

To: All operational and EOC colleagues

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## **The Ambulance Receiving Centre (ARC)**

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### **Queens Hospital Romford**

#### **1. Introduction**

- 1.1. London Ambulance Service (LAS) have been working closely with Queens Hospital Romford (QHR) and King George Ilford to identify areas for improvement at the point of ambulance handover. Increased demand associated with the current pandemic has led to pan London capacity issues which in turn filters down to limited offload space for ambulances arriving at the Emergency Department (ED).
- 1.2. Queens Hospital Romford (QHR) is the most challenged hospital in Northeast London and as such has been identified as the primary site to trial a model of proactive supportive handover. QHR have identified an area co-located with the ED known as the Ambulance Receiving Centre (ARC). The ARC will be used as an overflow area when no spaces are available within the ED and ambulances begin to queue within the corridor, in turn releasing crews to finish their shifts on time or respond to another incident within the community.
- 1.3. From today the ARC is now open to patients that have been transported to QHR by East of England Ambulance Service NHS Trust.

#### **2. Clinical responsibility**

- 2.1. In all cases, the patient remains the clinical responsibility of QHR (from the time the ambulance arrived outside the ED) and EEAST crews must provide a clinical handover to an appropriate member of Trust staff.

### 3. Patient Groups excluded from the ARC

- 3.1. Not all patients will be suitable for the ARC and as such the ARC will operate on exclusion criteria rather than inclusion criteria.
- 3.2. The following patients are excluded and should NOT be brought to the ARC:
- ❖ Pre-alerted patients (unless by joint agreement between LAS cohorting lead clinician and senior clinician within ED and where no other exclusions apply).
  - ❖ Any patients with a NEWS2 Score  $\geq 5$
  - ❖ Any patients with an individual red flag as per the Sepsis/NEWS2 Screening tool
  - ❖ Paediatric patients (<18 years)
  - ❖ Any potentially infectious patients: this includes suspected Covid19 (**No suspected or Confirmed Cases**) and any patient with active vomiting and/or diarrhoea

Any patient who has had an AGP performed prior to arrival, including all use of CPAP or BIPAP

- ❖ Any patient who is unable to wear a surgical mask due to medical exemption or ongoing treatment
- ❖ Disruptive behaviour likely to require additional supervision, including in the context of acute intoxication
- ❖ Any patient with a care record that cannot be transferred between the conveying and cohorting crew
- ❖ Any patients whose presenting complaint is an acute mental health presentation
- ❖ Any patient with a confirmed neck of femur fracture
- ❖ Acutely distressed, vulnerable, or confused patients who might require an enhanced level of care. Mental capacity and ability to consent should be considered where relevant.
- ❖ **Morphine is not** to be administered to patients within the ARC
- ❖ Any patient not conveyed to hospital via or on behalf of an NHS ambulance Trust

#### 4. Arriving Crew Process for Accessing the ARC

1. All EEAST clinicians must first clinically hand over their patient to the triage nurse/doctor as per standard procedure
  - a. If there is space to offload the patient, then crews will continue as per normal procedure
  - b. If there is no space to offload the patient, then the crew will be directed to a designated cubicle where their patient will receive an immediate senior clinical review by the hospital
2. Once the senior clinical review is complete, providing the patient does not meet any of the ARC clinical exclusions and the senior hospital clinician deems the patient ARC suitable, the doctor will call the ARC (LAS) lead clinician to discuss the suitability and capability of the ARC to receive the patient
  - Once the senior hospital clinician and the LAS lead clinician are both in agreement that the patient can be accommodated within the ARC then the conveying crew will be directed to take their patient to the ARC.
    - Please ensure the patient has a wristband in situ prior to moving to the ARC. Wristbands will be provided by QHR
3. The patient can then be handed over to the ARC team.
  - a. No patient can be accepted directly from arriving crews and all patients must first be handed over clinically to the hospital.
4. EEAST crews taking patients to the ARC must currently complete paper PCR due to there being no facilities currently to transfer the ePCR to QHR.
5. Once your patient is offloaded into the ARC leave the PCR at handover

## Ambulance Receiving Centre (ARC) Guidance for crews arriving to handover

All crews please first clinically hand over your patient to the triage nurse/doctor  
If there is space to offload your patient continue as per standard procedures for handover  
If there is no space to offload your patient you will be directed to a designated cubicle where the patient will receive an immediate senior clinical review by the hospital



If both the senior hospital clinician and the LAS lead clinician are in agreement that the patient can be accommodated within the ARC then the conveying crew will be directed to take their patient to the ARC.  
**\*Please ensure the patient has a wristband in situ prior to moving to the ARC\***



The patient can then be handed over to the ARC team



If your patient is taken to the ARC please add a note on your ePCR that your patient is being taken to the ARC and the name of the ARC clinician you handed over to.

**EEAST crews taking patients to the ARC must currently complete paper PCR due to there being no facilities currently to transfer the ePCR to QHR.**



Once your patient is offloaded into the ARC leave paper PCR at handover.



The crew handing over are now free to complete post-patient tasks and become available when appropriate

**No patients can be accepted directly from arriving crews and all patients must first be handed over clinically to the hospital and undergo a senior clinical review prior to moving to the ARC**

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