

Ad hoc flying. SOP for doctors flying on Wiltshire Air Ambulance

Date Of SOP:	March 2011
Version (Draft Or Final):	1.1
Review Date:	March 2012
Distribution:	WAA, SWIFT Medics, GWAS
Implementation:	Applies to WAA and SWIFT Medic staff
Relevance To GWAS:	Relevant to GWAS & Wiltshire Air Ambulance
Related Documents:	SOP for Planned medical staffing of WAA & Aircraft orientation & flight safety teaching records
Further Information:	
Author:	Jonathan Glover, Richard Miller, Adrian Wells, Reviewed by Prof. Jonathan Bengier
Approved By:	GWAS Quality Committee
Approval Date:	

Aim

This SOP applies to currently accredited SWIFT Medics doctors and should be read in conjunction with the 'Shift flying' SOP.

For reasons of maintaining appropriate clinical care SWIFT Medics doctors may transport a patient in the Wiltshire Air Ambulance as an accompanying 'medical passenger.' This generally occurs when a doctor has been tasked to an incident where the WAA is also present or is subsequently called for support. This SOP governs operation for day and night time flying when the presence of a medical passenger is unplanned.

Due to a patient's injuries, current medical condition or use of sedation & other on scene procedures there are times when the patient requires to be accompanied by a doctor trained in advanced pre-hospital or critical care. This includes but is not limited to ventilated patients, patients with fluctuating level of consciousness and sedated patients. Also patients who are in a critically unstable condition and who's safety in flight would be enhanced by the presence of an immediate care doctor will fall into this group. **The doctor is travelling as a 'medical passenger' rather than HEMS crew member.** (explained in Shift flying appendix)

The doctor will generally, but not necessarily, be a 'current shift flyer.'

If the doctor is not a 'current shift flyer' the following short passenger safety brief will be given by one of the HEMS crew:

- Explanation of communication, emergency and safety procedures in & around the aircraft
- Instruction on entering & leaving the aircraft with or without rotors running as appropriate
- Use and position of the relevant onboard specialist medical equipment
- The use of the helicopter intercom system. Tetra radios will be operated by the paramedic
- Planning of the roles and seating of the paramedic & doctor inflight

It may be that this brief is given by the police observer (who may or may not subsequently fly due to weight, balance & fuel considerations) or pilot whilst the paramedic is preparing the patient for transport.

Additional Doctors' Equipment

The doctor's additional equipment will be agreed & shown to the pilot. This should be kept to a minimum & unnecessary equipment will be left at scene. (ask police or GWAS staff to return this to doctor's car)

Equipment will include doctor's PPE, a supply of pre-drawn drugs, basic fall back monitoring equipment (eg Handheld sats & capnography) and equipment with which the doctor is familiar for critical care interventions. (eg iGel and surgical airway). Any possible duplication of equipment must be kept to an absolute minimum and taken for appropriate reasons such as familiarity, specific clinical preference or to expedite departure (eg light-weight monitoring to which the patient is already attached).

Night flying

It is not currently proposed that SWIFT Medics will staff evening/night shifts in a planned fashion, from time to time for the above clinical reasons a night HEMS flight requires the doctor to travel as a medical passenger. Night flying carries more risk from an aviation & clinical point of view, and must include pre-empting & preparing for in-flight patient deterioration. Pay attention to aircraft tolerant patient monitoring. EtCO₂ & ECG monitoring, including measurement of respiratory rate by chest impedance where possible, are more resilient to noise, dark conditions, poor perfusion & vibration than traditional sats probes & NIBP. The cabin lighting will be poor & visual patient assessment limited. Ask the paramedic to switch on cabin lighting as appropriate & safe.

At night there may well be times when the HEMS paramedic is required to play an aircrew role and the accompanying doctor will need to be aware of this and a greater degree of independence may be required at these times. In particular observe the paramedic's actions and plan not to disturb them when taking off & landing.

Drugs required in-flight should be anticipated, pre-drawn & labelled clearly before uplift. (Consider this if drawing up drugs during any pre-flight procedure)

The increased HEMS crew levels provide additional safety for night-landing in un-surveyed and unlit sites therefore the onward flights from scene to hospital pose a lower risk level. The police observer may be left at

scene. If this is the case and in the event of marginal weather conditions the HEMS Paramedic may be required to sit in the cockpit & the doctor will be wholly responsible for patient care in the passenger/patient compartment; this will be assessed on a case by case basis.

Database

If a doctor accompanies a patient for a night HEMS role, please notify SWIFT Medics of the work carried out. Doctor night HEMS is one potential unique WAA operation & will be scrutinised by all concerned. For these incidents it is more likely that SWIFT Medics receive requests for press releases therefore prompt information is valuable.

Debrief

Generally the flights requiring a doctor's unplanned presence present a learning opportunity from an aviation & medical standpoint. An informal debrief is useful, helping to clean & re-stock the aircraft after the flight is polite and may be a good time to talk over the incident. We have the kind offer of discussion & advice from Drs, Bengler, Deakin & Sutton which you may also wish to take up. It goes without saying that the other SWIFT Medics doctors will be eager to learn from and talk over all significant events. Once again 'Doctor night HEMS' could well be treated as a significant event in itself & learning opportunities should be taken. This may include the pilot, paramedic or doctor point of view and consider aviation, safety and clinical issues.

Where an individual job merits an in depth clinical debrief this will be undertaken by the relevant team at mutually convenient time.

In order to keep this SOP relevant & current an informal audit is requested including:

Note of deviations from SOP

Note of reasons

Discussion

Notify SWIFT Medics & WAA

Suggestions for review if appropriate