SCOPE OF PRACTICE

EMERGENCY CARE ASSISTANT

CONTENTS

INTRODUCTION

This scope of practice defines the working role of the Emergence Care Assistant (ECA) 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 ECA must always operate.

The ECA will work in different environments and must recognise the need to seek assistance where needed, the default position is to always seek assistance/advice from a more senior practitioner. The ECA will attend cases of sudden illness or injury and respond to urgent, special and planned patient transfer requests.

The aim is to allow the ECA to support a team, in the provision of high quality and effective clinical and personal care and the transportation of patients, selecting and applying appropriate equipment and skills in line with the scope of practice and associated course of study (the ECA course).

This document should be read in its entirety, with the skills matrix and specific section on ECA medicine management in this document. The learning outcomes (separate document) are also referenced and must also be viewed for completeness.

INTRODUCTION

The ECA initial programme currently comprises:

- EEAST generic induction course (day one of the clinical course)
- Five weeks clinical course (see learning outcomes document)
- Three weeks emergency driving training (this may be at the start or end of the clinical course)
- One week local induction/supernumerary 'third person' shifts

Ongoing assessment will comprise an assessed shift, six months post-course and a PDR (personal development review) and portfolio review session twelve months post-course. More information can be found in EEAST Clinical Supervision Policy.

This document and other associated documents regarding ECA development have were authored by the ECA task and finish group and ownership rests with the clinical education team. The review period for this document is twelve months and is the responsibility of the education team. This scope is to be reviewed next in October 2014 or as soon as is practicable after this date, unless significant changes warrant an earlier alteration.

KEY ACCOUNTABILITIES

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

Emergency Care Assistants (ECAs) must ensure, when working with another support worker that they work within their scope of practice and identify where higher clinical support is required; this should be acted on accordingly. ECAs deliver care to patients, clients and service users in a variety of settings with a range of needs, both in an emergency situation and in a transporting environment. Emergency Care Assistants may not practice skills or techniques beyond their defined scope of practice; that includes independent use and also when they are with a suitably qualified clinician.

IMPORTANT
There may be occasions where ECAs are crewed with (Qualified)Student Ambulance Paramedics (QSAPs). On this basis ECAs 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.

IN CERTAIN CIRCUMSTANCES, FOR EXAMPLE AT INCIDENTS WHERE THERE ARE MULTIPLE CASUALTIES, IT MAY BE NECESSARY FOR A CLINICIAN TO DELEGATE CARE OF A PATIENT WHILST NOT DIRECTLY WITH THE ECA. IN THESE CIRCUMSTANCES THE ECA *MUST* CONTINUE TO OPERATE WITHIN THEIR SCOPE OF PRACTICE.

KEY ACCOUNTABILITIES

Emergency Care Assistants must:

	Learner outcomes
Practice within the legal and ethical boundaries of their work role.	ECA1/3
Practice in a non-discriminatory manner.	ECA 2
Maintain confidentiality, assess capacity and obtain informed consent.	
Exercise a duty of care.	ECA34
Know and understand the professional and personal scope of their practice and when to seek assistance/guidance from clinically qualified practitioners.	ECA3
Maintain their level of knowledge and ensure their fitness to practice and reflect on their performance and use reflection skills to improve their practice.	ECA34
Undertake development in order to maintain skills and knowledge in line with developments and changes in the role.	PDR
Demonstrate understanding of local child protection and vulnerable adult procedures.	ECA47
Follow the national and local requirements necessary to protect staff, patients and the public from the risks of healthcare associated infections.	ECA35

KEY ACCOUNTABILITIES

	Learner outcomes
Adhere to all relevant EEAST policies and procedures.	ECA1/2
Support the delivery of quality patient care that is safe, effective and maximises patient experience.	ECA1/2
Undertake their role with regards to all relevant legislation (including but not exclusively The Health and Safety at Work Act, 1974; The Data Protection Act, 1998).	ECA1/2
Ensure, within their scope of practice, a safe environment, management of risk and security of EEAST equipment and data.	ECA1/2
Ensure incidents and near misses are reported in accordance with EEAST policies.	ECA1/2
Ensure that all patients, internal and external stakeholders and members of the public are treated with respect and dignity at all times.	ECA1/2
Ensure personal fitness for work, including preparation and appropriate dress.	ECA1/2

WORK RELATIONSHIPS

Emergency Care Assistants must:

	Learner outcomes
Work safe and effectively as part of a multi-disciplinary team under the direction of other professionals.	ECA37/42/ 43/44/45
Work safely and effectively with ECAs and other ambulance support workers.	ECA 1/2
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.	ECA2
Use a variety of communication methods including written, verbal and non-verbal in the delivery of their role.	ECA34

IDENTIFICATION OF HEALTH AND SOCIAL CARE NEEDS

Emergency Care Assistants must:

	Learner outcomes
Undertake immediate scene survey and risk assessment in order to establish the presence of hazards.	ECA 4/35/36/37/39
Be able to undertake an immediate and basic patient assessment, sufficient to identify life-threatening conditions and give immediate life support to a first aid level.	ECA 7/8/9/10/11/ 12/15/19/22/23/ 26/29/30/46/48/49
At the request of the qualified clinical practitioner, prepare and apply patient monitoring equipment.	ECA 30/32/33
Inform the qualified clinical practitioner of changes in the patient's condition.	ECA 13/28/30
Support the practitioner in completing and maintained appropriate patient records.	
When working with another ECA, assess patients ensuring that findings are reported at handover, calling for assistance due to e.g. condition change, meeting alert criteria, 'red flags' etc.	ECA29

EQUIPMENT AND RESOURCES

Emergency Care Assistants must:

	Learner outcomes
Undertake daily serviceability checks on:	
Vehicles (as per driver training instruction)	Driving course
Clinical equipment	ECA 4/6/11/ 15/16/34/33
Communication equipment Uniform and personal protective equipment	ECA 31
Use communication / data equipment to input, store, retrieve and transmit information.	ECA31
Ensure the safe and legal storage of all equipment and medical gases as directed.	ECA15/15
Use equipment and resources in a way which minimises waste and impact upon the environment.	ECA35

EQUIPMENT AND RESOURCES

	Learner outcomes
Identify equipment shortages and restock as required.	
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).	Driving course
Use equipment in line with manufacturer's guidelines and EEAST policies and procedures to transfer and transport patients safely and in a manner which minimizes any negative impact on the patient's condition.	ECA4/5/6/ 21/24/25
Where appropriate, ensure reporting of faulty equipment.	ECA1/2
Ensure that incidents or near misses are raised through the appropriate reporting processes.	ECA1/2

PATIENT CARE

Emergency Care Assistants must:	Learner outcomes
Be competent in the basic principles of first aid, basic life support and resuscitation.	ECA 5/7/8/9/ 12/15/19
Be able to use simple manoeuvres and adjuncts in order to maintain a patient's airway during resuscitation.	ECA7
Be able to use an automated external defibrillator (AED) as part of the resuscitation in patients suffering cardiac arrest.	ECA11
Be able to:	
Locate and record the radial, brachial and carotid pulse.	ECA10
Describe the characteristics of a pulse.	ECA9/34
Record blood pressure and tympanic temperature.	ECA9/34
Measure a respiratory rate and recognise abnormal breathing patterns.	ECA13/14
Administer oxygen therapy and Entonox in emergency situations, independently and/or with an appropriate clinician.	ECA15
Apply immobilization and support devices in musculoskeletal injury.	ECA21/24

PATIENT CARE

	Learner outcomes
Apply 4 and 12 lead ECG monitor leads correctly.	ECA32
Record blood glucose levels using a glucometer.	ECA27/34
Employ the principles of kinetics and current best practice when moving and handling patients.	ECA4/5/6
Be able to use a range of ambulance equipment.	ECA33
Support the clinical practitioner in their preparation and use of:	
Defibrillators (manual and automatic).	ECA11
Medical gases.	EAC16/16
Airway management equipment (iGel, LMA and ETT).	ECA43
Fluid administration and cannulation.	ECA44
Drug preparation and administration.	ECA45

PATIENT CARE

Assist the clinicial practitioner:	Learner outcomes
To control haemorrhage	ECA12
In dealing with death and bereavement	ECA17
In the management of seizure	ECA18
In the management of the unconscious patient (including fainting and collapse)	ECA19
In vehicle extrication and helmet removal	ECA25
In the management of the diabetic patient	ECA27
In the management of poisoning	ECA28
In the management of hypo and hyperthermia	ECA40
In the management of mental illnesses	ECA41
In handling conflict and aggression	ECA42
In the management of obstetric emergencies	ECA46
In the management of drowning and electrocution	ECA10

PATIENT CARE

Emergency Care Assistants must:

	Learner outcomes
Support the qualified clinical practitioner in their preparation and use of patient care equipment and techniques.	ECA43/44/45
Support the qualified clinical practitioner in their preparation and administration of drugs in line with local policies and procedures	ECA45/34
Undertake immediate scene survey and risk assessment in order to establish the presence of hazards.	ECA30
Be able to undertake an immediate and basic patient assessment, sufficient to identify life-threatening conditions and give immediate life support to a first aid level.	ECA30
Inform the qualified clinical practitioner of changes in the patient's condition.	ECA34
When working with another ECA, recognise the need (due to situation or patient condition) when to call for immediate assistance.	ECA30
At the request of the qualified clinical practitioner prepare and apply patient monitoring equipment.	ECA34

PATIENT CARE

	Learner outcomes
Support the practitioner in completing and maintaining appropriate patient records.	ECA34
Be competent in the basic principles of first aid, basic life support and resuscitation.	ECA8
Use equipment correctly to undertake base line observations within a primary survey and undertake more extensive examinations as part of a secondary survey; observations include:	ECA29
Respiratory rate	ECA30
Pulse rate	ECA30
Blood pressure, manual and NIBP	ECA30
Oxygen saturation	ECA30
Capillary refill	ECA30
Blood sugar (BM) measurement	ECA30
'AVPU' scale, GCS and pupillary reaction	ECA19
Tympanic temperature	ECA34

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PATIENT CARE

	Learner outcomes
Recognise and report abnormal observations and change in patients' condition.	ECA30
Be able to use simple adjuncts in order to maintain a patient's airway during resuscitation. Perform basic life support (with use of oropharyngeal airway where in scope) for:	ECA7
Neonates	
Infants	
Children	
Adults	
Tracheotomy / laryngectomy patients	
During pregnancy	
Assist clinicians in the use of 12 lead cardiac monitoring equipment i.e. be able to record a 12 lead ECG for interpretation by a qualified clinician.	ECA32

PATIENT CARE

	Learner outcomes
Utilise effective communication skills, including those required in dealing with sudden death.	ECA17
Employ the principles, kinetics and current best practice when moving and handling patients utilising appropriate manual handling equipment.	ECA4
Assist clinicians in the use of suction and immobilisation equipment.	ECA7/21/43
Assist clinicians in application of manual cervical spine immobilisation including the use of long boards and extrication devices e.g. KED.	ECA24
Be aware of major incident / CBRNe responsibilities.	ECA 36/37/39
Assist clinicians in fracture care.	ECA21
Undertake first aid management of wounds.	ECA12
Be able to store and dispose of hazardous substances such as clinical waste and sharps in line with current policies and procedures.	ECA35

PATIENT CARE

	Learner outcomes
Assist the supervising clinician in all skills; for example, helping secure a cannula and airway adjuncts, setting up a IV fluid set, but not connecting.	ECA43/44/45
Complete documentation e.g. Patient Report Form (paper or electronic).	ECA34
Administer medication.	

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 ECA 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 with an appropriately trained clinician as well and the ability for the ECA to use specified skills only, independently. It is vital that the boundaries of independent use 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 ECA independently or without the appropriate clinician being directly 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.
- 'Independent use' refers to ECAs operating with another ECA or another member of staff who is not a paramedic or qualified ambulance technician or qualified student ambulance paramedic (QSAP).
- 'Independent use' does not suggest or meant to indicate that an ECA can be dispatched to a call alone or with another ECA outside Trust guidelines; for example independent use of skills for paediatric patients.
- The appropriate clinician is identified as T for qualified ambulance technician/QSAP and P for paramedic.
- 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	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
Manual airway control head tilt - chin lift jaw thrust	✓	A	✓	
Handheld suction	✓	F	✓	
Mechanical suction hard tip catheter	✓	A	✓	
soft tip catheter		A		T or P
Nasopharyngeal airway	✓	A	✓	
Oropharyngeal airway (adult)	✓	A	✓	
Oropharyngeal airway (child)	✓	A		T or P
LMA/iGel (adult) ventilation		F		T or P
LMA /iGel (paediatric) ventilation		F		T or P
Adult intubation bougie/stylet – securing – confirmation - ventilation		F		P
Paediatric intubation bougie/stylet – securing – confirmation - ventilation		F		P
Needle cricothryoidotomy and jet insufflations (> 5yrs) preparation – securing – ventilation		F		P
Needle chest decompression (adult) site preparation – process – securing – safety and disposal		F		P
Needle chest decompression (paed) site preparation – process – securing - safety and disposal		F		P

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
External jugular vein cannulation site preparation – process – securing – safety and disposal		F		P
Intravenous cannulation site preparation – process – securing – safety and disposal		F		P
Intramuscular injection Equipment – site preparation – process – securing - safety and disposal		F		P
Subcutaneous injection		F		P
Intraosseous access		F		P
End tidal CO_2 Equipment – connection – maintenance – reading		F		P
Mechanical ventilator		F		P
Peak expiratory flow measurement	✓	A	✓	
12 lead recording	✓	A	✓	
Use of ring magnet		F		T or P
BVM (adult)	✓	A	✓	
BVM (paed) – with clinical advice only	✓	A	With advice	
Nebulising mask (adult)		F		T or P
Nebulising Mask (paed)		F		T or P
High concentration O_2 mask (adult)	✓	F	✓	
High concentration O_2 mask (paed)	✓	F	✓	

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
Medium concentration flow 0_2 mask (adult)	✓	F	✓	
28% concentration O_2 mask (adult)	✓	F	✓	
Medium concentration flow 0_2 mask (paed)		F		T or P
0_2 via nasal cannulae	✓	F	✓	
T-piece nebulising		F		T or P
Nebuliser via BVM		F		T or P
Dressings/bandages	✓	F	✓	
CAT tourniquet	✓	F	✓	
Burns dressings		F		T or P
Ascherman chest seal		F		T or P
Maternity cord clamps		F		T or P
Cervical Collar	✓	A	✓	
Kendrick Extrication Device (KED)		A		T or P
Traction splint (adult)		A		T or P
Traction splint (paed)		A		T or P
'SAM' pelvic splint		F		P
Orthopaedic stretcher (adult)	✓	A	✓	
Orthopaedic stretcher (paed)		A		T or P
Long board (adult)	✓	A	✓	
Long Board (paed)		A		T or P
Manual log roll		F		T or P
Box splint (adult)	✓	F	✓	
Box splint (paed)		F		T or P
Fracture Straps	✓	F	✓	

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
Maternity pack		F		T or P
Mangar Elk		A		T or P
Small handling aids	✓	A	✓	
Carry chair	✓	A	✓	
Male urinal	✓	F	✓	
Female urinal	✓	F	✓	
Vomit bowl	✓	F	✓	
Liquid solidifier	✓	F	✓	
Escape hood	✓	F	✓	
FFP3 reusable mask	✓	A	✓	
Disposable face mask	✓	F	✓	
Body bag	✓	F	✓	
Apron	✓	F	✓	
Gown	✓	F	✓	
Stretcher	✓	A	✓	
Tail lift	✓	A	✓	
Mobile Data Terminal (MDT)	✓	F	✓	
Digital radio	✓	F	✓	

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
Adult choking (manual)	✓	A	✓	
Adult choking (laryngoscopy)		F		P
Paed choking (manual)	✓	A	✓	
Paed choking (laryngoscopy)		F		P
Neonate BLS	✓	A	✓	
Neonate ALS equipment – process		A		P
Paed BLS	✓	A	✓	
Paed ALS equipment – process		F		P
Adult BLS	✓	A	✓	
Adult ALS equipment – process		F		P
Manual defibrillation (adult) machine function – energy adjustment – delivering shock – safety		F		P
Manual defibrillation (paed) machine function – energy adjustment – delivering shock – safety		F		P
AED (adult)	✓	A	✓	
AED (paed)		F		T or P
Failed airway cascade		F		P
Cricoid pressure		F		P
Crash helmet removal	✓	A	✓	
Extrication trauma (rapid/ time critical)		A		T or P

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
Respiratory rate	✓	A	✓	
Pulse (carotid)	✓	A	✓	
Pulse (radial)	✓	A	✓	
Pulse (brachial)	✓	A	✓	
Levels of response using AVPU (adult)	✓	A	✓	
Levels of response using AVPU (paed)	✓	F	✓	
Levels of response using GCS (adult)	✓	F	✓	
Levels of response using GCS (paed)	✓	F	✓	
Oxygen saturation (paed)	✓	F	✓	
Oxygen saturation (adult)	✓	F	✓	
Pupil reaction	✓	F	✓	
Blood glucose monitoring	✓	A	✓	
Temperature measurement (using tympanic thermometer)	✓	F	✓	
Blood pressure (manual)	✓	A	✓	
Blood pressure (paed)	✓	F	✓	
Blood pressure (automatic)	✓	F	✓	

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
Oxygen Administration Safety – presentation – emergency use – other concentrations	✓	A	✓	
Entonox Administration Safety – presentation – use	✓	A	✓	
IV Fluids (no additives)		A		P
Hypostop/Glucogel	✓	A	✓	
Identify Vials checking – equipment		F		T or P
Identify Ampoules checking – equipment – drawing up		A		T or P
Identify Pre-filled syringes identification – preparation		F		P
Identify Mini-Jet Systems identification – preparation		F		P
Preparation of Nebuliser		F		T or P
Use of 3 way tap IO – paediatric – other		F		P

MEDICINES

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

The ECA is able to:

Independently administer, following assessment, the medication listed:

- Oxygen
- Entonox
- Hypostop/Glucogel

Support the clinician with administration of medication but, importantly, should not be preparing medication such as mixing or combining but can gather equipment and prepare items such as mini-jets.

Gather the equipment and medication and check medication (but is not to mix or combine medication).

Prepare IV fluids (providing no additives) but not connect to patient.

Draw up normal saline for the immediate use of an IV flush (but should not administer medication via the intravenous route).

Through direct supervision, can support the paramedic (or technician/QSAP where appropriate) in the drawing up of single drug ampoules for immediate administration. The following drugs are classed as single ampoules:

1. Adrenaline 1:1,000 (one in one thousand)
2. Atropine Sulphate
3. Chlorphenamine
4. Furosemide
5. Heparin
6. Hydrocortisone Phospate
7. Metoclopramide
8. Naloxone Hydrochloride
9. Sodium Chloride

Support the patient taking 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.

Under the guidance of an EEAST appropriate clinician, prepare medication for use through a nebulizer. This relates to water for injection, Salbutamol and Ipratroprium Bromide.

ECAs cannot administer medication without an appropriate clinician for patients on a specific pathway (e.g. end of life care or Midazolam for seizures).

THE ECA WILL NOT BE PERMITTED TO ADMINISTER MEDICATION THROUGH AN INJECTABLE ROUTE. ECAs ARE NOT ALLOWED TO HANDLE OR POSSESS CONTROLLED DRUGS, BEYOND THAT NEEDED TO PHYSICALLY PASS THESE TO AN APPROPRIATE CLINICIAN.

CHANGES TO DOCUMENT

Please use this page to send errors, omissions, alterations and/or updates. Please complete the information below and send via internal mail to the Clinical Directorate.

Which document are you reporting on?

ECA scope	Paramedic scope	Specialist scope

What is the error, omission, alteration and/or update?

Please remove this page from the scope document and
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Everyone counts
I respect, we respect

East of England Ambulance NHS Trust

EMERGENCY CARE ASSISTANT – SCOPE OF PRACTICE

Version 3.1 (October 2013)

SKILLS ABLE TO PRACTICE INDEPENDENTLY

AIRWAY	DRUG ADMINISTRATION
Manual airway control (head tilt, chin lift, jaw thrust) Handheld suction, mechanical suction (with hard tip catheter) Oropharyngeal airway (adult only) Nasopharyngeal airway	Oxygen Entonox Hypostop/Glucogel Prepare IV fluids Drawing up of single drug ampoules)
BREATHING	**LIFE SUPPORT**
Bag-valve-mask (adult only) Bag-vale-mask (pead with clinical advice) High concentration O_2 mask (adult and paed) Medium concentration, 28% concentration mask , O_2 via nasal prongs (adult only)	Choking (manual) (adult, paed) Basic Life Support (adult, paed, neonate) AED (adult only)
CIRCULATION	**MANUAL HANDLING**
Dressing and bandage application Box splints and fracture straps Orthopaedic (scoop) and long board (adult only) Crash helmet removal Cervical collar application CAT tourniquet application	Small handling aids Transport chair Stretcher Tail lift
ASSESSMENT	**INFECTION PREVENTION AND CONTROL**
Respiratory rate Pulse (carotid, radial, brachial) Levels of response using AVPU (adult, paed) Levels of response using GCS (adult only) Oxygen saturation (adult only) Pupil reaction Blood glucose Blood pressure (manual, automatic) Blood pressure (automatic) Tympanic temperature 12 lead ECG (recording not interpretation)	Male urinal Female urinal Vomit bowl Liquid solidifier Escape hood FFP3 reusable mask Disposable face mask Body bag Gloves, apron, gown, goggles

SKILLS ABLE TO PRACTISE INDEPENDENTLY BUT NOT AS A SINGLE RESPONDER OR ECA/ECA CREW
Peak expiratory flow measurement Levels of response using AVPU (paed) Levels of response using GCS (paed) Oxygen saturation (paed) Blood pressure (paed)

Please see full scope of practice for details.