



# ACC Practice Guidelines Taxi Booking – For Clinicians



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Guidance	• Taxi booking for Clinicians (ICH and from Scene)

## Introduction

These guidelines were introduced in recognition of those circumstances in which a clinical assessment has identified that a patient requires further assessment at the ED however, it is not necessary for an A&E crew to transport the patient to hospital.

**A taxi may only be offered after ALL other options for self-transport have been considered and where the patient meets the outlined criteria below; prior to any taxi being arranged you must check there is no:**

- **Ambulance (A&E or Urgent Tier) available to attend**
- **Non-clinical resource i.e. Card 46 or British Red Cross vehicle available to attend**
- **And all alternatives including self-transport by friend/family/neighbour and self-funded taxi options have been explored.**



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**In all cases, the rationale for taxi usage must be clearly documented within the notes of the incident outlining alternatives considered and discounted.**

The patient must also be made aware that the Service will only provide a non-stop journey to the nearest appropriate immediate care location and will not provide return transport.

In cases where after a full clinical assessment it is found that the patient needs to attend hospital for further assessment/treatment but does not require any interventions and/or monitoring on route **and all other options of self transport have been explored**, clinicians may consider offering the patient a taxi arranged by the Scottish Ambulance Service.

This taxi can also carry the patient's carer or guardian if required and travelling with the patient.

### Exclusion Criteria

- Any patient where an ambulance, non-clinical resource or self transport options are available.
- Patients significantly clinically unwell and at risk of immediate deterioration.
- Any patient <16 years old unless appropriate adult can also travel
- Patients who are suffering from an acute mental health episode unless with an appropriate escort or friend/family member who can assist the patient
- Patients with a pregnancy related emergency e.g., pre-eclampsia, imminent delivery, PV bleeding unless fully clinically triaged as appropriate for transport.
- Violent patients or those with a history of violence known to SAS, or displaying aggressive behaviour or language.
- Patients who lack capacity and will not have an accompanying adult (e.g.: and elderly patient with a suspected UTI or dementia)
- Patients who would require infection control measures (e.g.: D&V etc.)
- Patients who have been arrested or detained by the police.

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### Inclusion Criteria

- Patients who require no clinical support, assessment, treatment, or clinical intervention/monitoring for journey.
- There are no concerns regarding self-harm/harm to others and no scene safety concerns (in the case of self-harm, a taxi may be considered if the patient is travelling with a responsible adult who is able to keep them safe).
- Patient can sit in a car and able to transfer in and out with minimal assistance and is suitably clothed.
- A full clinical assessment has been completed by the ambulance crew/ remote clinician and the patient has capacity and consents to travelling by taxi.
- Patient is GCS15 with no history of loss of consciousness or recent dizziness.

### Process for ICH Clinicians

Once a full consultation has been completed (via telephone/video) and identified there is no other option than taxi transport (please ensure the above Inclusion/Exclusion criteria are explored, including own transport options) the remote clinicians should:

- Contact nearest Taxi service [REDACTED] ensuring the following information is passed
  - Patient name
  - Pick up location
  - Receiving hospital
  - SAS incident number
  - Mobility i.e. wheelchair required (this must be logged at the time of the Booking)
  - If a carer or guardian will be travelling with the patient
- Place a warning on the call to advise “Clinically suitable for Alternative Transport – booked Taxi reference xxxxxxxx”

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- Log all clinical assessment and shared decision-making details in C3 as per normal process, including time of referral, taxi booking reference and justification of taxi usage.
- Select CSD Outcome CSCTX – this will code the incident with CSCTX which is visible within the waiting stack for dispatchers to allocate the appropriate call sign.

If there is no local taxi contract available, additional considerations should be given the cost of cross boundary taxi usage, level of demand in the incident location and all other possible alternatives. These journeys incur significant cost and so rationale and decision making must be rigorously documented within the C3 incident notes.

### Process From Scene – AP Car Only

**With immediate effect, taxi transport will no longer be available from scene unless an AP Car only is in attendance.**

Where a clinical assessment has taken place at scene by an AP Car and the patient is identified as requiring transport to hospital but there are no clinical concerns; transport options can be discussed with the ACC. Only when there is no ambulance or non-clinical resource available and all self-transport options have been explored at scene can a taxi be considered by the AP in attendance.

There is no requirement for an ICH clinician to be involved and instead we would ask the AP at scene to contact the AR desk on [REDACTED] to discuss operational options.

In the unlikely event a call to the AR desk is not answered, the AP should request a call back via their airwave radio and territorial dispatcher will arrange this for you.

Once a full clinical assessment has been completed and identified there is no other option than taxi transport (please ensure the above Inclusion/Exclusion criteria are explored, **including own transport options**) the following information is essential:

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- Patient name
- Pick up location.
- Receiving hospital
- SAS incident number
- Mobility i.e. wheelchair required (this must be logged at the time of the booking)
- If a carer or guardian will be travelling with the patient
- Rationale for arranging Taxi transport including what other alternatives were explored and reason why the attending crew are not suitable to transport the patient to hospital. This must be clearly documented within the ePRF.

The ACC will advise the AP if the taxi booking is confirmed and pass on the taxi reference number which should also be recorded with the patient assessment and shared decision-making details in the ePRF. A printed copy should accompany the patient to be given to the receiving clinician.

If there is no taxi availability, due to the company's demand, the ACC will advise that an attending crew will instead be arranged who will then convey the patient using normal SAS process.

**The AP must not leave scene until the taxi booking has been confirmed by the dispatcher and the above actions completed.**

The responder can then clear using the appropriate Alternative Transport clear reason.

### Audit and Governance

The ICH and regional leadership teams will regularly monitor and review the volume and appropriateness of these referrals and feedback any learning points directly with clinicians.

It is important that a taxi is ONLY used when there is no other option available to the patient and unless in exceptional circumstances when there is no conveying resource at scene.

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