East of England Ambulance Service NHS Trust

Ambulance Handover Safety Checklist

Exclusions

Any patient waiting less than 45 minutes to handover
Any patient who is immobilised on a board/scoop with collar and blocks
Any child under age of 16

Attach hospital sticker here

Incident Number …….

Date and Time of Arrival at Hospital……

Q1	Is the patient in a hospital bed/trolley/chair	Y	N
Q2	Is the patient's GCS 15/15 – or normal for them	Y	N
Q3	Is the patient's current NEWS score 4 or below and not in need of continuous monitoring (see notes)	Y	N
Q4	Is the patient free from any side effects from medicines administered?	Y	N
Q5	Is the patient/carer able to raise a concern if required	Y	N
Q6	Ensure the patient has a hospital ID bracelet on (printed with CAS card or Patient details added by EEAST clinician (Name/ Incident number)	Y	N
Q7	Ensure the ePCR has been transferred to the receiving hospital site?	Y	N

Notes;
*Q3: Continuous monitoring = includes all patients where deterioration is an **immediate** concern e.g. cardiac chest pain. It also includes those patients with dementia or for their own safety may need support due to confusion.*
Q4: Medicines = all drugs administered including Oxygen & 0.9% Sodium chloride.

In order to leave a patient, each question must be answered with <u>Yes</u>. If there are any questions with a No the clinician must remain with the patient. Please leave your hospital handover checklist with hospital staff in the agreed place. If requested by site to attach a printed sticker, please put in the box on the form.

Clinician name ……..

Staff ID number……

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Introduction

The handover safety checklist has been designed to support ambulance clinicians to identify patients who may wait for triage by a hospital clinician, without a requirement for ambulance clinicians to wait with them. It provides a structured set of seven questions (three procedural and four clinical) that when applied may enable ambulance clinicians to become available to respond to waiting emergencies.

There are also three exclusions to the handover safety checklist; pre-alerts or patients requiring assessment in resus, patients immobilised and children under 16.

Frequently Asked Questions (FAQs)

When does the patient become the responsibility of the hospital?

As soon as the patient arrives at the hospital site organisational responsibility moves to hospital. However as individual clinicians we all have a direct responsibility for any patient we are caring for/monitoring.

What happens if the patient deteriorates after we have cleared – will the Trust support me?

Yes, the Trust will support if you are following this guidance!

If a patient does deteriorate whilst waiting in the Emergency Department, it is the responsibility of the hospital to manage the situation. If such an event occurs, it is right that both organisations investigate the circumstances to ensure patients are safe going forward. If you have wider concerns about applying the checklist, then these can be discussed with your LOM who may access the clinical leadership team for further support.

What about Mental Health Patients, should they not be in the exclusions?

Mental Health patients can present with different needs dependent on the individual. Those who have self-harmed in a manner which presents a risk of deterioration (potentially lethal overdose) may require continuous monitoring. Whereas someone who has voluntarily agreed to attend the ED to speak to the crisis team, may be clinically stable to have the handover safety checklist applied.

Certain MH patients may present a risk of absconding from the ED. If your patient poses a

flight risk, please inform the nurse coordinator that you have arrived, sit the patient on a chair with view of the nurse's station, handover any medications to staff in a medicines bag and ensure that identifying features (description/clothing etc.) are included on the ePCR.

What if there are no trolleys or chairs available?

Please make every effort to locate a trolley or chair for your patient. If you are struggling, inform the nurse coordinator and HALO that this is causing an unnecessary delay in handing over your patient.

If I am stood down from Resus, should I apply the criteria?

Yes. If you are stood down from resus with your patient, this is the hospital's decision, and the criteria should be applied. However please document the time of resus stand down and inform the triage nurse so that your patient can be re-triaged in a timely manner.

Should I stay and administer Entonox in the queue?

Every patient should regularly be reassessed in terms of the need for pain relief and a pain score should be documented; however, we should also consider the administration of adequate pain relief pre-hospital. If a patient appears comfortable and shows no signs of obvious discomfort and distress, then the patient should be left in the care of the hospital staff who can administer further pain relief if required at the patient's request.

What if the queue is very long and out of sight?

The length of the queue is not a discriminator and not the responsibility of EEAST; if your patient fulfils the criteria, this should be applied, and every effort made to keep the patient within view of the hospital staff.

Do I apply the criteria to Health Care Professional admissions to hospital?

Yes. All patients, except named exclusions should be assessed against the criteria.

As an Emergency Care Assistant working on Urgent Tier can I apply the handover safety checklist?

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An ECA can undertake all the observations to answer the questions on the checklist, however a patient must have had a face-to-face clinician assessment and have no new symptoms. Intra-facility transfers, HCP admissions where a face-to-face assessment has taken place and EEAST response vehicle back up requests are appropriate scenarios where an ECA may apply the handover safety checklist – providing the patient has remained stable (no new symptoms) since their last clinician assessment. Clinical Advice line or HALOs may be able to provide point of application support if required.

How do I record that I have used this process?

This needs to be done in two ways. Firstly, before clearing from the call, send a the following message via the MDT "#HO45" and this will be recorded in the CAD record.

Secondly please ensure that you take a picture of the completed checklist on your ePCR. Please also document completing the list in the references section under other using 'HO45' as shown in the example below.