splint (adult)	Independent	Independent	

Element	Student AAP	Qualified AAP	Paramedic or Nurse
Box splint (paed)	Independent	Independent	
Fracture Straps	Independent	Independent	
Maternity pack	Independent	Independent	
Manger Elk	Independent	Independent	
Small handling aids	Independent	Independent	
Carry chair/track chair	Independent	Independent	
Escape hood	Independent	Independent	
FFP3 reusable mask (not on course)	Independent	Independent	
Disposable face mask	Independent	Independent	
Body bag	Independent	Independent	
Stretcher	Independent	Independent	
Tail lift	Independent	Independent	
Mobile Data Terminal (MDT)	Independent	Independent	
Digital radio	Independent	Independent	
Oxygen Administration	Independent	Independent	
Safety – presentation – emergency use – other concentrations	Independent	Independent	
Entonox Administration	Independent	Independent	
Safety – presentation – use	Independent	Independent	
IV Fluids (no additives)	Priming giving set only	Priming giving set only	✓
Hypostop/Glucogel	Independent	Independent	
Identify Vials	Independent	Independent	
checking – equipment	Independent	Independent	

Element	Student AAP	Qualified AAP	Paramedic or higher
Identify Ampoules checking – equipment – drawing up	Independent	Independent	
Identify Pre-filled syringes identification – preparation	Supervised	Independent	
Identify Mini-let Systems identification – preparation	Supervised	Independent	✓
Preparation of Nebuliser	Independent when supervised AAP (or equivalent) or higher	Independent	
Application of 3 way tap IO – paediatric – other	Supervised	Independent	✓
Adult choking (manual)	Independent	Independent	
Adult choking (laryngoscopy)	Independent	Independent	
Paed choking (manual)	Independent	Independent	
Paed choking (laryngoscopy)	Assessing registered professional	Assessing registered professional	✓
Neonate BLS	Independent	Independent	
Neonate ALS equipment – process	Assessing registered professional	Assessing registered professional	✓
Paed BLS	Independent	Independent	
Paediatric ILS	Independent	Independent	
Paed ALS equipment – process	Assessing registered professional	Assessing registered professional	✓
Adult BLS	Independent	Independent	
Adult ILS	Independent	Independent	

Element	Student AAP	Qualified AAP	Paramedic or higher
Adult ALS equipment – process	Assessing registered professional	Assessing registered professional	✓
Manual defibrillation (adult) machine function – energy adjustment – delivering shock – safety	Independent	Independent	
Manual defibrillation (paed) machine function – energy adjustment – delivering shock – safety	Independent	Independent	
AED (adult)	Independent	Independent	
AED (paed)	Independent	Independent	
Stepwise airway management	Independent	Independent	
Cricoid pressure/BURP	Independent	Independent	
Crash helmet removal	Independent	Independent	
Extraction trauma (rapid/ time critical) "SNATCH RESCUE"	Independent	Independent	
Respiratory rate	Independent	Independent	
Pulse (carotid)	Independent	Independent	
Pulse (brachial)	Independent	Independent	
Levels of response using AVPU (adult)	Independent	Independent	
Levels of response using AVPU (paed)	Independent	Independent	
Levels of response using GCS (adult)	Independent	Independent	
Oxygen saturation (paed)	Independent	Independent	
Oxygen saturation (adult)	Independent	Independent	

Element	Student AAP	Qualified AAP	Paramedic or higher
Pupil reaction	Independent	Independent	Independent
Blood glucose monitoring	Independent	Independent	Independent
Temperature measurement	Independent	Independent	Independent
Blood pressure (manual)	Independent	Independent	Independent
Blood pressure (automatic)	Independent	Independent	Independent
Focused history taking	Independent	Independent	Independent
Relevant handover skills	Independent	Independent	Independent

## MEDICINES

It is important that this guidance is read in conjunction with EEASt Medicine Management Policy.

The AAP is able to autonomously use the drugs highlighted in green in their student period. The drugs in amber can be used when supervised and will become autonomous in practice following successful course validation (12 month point).

*In an emergency situation and due to skill mix situations where a qualified clinician (SP yr2, Qualified AAP, EMT or higher) is not, and is unlikely to be available; some of the amber medications may be used following consultation with a senior clinician on the Clinical Advice Line (CAL).*

**The clinical decision to use the drug will be at the discretion of the senior clinician and their name should be reported on your patient care record for care continuity.**

Drug	Green	Amber	Yellow
Oxyglin	Glucagon injection	GTN Spray	
Etonoxz	Aspirin tablet	Paracetamol (single dose sachet) / Oral presentation	
Hypotop / Glucogel (oral glucose gel)	Ipratropium Bromide nebulie	Salbutamol nebulie	
Adrenaline (EpiPen) - PSD emergency use only. (MHRA exempt)	Naloxone injection	Hydrocortisone for acute adrenal crisis, where the patient has a critically low blood pressure and blood sugar reading ( This must be either supervised or authorized by Clinical Advice Line)	
Adrenaline injection 1:1,000, up to 1mg for anaphylaxis only	Ibuprofen Oral Presentation		

All of the above medicines will need to be evidenced/audited within the supporting Practice Placement Document.

Portfolio evidence for their use can be completed by the following staff grades:

- Qualified AAP
- Student Paramedic (Year 2)
- Qualified EMT
- Paramedic or higher

The AAP is able to:

Support the clinician with administration of medication to include the mixing and drawing up of drugs. Only drugs within the AAP scope of practice may be administered, all others **must** be performed by the registered healthcare professional.

Prepare intravenous fluids (providing no additives), not permitted to connect to the cannula.

Draw up water for injection for the immediate use of an intravenous flush (is not permitted to administer medication via the intravenous route).

Through direct supervision, the AAP can support the paramedic in the drawing up of single drug ampoules for immediate administration. The following drugs are classed as single ampoules:

Chlorphenamine.	Heparin.	Ondansatran	Benzylpenicillin
Furosemide.	Hydrocortisone.	Morphine sulphate.	Diazepam.

## MEDICINES

The AAP is able to:

Support the patient to take their own prescribed medication in relation, where clinically appropriate, to the presenting condition e.g. reliever inhaler or GTN spray/tablet for typical chest pain. Advice on medication should not be provided to the patient.

The AAP cannot administer medication without an appropriate clinician for patients on a specific pathway (e.g. Anticipatory End of Life Care medications or Midazolam for seizures).

**The AAP is not permitted to administer medication through an intravenous route.**

**Morphine Sulphate Handling**

Along with other clinical grades (below that of a paramedic), AAPs are **not allowed** to have personal issues or transport a controlled drug in opposition to the medicines management policy. However, on the direction of an appropriate clinician (paramedic or higher), it is acceptable to retrieve the morphine from the secured locker in a vehicle and return it to the clinician requesting.

Furthermore, at the request of the owner, you are permitted to prepare, **under direct supervision**, the morphine presentation ready for introduction to the patient. You are **not permitted** to administer this drug via any route.

**Any instructions for support in the preparation of Morphine Sulphate must originate from the clinician and not from the AAP.**

## TRACK CHANGES

Date	Individual changing	What is changed	Reason
7 Oct	A.Sunderland (Education & Training Officer)  Authorised by: Marcus Bailey (Consultant Paramedic)	1. Clarification to elements that are deemed independent, supervised, or assisted in the student year. 2. Clarification of the independent use of medications in the student year. 3. Clarification of student pathway 4. Clarification of how an AAP can work operationally in different situations.	1. Skill development occurred post original issue of SoP; Clarification of independent use of medicines changed the preparation permissions of nebulisers. 2. Improved clarity of accessible drugs in the student year and future practice. 3. Flow chart on page 3 4. Flow chart on page 4

## CHANGES TO DOCUMENT REQUEST

Please use this page to send errors, omissions, alterations and/or updates.

Which document are you reporting on?

ECA scope	EMT scope	Paramedic scope	Specialist roles scope
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What is the error, omission, alteration and/or update?

Please remove this page from the scope document and send in an envelope via internal mail to one of your local Training & Education Centres: Chelmsford, Newmarket, Norwich or Welwyn Garden City.

