



Statements and  
Policies 



## BASICS South West Responder CALL OUT South Western Ambulance Service NHS Foundation Trust

A DETAILED LIST OF CALL OUT CATEGORIES WHERE A BASICS PRACTITIONER WOULD EXPECT TO BE CALLED FOR IS ATTACHED AS AN APPENDIX 1

**BASICS** (British Association for Immediate Care Schemes) practitioners have specific, advanced training and considerable experience in pre-hospital emergency care, they respond on a voluntary basis and are available to attend incidents at the request of the ambulance service. Call out is appropriate in the following situations:

- When the ambulance clinical hub has reason to suspect that, in light of information received additional assistance might be beneficial (see call-out criteria).
- When an ambulance crew require medical assistance on scene
- When a Major Incident or Major Incident Standby has been declared.

The BASICS practitioner's primary role is not to help attain time-based performance targets. However, some may be able and willing to attend promptly when there is likely to be benefit from an early clinical response to incidents in their community's.

There are situations where a dispatcher, ambulance crew or ambulance officer may determine that an incident would benefit from attendance of a BASICS practitioner. Whilst they may not always be in a position to attend, scheme members are happy to be contacted. Logging on and logging off will aim to highlight availability of BASICS Responders but on occasions they may be able to respond when not booked on the CAD or when booked on may not be in a position to respond. Inability to respond, when called upon, will not engender resentment from the clinical hub.

BASICS responders provide their time on a voluntary basis, so time availability may vary depending on their day job or their family commitments.



## **Call Out Procedure:**

The primary responsibility for BASICS activation sits with the **Response Desk** for (East and West Division) and **Special Operations Desk** (for North Division). It is however acceptable for **any** member of the area dispatch team's, HEMS dispatch, or Hub managers to activate BASICS.

## **Primary Contact**

The primary method of contact should be **Airwave radio and if no response a Mobile Phone** call (barring in mind that the doctor may not readily have a both forms of communication to hand). The incident type and location should be given asking if the doctor is available. As a back up a pager message via the MTD system can be sent.

Once allocated to an Incident the BASICS Doctor should receive an automated text message with the incident details and location

## **Ever bridge Group Text Message alerts**

Group text message alerts are particularly useful and should be considered

- If there are no booked on BASICS responders in the area
- If the response or special operations desks are otherwise occupied
- For larger incidents

They should be sent

- to the county of the incident + adjoining counties
- For larger incidents to all areas
- Between the hours of 0700 and 2300
- In the event of a Major incident (standby or declared) at all times of day.

## **Dispatch alongside other Critical Care and HEMS assets**

We have an increasing number of HEMS and Critical Care Paramedic resources across the trust. It is important that BASICS call out is maintained alongside these resources as a team approach with allied skill sets is vital. Regardless of the request (such as RSI) the closest BASICS Responder should be activated. Additional BASICS responders can always be activated if the need arises.



**Airwave Talk Groups**

The following Airwave talk groups should be used by BASICS Responders and monitored by the appropriate dispatch team. During any incident, but in particular larger incidents, a number of options are available.

- Dynamic Talk groups – linking two talk groups together, for example Devon S linked to HART Talk Group enabling joint coms.
- BASICS Responder changing talk groups e.g. to area dispatch

<b>County</b>	<b>Talk Group</b>	<b>Monitored by</b>
Cornwall	Cornwall S 31	Response Desk South
Devon	Devon S 32	Response Desk South
Somerset	Somerset S 33	Response Desk South
Dorset	Dorset S 34	Response Desk South
Wiltshire	320	Special Ops North
Gloucestershire	320	Special Ops North

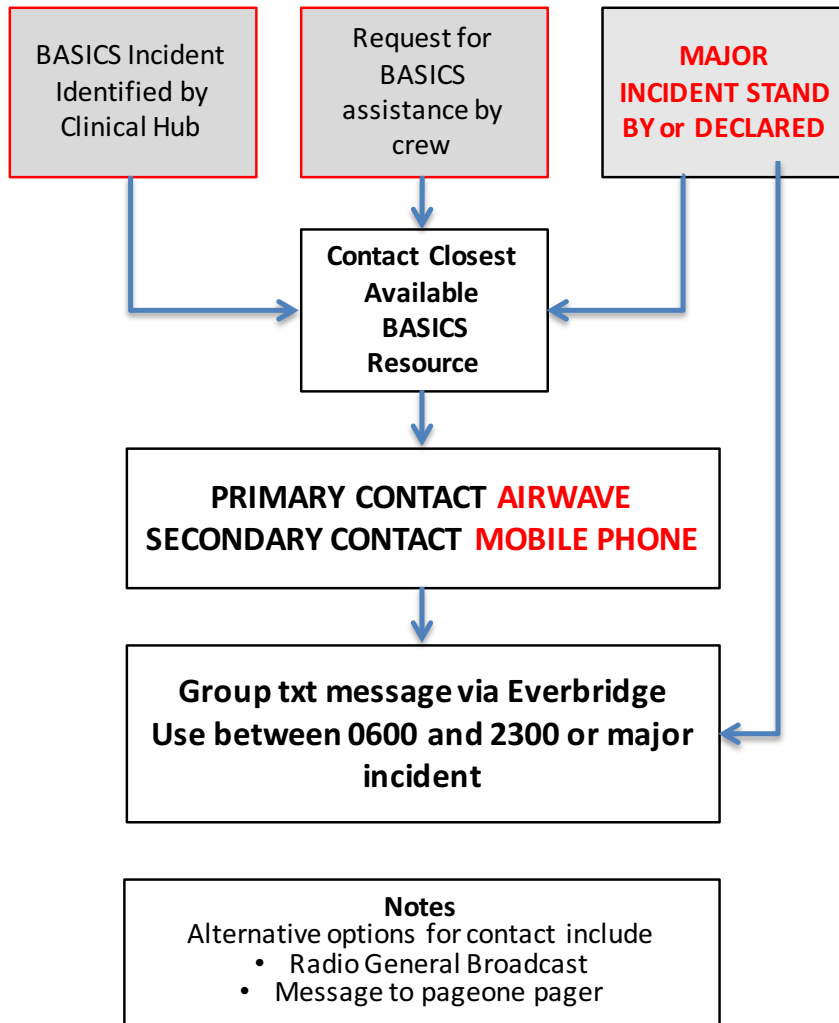
**Special Operations Desk Incident Management**

In the event of a significant, complex or major incident, the Special Operations Desk will take primacy of the management of all communications in relation to the incident and will manage and direct resources onto appropriate talkgroups.

Special Operations Desk can be contacted by any Trust resource on talkgroup **MI Command 01 (80 for North handsets and 1547 for South handsets)** to request HART, Command or any other specialist asset.



## CLINICAL HUB - BASICS CALL OUT



### Document details

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## APPENDIX 1

### Primary Response

#### Dispatch at the same time as the first Ambulance

##### **Any of the following**

- Falls from first floor window equivalent height or greater
- Severe burns or facial burns
- Unconscious/cerebrally irritated casualty
- Limb amputation or partial amputation/entrapment
- Significant paediatric trauma
- Significantly unwell children
- Obstetric emergencies involving trauma or pre-term imminent birth
- Near drowning
- Cardiac arrests
- Reported Entrapment
- Multiple casualties (3 or more)
- High speed RTC (closing speed likely >30mph)
- RTC with potentially serious mechanism.
- RTC with ejection from the vehicle
- Traumatic fatality with other patients within vehicle
- Life-threatening medical emergencies

##### **A BASICS doctor should be dispatched to an RV point and told to await instructions for the following incidents.**

- Gunshot wounds
- Stab injuries to head/neck and chest
- Major Incident or Major Incident standby
- CBRN/Significant Hazmat/USAR or complex incident

### Secondary Response

- When any report from the scene indicates primary response criteria
- At the request of an Ambulance crew on scene
- At the request of other Emergency Services