



## SCOPE OF PRACTICE



# Intermediate Ambulance Practitioner

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## CONTENTS

SECTION	PAGE
INTRODUCTION	2 to 3
KEY ACCOUNTABILITIES	4 to 6
WORK RELATIONSHIPS	7
IDENTIFICATION OF HEALTH AND SOCIAL CARE NEEDS	8
EQUIPMENT AND RESOURCES	9 to 10
PATIENT CARE	11 to 18
SKILLS MATRIX	19 to 26
MEDICINES	27 to 28

## INTRODUCTION

This scope of practice defines the working role of the Intermediate Ambulance Practitioner (IAP) in the 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 IAP must always operate.

The IAP 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 IAP will attend cases of sudden illness or injury and respond to urgent, special and planned patient transfer requests.

The aim is to allow the IAP 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.

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

## INTRODUCTION

The IAP initial programme currently comprises:

- EEAST generic induction course (day one of the clinical course)
- Six weeks clinical course (see learning outcomes document)
- Four weeks emergency driving training (this may be at the start or end of the clinical course)
- A local induction to include three 11.5 hour or equivalent supernumerary 'third person' shifts

On completion of the clinical course and commencing in operations the IAP will be given a named mentor as a point of contact. No formal ride outs will be required however a yearly Personal Development Review (PDR) will be carried out.

A portfolio of evidence should be provided for the PDR and will be needed for any progression onto other courses.

This document and other associated documents regarding IAP development have been authored by the Education and Training Officer team, 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 of practice is to be reviewed next in September 2017 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.

Intermediate Ambulance Practitioners (IAP's) 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. IAP's 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. IAP's may not practice skills or techniques beyond their defined scope of practice.

### IMPORTANT

There may be occasions where an IAP is crewed with (Qualified) Student Ambulance Paramedics (QSAPs). On this basis the IAP 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 IAP. IN THESE CIRCUMSTANCES THE IAP MUST CONTINUE TO OPERATE WITHIN THEIR SCOPE OF PRACTICE.**

## KEY ACCOUNTABILITIES

### Intermediate Ambulance Practitioners 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.

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

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

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

Demonstrate understanding of local 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

- Adhere to all relevant EEAST policies and procedures.
- Support the delivery of quality patient care that is safe, effective and maximises patient experience.
- 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).
- 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 preparation and appropriate dress.

## WORK RELATIONSHIPS

### Intermediate Ambulance Practitioners must:

- Work safe and effectively as part of a multi-disciplinary team under the direction of other professionals.
- Work safely and effectively alongside other ambulance support workers.
- 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.

## IDENTIFICATION OF HEALTH AND SOCIAL CARE NEEDS

### Intermediate Ambulance Practitioners must:

Undertake immediate scene survey and risk assessment in order to establish the presence of hazards.

Be able to undertake an immediate and basic patient assessment, sufficient to identify life-threatening conditions and give immediate life support to the level of the defined scope of practice.

At the request of the qualified clinical practitioner, prepare and apply patient monitoring equipment.

Inform the qualified clinical practitioner of changes in the patient's condition.

Support the practitioner in completing and maintaining appropriate patient records.

When working with another support worker, assess patients ensuring that findings are reported at handover, calling for assistance due to e.g. condition change, meeting alert criteria, 'red flags' etc.

## EQUIPMENT AND RESOURCES

### Intermediate Ambulance Practitioners 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 which minimises waste and impact upon the environment.

## EQUIPMENT AND RESOURCES

### Intermediate Ambulance Practitioners must:

- 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).
- Use equipment in line with manufacturer's guidelines and EFAST policies and procedures to transfer and transport patients safely and in a manner which 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

### Intermediate Ambulance Practitioners must:

- Be able to use simple manoeuvres and adjuncts in order to maintain a patient's airway during resuscitation (including supraglottic devices).
- Be able to use an automated external defibrillator (AED) as part of the resuscitation in patients suffering cardiac arrest.
- Be able to:
  - Measure a respiratory rate and recognise abnormal breathing patterns. Be able to recognise normal and abnormal sounds on auscultation within a primary survey examination.
  - Locate and record the radial, brachial and carotid pulse.
  - Describe the characteristics of a pulse.
  - Record blood pressure and tympanic temperature.
  - Record a blood glucose measurement.
  - Administer oxygen therapy, Entonox and Glucogel/Hyostop in emergency situations, independently and/or with an appropriate clinician.
  - Apply immobilization and support devices in musculoskeletal injury.

## PATIENT CARE

Be able to control haemorrhage either with basic manual techniques or with specific ambulance equipment.

Apply 4 and 12 lead ECG monitor leads correctly identifying the following

rhythms/arrhythmias:

- Normal sinus rhythm
- Bradycardia
- Tachycardia
- ST elevation
- ST depression
- Atrial fibrillation
- R on T
- Supraventricular tachycardia
- Premature ventricular contractions

Prepare and apply patient monitoring.

Employ the principles of kinetics and current best practice when moving and handling patients.

Be able to use a range of ambulance equipment.

**Support the clinical practitioner in their preparation and use of:**

Defibrillators (manual and automatic) identifying shockable rhythm (ventricular fibrillation, ventricular tachycardia -pulseless) and non-shockable rhythms (asystole and pulseless electrical activity)

Medical gases.

Airway management equipment (iGel, LMA and ETT).

Fluid administration and cannulation.

Drug preparation and administration.

## PATIENT CARE

### **Intermediate Ambulance Practitioners must be able to support clinicians:**

- In dealing with death and bereavement
- In the management of seizure
- 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 hypo 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

## PATIENT CARE

### **Intermediate Ambulance Practitioners must:**

- Support the qualified clinical practitioner in the preparation and use of patient care equipment and techniques.
- Support the qualified clinical practitioner in the preparation and administration of drugs in line with local policies and procedures
- Undertake immediate scene survey and risk assessment in order to establish the presence of hazards.



## PATIENT CARE

Support the practitioner in completing and maintaining appropriate patient records.

Be competent in the basic principles of first aid, basic life support and resuscitation.

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:

- Respiratory rate
- Recognition of abnormal and normal breath sounds on auscultation during a primary survey
- Pulse rate
- Blood pressure, manual and NIBP
- Oxygen saturation
- Capillary refill
- Blood sugar (BM) measurement
- 'AVPU' scale, GCS and pupillary reaction
- FAS Test
- Tympanic temperature

## PATIENT CARE

Recognise and report abnormal observations and change in patients' condition.

Be able to use simple adjuncts in order to maintain a patient's airway during resuscitation.

Perform intermediate life support with the use of an AED for:

- Neonates
- Infants
- Children
- Adults
- Tracheotomy / laryngectomy patients
- During pregnancy

## PATIENT CARE

Utilise effective communication skills, including those required in dealing with sudden death.

Assist clinicians in the use of suction and immobilisation equipment.

Be confident with the application of manual cervical spine immobilisation including the use of long boards and extrication devices e.g. KED.

Be aware of major incident / CBRNe responsibilities.

Assist clinicians in fracture care.

Undertake first aid management of wounds.

Be able to store and dispose of hazardous substances such as clinical waste and sharps in line with current policies and procedures.

## PATIENT CARE

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.

Complete documentation e.g. Patient Report Form (paper or electronic).

Administer medication.

After consultation with a health care professional be able to safely and in a timely fashion transport a patient to hospital or other receiving centre (to include mental health patients)

## SKILLS MATRIX

This skills mapping matrix should be used in conjunction with the scope of practice document. It is important that an IAP 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 as the ability for the IAP to use specified skills independently. It is vital that the boundaries of independent use are recognised along with the need to escalate clinical concern in line with EEA/ST 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 IAP independently or without the appropriate clinician's advice.

### 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 an IAP operating with another IAP 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 mean to indicate that an IAP can be dispatched to a call alone or with another IAP outside Trust guidelines.
- 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 jaw thrust head tilt - chin lift	✓	A	✓	
Handheld suction	✓	F	✓	
Mechanical suction hard tip catheter soft tip catheter	✓ ✓ ✓	A A A	✓ ✓ ✓	
Nasopharyngeal airway	✓	A	✓	
Oropharyngeal airway (adult)	✓	A	✓	
Oropharyngeal airway (child)	✓	A	✓	
LMA/Gel (adult) ventilation	✓	A	✓	
LMA /Gel (paediatric) ventilation	✓	A	✓	
Adult intubation bougie/sytet – securing – confirmation - ventilation		F		P
Paediatric intubation bougie/sytet – securing – confirmation - ventilation		F		P
Needle cricothyrotomy 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 <sub>2</sub> 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	✓	
Nebulising mask (adult)		F		T or P
Nebulising Mask (paed)		F		T or P
High concentration O <sub>2</sub> mask (adult)	✓	F	✓	
High concentration O <sub>2</sub> mask (paed)	✓	F	✓	

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician
Medium concentration flow O <sub>2</sub> mask (adult)	✓	F	✓	
28% concentration O <sub>2</sub> mask (adult)	✓	F	✓	
Medium concentration flow O <sub>2</sub> mask (paed)		F		T or P
O <sub>2</sub> via nasal cannula	✓	F	✓	
T-piece nebulising		F		T or P
Nebuliser via BVM		F		T or P
Dressing/abandages	✓	F	✓	
CAT tourniquet	✓	F	✓	
Burns dressings	✓	F	✓	
Chest seal	✓	A	✓	
Trauma Dressings	✓	A	✓	
Maternity cord clamps	✓	A	✓	
Cervical Collar	✓	F	✓	T or P
Kendrick Extrication Device (KED)		A		
Traction splint (adult)	✓	A	✓	
Traction splint (paed)	✓	A	✓	
Pelvic binder	✓	A	✓	
Orthopaedic stretcher (adult)	✓	A	✓	
Orthopaedic stretcher (paed)	✓	A	✓	
Long board (adult)	✓	A	✓	
Long Board (paed)	✓	A	✓	
Manual log roll	✓	A	✓	
Box splint (adult)	✓	A	✓	
Box splint (paed)	✓	A	✓	
Fracture Straps	✓	A	✓	

Element	Taught	Assessed(A) or Familiarised (F)	Independent Use	Only by/with appropriate clinician T or P
Maternity pack	✓	F	✓	T or P
Manger Elk	✓	A	✓	
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	✓	
Tall 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	✓	P
Adult choking (laryngoscopy)	✓	F	✓	P
Paed choking (manual)	✓	A	✓	P
Paed choking (laryngoscopy)	✓	F	✓	P
Neonate BLS	✓	A	✓	P
Neonate ALS equipment – process	✓	A	✓	P
Paed BLS	✓	A	✓	T or P
Paed ALS equipment – process	✓	F	✓	T or P
Adult BLS	✓	A	✓	P
Adult ALS equipment – process	✓	F	✓	P
Manual defibrillation (adult) machine function – energy adjustment – delivering shock – safety	✓	A	✓	T or P
Manual defibrillation (paed) machine function – energy adjustment – delivering shock – safety	✓	A	✓	T or P
AED (adult)	✓	A	✓	T or P
AED (paed)	✓	A	✓	T or P
Failed airway cascade	✓	F	✓	P
BURP	✓	F	✓	P
Crash helmet removal	✓	A	✓	T or P
Extrication trauma (rapid/time critical)	✓	F	✓	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	✓	A	✓	
Safety – presentation – emergency use – other concentrations				
Entonox Administration	✓	A	✓	
Safety – presentation – use				
IV Fluids (no additives)	✓	A	✓	P
Hypotop/Glucogel		A	✓	
Identify Vials		F		T or P
Identify Ampoules		A		T or P
checking – equipment – drawing up				
Identify Pre-filled syringes		F		P
Identification – preparation				
Identify Mini-Jet Systems		F		P
Identification – preparation				
Preparation of Nebuliser		F		T or P
Use of 3 way tap		F		P
IO – paediatric – other				

## MEDICINES

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

The IAP 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.

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 Ipratropium Bromide.

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

**THE IAP WILL NOT BE PERMITTED TO ADMINISTER MEDICATION THROUGH AN INJECTABLE ROUTE. The IAP IS 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?

IAP scope	Paramedic scope	Specialist 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 Clinical Directorate.

CAUSE/INTERVENTION	EFFECT
<p>Manual airway control (head tilt, chin lift, jaw thrust) Handheld suction, mechanical suction (with hard tip catheter) Oropharyngeal airway Nasopharyngeal airway</p> <p><b>BREATHING</b></p> <p>Bag-valve-mask High concentration O<sub>2</sub> mask (adult and paed) Medium concentration, 28% concentration mask, O<sub>2</sub> via nasal prongs (adult only)</p> <p><b>CIRCULATION</b></p> <p>Dressing and bandage application Box splints and fracture straps Orthopaedic (scoop) and long board Crash helmet removal Cervical collar application CAT tourniquet application Traction Splint Trauma Dressings</p> <p><b>ASSESSMENT</b></p> <p>Respiratory rate Auscultation for normal/ abnormal sounds Pulse (carotid, radial, brachial) Levels of response using AVPU (adult, paed) Levels of response using GCS Oxygen saturation Pupil reaction Blood glucose Blood pressure (manual, automatic) Blood pressure (automatic) Tympanic temperature 12 lead ECG (recording not interpretation)</p>	<p>Oxygen Entonox Hypostop/GlucoGel Prepare IV fluids Drawing up of single drug ampoules)</p> <p><b>LIFE SUPPORT</b></p> <p>Choking (manual) (adult, paed) Basic Life Support (adult, paed, neonate) AED</p> <p><b>MANUAL HANDLING</b></p> <p>Small handling aids Transport chair Stretcher Tail lift Mangar Elk</p> <p><b>INFECTION PREVENTION AND CONTROL</b></p> <p>Male urinal Female urinal Vomit bowl Liquid solidifier Escape hood FFP3 reusable mask Disposable face mask Body bag Gloves, apron, gown, goggles</p>

**SKILLS ABLE TO PRACTISE INDEPENDENTLY  
BUT NOT AS A SINGLE RESPONDER OR  
IAP/IAP CREW**