Pre-Hospital Emergency Care Council

Assuming clinical lead pre-hospital at responder and practitioner levels

Mission Statement

"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"

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Version History

(Please visit the PHECC website to confirm current version.)

STN025: Assuming clinical lead pre-hospital at responder and practitioner levels		
Version	**Date**	**Details**
1	Jun 2016	New Standard approved by Council

1. Purpose

This Standard of Operations provides guidance for all PHECC registered practitioners and certified responders on the procedure to use for **assuming clinical lead** between PHECC registered practitioners and/or responders in the pre-hospital environment (on scene or during transport).

2. Background

With the introduction of hierarchical clinical levels in the pre-hospital environment and the adoption of PHECC Care Principal No. 15 (No. 14 for responders),

> *"Identify the clinical lead on scene; this shall be the most qualified practitioner on scene. In the absence of a more qualified practitioner, the practitioner provident care during transport shall be designated the clinical lead as soon as practical"*

a smooth transition of the handover process on scene is required. Ambiguity about clinical decision making and potential for conflict on scene has to be avoided.

3. Benefits

Establishing this procedure during the initial training of students will ensure the formation of a habit pattern that should remain throughout their pre-hospital emergency care careers. By adopting an explicit statement, to indicate clinical handover, it avoids misinterpretation or perceived poor communication.

4. General

The National Standards for Safer Better Health Care, HIQA, 2012, has specified 'good leadership, clear accountability, effective management and a well-organised effective workforce' as a process for safe healthcare.

Effective handover is vital in protecting patient safety. Evidence indicates that ineffective handover can lead to:

- incorrect treatment
- delays in diagnosis and treatment
- adverse events
- patient complaints
- malpractice claims

Standardisation of handover, as part of a comprehensive, system-wide strategy, will aid effective, concise and inclusive communication in all clinical situations and contribute to improved patient safety. (WA Health Clinical Handover Policy November 2013).

A positive two-step process in the exchange of aircraft control is a proven procedure in the aviation industry and one that is strongly recommended.

The PHECC Standard of Operation adopts a similar two-step process when exchanging clinical lead between PHECC registered practitioners and responders.

5. Process

a) Assuming clinical lead:

When a practitioner of higher clinical level on scene deems it appropriate to take clinical lead he/she should calmly state:

"My name is xx, I am an AP/P/EMT, I am assuming clinical lead"

The practitioner/responder who is currently the clinical lead should hand over clinical lead immediately.

b) Relinquishing clinical lead:

If the practitioner of higher clinical level on scene wishes to hand over clinical lead to another practitioner (who may be of equal or lower clinical level) he/she states to the practitioner:

"My name is xx, I am an AP/P/EMT, you are now clinical lead."

The practitioner acknowledges immediately and accepts clinical lead.

"I am now clinical lead"

A clinical lead exchange should be recorded on the PCR in the 'continuity of care' section.

There should never be any doubt as to who is clinical lead on scene.

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