

Clinical Standard Operating Procedure (SOP)

RETRIEVE DRIVER SOP

SETTING	Service-wide
FOR STAFF	Bristol Ambulance EMS driver for the Retrieve service
PATIENTS	All adult critical care transfers completed by Retrieve

Introduction

The purpose of the document is to describe the role of the driver whilst working for Retrieve. Retrieve has four identically-branded and equipped, specialist ambulances which are provided and managed by Bristol Ambulance Emergency Medical Services (BAEMS). As well as the ambulances, BAEMS also provide one blue light trained driver at each base per shift. Due to the modifications made to our dedicated ambulances and the standard operating procedures within Retrieve, all BAEMS drivers must be familiar with Retrieve's ambulance and procedures to ensure the service is safe for our patients and staff.

Shift times

The driver shift begins at 08:30 and finishes at 20.30 during the day and runs from 20:30 to 08:30 overnight. Due to the nature of critical care transfer, overruns may occur, but this will be discussed with the team at the point of referral. A brief handover is required between the day and overnight drivers which should include vehicle issues that have been identified which may impact overnight work.

The Retrieve clinical team shift times are slightly different to those of the BAEMS drivers, running from 08:30 and 20:45 and 20:30 and 08:45.

Access to the Retrieve bases

The driver will arrive at either the Retrieve Peninsula (Launceston Hospital) or Severn (Southmead Hospital) base. If the team is not at base, the cabins can be accessed with a key or swipe card. Base keys must remain in the key safe if the driver is not on base.

The Peninsula base key safe is located on the side of the yellow metal cabinet, code 0512. The key enclosed is to the main base cabin, the ambulance keys and other cabin keys will be hanging on hooks on the left-hand side of the main cabin door.

The Severn Base access card is located in the oxygen cage located on the left hand side of the cabin, code 2502. The Ambulance keys are kept in the top draw of the small white drawer unit situated under the television.

Videos have been made to familiarise drivers with each base:

[Base Familiarisation Video, Peninsula Base](#)

[Base Familiarisation Video, Severn Base \(June 2024 – video in production\)](#)

Driver phone

To allow communication with BAEMS control room and the clinical team, the driver must carry the BAEMS-issued mobile phone. On arriving for shift, ensure the phone is on, has sufficient charge and the volume turned up high. Phone holders and chargers are available in the vehicle.

Start of shift checks

At the start of the shift the following must be completed:

1. BAEMS vehicle inspection checks of the vehicle (associated paperwork available on base).
2. Assist the Retrieve clinical team with the offloading and loading of the trolleys and transferring oxygen cylinders from one to the other
3. Check the vehicle for cleanliness and clean if required i.e. floor of the ambulance
4. Check road and weather conditions in the local region
5. Join team Huddle (clinical team will access this via a Teams call) at 09:00 and 21:00

Huddle

The drivers should join the team Huddle, this takes place at 09:00 during the day shift and 21:00 during the night shift. If there are pending transfers it may be necessary to move the timing of the huddle, this will be communicated to the driver by the Retrieve team.

During the Huddle the following will be discussed

- Introductions
- Referrals and pending transfers
- Situational awareness and safety including road conditions, weather, and vehicle status
- ECMO vehicle availability (Severn base only)
- Points of the week

If there is a material change in weather or road conditions at the point of a deployment, the driver should discuss this with the clinical team.

Once the above points have been discussed, the clinical team will continue the Huddle, where they will complete patient case reviews and training activity. The driver is not required to take part in this clinical discussion and education but is more than welcome to do so.

Tasking flow

Once a referral has been accepted the clinical team should provide the driver with the following details:

- The referring hospital
- Exact location from where the patient is to be collected
- The driving response category required (red, amber or green, as per BAEMS SOP)
- The receiving hospital

The deployment response times set within the service are laid out below, and the whole team need to work together to achieve these decision-to-depart times.

The journey categories red, amber, green will be used as set out in the Referral handling and deployment SOP and the BAEMS Retrieve Driving Team SOP.

Red

- Definition: patients requiring transfer to a specialist care for immediate (within 1 hour of arrival) life-, limb- or sight-saving intervention to reduce risk of imminent death or severe or long-lasting morbidity
- Response: call-to-decision 5 minutes, decision-to-depart 5 minutes, collect-to-depart 20 minutes

Amber

- Definition: patients requiring transfer for ongoing time-sensitive management to reduce risk of death or significant morbidity
- Response: call-to-decision 10 minutes, decision-to-depart 15 minutes, collect-to-depart 30 minutes

Green

- Definition: patients requiring transfer for elective intervention or ongoing care (including continuation or repatriation transfers)
- Response: call-to-decision 60 minutes, decision-to-depart N/A, collect-to-depart 45 minutes

During transfer, the clinical team will communicate to the driver via the 2-way radio. The driver should have an understanding of how the radio works and ensure that both radios are on the same channel. The driver should notify the clinical team when they are 15 mins away from the referring or receiving hospitals, as they will then contact those hospitals to give advance notice of arrival.

The driver must ensure that the BAEMS radio and sat nav are fully charged at all times.

Transfer assistance

On occasion, drivers may be asked to assist the team with movement of the trolley (with or without a patient) and carrying items in and out the hospital. This is within the discretion of the team that day. Drivers must only carry out tasks which they have been asked to assist with by the Retrieve clinical team, and only if they are comfortable and able to do so.

Overruns

If the transfer is likely to result in a shift overrun, the driver should inform BAEMS control as soon as they are able to do so. BAEMS have a risk assessment to assess required rest times and

manage fatigue and staff welfare. If an overrun was to impact on the following Retrieve shift, BAEMS are responsible to find adequate cover. The driver should inform the duty team of the plan so this can be handed over.

Ambulance and trolley familiarisation

Daily ambulance checks

At the beginning of each shift, and before the vehicle is used, the Vehicle Daily Inspection (VDI) should be carried out as per the BAEMS 'Retrieve Driving Team' SOP. This form must be completed, and any defects or issues reported to BAEMS control room immediately so that it can be resolved in a timely manner. Please inform the clinical team on shift if defects or issues are reported.

The first on scene bag is supplied by BAEMS. The AED should be checked daily along with ensuring the security tags are intact. The contents should be checked every two weeks by the Retrieve day driver; the checklist can be accessed on the Eolas app (Appendix 1) and is also included in Appendix 2.

Specific ambulance elements

Drivers need to understand how to safely use all elements of the Retrieve ambulance as per the 'Ambulance SOP'. This includes the ramp, winch, control panel and the contents of each of the cupboards. It is accepted that many BAEMS drivers will already be familiar with the particular vehicle type and these operations if they have worked in other parts of the company.

Transfer Trolley

Drivers must be familiar with loading and unloading the Ferno critical care transfer trolley, its method of fixing and releasing, and safe movement outside the vehicle. These are covered in the 'Ferno trolley use and checking' SOP and Ambulance SOP. The winch must be used for all trolley movements on and off the vehicle to ensure safe manual handling.

Oxygen

The day-to-day management of oxygen supplies is a core role for the driver. The correct amount must be available on the ambulance and in stock on the base at all times.

Drivers should be aware of the location of the base's oxygen cage and the key code number set by BAEMS). A weekly stock-take of oxygen should be completed (Peninsula on Tuesday, Severn on Thursday), documenting the number of full cylinders (CD, E, ZX) on the base white board and the clinical team informed of any oxygen delivery requirements. An order will then be placed by the clinical team.

Oxygen on transfer trolley

Drivers must be aware of how to safely secure the oxygen cylinders within the holders located on transfer trolley. It is the responsibility of the clinical team to ensure there is sufficient volume in each cylinder at the beginning of every shift and prior to each transfer.

Oxygen within the ambulance

The oxygen provision in each ambulance is described in the Ambulance SOP. The two ZX cylinders must be at least half full and changed if they are less than this. Drivers must safely secure cylinders in their appropriate holders. Only the right hand ZX cylinder is connected to the cabin's piped oxygen supply. If this cylinder becomes depleted of oxygen, the cylinder must be swapped.

If there are any concerns with the integrity of an oxygen cylinder, then it must be placed back in the oxygen cage with a 'Do not use' sign attached, and the issue escalated to the clinical team.

Cleaning of the ambulance

It is the driver's responsibility to ensure that the ambulance is clean and tidy between transfers, ensuring that the bins are empty and the back of the ambulance (including the floor) is clean.

Following a transfer it is essential that the back of the ambulance is cleaned appropriately; for the majority of transfers a standard clean is sufficient. Clinell wipes should be used to clean all surfaces including the internal walls. The cleaning process will differ depending on the infection control risk. The clinical team will inform the driver of any transfers that necessitate enhanced cleaning, as per the 'Infection prevention and control' SOP.

When undertaking the cleaning process, the correct PPE should be worn (mask, goggles, apron and gloves). Retrieve stock this PPE and the driver must ensure sufficient supplies are maintained in the ambulance cab.

New Retrieve Drivers

It is the responsibility of the Base Lead Nurse to ensure that the drivers are familiar with Retrieve's ambulance and procedures to ensure the service is safe for our patients and staff. The familiarisation checklist must be completed by all BAEMS drivers who are new to the Retrieve service. Drivers should be fully oriented to the operation of the vehicles and base prior to their first independent shift. Please refer to the familiarisation checklist (see Appendix 3). Completed forms will be held by the Base Lead Nurse

Vehicle-only service

Due to staff unavailability or sickness there may be shifts (day or night) that are not staffed by a clinical team. In this circumstance a driver only service will be provided. This means the service will provide a vehicle, but without clinical equipment, in the absence of Retrieve clinical staff to supervise its use. Patients will therefore be accompanied by a clinical team from the referring hospital with their own transfer trolley and equipment. Following a transfer, the escorting team will need to be returned back to the referring hospital. Start of shift checks should be completed as normal, but the Huddle should be joined via the phone.

Huddle during a vehicle only service

The driver should liaise with the Duty Consultant (either an overnight on-call DC, or a DC providing remote cover from home or as part of the other sub-regional team within the service), at 09:00 or 21:00 via call conference; the drivers should initiate this call once their start of shift checks and weather/traffic reviews are complete. A call should be made to the BA control room via the Retrieve number (0300 030 2222), asking the call handler to put the call through to the Retrieve Duty Consultant

During this call the following topics should be discussed: (Appendix 4)

- Introductions
- Referrals and pending transfers
- Situational awareness and safety

If there is a material change in weather or road conditions at the point of a deployment, the driver should discuss this with the DC during the tasking telephone call.

Accommodation during a vehicle only service

Once the start of shift checks and the huddle have been completed the driver can remain in the Retrieve bases or locate themselves in Launceston Community Hospital (Peninsula base) or the SWR base (Severn base). The vehicles should be back at the bases before the end of shift unless they are out, performing a transfer.

The base must be secured when leaving, ensuring windows are shut, shutters closed, and the door locked.

At the Peninsula base, the training room within the hospital is available to use (see Peninsula base orientation video for instruction on how to access this). The vehicle should be moved and parked outside the hospital to allow quick access.

Vehicles must not be moved to residential addresses overnight.

Tasking flow during a vehicle only service

Having received a referral, the Retrieve DC will ask the BAEMS call-handler to connect them to the appropriate base driver. The DC should provide the driver with details of:

- The referring hospital
- Exact location from where the patient is to be collected
- The contact number for the team transferring the patient
- The driving response category required (red or amber, as per BAEMS SOP)
- The receiving hospital

The driver will then mobilise to the referring hospital. The DC will ensure the referring hospital team are aware that they **must be ready to depart** when the driver arrives in order to minimise turnaround time and maximise vehicle availability.

If, for any reason, it is necessary for the DC to contact the driver, they will call the driver via the BA call handler. If driving when the DC calls, the driver should stop when safe to do so and return the phone call via the 0300 030 2222 number to confirm details.

Arrival at the referring hospital

Unless instructed otherwise, the ambulance should be parked at the ED and that should be used by the driver as the point of entry to the hospital; it will always be open and there will always be staff available to assist in directing to other departments within the hospital if necessary. The driver should contact the referring team, confirm the identity of the patient to be transferred and then assist the escort team to safely load the patient, on an appropriate trolley, into the vehicle using the winch. The driver should use the Driver Action Card (Appendix 5), available on the Retrieve Eolas app or website (QR code in vehicle) or in the 'Driver' folder in the vehicle. This document will help to familiarise the escorting clinical team with:

- Use of the radio to communicate between driver and team
- Unfolding and rotation of seats
- Brief overview of consumables carried in the cabinets
- Requirement to remain seated and belted, or call on the radio/alarm for the driver to pull over

The driver will also assist with connection to the vehicle oxygen supply and inverter power system (also ensuring that this is switched on, which can only be accomplished once the engine is running).

Arrival at the receiving hospital and repatriation

On arrival at the receiving hospital, the driver will assist the escorting team to safely offload the trolley. After offloading, the driver will clean the patient cabin, and then await the team. Referring hospital teams have been informed that this should not take longer than 30 minutes. When the escorting team are ready, the driver will need to complete the second part of the Driver Action Card and repatriate the team and equipment back to the referring hospital, before returning to base.

Escorting team

Retrieve stipulates that an escorting team of **two clinicians** from the referring hospital accompany any patient. If, on arrival, only one clinician is available, the clinical team must call the Retrieve DC to discuss this. The patient must not be loaded onto the vehicle until two clinicians are available. If there are any issues the driver should call the Retrieve DC via the BAEMS call handler.

Emergency Action Cards

The escorting team will not rely on the driver for any clinical assistance. In the event of an emergency in the back of the vehicle, once the vehicle is in a safe place, the driver may support the team but must not complete any clinical task that they are not trained or competent to undertake.

The Retrieve Emergency Action Cards (EAC's) are available to use by the clinical team. These laminated cards can be found in the cupboard with the suction consumables.

Equipment

Only basic consumables are stocked within the vehicle. The escorting team should provide all the equipment they require for the transfer. The vehicle does contain a first on-scene bag (including AED).

In rare situations, the escorting team may request the transfer of a patient on an Intra-Aortic Balloon Pump (IABP). The escorting team are clinically responsible for this equipment but to ensure the safety of the team, the driver must ensure the unit is secured correctly within the ambulance. A set of photos are provided in Appendix 6 for how to secure an IABP. These are also in the 'Driver' folder available in the vehicle. To reduce the risk of inverter failure, the engine must be running before loading the patient onto the vehicle.

Returning to base

On return to base the driver should ensure the vehicle is adequately fuelled, consumables restocked, and suction disposables replaced. There is a video explaining how to replace the suction liner on the website. Oxygen cylinders should be replenished as necessary. Please use the Ambulance SOP for details of what belongs in each cupboard.

Vehicle consumables should be restocked from the Retrieve base storerooms. The Peninsula storeroom base key is on the left-hand side of the door.

Duty cycles and overruns

As a lone worker operating under emergency driving conditions, care in fatigue management is vital in maintaining everyone's safety. The driver retains personal responsibility for this, working within the BAEMS Lone Worker policy.

The driver is encouraged to ensure they are rested before undertaking the next leg of a deployment, even if this introduces a short delay in the repatriation of the escort team or return to base after the transfer is complete.

Incidents on the road

In the event of breakdown, electrical supply failure, collision, or other similar incident, the driver should follow applicable BAEMS policy, and the DC should be contacted by the driver via the BAEMS Retrieve call handler (0300 030 2222). If the driver is too occupied to permit this, the BAEMS call handler should convey a message to the DC on their behalf. Emergency Action Cards are available to provide guidance.

In the event of a significant clinical event, the escorting team are encouraged to seek advice from their own consultant or the DC via BAEMS Retrieve Switchboard.,

Vehicle maintenance

At each base, drivers will have access to basic vehicle maintenance and cleaning products. These include Ad-Blue, oil and screen wash. Keys are available on base to access these products. On the Severn base these are located with the ambulance keys in the white draw. In Peninsula these are in the yellow COSSH cupboard, keys are hanging on the left-hand side of the main cabin door. Some cleaning products can be found in the toilet cabin.

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
02/2024	2.0	Retrieve Peninsula Base Lead Nurse	Major	Changes to reflect move to 24/7 operations Retrieve Overnight Vehicle Orientation replaced by this SOP. Ambulance specific elements required for a vehicle only service added.

Document Governance

REFERENCES	
RELATED DOCUMENTS AND PAGES	Ambulance SOP Ferno trolley use and checking SOP Roadside Incidents ROV Familiarisation video, Severn and Peninsula BAEMS Vehicle Inspection Document Driver Action Card Intra-Aortic Balloon Pump SOP Retrieve Emergency Action Cards BAEMS Lone Worker policy
AUTHORISING BODY	Retrieve Leadership Team
SAFETY	
QUERIES AND CONTACT	Retrieve Leadership Team

Appendix 1- Eolas driver app access



Appendix 2 – First-on-scene bag contents list

- 2 x adult non-rebreathe masks
- Plastic bag with plasters and 2 x wound cleansing wipes
- 2 x emergency bandage
- 2 x C-A-T tourniquet
- 2 x triangular bandage
- AED - check no red cross when switched on
- 1 x adult pads
- 1 x paediatric pads
- 3 x razor
- Blizzard blanket
- Trauma scissors
- Adult BVM
- Paediatric BVM
- Pelvic binder
- OPA 000, 00, 0, 1, 2, 3, 4, 5 (1x each size)

Appendix 3 – Driver familiarisation checklist

Name

Date

This familiarisation form must be completed, and a copy returned to the Base Lead Nurse.

	Date completed
Ambulance checks and orientation (BAEMS VDI sheet, control panel, cupboards)	
Use of trolley (Brakes, handles, manoeuvring)	
Loading and unloading ambulance (Use of ramp and winch)	
Oxygen usage / storage (Base storage, ambulance storage, trolley)	
Cleaning (Awareness of cleaning as per SOP)	
Retrieve processes (Deployment, transfer assistance, overruns, hospital directory)	
Base orientation	

Signature of trainer and role

Signature of driver

Appendix 4 – Vehicle-only service huddle

RETRIEVE VEHICLE-ONLY SERVICE HUDDLE

08.45 or 20.45 Call BA (0300 030 2222) and ask to be put through to the Duty Consultant at the other base (daytime) or overnight Duty Consultant (at night).

Introductions

Confirm sickness/gap in rota situation and anticipated length of vehicle-only service

Confirm vehicle-only processes if any questions from driving team

Referrals and pending transfers

Review referrals. Any pending transfers?

Situational awareness and safety

Any regional incidents that may affect the service?

Any issues identified during vehicle checks?

Road conditions, weather and vehicle status?

Anything else from the team?

Appendix 5 – Driver Action Card for Retrieve Vehicle-Only Service

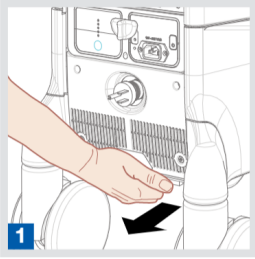
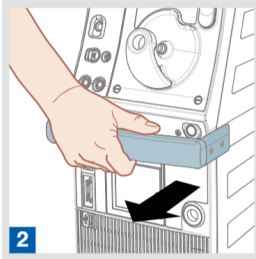
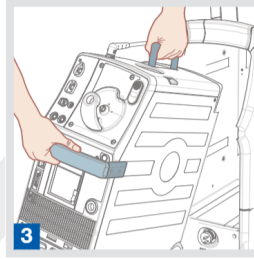
This brief must be given verbally to the escorting hospital team prior to departure

It is mandatory and should take less than 2 minutes







Driver actions (pre-transfer)	<ul style="list-style-type: none"> • Manage loading of trolley using winch and ramp • Connect to power and vehicle oxygen • Unstow crew seats • Brief team as below, including radio use and confirming channel
Crew Brief	<p>Safety</p> <ul style="list-style-type: none"> • Remain seated and seatbelted while vehicle in motion <p>Communication</p> <ul style="list-style-type: none"> • Ask to stop (using radio/alarm) if need to move from seat <p>Advice</p> <ul style="list-style-type: none"> • If clinical advice is required please contact a consultant in your own hospital • If this is not possible, contact Retrieve Duty Consultant on 0300 030 2222 • Retrieve DC is available for all logistical queries <p>Equipment</p> <ul style="list-style-type: none"> • Confirm inverter on and functioning after ignition turned on • Location of oxygen flowmeter • State: oxygen supply is 2250L before we need to stop and switch cylinders; ask: is this enough? <p>Indicate labelled cupboards of consumables</p> <p>Indicate location of Emergency Action Card folder</p> <p>Do the clinical team have any questions?</p>
Driver actions (pre-repatriation)	<p>Clean clinical cabin</p> <p>On return of clinical team to vehicle</p> <ul style="list-style-type: none"> • Confirm their equipment is clean • Confirm they have all equipment and drugs • Confirm they have the paper transfer record to leave in the SWCCN transfer form box • Load equipment and unstow seats for team • Did the team use any consumables during transfer? • Replenish suction if used.

Appendix 6 – Securing the IABP

Removal of the pump console from the carriage

		
<p>Release latch located below the pump console (ensure wheels and locked)</p>	<p>Grab handle and slowly slide console out</p>	<p>Grab the handles located on top and front of the console, then remove from carriage</p>

Securing console and display monitor to bariatric trolley

		
<p>Unscrew the grey cap and lift support arm</p>	<p>Pull out the red lever</p>	<p>Drop down the flap</p>
		
<p>Place the pump console sideways onto the bracket with the front of the console facing the right hand side of the patient</p>	<p>Lift the flap back into place ensuring both the red lever and grey cap are secure</p>	<p>Secure both the pump and the flap with the seatbelt straps</p>



Place the display monitor onto the round mount on the side of the trolley. once mounted the screen can be opened



Once the trolley has been moved into the ambulance and secured, the pump console needs to be placed back into the carriage and the display monitor placed back onto the carriage mount



Using the ratchet strap ensure the IABP is safely secured



The strap must pass through the black oxygen holder as this is bolted to the ambulance chassis



Bring the strap up through the handle. DO NOT wrap the strap around the handle



Pass the strap through the black D-ring seen in bottom left of photo. Ensure the strap is around the base of the unit and not around the wheels.

Securing console and display monitor to a trolley without bracket

Many hospital critical care transfer trolleys do not contain an IABP bracket and therefore it must be loaded in the ambulance whilst remaining in the carriage.

A member of staff must take responsibility of the pump while transferring the patient from the hospital to the ambulance; this should be wheeled along next to the patient. The pump should be moved to the foot end of the trolley whilst loading the trolley into the ambulance ensuring that there is enough slack on the line to avoid migration of the catheter.

Once the trolley is secured into the ambulance the IABP pump can be secured to the ambulance as shown above.