



Clinical Focus

SWASFT have a proven track record of delivering a clinically-focused service and continue to maintain a strong reputation for being one of the first UK ambulance services to implement innovative cutting edge pathways and interventions.

We do not consider that clinicians constrained purely within the JRCALC guidelines are able to provide the best possible care. Within the Trust, JRCALC guidelines form a small part of the guidance available to Paramedics. We have worked to develop 31 additional award winning clinical guidelines, to provide additional support to ambulance clinicians managing the more complex of presentations. Guidelines cover topics such as croup, headache, mental health/capacity, palliative care and pain management. Guidelines are just that; within SWAST we do not limit clinicians with restrictive protocols. We fully support our Paramedics to step outside of guidance where it is in the best interest of the patient.

Our Paramedics have the widest scope of practice of any UK service. Last year the Right Care² programme enabled ambulance clinicians to manage an additional 15,523 patients safely without the need to convey them to an Emergency Department, compared to 2013-14. The additional guidelines equip our clinicians with the knowledge and assessment skills required to achieve such results. Specific additional Paramedic skills to support appropriate conveyance include:

- Referring fully recovered TIA patients directly to a hospital clinic and providing a supply of Aspirin to reduce the risk of recurrence prior to review;
- Supplying a course of Prednisolone to patients who recover and do not require admission following an asthma attack;
- Administering dexamethasone to children with croup.

The need to manage more patients outside of hospital does not detract from the need to ensure that patients with emergency and life-threatening conditions receive the best possible care. Additional clinical guidance is again provided to our Paramedics, to support a range of extra skills including:

- TXA for major haemorrhage (including PPH)
- IV Paracetamol
- IM and SC Morphine
- Misoprostol
- Activated charcoal
- Ondansetron
- Amiodarone for symptomatic VT
- Addition IO insertion sites



Clinical Support

As graduate Paramedics, we know that you will need support as you transition to become experienced, autonomous clinicians. We offer a wide range of support, which will prove invaluable as you settle into your role:

Operations Officers and Lead Paramedics

Provide clinical support to staff at a station level. There are always Operations Officers available 24/7 in each local area, as part of the Operational Commander vehicle provision. These roles provide the first line of support.

Clinical Development Team

A Clinical Development Manager is responsible for the clinical practice within each Division, supported by one/two Clinical Development Officers. The clinical team work full time on working in partnership with local hospitals and providers to develop pathways, providing support to frontline staff and driving forward clinical practice. They are each experts in specific fields, and the best resource to answer questions on clinical guidelines.

Learning and Development Officers

Work across the Trust to support staff with education and training issues and can provide any extra support you need.

24/7 Email Support

When you are new in the role, you are likely to have a whole host of questions! We provide a dedicated email address for this and guarantee to provide you with a response within 24 hours. In many cases, a response is sent within an hour up to midnight 7 days a week.

Immediate Telephone/Radio Advice

There will always be particularly challenging incidents where experienced as well as new Paramedics would appreciate support. We provide a 24/7 365 Senior Clinical Advisor On-call service. If you are at an incident and would like support, you simply request it through your Dispatcher. The on-call advisor, who will be a senior experienced Paramedic with considerable autonomy, will contact you within 2 minutes of the request. Common examples where support is requested include:

- DNAR decisions
- Ceasing resuscitation outside of guidance
- Medicines issues
- Mental health and capacity issues