



## National Ambulance Service (NAS)

### Procedure

#### Appropriate Hospital Access for Obstetric Patients

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## **1.0 POLICY**

- 1.1 Obstetric patients may benefit from early and direct access to a hospital with appropriate expertise and facilities for obstetric care.
- 1.2 Ambulance Control staff have an important role to play in ensuring that such patients are directed to an appropriate facility.
- 1.3 Following direct transfer of the obstetric patient to a hospital capable of delivering definitive obstetric care, these patients can be given priority access to care, assessment including imaging, and treatment to optimise patient outcomes.

## **2.0 PURPOSE**

- 2.1 The purpose of appropriate hospital access is for the efficient and effective care of the obstetric patient who may require a specialized and/or multidisciplinary approach to care which is not available at the nearest hospital.
- 2.2 To provide direction to Control Supervisors and Staff on directing crews to the most appropriate facility.
- 2.3 To facilitate an improved clinical care pathway for obstetric patients.

## **3.0 SCOPE**

- 3.1 This Procedure applies to all obstetric patients.
- 3.2 Obstetric patients are defined as pregnant patients requiring medical care directly related to the pregnancy (e.g. labour, vaginal bleeding (this is not an exhaustive list)).
- 3.3 Pregnant patients with illness or injury unrelated to their pregnancy should be brought to the nearest Emergency Department as per local protocol.

## **4.1 LEGISLATION/OTHER RELATED POLICIES**

- A. PHECC 3<sup>rd</sup> Edition Clinical Practice Guidelines (CPG)

## **5.0 GLOSSARY OF TERMS AND DEFINITIONS**

- 5.1 None applicable

## **6.0 ROLES AND RESPONSIBILITIES**

- 6.1 The Control Manager is responsible for dissemination and clarification to all Control Supervisors and Staff
- 6.2 Control Supervisors are responsible for ensuring Control Staff compliance with this Procedure.
- 6.3 The Control Manager is responsible for ensuring Control Supervisor compliance with this Procedure
- 6.4 The lead Manager for Risk Management is responsible for reviewing any related Incident/Near Miss Report.
- 6.5 The responsibility for managing remedial training lies with the Education and Competency Assurance Team
- 6.6 Staff involved in the treatment and transport of obstetric patients are responsible for the application of this Procedure.
- 6.7 It is the responsibility of all staff involved in the care of obstetric patients to provide and maintain care based on the best clinical evidence available.
- 6.8 It is the responsibility of all staff members to work within their own scope of practice.
- 6.9 It is the responsibility of the Paramedic/Advanced Paramedic activating “Appropriate Hospital Access” to notify Ambulance Control.
- 6.10 It is the responsibility of Ambulance Control to dynamically deploy available resources to facilitate “Appropriate Hospital Access”

## **7.1 PROCEDURE**

### **7.2 Key Principles**

- 7.2.1 The Paramedic/Advanced Paramedic assessing the patient must adhere to the appropriate Clinical Practice Guidelines.
- 7.2.2 In order for appropriate hospital access to be initiated, Paramedics/Advanced Paramedics must coherently assess the patient and relay pertinent information to the appropriate obstetric receiving hospital/maternity hospital via Ambulance Control.
- 7.2.3 All obstetric patients must be transported to an appropriate obstetric receiving facility or maternity hospital-see local protocol
- 7.2.4 Ambulance Control should establish and record the reason for initiating “Appropriate Hospital Access” in the Incident Note Pad.
- 7.2.5 Ambulance Control should tag the incident with the code “**AHA**” to facilitate future audit.

## **8.0 IMPLEMENTATION PLAN**

- 8.1 This Procedures will be circulated electronically to all Officers, all Supervisors and Staff
- 8.2 This Procedure will be available electronically in each Ambulance Station for ease of retrieval and reference
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff.

## **9.0 REVISION AND AUDIT**

- 9.1 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.2 The Control Manager and relevant medical personnel will monitor compliance on an ongoing and informal basis through regular contact and will meet to identify and implement appropriate amendments or corrective measures where deemed necessary.
- 9.3 The Control Manager will monitor the number of direct access journeys and the impact of this Procedure on resource availability.
- 9.4 The Manager with lead responsibility for Risk Management will initiate a review any related Incident/Near Miss Report.

## **10.0 REFERENCES**

None

## **11.1 APPENDICES**

**Appendix I** - Procedure Acknowledgement Form

**Appendix II** - NAS Obstetric Access Protocol



### **National Ambulance Service Obstetric Access Protocol Summary**

- Obstetric patients are defined as pregnant patients requiring medical treatment related to their pregnancy (e.g. labour, vaginal bleeding or any other pregnancy related issue)
- Obstetric patients must be transported to an appropriate maternity hospital or hospital with on-site obstetrics
- Appropriate transport destinations in each area for obstetric patients will be determined by the local acute hospital network and NAS local management-refer to local protocol.
- Pregnant patients requiring medical attention unrelated to their pregnancy should be brought to the nearest Emergency Department.