



COVID-19 Ambulance Case Transport Response Service Framework

1.0 Introduction

- 1.1 Following the recent COVID-19 outbreak in China, the NHS is putting in place measures to mitigate against the risks posed by COVID-19 to NHS staff, the public and the business as usual resources of the NHS. Any response must be reasonable and proportional.
- 1.2 This framework is designed to enable ambulance services to put in place all things necessary to safely transport patients that require testing to and from hospital.
- 1.3 This should be set in the context of home testing and self-isolation becoming one of the key containment strategies in reducing the spread of the virus.
- 1.4 This document provides more detail and underpins the Case Transport section (3.2) of the Minimum Operating Standards, [Novel Coronavirus \(COVID-19\) Patient Pathway](#) V2.2 20/02/2020 (referred to as COVID-19 Pathway).

2.0 Information

- 2.1 Ambulance services are the experts in providing patient transport for the NHS so this framework will be led by each of the 10 English ambulance services plus Isle of Wight. It takes into consideration the infrastructure in place to manage Accident and Emergency (A&E) services and Patient Transport Services (PTS), the technology used in operating advanced Computer Aided Despatch (CAD) systems, and their links with NHS 111 and other health partners.
- 2.2 Patients requiring testing who either can't be tested at home (or other location) or need a blood test to confirm whether they are positive or negative to the COVID-19 virus, should not use public transport and should self-isolate once the test has been completed and await the outcome of the results.
- 2.3 Ambulance services are currently taking this cohort of patients from their place of residence to hospital for testing and returning them to their home, or place of residence, post-test.
- 2.4 To alleviate the additional pressure and ensure those requiring testing are conveyed and returned in isolation of the general public, ambulance services are requested to work with health partners and put in place a transport system for the health communities they cover.

- 2.5 The COVID-19 Pathway Phase 2 Co-ordination diagram refers to the COVID-19 Co-ordination Service and the Case Transport Response Service. They do not need to be co-located, however, where they are not, there must be a link between the Co-ordination Service and the Ambulance Case Transport Response Service (CTRS).
- 2.6 Ambulance services are therefore required to implement as soon as possible an Ambulance CTRS within each ambulance trust embedded in one, or adjacent to one, of their Emergency Operations Centres (EOC) to enable call receipt and dispatch. This should be scalable as demand increases
- 2.7 Each of the Ambulance CTRS will be staffed 24/7 by a manager, paramedic and control room staff. The CTRS will provide advice to ambulance crews conveying suspected or confirmed cases. The CTRS will ensure patients are conveyed in accordance with national guidance in place at the time for Public Health England input, PPE and decontamination.
- 2.8 The CTRS will also ensure patients are collected promptly including discharges, to maintain flow through the COVID-19 pod etc. The CTRS will co-ordinate all ambulance service resources used for conveying such patients, ie E&U crews, HART for confirmed cases, PTS crews, third sector, voluntary sector and private sector.
- 2.9 The CTRS will provide advice, maintain a log and report regionally and nationally as required. Capacity of the CTRS may need to be increased and plans should be put in place to flex capacity as and when required.
- 2.10 In addition ambulance services are asked to develop transport capacity and capability to manage the demand placed on it now and for this to be scalable as demand increases. There are a number of options for services to consider:

COVID-19 Surge Level 1	Ambulance services are utilising A&E ambulances for the current demand, ie business as usual
COVID-19 Surge Level 2	<ul style="list-style-type: none"> As demand increases (or to move it away from A&E services), utilisation of PTS ambulances. Where PTS operate in some areas only, consideration of moving PTS across commissioned boundaries within the same ambulance trust area should be considered.
COVID-19 Surge Level 3	<ul style="list-style-type: none"> Where there are no PTS commissioned services within the operating area, consideration of using private providers where activity outstrips available NHS ambulance capacity. Voluntary Ambulance Services (VAS) provide additional capacity across the country. Discussions with the VAS should be considered to supplement capacity.

- 2.11 It is for each ambulance service to consider how best this can be achieved, being cognisant of their health economy.
- 2.12 It is likely patients with pre-existing medical conditions will also be self-isolated. Some of these patients are likely to have appointments at hospital and may still require their treatment to take place (oncology/renal dialysis).
- 2.13 There are a number of factors to be considered:
- i. patients should be seated more than two metres from the driver and wear a surgical facemask (if symptomatic). In these circumstances the driver will not be required to wear any PPE during the journey
 - ii. if the ambulance crew is in closer proximity than two metres, they are required to wear full PPE (FFP3 or powered respirator hood, eye protection, gown/ coveralls, gloves) during the journey, and so they are able to treat the patient should the need arise
 - iii. decontamination of the vehicles post transport and what is entailed for a deep clean regime.

NHS England and NHS Improvement and PHE have produced guidance on the areas mentioned above (previously issued to ambulance trusts).

- 2.14 It is for the Ambulance CTRS to determine the modality and urgency of the transport required.
- 2.15 Ambulance services are asked to consider this in the context of the wider health economy implementing other measures to both contain and reduce the impact on emergency services. Specifically:
- i. the establishment of Pods outside Emergency Departments, Minor Injury Units, Walk in Centres and Urgent Care Centres. This is to reduce the impact on hospital emergency departments
 - ii. home testing undertaken by local health care professionals from across the local community.
- 2.16 It is anticipated that the volume of ambulance requests will reduce as home testing becomes more embedded. This has commenced in some areas of the country already and is a key component of the COVID-19 Pathway.
- 2.17 To aid the oversight of the national response and pressure within the system, it is intended to add a COVID-19 surge level to the National Ambulance Service Co-ordination Centre live Dashboard, which reflects the 3 COVID-19 surge levels described above in section 2.10.

- 2.18 Ambulance trusts should submit the costs incurred in setting up the Ambulance transport coordination hub to england.spocksh@nhs.net.
- 2.19 Further information and advice can be sought from NHS England and NHS Improvement Strategic Adviser of Ambulance Services Professor Anthony Marsh Anthony.marsh@wmas.nhs.uk.