

# EOC Standard Operating Procedure



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Title	Use of Taxis for Low Acuity Patient Transport
Issued by	Deputy Director of Service Delivery (EOC)
Approved by	Director of Service Delivery and Director of Nursing and Quality
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## 1.0 Background

1.1 There are a volume of calls which we respond to which are for transportation purposes only and require no clinical intervention. To support EEAST during times of significant pressure the use of approved, licenced, taxi companies (with cleared DBS) has been agreed. The following document highlights how taxis are to be utilised, who can approve a taxi journey and how these journeys will be managed on the CAD. This should be with the patient or their representatives consent as we will be required to share their personal data with another party.

## 2.0 Who can book a taxi?

2.1 The following staff can approve (or request) the use of a taxi for a patient;

- ECAT (Emergency Clinical Advice and Triage) Clinician (Once a full LowCode triage has been completed)
- ECAT Clinician (without full LowCode triage but only for Dx016 & Dx018 coded calls passed from NHS 111)
- EOC Clinical Co-ordinator (CCORD)
- Area Clinical Lead, Clinical Advice Line or a Senior Clinician within the clinical directorate
- Attending clinician(s) (e.g. DSA/RRV) on scene who determines low acuity transport is appropriate via Taxi. Requests for taxis from attending clinicians are to be made through the EOC (Emergency Operations Centre), Clinical Co-ordinator (CCORD) on the Clinical Advice Line, Option 4.

2.2 Before a taxi can be approved for a patient, the clinician **MUST** speak with the patient or with their carer/guardian to rule out any red flags and to ascertain the patient's ability to be transported to hospital via taxi. **NOTE: Any red flags rule out the use of a taxi.**

2.3 Calls passed from NHS 111 with the dispositions of Dx016 and Dx018 do not require a full LowCode triage by an ECAT clinician. Contact should be made to rule out any red flags and exclusions (as listed in the next section). This is a safe process for these patients, as they have already been triaged by NHS 111 as requiring transport only to a relevant treatment centre, with no clinical interventions required.

## 3.0 Exclusion Criteria

3.1 A patient with any of the following is excluded from being sent a Taxi:

- Call coded as a Category 1
- A patient under the age of 2 (note for children, a child car seat is not a legal requirement although obviously preferable if available)
- Uncontrolled Active Bleeding
- Diarrhoea or Vomiting
- Infectious conditions
- Mental Health related illness
- Reduced/no capacity
- Under the influence of drugs or alcohol
- Unable to self-mobilise with minimal assistance to get to the taxi



**3.2** If there is any question about the suitability of using a Taxi for conveyance, an ambulance should always be sent.

## **4.0 How to manage appropriate calls on CAD**

**4.1** When a clinician identifies a call as appropriate for a taxi, they are to ensure that their reasoning is entered into the Call Notes in a brief summary. E.g. "Patient mobile, no red flags, patient safeguarded i.e. chaperone or adult and exclusion criteria not met – taxi suitable".

**4.2** As personal details need to be shared with the taxi company to allow a booking to be made (as per point 4.4) consent for this detail to be shared needs to be given by the patient or their representative and entered into the Call Notes. E.g. "Consent Given".

**4.3** The clinician (or nominated individual tasked by the clinician) is to call the taxi provider (see the Taxi Provider spreadsheet available on the p-drive: P:\ECAT\Taxi), identify themselves as calling from EEAST and arrange the booking with them. It is the responsibility of the clinician to ensure that the pick-up time is within a time frame appropriate with the patient's condition (not exceeding two hours for pick up). If the taxi company cannot accept the booking, an ambulance is to be arranged for attendance. A summary sheet is shown in Appendix 1.

**4.4** If the taxi company are able to accept the booking the clinician is to enter Taxi – Yes in the instructions field. The taxi company should then be given the following details:

- Surname of the patient
- Address the patient is to be collected from
- Telephone number the patient can be contacted on
- Destination treatment centre and department
- CAD reference
- Finance reference (listed on the Taxi Provider spreadsheet, must include Purchase Order and the relevant Line Number but may be termed Account Code or Cost Centre by the taxi provider)
- The telephone number of the Duty EOC Officer (DEO) for the taxi provider/driver to call should there be a concern or issue (e.g. address query)

**No other details about the patient or their condition are to be given to the taxi provider**

**4.5** Once the booking has been arranged, the clinician is to liaise with the DEO in the appropriate EOC to arrange for an appropriate TAXI call sign to be allocated to the call and at the same time close the call as "Taxi Conveyed". It is important that calls managed through LowCode are sent back for a response, to allow the call sign to be booked onto the call (Call signs for the individual EOC's are: BTAXI1-5, ETAXI1-5, NTAXI1-5)

## **5.0 Additional Information**

**5.1** The taxi company must always be passed the contact number for the appropriate DEO and the CAD number, to allow them to contact should issues arise at any point after the journey has been booked. For any call where there is a clinical concern that the taxi cannot transport the patient, this call is to be passed to the CCORD immediately by the DEO, for an urgent clinical review. If the patient is found to be unwell on arrival, the taxi companies have all been advised to dial 999 immediately for assistance.

**5.2** It is the responsibility of all staff within the EOC to raise any concerns about a taxi attendance with the DEO/CCORD.

**5.3** Any adverse incidents must be immediately escalated to the EOC Silver, who in turn will contact the Gold Commander.