



LONDON'S  
AIR AMBULANCE  
roadside intensive care



## Pre-hospital Care Standard Operating Procedure

### Daily Routine for Medic One

|                                 |   |               |
|---------------------------------|---|---------------|
| <b>REVIEW:</b>                  | May 2010  |               |
| <b>APPROVAL/ ADOPTED:</b>       | PHC Policy Board  |               |
| <b>DISTRIBUTION:</b>            | PHC Doctors<br>PHC Paramedics   |               |
| <b>RELATED DOCUMENTS:</b>       | SOP Aircraft Contents<br>SOP Medical Pack<br>SOP Monitor Bag<br>SOP Medical equipment & vehicle checks              |               |
| <b>THIS DOCUMENT REFERS TO:</b> | PHC Clinical Practice<br>PHC Non-clinical Practice<br><input checked="" type="checkbox"/> PHC Operational Procedure | Ref:<br>OP-11 |

#### Aims:

- To describe the operational hours of Medic 1 team
- To identify the essential components of the daily routine
- To describe the daily equipment checks for the aircraft and car

#### Background:

The HEMS registrar has a number of roles to play while working as part of the HEMS team. These include clinical and non-clinical duties. Primary clinical duties include acting as Medic One, DA 77 or on the Physician Response Unit. Registrars also have numerous non-clinical responsibilities including teaching, administration, research, audit, continuing professional development and presenting lectures, as outlined in the job description.

#### Policy:

#### Principles

- Every staff member has an obligation to ensure the smooth running of the HEMS service by maintaining the helipad as a “work-safe” environment and behaving in a professional manner at all times.
- All checks are performed using a “challenge and response” technique i.e. one member of the team calls out from the list and the other physically checks the equipment.
- Both paramedic and doctor sign to affirm that the aircraft and vehicles are fit for purpose.
- Any deficiencies or problems with equipment are dealt with by the duty crew immediately and not handed on for others to sort out.
- Ongoing deficiencies must be recorded in the comms book and escalated appropriately.

## 1. Routine

The duty flight crew should be ready to respond to a mission from 07:30. The aircraft will arrive at 08:00 and all vehicle checks, drugs and equipment should be ready / completed by this time. The shift ends at 18:45 when the aircraft goes off-line.

The duty pilots arrive at Denham 07:20 and depart for the Royal London at 07:45. In the proceeding 25 minutes they undertake checks on the aircraft, obtain weather details for the day and review flight NOTAMS for the London area. On occasion an "early job" may require the aircraft to come in before 08:00. In this case the mission may take place prior to the daily checks on the aircraft; the checks should be completed as soon as the mission is complete.

## 2. Daily Equipment Checks

It is essential that **Medic 1 and the Flight Paramedic** have completed the following checks in good time prior to HEMS going on line.

The team must appear clean, presentable & professional at all times. Contaminated / dirty suits & boots must be changed as soon as possible after a mission.

- a. **Personal equipment** (carried in the flight suit) & **stab vests** (individual sizes)
  - Stethoscope
  - Flight board [containing 5 mission sheets, 5 car sheets, 1 transfer document, multiple casualty document, major incident form and log and prompt cards as required]
  - Pens (black ink) x 2
  - Pen torch
  - Protective glasses
  - Ear protection
  - Personal radiation dosimeter
  - Scissors
  - Hospital identification badge
  - Money
- b. **Thomas packs:** At least 3 packs should be mission ready (on the shelf) at the beginning of the day.
- c. **Monitor bag:**
  - 2 sets of drugs [10mls Etomidate 2mg/ml; 2mls Suxamethonium 50mg/ml; 4mls Pancuronium 2mg/ml; 10mls Ketamine 10mgs/ml; 10mls Midazolam 1mg/ml; 10mls Morphine 1mg/ml] drawn up, dated, initialled and placed in the side pocket of the monitor bag.
  - Morphine pouch checked and placed in the top pocket. This should be carried to any DA car mission as morphine is not stored in the yellow drugs pack within the Thomas pack.
  - Propac monitor adequately charged and mission ready (all cables and sensors attached). It should be placed in the main compartment of the monitor bag.
  - Nonin monitor
  - Ultrasound machine, hood and screen protection
  - Spare cables, sensors and extra equipment as per Monitor Bag SOP
- d. **Cold fluids:**
  - 4 x 500ml 0.9% saline in a cool bag with ice packs.
- e. **The notice board** (in lift) & **communication book** (in the stores room) have been read identifying issues relating to equipment / stock.

- f. **Radio / phone check** including signal strength with EOC; Medic1/2 and Paramedic 1/2 mobile phones fully charged and functional.

### **3. Aircraft Checks**

- The aircraft checklist should be collected from Operations Room as soon as the aircraft lands and daily checks performed as listed.
- The oxygen levels in aircraft should be checked with fire crew.
- Ventilator should be replaced with fully charged ventilator from storeroom and tested on aircraft.
- The monitor bag, cold fluids, heater pack and stab vests should be secured on the aircraft

### **4. Car Checks**

- The response car should be checked before the arrival of the aircraft at 0800.

### **5. Observers**

- The duty registrar should go through the disclaimer form with all observers and ensure the document is signed. Each observer is asked to bring some form of photo ID (driving licence / passport) this should be reviewed by the registrar and he / she should sign the observer's paperwork to that effect.
- This documentation should be stored in the appropriate file in the office.
- All observers receive a helipad and aircraft safety briefing from the fire crew. No observer will be permitted to board the aircraft until they have completed these briefings.

### **6. Briefing Meeting**

- The medical team should attend the briefing meeting which occurs at 09:00, providing the aircraft arrives at 08:00. This is an important meeting and must occur even if there is no aircraft flying that day.
- All operational issues should be addressed and solutions sought. MEDIC 1 chairs the briefing and records salient points on the standard form. Any other medical staff present on the pad at the time of the briefing should attend. As part of the briefing the doctor will be asked to confirm that the aircraft and response car are checked and fit for purpose.
- The briefing sheet must be fully completed and handed to the firecrew for filing in Ops

### **7. Scenario**

- Every day during the week the flight team is expected to participate in scenario training. An admin doctor may lead the scenario if there is only one doctor on the flight team.
- Ideally the scenario should be done after the daily briefing. All medical students and observers should participate. Other helipad staff are encouraged to participate.
- The scenario log sheet must be completed and include a full debrief.
- All doctors and paramedics must take part in at least 4 scenarios per month (at least 2 as the operational team).
- Flight duties may be withdrawn if individuals do not maintain currency.
- A log of training is kept by the helipad manager.
- All doctors and paramedics must complete a difficult airway scenario once a month.
- Scenario training at the weekends is done at the discretion of the duty crew.

## **8. Missions**

A mission is only complete when the following have been done:

- Necessary paperwork has been completed. The following are stapled together and placed in the D&D box file pertaining to the month of the mission.
  - The original run sheet
  - Mission briefing sheet – from Ops computer programme
  - Copy of observations
  - Copy of print out from the database
  - Follow-up form
- The database has been completed
- Copy of run sheet in data team tray
- Mission recorded on board in Crew room
- Equipment used on mission restocked / replaced
- Job has been debriefed (Dr , paramedic and observer).

## **9. Between missions**

- During the duty shift, Registrars may be required to show guests and visitors around the pad, identifying and meeting their objectives.
- The duty flight crew must ensure that training doctors and paramedics are given ample opportunity to revise equipment, SOPs, procedures during the shift.
- Medical students should be supported with project work / journal review and educational activities.

## **10. Handover to evening team**

- When the daytime team have been out in the car prior to handover, an official handover must take place in the ambulance bay / car park at RLH.
- The evening team must be “mission ready” with full kit prior to accepting a job from EOC.
- EOC must be informed when the team handover and confirm which phone is now the activation phone.
- There must not be any delay in mission launch due to the delayed arrival of the evening team. The day team must take the job if this occurs.
- An incident form must be completed by the EOC paramedic if any delay in activation / launch occurs.

## **11. End of the day**

- Anaesthetic / analgesic drugs not used during the day should not be discarded. They should be placed in the fridge overnight. If the next team get an early job before new drugs have been drawn up it is permissible to use the previous day's drugs.
- The helipad must be fully secured prior to departure by the last person to leave.