



# General Operating Principles

## Document Control Information

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## General

- The Duty CATS consultant is accountable to The CATS Head of Clinical Services
- The Duty CATS consultant is responsible for launching the transport team.
- The Duty CATS consultant has ultimate responsibility for the Category and Mode of transport.
- The Duty CATS consultant can make any decision required to ensure the safety of patients, carers or CATS staff or complete the mission objectives.

## Planning

- CATS will not 'self activate' to the scene of a disaster but operate within the Major Incident Plan.
- HAZMAT: Patients will be decontaminated and risk assessed by UK Fire Service and Referring Hospital prior to being accepted for CATS transfer.
- Category 3 or 4 disease will be managed by the local Statutory Ambulance Service (HART) and is currently beyond the scope of CATS.
- CATS stretchers are certified to a gross weight of 175Kg.
- The CATS team will not launch unless the relevant equipment safety checks are complete.
- All vehicles will be securely locked when left unattended, unsealed cupboards or kit will be checked / recorded prior to use.
- Team number and composition will reflect expected length of retrieval (no planned duty shift should last more than 14hrs)

## Staffing

- CATS Staff must not undertake a transfer unless they are fit for duty and should comply with the relevant GOSH Occupational Health Policies.
- CATS Staff, patients, carers and equipment must be properly secured whilst a CATS vehicle is in motion. Exceptions to this restraint policy are covered by the Categorisation System.
- Staff must comply with relevant GOSH Manual Handling Policy or HSE regulations.

## Transfer phase

### Fatigue

Fatigue has an adverse effect on human performance and may impair ones ability to think clearly and make judgements. Those individuals who are fatigued may not be able to gauge their own level of impairment. The following measures should be considered to reduce risk:

- Those staff working shifts should ensure regular rest/break periods throughout. The duty consultant is responsible for negotiating a rest period with the clinical team when 'back to back' PCC transfers are anticipated.
- Bread, cereal, biscuits and drinks should be available at base for the clinical teams that may not have the opportunity to obtain anything more substantive e.g. night time, long PCC transfer anticipated.
- Where possible a relief team will be dispatched to replace a team suffering from fatigue or if significant overtime is anticipated.
- Drivers should ensure a break period on arrival to any hospital in excess of two hour journey time.

- Prolonged driving at night contributes to fatigue. A member of the clinical team is required to sit in the front cab of the ambulance when returning to base from outside region and without a patient on board.
- Frequent stops may be necessary if the driver is experiencing fatigue.
- The clinical teams must be offered an adequate rest period (11 hrs) between shifts if finishing late. The delayed start time for the next shift must be negotiated with the duty consultant and administrator informed.

## Transfer phase

- The CATS Administrator will track the CATS transfer teams and activate the Major Incident Plan if the transport team is overdue and they are unable to contact them.
- ARCC will track CATS Helicopter transports and inform the Duty CATS Administrator of Diversion or other incident.
- The fixed wing provider will track CATS Fixed wing flights and inform the Duty CATS Administrator or Diversion or other incident.
- Combative patients or carers may be refused transport.
- No fire-arms or other dangerous goods may be carried on any transport vehicle at any time by any member of staff, carer or patient.
- The pilot or ambulance technician is responsible for the safety of the vehicle occupants.
  - A no-go decision based on safety concerns (weather etc) from the pilot or ambulance technician is final.
- A pilot or ambulance technician will take appropriate positive action if any of the CATS Staff, patients or carers are concerned that the safety of the vehicle or occupants is being compromised

## Debrief

- All referral calls will be discussed in the multidisciplinary morning meeting..
- CATS staff must complete the Incident Reporting Section or Datix form whenever they encounter a situation or event that could compromise the safety or quality of the mission. (See also CATS SMS)
- Risk Management and Clinical Governance Policies are available on the intranet Documents Library.

## Insurance

- All CATS staff are covered by a critical illness or death compensation scheme regardless of mode of transport.
- PICS members are additionally insured for transport.
- Hull loss and 3<sup>rd</sup> party insurance is a legal requirement for the flight operator (FW/RW))