

Shift flying. SOP for doctors staffing 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 Ad hoc medical staffing of WAA & Aircraft orientation & flight safety teaching records
Further Information:	
Authors:	Jonathan Glover, Richard Miller, Adrain Wells, Reviewed by Prof. Jonathan Bengier
Approved By:	GWAS Quality Committee
Approval Date:	

Aim

This SOP applies to currently accredited SWIFT Medics doctors.

At times during Wiltshire Air Ambulance operation if no police observer is rostered there is a 'spare seat'.

In order to maintain the minimum staffing levels on board the aircraft during daylight hours the crew configuration can be: Pilot, HEMS Paramedic & Flight doctor.

This enables a SWIFT Medics doctor to travel on the aircraft in a planned fashion. The following procedure clarifies the role of the doctor together with the required training & update period for planned doctor shifts. **The doctor is travelling as a 'medical passenger' rather than HEMS crew member.** (explained in appendix). Travelling by helicopter does not alter the role or clinical skill set of the SWIFT Medics doctor when at scene, and practice should be identical to that occurring when the same doctor responds by car.

There includes a note of the doctor's and HEMS Paramedic's tasks. This enables the doctor to be aware of the paramedics dual role & remain sensitive to CRM issues particularly in flight.

This SOP does not cover the provision of clinical care in flight.

Training

The flight doctor must have current familiarisation and training as specified by the Wiltshire Air Operations Unit. All flight doctors will have completed WAA approved initial training and an approved refresher every 12 months. If the flight doctor has not flown with WAA within the last 2 months then a planned re-orientation is required. This re-orientation may be carried out by pilot, police observer or most likely by the paramedic and should be before the morning shift commences.

Training Content:

- Familiarisation with safety procedures in & around the aircraft
- Familiarisation with aircraft emergency procedures including fire drills
- Entering, leaving and loading patients into the aircraft with and without rotors running
- Use of the relevant onboard specialist medical equipment
- The need for the pilot's approval prior to use of the defibrillator and cabin lighting at night
- The use of helicopter communication systems intercom & Tetra radios
- Basic navigation, aircraft map & camera operation
- CRM training and in flight communication
- Manual handling
- Doctor related pre-shift checks

Arrival

The shift doctor will arrive at or shortly before 8am. The first task of the day will be to attend the NOTAMS brief with pilot & paramedic. Thereafter matters arising from pilot, paramedic & doctor may be discussed. This will include aircraft weight & balance considerations.

Once the brief has been completed the doctor must log on with the Special Operations Desk using their GWAS PIN number so that they are recorded as a member of the duty clinical crew for that shift.

It is expected that unless there are pressing clinical tasks (such as impending calls) that the shift doctor will make themselves available to **assist** with the fuel checks & other medical tasks such as re-stocking & checking equipment in order to get the aircraft & team operational with the minimum of delay.

Joint Training

One of the most important opportunities of having the SWIFT Medics Doctors with the WAA for the whole shift is that of joint training. This will be incident based but will also include:

Drills for extrication, resuscitation & RSI

CRM discussion & practice

Collaboration for SOP development

Kit check/duplication/orientation/Formulation of doctors' bag

Additional Doctors' Equipment

Until a uniform kit containing additional doctors' equipment is agreed doctors will be responsible for additional equipment including drugs carried and PPE. A check of this is expected prior to shift start/arrival.

All additional doctors' equipment is to be weighed & cleared with duty pilot after NOTAMS brief.

For weight & balance reasons the doctor must only take medical equipment as agreed with the pilot, this will be stored in-flight in an agreed position of safety within the aircraft.

SWIFT Medics will work in co-operation with Wiltshire Air Operations Unit to define and store an agreed kit to be by the flight doctor when required.

Clinical equipment:

Doctor's drugs

Additional doctors' equipment

Personal protective equipment:

Fire retardant flight suit

Hi-Vis Jacket

Debris Gloves

Protective boots

Protective helmet (not flying helmet)

Night flying

It is not currently planned that SWIFT Medics will staff evening/night shifts. It is possible for clinical reasons that a mission started before nightfall subsequently requires a patient to be transported urgently by air with an accompanying doctor in darkness. There will be 3 HEMS trained crew for flying after night fall. Generally this will be pilot, police observer & HEMS Paramedic. The doctor may be taken as a medical passenger if it is thought they will be a useful clinical asset.

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 then 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.

Depending on fuel, weight & flight considerations if the doctor is conveyed to the incident scene but not required for onward patient management they may be left at the scene. This avoids undue pressure on the fuel reserves and inherent additional concerns of night flying. Depending on the type of task involved the doctor may be left at WAA Base.

Database

During the day it is essential to keep up to date with patient records & notification of SWIFT Medics of the work carried out. This may be by plain e-mail or using the proforma. Particular note of critical interventions performed will be required for audit purposes. Whenever an opportunity arises paperwork should be completed. It is expected that the flight doctor will notify SWIFT Medics of jobs completed before they leave WAA Base at the shift end. SWIFT Medics may well receive requests for press releases regarding certain high profile incidents early the following morning from the media. Prompt high quality information will enable a timely & informative press release to be made.

Debrief

The doctors' shifts will end at 6pm however there is generally a period of overlap from 5-6pm allowing for a short debrief of the day. This may be the pilot, paramedic or doctor lead and consider aviation, safety and clinical issues. However 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

APPENDIX

Medical Passengers

Extract from: 'Framework For a High Performing Air Ambulance Service - Final Report August 2008'

There are two distinct types of crew on a HEMS aircraft – HEMS Crew Members and Medical Passengers. These fall under strict criteria with regard to the Civil Aviation Authority. The HEMS Crew Members are integral to the safe running of the aircraft, navigation, using the radios, ensuring passenger safety, performing refuels and checking for in-flight and ground-based hazards they are classed as aircrew. As such they will require annual 'line-checks' to ensure they remain competent. Medical passengers however have no mandated role and are classed as solely passengers. Different approaches are taken in different services. At London HEMS for instance, the organisation uses two pilots on every mission and the doctor and paramedic remain in the cabin. They are not expected to operate the doors or perform any navigation. At Great North Air Ambulance Service (GNAAS) all crew are line-checked and participate in the aircrew roles – sitting in the co-pilot's seat and assisting the pilot where required.

A medical passenger is defined as a medical person carried in a helicopter during a HEMS flight, including but not limited to doctors, nurses and paramedics. Prior to any HEMS flight, or series of flights, medical passengers shall be briefed on the following:

Familiarisation with the helicopter type(s) operated

Entry and exit under normal and emergency conditions both for self and patients

Use of the relevant onboard specialist medical equipment

The need for the commander's approval prior to use of specialised equipment

Method of supervision of other medical staff

The use of helicopter intercommunication systems

Location and use of onboard fire extinguishers

(Following paragraph of particular note)

If the crew configuration includes a medical passenger who provides a clinical benefit to patients and who attends on a regular basis but has not yet undertaken the full HEMS Aircrew course, then a minimum of a full one-day aircraft and operational familiarisation course should be undertaken. This course should be competency based and include a manual handling section.