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#### Approval Process

Version	Date	Group/Committee	Approved (yes/no)	Notes
0.8	2016	Clinical Services Transformation	yes	
0.8	2016	Workforce Steering Group	yes	
0.8	2016	Workforce Operational Delivery Group	yes	
1.2	23/06/2017	Workforce Steering Group		

#### Version Changes

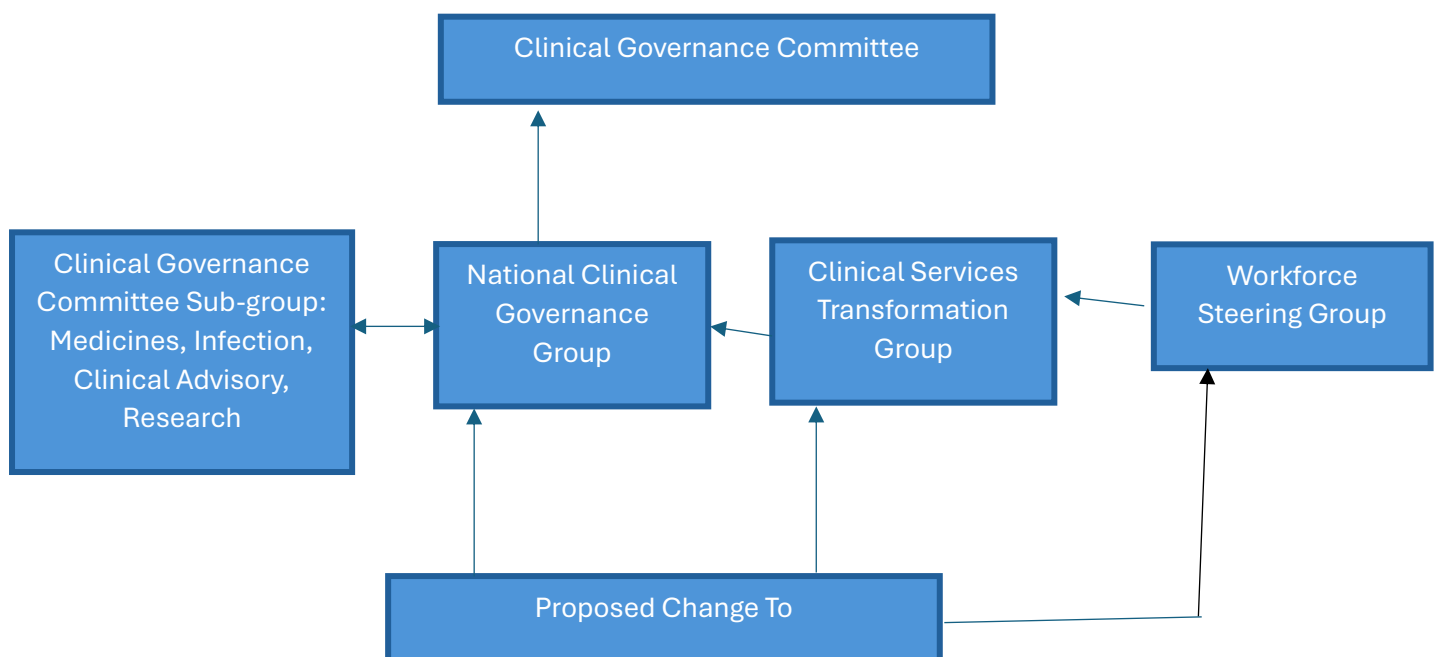
Version	Date	Changes	Name
1	08/05/2017	Draft status removed	
1.1	08/05/2017	Version Control sheet added, minor formatting to Role Statement sheet	
1.2	22/06/2017	Approval Process tab added to document	
1.2	22/06/2017	Change approver from Workforce Steering to National Clinical Governance Group	
1.2	22/06/2017	Change version number from 1.1 to 1.2 on SoP Ambulance (no changes made to the SoP)	
1.2	22/06/2017	Change version number from 1.0 to 1.2 on SoP Scotstar (no changes made to the SoP)	

The Scottish Ambulance Service Scope of Practice document has been developed to describe the clinical Scope of Practice of the various clinical roles within the service. These range from Community First Responder to Advanced Practitioner (including nursing roles).

The Scope of Practice document is a 'living' document that will be updated, by the Clinical Directorate, through the work of the: Workforce Operational Delivery Group and Clinical Services Transformation Group.

In early 2016 the service's 'Workforce Operational Delivery Group' identified the need to provide clarity in the definition of the clinical practice areas for frontline clinicians within the service. This was to support an understanding for both clinicians and managers of the differences in both well established and new clinical roles. It was agreed by the group to use a spreadsheet to provide a checklist format that would reduce ambiguity and be easy to use, avoiding the need for a lengthy written document. However, short written definitions are provided for each role.

A Clinical Governance Manager is responsible for maintaining the Scope of Practice Document. Updates will be considered and approved through the Clinical Governance Framework. Clinical changes directly in-line with projects aligned the 2020 Strategy will normally be progressed through the Clinical Services Transformation Group. Other clinical developments, e.g. updates to existing policy and practice, will progress through the National Clinical Governance Group and other appropriate sub-groups of the Clinical Governance Committee.



## Your Scope of Practice

**“Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself. We recognise that a registrant’s scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain area or with a particular client group, or a movement into roles in management, education or research. Every time you renew your registration, you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice.”**

**Health and Care Professions Council 2014, Standards of Proficiency, Paramedic. Page 4.**

### **Ambulance Care Assistant**

An Ambulance Care Assistant is a member of staff who has undertaken training in providing non emergency patient transport. They provide care to patients who need support to reach their healthcare appointment, or for their admission to and discharge from hospital, due to their medical/clinical needs. They work either single or double manned on a non emergency ambulance.

### **Student Technician VQ3**

A student technician level 3 is a member of staff who is undertaking a Diploma in Emergency Care Support and can work under the supervision of a Qualified Ambulance Technician/Paramedic, to perform the skills required to support the clinician in the delivery of patient care. They respond to emergency and urgent calls as part of an accident and emergency crew, using skills and procedures that they have been trained and directed to do. They need to help move patients safely and observe patient vital signs - reporting any changes to the qualified clinician, and provide and take relevant information from carers or others at the scene. Student technician level 3 staff should be crewed with a qualified member of staff and not be planned as a single crew resource. Where this occurs due to unexpected illness every attempt should be made to establish the correct skills mix. Student technician level 3 staff are trained to respond to Immediately Life Threatening (ILT) calls as a first responder only if single crewed, and must be immediately backed up. Student technician level 3 staff should not be left unsupervised to provide clinical care for patients en-route to hospital.

### **Qualified Technician**

Qualified Technicians deliver high quality pre-hospital care via the treatment and transportation of all types of patient. They deal with frontline accident and emergency duties, including responding to 999 calls and Doctors’ urgent calls that occur when a doctor decides that the patient would be best treated in hospital. They can see, treat and refer patients under specific clinical pathways but can always access support when making clinical decisions, either from a senior colleague on scene or via a professional to professional conversation with a remote clinician.

**NOTE:** Student Technician VQ4 can undertake all the skills of a Qualified Technician but they have to be performed under the supervision of a qualified clinician.

### **Paramedic**

Paramedics deliver high quality treatment and care to patients providing treatment and transportation of all types of patient. They deal with frontline accident and emergency duties, including responding to 999 calls and Doctors’ urgent calls that occur when a doctor decides that the patient would be best treated in hospital. They can see, treat and refer patients using their clinical judgement but can access support when making clinical decisions, either from a

senior colleague or via a professional to professional conversation with a remote clinician. They provide members of the public with health advice as well as transportation to appropriate medical facilities, generally in working in emergency situations, using a range of paramedic skills.

### **Specialist Paramedic (Urgent and Emergency Care)**

A Specialist Paramedic (Urgent and Emergency Care) is a Paramedic who has undertaken, or is working towards a Post-Graduate Certificate in a subject relevant to their practice. They will have acquired and continue to demonstrate an enhanced knowledge base, complex decision making skills, competence and judgement in their area of specialist practice. They will meet the Standards of Education for Specialist Paramedics that are set by the College of Paramedics in the Paramedic Postgraduate Curriculum Guidance. Specialist Paramedics provide assessment and treatment to patients in their home and can give care that may avoid admission of the patient to hospital. They may also work in other primary care environments such as GP surgeries, Out of Hours (OOH) services and Minor Injury Units (MIUs).

### **Advanced Paramedic (Urgent and Emergency Care)**

An Advanced Paramedic (Urgent and Emergency Care) is an experienced paramedic who has undertaken, or is working towards a Master's Degree in a subject relevant to their practice. They will have acquired and continue to demonstrate an expert knowledge base, complex decision making skills, competence and judgement in their area of advanced practice. They will meet the Standards of Education for Advanced Paramedics that are set by the College of Paramedics in the Paramedic Postgraduate Curriculum Guidance.

### **NOTES**

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role they are practicing in. This scope of practice should be used in conjunction with the services clinical guidelines, standard operating procedures and the Joint Royal College Ambulance Liaison Committee (JRCALC) clinical practice guidelines.

**Scottish Ambulance Service**  
**Scope of Practice for PTS/A&E Clinical Staff**  
**Version 1.2**

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# Scottish Ambulance Service

## Scope of Practice for ScotSTAR

### Neonatal/Paediatric Clinical Staff

### Version 1.2

No.		Neonatal Nurse (Band 6)	Paediatric Nurse (Band 6)	Neonatal Nurse (Band 7)	Paediatric Nurse (Band 7)	Advanced Neonatal Nurse Practitioner	Advanced Nurse Practitioner
<b>1</b>	<b>Responsibilities</b>						
N1.1	Work on Neonatal Transport/retrieval						
N1.2	Work on Paediatric Retrieval						
N1.3	Practice at all times within the NMC code of conduct						
N1.4	Have practical knowledge of all policies, guidelines and SOP's related to area of work						
N1.5	Assist medical /clinical lead with the stabilisation of the patient prior to transport						
N1.6	Plan, implement and evaluate the needs of the patient during the transport episode						
N1.7	Ensure safe working practices are maintained for patients and staff						
N1.8	Maintain accurate and contemporaneous notes throughout the transport episode						
N1.9	Ensure the episodes are recorded on the national data base						
N1.10	Maintain records of all daily checks on equipment including calibrations and quality control of near patient testing equipment						
<b>2</b>	<b>Airway/Breathing/Circulation Skills</b>						
N2.1	Head tilt, chin lift, or neutral position						
N2.2	Jaw thrust						
N2.3	neopuff. T-piece						
N2.4	BVM						
N2.5	Developmental positioning of age group / condition						
N2.6	Oxygen therapy						
N2.7	OPA						
N2.8	NPA						
N2.9	Supraglottic Airway Device						
N2.10	Intubation						
N2.11	Needle Thorococentesis						
N2.12	Suction (manual and powered)						
N2.13	Central line cannulation (including Jugular Vein Cannulation, femoral, umbilical and IV long lines)						
N2.14	IO cannulation						
N2.15	Peripheral Cannulation						
<b>3</b>	<b>Patient Assessment</b>						
N3.1	Take a respiratory rate						
N3.2	Take a pulse / heart rate						
N3.3	SpO2						

N3.4	Undertake a 3 lead ECG						
N3.5	Recognise 5 rhythms on an ECG						
N3.6	Take a BP non invasive						
N3.7	Take a BP invasive						
N3.8	Take a blood glucose level						
N3.9	Take a temperature peripheral /central						
N3.1 0	Perform a chest examination (inspection, palpation, auscultation, percussion)						
N3.1 1	Conduct a full examination						
N3.1 2	Assess pupil reactions						
N3.1 3	Assess AVPU						
N3.1 4	Assess GCS						
N3.1 5	Take a clinical history						
N3.1 6	Undertake a secondary survey						
N3.1 7	Assess capillary refill						
N3.1 8	Neurological assessment						
N3.1 9	X ray requesting and interpretation						
N3.2 0	Recognising the deteriorating patient						
N3.2 1	Advanced assessment of the body systems						
N3.2 2	Use the medical model of clinical assessment						
N3.2 3	Undertake CBG sampling						
N3.2 4	Undertake ABG sampling						
N3.2 5	Interpret ABG/CBG and take appropriate action						
N3.2 6	Assess skin Integrity						
N3.2 7	perform and interpret cranial ultrasound						
N3.2 8	interpret other blood investigations and take appropriate action						
<b>4</b>	<b>Managing Grief and Bereavement</b>						
N4.1	facilitate sensitive discussion between parents and senior medical staff						
N4.2	care of the critically ill or dying patient						
N4.3	know about procedures and protocols regarding death in transit						
N4.4	recognise the need for staff debrief following difficult and challenging situations						
<b>5</b>	<b>Drug Administration</b>						
N5.1	Administration of oxygen therapy						
N5.2	Administer oral drugs						
N5.3	Administer nebulised drugs						
N5.4	Administer IM drugs by auto-injector						

N5.5	Administer IM drugs						
N5.6	Administer IV/IO drugs						
N5.7	Administer PR drugs						
N5.8	Administer ET drugs (surfactant)						
N5.9	Fluid administration						
N5.1 0	Drawing up medication - including controlled drugs						
N5.1 1	Set up a giving set, infusion pump and fluids						
N5.1 2	Responsible for Controlled Drugs (CDs) management and administration						
N5.1 3	Prescribe a range of drugs appropriate to diagnosis						
N5.1 4	prescribe and administer blood products						
N5.1 5	administer blood products						
<b>6</b>	<b>Cardiac Arrest Management</b>						
N6.1	Perform basic life support						
N6.2	Perform intermediate life support						
N6.3	Perform advanced life support (intubation)						
N6.4	Assist the clinician in performing ALS/NLS/SNRC						
N6.5	Manual defibrillation (under the supervision of a clinician)						
N6.6	Manual defibrillation						
N6.7	Perform resuscitation when indicated						
<b>7</b>	<b>Equipment</b>						
N7.1	Set up and use of Incubators (road and air)						
N7.2	set up and use of paediatric trolley						
N7.3	set up and use of Tecotherm						
N7.4	Set up and use of Braun Pumps						
N7.5	set up and use of Fabian Ventilator						
N7.6	set up and use of Babylog Ventilator						
N7.7	Set up and use of Oxylog Ventilator						
N7.8	set up and use of vapotherm						
N7.9	set up and use of Inovent nitric system and gas cylinder						
N7.1 0	set up and use neopuff						
N7.1 1	set up and use of printernox						
N7.1 2	set up and use of Philips Monitor						
N7.1 3	set up and use of propaq Monitor						
N7.1 4	set up and use of suction machine						
N7.1 5	Set up and use ISTAT						
N7.1 6	set up and use of Vac mattress						
N7.1 7	set up and use of babypod						
N7.1 8	Calculate gas requirements for a transfer						

8	Skills						
N8.1	IM injections						
N8.2	Consent (verbal)						
N8.3	Make a decision to transport a patient to an A&E department						
N8.4	Transport a patient to an A&E department under the direction of a clinician						
N8.5	Make a decision to transport a patient to an alternative facility (such as a cardiac centre)						
N8.6	Treat and refer (using professional judgement and decision making)						
N8.7	Safety netting and giving advice						
N8.8	Audit / review of patient report forms						
N8.9	Completing transport documentation						
N8.10	Apply the principles of good infection prevention and control during clinical care delivery						
	<b>Illness Management</b>						
N9.1	Respiratory tract presentations						
N9.2	monitor respiratory function and interpret trends						
N9.3	recognised abnormal respiratory function						
N9.4	administer nitric oxide therapy						
N9.5	monitor cardiovascular function and interpret trends						
N9.6	recognise abnormal cardiovascular function						
N9.7	manage cardiovascular compromise						
N9.8	care for a patient receiving prostin						
N9.9	care for a patient receiving inotropic support						
N9.10	awareness of the physiological changes that can occur during transport						
N9.11	awareness of fluid balance and identify problems in association with clinical condition and environment						
N9.12	assess external nutritional needs of patient						
N9.13	awareness of the changes that maybe needed for transport						
N9.14	know causes/investigations/treatment required for hyperbilirubinaemia						
N9.15	identify situations and use of blood products						
N9.16	procedures for transfer of patients requiring blood products in transport						
N9.17	nursing strategies to maintain appropriate body temperature						
N9.18	monitor body temperature and use of toe/core monitoring						
N9.20	anticipate temperature deviations and take appropriate action						
N9.21	Ear nose and throat presentations						
N9.22	awareness and ability to nurse a patient with airway difficulties including positioning of patient airway adjuncts						
N9.23	Dermatological presentations						
N9.24	awareness of damage to skin integrity/iatrogenic injury						
N9.25	Use strategies to minimise risk of infection						



N9.2 6	Recognise GI presentations provide appropriate care						
N9.2 7	Cardiac presentations						
N9.2 8	Ophthalmic presentations						
N9.2 9	Management of sepsis						
N9.3 0	Management of renal/urinary tract presentations						
N9.3 1	Neurological presentations						
<b>10</b>	<b>Pain Management</b>						
N10. 1	Use of oral pain relief (paracetamol and ibuprofen, sucrose)						
N10. 2	Use of controlled drugs						
N10. 3	Ongoing management of chronic pain						
N10. 4	Local anaesthesia						
N10. 5	Prescription of pain relief medication for ongoing management						
<b>11</b>	<b>Supervision</b>						
N11. 1	Act as the patients advocate and raise concerns with appropriate person						
N11. 2	Can mentor a new member of staff / observer/student						
N11. 3	Duty of candour						
N11. 4	Displays clinical leadership						
<b>12</b>	<b>Manual Handling</b>						
N12. 1	Undertake patient handling using manual handling aids available						
N12. 2	Patient positioning for comfort and treatment						
N12. 3	Transfer a patient from a stretcher to a hospital trolley or bed						
N12. 4	Transfer a patient from incubator to hospital incubator/cot						
N12. 5	Load and unload transport trolley/incubator from dedicated ambulance						
N12. 6	Load and unload transport trolley /incubator from front line ambulance						
N12. 7	Load and unload transport trolley/incubator from fixed wing aircraft						
N12. 8	Load and unload transport trolley/incubator from rotary wing aircraft						
<b>13</b>	<b>Capacity, Consent and Patient Centeredness</b>						
N13. 1	Can gain consent for undertaking procedures where indicated						
N13. 2	Can recognise abuse and knows the appropriate mechanisms for reporting concerns						

N13. 3	Be able to implement person-centred thinking to deliver personalised services						
N13. 4	Understands the importance of diversity, equality, inclusion and avoiding discrimination						

## SCOPE of PRACTICE – SORT

### 1. Hazardous Area Response Team (HART)

Provides medical care to patients in hazardous or ‘hot’ environments. They utilise special vehicles and equipment. HARTs originated from a 2004 report on the feasibility of paramedics working in the inner cordon or ‘hot zone’ of major incidents. They are activated to situations such as explosions, building collapses and chemical incidents.

### 2. Chemical, Biological, Radiological and Nuclear (CBRN)

Protective measures must be taken in situations in which any of these four hazards are present. To account for improvised devices, the term CBRNe (‘e’ for explosives) is used. CBRN defence consists of CBRN passive protection, contamination avoidance and CBRN mitigation. HARTs have been developed to provide specialist responses to these threats.