



# Clinical Practice Procedures: Other/Interacting with Non-QAS Health Professionals

<b>Policy code</b>	CPP_OT_INHP_0221
<b>Date</b>	February, 2021
<b>Purpose</b>	To ensure a consistent procedural approach to interacting with Non-QAS Health Professionals.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
<b>Source of funding</b>	Internal – 100%
<b>Author</b>	Clinical Quality & Patient Safety Unit, QAS
<b>Review date</b>	February, 2024
<b>Information security</b>	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
<b>URL</b>	<a href="https://ambulance.qld.gov.au/clinical.html">https://ambulance.qld.gov.au/clinical.html</a>

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: [Clinical.Guidelines@ambulance.qld.gov.au](mailto:Clinical.Guidelines@ambulance.qld.gov.au)

## Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by appropriately qualified QAS clinicians when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

© State of Queensland (Queensland Ambulance Service) 2021.



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives V4.0 International License

You are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute the State of Queensland, Queensland Ambulance Service and comply with the licence terms. If you alter the work, you may not share or distribute the modified work. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en>

For copyright permissions beyond the scope of this license please contact: [Clinical.Guidelines@ambulance.qld.gov.au](mailto:Clinical.Guidelines@ambulance.qld.gov.au)

QAS ambulance officers interact with various levels of health professionals within the community, at medical centres, hospitals and nursing homes and via medical consultation as a regular part of their patient management. Ambulance officers must respect each health professional's qualifications and where appropriate use their knowledge, experiences and abilities to ensure patient safety and best possible standard of care for the patient.

## Indications

- Cases involving Non-QAS Health Professionals

## Contraindications

- Nil in this setting

## Complications

- Nil in this setting

## Health professional present at an event or patient residence

If while at a scene or in a patient's residence the ambulance officers are approached by a person claiming to be a qualified health professional, the officers must take reasonable steps to ascertain the identity and qualifications of that person prior to allowing them to influence the assessment or management of a patient. A common sense approach must be undertaken, as overwhelmingly these individuals correctly identify their clinical credentials. QAS ambulance officers must only perform procedures for which they have received specific training and authorisation by the QAS. Qualified health professional can assist QAS ambulance officers in the performance of their authorised Clinical Practice Guidelines and offer their advice but only a qualified medical officer (MO), accepting full legal and medical responsibility of a patient, can request a deviation from QAS accepted practice. This Medical Officer then must assume primary care of the patient.

The ambulance officer must use their judgement with regard to the inclusion of any additional health professionals into the patient's assessment and management, taking into account their field of specialisation and that they may have limited knowledge of QAS equipment and resources. Where a MO takes complete responsibility for patient care or a specific aspect of the patient's management, the MO's full name, specialty (e.g. General Practitioner, Anaesthetist) and contact number must be recorded in the eARF.

If in the opinion of the ambulance officer an action by another health professional places the safety of the crew, patient or ambulance in jeopardy, the crew must take whatever reasonable steps are necessary to ensure that the safety of the ambulance officers and the patient is protected. The ambulance officer must not engage in a dispute with a qualified health professional but state their reasons for concern politely and firmly. If unable to reach a resolution, the ambulance officer must contact the **QAS Clinical Consultation and Advice Line** immediately for further advice and management options.

If in the opinion of the ambulance officers the qualified health professional cannot add any benefit to the assessment and management of the patient, the crew must politely and firmly state their reasons to the health professional and continue with the patient's management. The ambulance officers must be able to justify why the inclusion of the additional health professional would not add value to the best possible standard of care for the patient and record this on the eARF.

## Medical Escorts

QAS is often used to facilitate transport, with the continuation of treatment, of critical patients between facilities or from retrieval services to a receiving facility. Where the patient's expected management is outside the scope and authorisation of QAS ambulance officers a medical escort must be provided, as appropriate for the patient's condition (MO and/or registered nurse (RN)).

During transport the patient care is the responsibility of the attending clinical escort. QAS ambulance officers may assist the escort in the care of the patient, but only within their scope of practice. An ambulance officer must remain in the rear of the ambulance and assist the escort throughout transport with the operation of equipment and patient care unless multiple clinical escorts are present and it is logistically impossible. In this situation where the treating ambulance officer is unable to safely remain in the rear of the ambulance due to the number of available seats, the paramedic must provide instruction on equipment location and use prior to transport. The operation of the QAS ambulance and equipment remains the responsibility of the QAS ambulance officers.

The ambulance officers must not engage in a dispute or conflict with the medical escort where the ambulance officer believes that the patient's management should be changed. The ambulance officer should state their reasons for concern politely and firmly to the medical escort and if unable to reach a resolution, the ambulance officer must contact the **QAS Clinical Consultation and Advice Line** for further advice and management options.