



Advice on seeking Urgent & Emergency care from SECamb

This document is intended to provide support and guidance to staff in care homes (nursing & residential) when a resident has an acute medical problem or injury. It is also designed to offer support to safely assist a resident off the floor following a fall, when it is safe to do so. Calling 999 should be used only for when there is a true emergency. Many other urgent healthcare needs will also be dealt with by the ambulance service, however the most appropriate route to access this help will be through calling NHS111 (e.g. a resident who has fallen, with or without injury, and requires assistance). It is recognised that situations can quickly escalate and staff in care homes want the very best for their residents. South East Coast Ambulance Service (SECamb) wants to ensure that we provide the best possible service to our population. By providing guidance on who to call, and when, we can work together to ensure that calls for help are directed appropriately to the service best placed to assist.

There are two sections in this document. The first section looks at the important points to remember when considering calling for assistance, and the best practice when actually calling 999/111. The next section is a flow chart to assist with rapid decision making in the event of an incident involving your resident. The flowchart is not intended to be exhaustive, rather it is intended to give an indication of what you can do in the event of problem with a resident. However, you are advised to err on the side of caution and if you are in doubt - call 999.

Points to remember when considering calling for assistance

- + How long has the resident had the problem? If they are ill, are they getting worse, or just not getting better?
- + Do they have an Advance Care Plan? What is their preferred place of care/death?
- + Do they have a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order or Recommended Summary Plan for Emergency Care & Treatment (ReSPECT)?
- + Is it clear that the only option is to go to hospital? (e.g. broken hip)
- + What is your expectation of calling 999 or 111? If it is not for active treatment/hospital admission, is 999 needed, or is a GP/Out-of-Hours GP advice/visit more appropriate?
- + Have you asked the resident (if they have capacity) or contacted family if the resident lacks capacity to discuss the best course of action? (time/urgency permitting)
- + Have you considered contacting the GP or local community Rapid Response team to get support?
- + Do not pack the resident's bag and write the transfer letter prior to considering calling 999/111.

Points to remember when actually calling 999 or 111

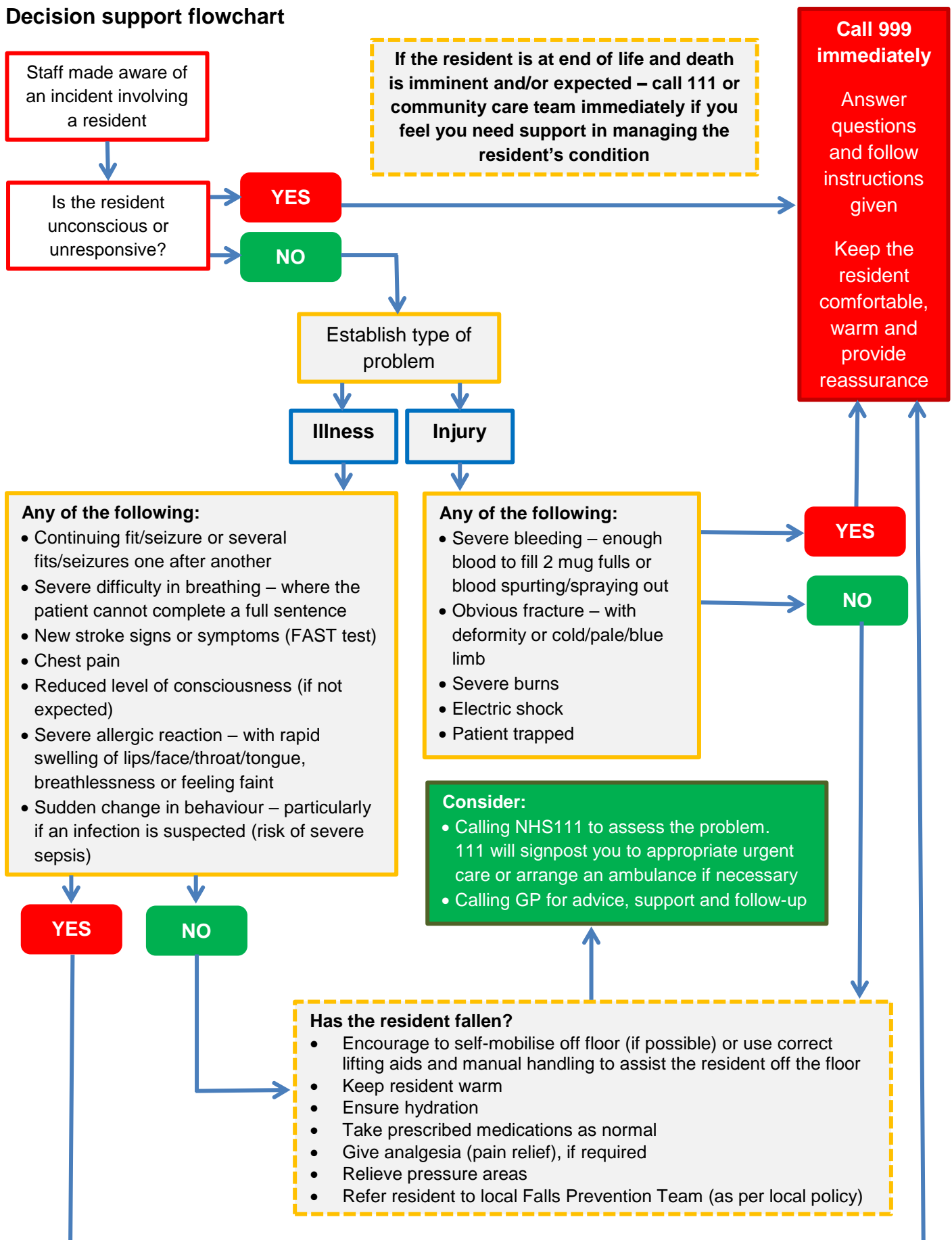
- ✓ The person calling should be the person looking after the patient. Wherever possible, try to use a phone (such as a cordless phone or mobile) next to the resident's side. Delegating the call to someone else, or calling from an office in another part of the home means SECamb will have less access to detailed information and will struggle to accurately assess the resident's problem. This means we cannot consider the best response (for instance, sending an Ambulance or a Specialist Paramedic in a response car).
- ✓ Have the resident's information to hand
- ✓ Locate any Advanced Directives, such as care plans, DNACPR orders or ReSPECT documents
- ✓ Answer all the questions given as best as you can. These may sometimes not seem relevant, particularly if you are a registered Healthcare Professional, but they are vital in deciding on the right level of response. If you do not understand a question that the call-handler asks, politely ask them to clarify.

When SECamb arrive

- ✓ Take the clinician/crew to the resident's side – do not bring the resident to reception
- ✓ Where appropriate, ensure that the resident is included in decision making about their care. In many cases, transport to hospital will not be necessary. If your expectation is different, discuss with the SECamb staff and work together to develop the best plan for the resident

- **999** should be called if there is an actual or potential **emergency**
- **111** should be called if there is an **urgent** need where you need help fast, but it is not an emergency. You can also call 111 if you are unsure (consider suitability for calling GP on bypass number)
- **GP** should be called for all **routine** or on-going problems during surgery hours.

Decision support flowchart



Local Variations

Please ensure that you follow any additional local guidance provided by your GP/Primary Care team - for example, in some areas Nursing Homes are asked not to use 111 to book urgent OOH GP visits. If the resident has a specific care/action plan in place for the presenting problem, please ensure you follow it.