# Advisory: Frequently Asked Questions

**The *Ambulance Service (Non-emergency Patient Transport) Regulations 2019* (the NEPT Regulations) will commence on 1 December 2019.**

The NEPT Regulations introduce regulation of private non-emergency patient transport (NEPT). This will standardise patient assessment by referring facilities and ensure NEPT providers maintain minimum standards of patient care.

## Forms

1. ***What Department of Health forms must NEPT services use?***
* Patient Assessment Record (Form 10A): A referring facility must provide the NEPT providers with two copies for each patient on clinical handover
* Patient Care Record (Form 10B): the NEPT provider must complete for all patients using the service
* Incident Reporting Form (Form 9)
* Annual Reporting Forms and forms associated with Licensing.
1. ***How does a referring facility purchase the Patient Assessment Record form (Form 10A)?***

The Department of Health, Regulation and Licensing Unit should be contacted (NEPT@health.tas.gov.au or 03 6166 3856) for purchases of Form 10A. Forms will be sold by the Department on a cost-recovery basis. Refer to NEPT Advisory 05 on the [Department of Health website](https://www.dhhs.tas.gov.au/nept)[[1]](#footnote-1)

1. ***How does an NEPT service purchase the Patient Care Record form (Form 10B)?***

The Department of Health, Regulation and Licensing Unit should be contacted (NEPT@health.tas.gov.au or 03 6166 3856) for purchases of Form 10B. Forms will be sold by the Department on a cost-recovery basis. See NEPT Advisory 04 on the [Department of Health website](https://www.dhhs.tas.gov.au/nept)

1. ***When should Patient Assessment Record (Form 10A) be used?***

The Patient Assessment Record (Form 10A) must be completed by a referring facility every time a patient (private or public) is being considered and assessed for NEPT.

1. ***Will a completed Patient Assessment Record (Form 10A) always be provided by a referring facility to an NEPT crew?***

A referring facility must always provide two copies of Form 10A to a private NEPT crew before the crew can accept a patient. Private NEPT services should confirm with the referring facility that Form 10A has been completed at the time of booking.

1. ***If Ambulance Tasmania (AT) refers a case to private NEPT, will Form 10A be provided to the private NEPT service?***

Yes, the referring facility must complete Form 10A and provide two copies to the private NEPT crew on handover.

1. ***Can an*** ***NEPT service provider use an alternative patient care form to Form 10B?***

It is mandatory for private NEPT service providers to use Form 10A and Form 10B. The standard, Secretary-approved forms provide evidence of safe practice and will be audited. Service providers may use their own forms for their additional records.

1. ***What happens when NEPT patients from interstate flights are received in Tasmania?***

Private NEPT crews in Tasmania must not accept patients without a completed Patient Assessment Record (Form 10A). This applies to interstate patients who have been assessed and transported by air into Tasmania for pickup by private NEPT crews.

* Where an NEPT flight service is used, Form 10A must be completed by the registered paramedic, registered nurse or registered medical practitioner escorting the patient on board the flight and provided to the NEPT land crew at clinical handover.
* Where a commercial flight service is used, Form 10A must be completed by the registered paramedic, registered nurse or registered medical practitioner escorting the patient on board the flight, and provided to the NEPT land crew at clinical handover.

NEPT service providers should confirm with the referring facility that Form 10A is available and will be completed by the in-flight registered practitioner at the time of booking. NEPT providers may consider purchasing copies of Form 10A to provide to a referring service for completion on arrival into Tasmania, as NEPT crews **must not accept** a patient without a completed Form 10A.

## NEPT Transport

1. ***When should Ambulance Tasmania NEPT be called, and when should private NEPT be called?***

Refer to NEPT Booking Flow Chart on the Department of Health website.

1. ***Are any private NEPT services accredited to transport patients sitting in wheelchairs?***

No private NEPT service is currently accredited to transport patients sitting in wheelchairs. Patients in wheelchairs should be assisted out of their wheelchair and onto the NEPT stretcher or NEPT vehicle seat for transport.

1. ***Should Ambulance Tasmania NEPT or private NEPT be booked for resident in Residential Aged Care Facilities?***

This is dependent on whether the resident of the Residential Aged Care facility (RACF) is being transported to a private or public health care facility.

**Transport to private facility**

* If a resident requires transport to a private facility, private NEPT may be used. There will be a cost for service that must be discussed and agreed with the resident and/or their family (which may not be covered by private health insurance).
* The appropriateness of community transport, or transport by a family member should also be considered for residents.

**Transport to public facility**

* If a resident is assessed as being suitable for NEPT and requires transport to a public facility, then Ambulance Tasmania’s NEPT service must be contacted.
* If the resident is assessed as being medium acuity, then Ambulance Tasmania NEPT should be used.
* Ambulance Tasmania NEPT can also be used for low acuity residents provided other means of transport, such as community transport, have been explored and deemed inappropriate.
* Ambulance Tasmania NEPT may refer to a private NEPT.
1. ***What is a reasonable period to wait for transport to arrive once booked?***
* The ability of NEPT service providers to meet a timeframe will depend on the circumstances. Half an hour either side of a booking time may be acceptable.
* If the referring facility needs to book a specific time for the pick up to occur, the referring facility should ask the NEPT provider whether they can meet this time frame.
* The referring facility should always be ready to handover the NEPT patient at the booked time.
* If there are delays or operational issues, please initially refer these to the service provider.
1. ***When a patient has been transferred by NEPT for an appointment, and it is a return trip, how do you close the loop re clinical handover?***

If a patient is transported from a referring health service facility for an appointment at an intermediary facility (return trip) and the patient’s condition is unchanged for the return transport, the original Patient Assessment Record (Form 10A) must be provided to the return NEPT crew on clinical handover. The NEPT service should only commence a new Patient Care Record (Form 10B) if there has been a change in crew.

* Clinical handover for the return trip must include a note on the new Form 10B indicating that the patient’s condition is unchanged from the original patient assessment.
* If the patient’s condition has changed and emergency transport is required, Ambulance Tasmania emergency services must be called on 000 and NEPT must not be used.

## Clinical Escorts

1. ***Can a referring facility provide a clinical escort?***

No. The clinical escort must be employed by the private NEPT service.

1. ***Who can be a clinical escort?***

A registered nurse, registered enrolled nurse, registered paramedic or registered medical practitioner who is employed by the private NEPT service, can act as a clinical escort for private NEPT.

## Child Patients

1. ***What is the rationale behind why children under 2 years cannot be transported by NEPT?***

Children under the age of 2 years require specific care as they are particularly vulnerable. Tasmania has a Neonatal Emergency Transport Service (NETS) which transports sick neonates/infants from one facility to another. The NETS staff are appropriately educated and trained to transport and care for these children.

However, if a patient (mother) who has recently given birth to a neonate is accepted for NEPT, the NEPT service may transport the neonate with the mother, provided:

* the neonate does not require supervision, observation and care beyond the ability of the mother, and
* the neonate does not require supervision or medical treatment by the NEPT crew, and
* the neonate can be legally transported in the vehicle, and
* the mother is being transported from one health facility to another health facility that is willing to accept both the patient and the neonate.
1. ***Why do children aged 2-14 years require a clinical escort?***

A clinical escort is required for patients aged 2-14 years as they are considered vulnerable patients. A clinical escort will mitigate risks and ensure patient safety. Clinical escorts accompanying children must hold a Working with Vulnerable People Registration.

## Medications

1. ***NEPT patients often need to be transported with their medications. Are there any implications with respect to Tasmanian poisons legislation?***

An alert and mentally capable patient can possess and self-administer their own legally dispensed medications. These medications must be pharmacist-labelled in the original manufacturer’s packaging, or included in a pharmacist-prepared and checked dosage administration aid (eg WebsterPak™), in accordance with the labelling and packaging requirements for prescription medicines.

Patient-transport officers do not have any legal authority to possess or administer medications.

A clinical escort who is a registered nurse can assist a patient in administering dispensed medications (provided they are in the original manufacturer’s packaging or a pharmacist-prepared and checked dosage administration aid), in accordance with their scope of practice.

1. ***If a patient has a syringe driver operating, can they be transported by private NEPT, and if so, subject to what conditions?***

A patient who satisfies the NEPT criteria and who has a syringe driver administering medication must be accompanied by a clinical escort who is a registered nurse. The registered nurse clinical escort will then be able to provide any clinical care and monitoring necessary.

The registered nurse clinical escort, as part of their scope of practice, should also be familiar with the purpose and functioning of subcutaneous (SC) syringe drivers and patient assessment requirements. SC infusion devices are used to deliver medications to treat a variety of symptoms including pain, nausea, vomiting, breathlessness, agitation, delirium and ‘noisy breathing’.

The registered practitioner from the referring facility, who undertakes the patient assessment, must document on Form 10A the requirement for a registered nurse as a clinical escort, the medication contained in the syringe driver, and the dose.

The clinical handover process must be between two registered practitioners or healthcare professionals and must include:

* A visual check of the syringe driver to ensure the medication order aligns with the medication in the syringe being provided to the patient, and this alignment is noted and documented on Form 10B;
* A visual check of the syringe driver and confirmation that the device is functional (ie flashing light, arrows running constantly across the screen, etc);
* An assessment of the patient’s pain score to ensure their pain is adequately controlled (for palliative patients this can be confirmed by a family member), and documented on both Form 10A and Form 10B;
* A visual check that the remaining medication volume is sufficient for the proposed length of the NEPT transport journey, and that all connections are tight, with the tubing patent and secure;
* A handover regarding cannula insertion date and infusion commencement date;
* A visual check of injection site for signs of inflammation, tenderness, haematoma, skin reaction, or leakage at the site, and that all abnormal findings are documented on Form 10A; and
* Ensuring a spare and fully-charged battery is always available for battery-operated devices.
1. ***Can a patient’s medication chart be transported with the patient?***

A medication chart is a legal order for the administration of medications within a medical institution, and therefore does not extend to an NEPT event.

Where the patient is transferred to another facility, a photocopy of the patient’s medication chart may form part of the clinical handover process. This photocopy does not constitute a valid legal order for the administration of medications, it is simply a profile of the patient’s current medications.

Where a patient may need to self-administer medication on a planned long trip, a photocopy of a patient’s medication chart could be requested for guidance.

## Patients on Oxygen

1. ***If a patient is receiving oxygen, can they be transported by private NEPT?***

Yes. If a patient is stable on oxygen therapy and the treatment was started prior to transport, they may be assessed to be a medium acuity patient and will require transport with a clinical escort.

The final assessment of the patient will depend on overall circumstances and will be a clinical decision.

Where a patient has previously been prescribed domiciliary oxygen for chronic respiratory disorder (ie Chronic Obstructive Pulmonary Disease) or is a palliative patient at end of life, and is stable with no other clinical issues, they may, in limited circumstances, and subject to a clinical decision, be assessed as a low acuity patient. The Patient Transport Officer must have the qualifications and skills to provide the basic care and observation required for the NEPT and care of the patient with oxygen in progress.

## Advanced Care Directives (ACD)

1. ***What if a patient has an Advanced Care Directive (ACD)?***

If a patient has an ACD, a copy must be provided by the referring facility to accompany the patient during transport, noted on the Patient Assessment Form (Form 10A), and discussed at clinical handover. The NEPT crew must take the patient’s wishes into account as expressed in the ACD.

## Restricted circumstances for a one-person crew

1. ***In what restricted circumstances can a patient be transported by a one-person NEPT crew?***

A one-person crew is only permitted in cases where:

* the crew member is always able to visually monitor the patient; and
* the patient is a low-acuity patient and can be safely assisted into and out of the vehicle by the single crew member; and
* the patient does not have a diagnosed communications disorder; and
* the patient can clearly communicate with the crew member during NEPT.

If the patient has impaired cognitive function, or confusion or disorientation, the patient must be accompanied by a carer escort who is willing and able to support and reassure the patient. A one-person crew is not permitted if a stretcher is to be used.

## Clinical Governance

1. ***Will the new NEPT regulatory changes and Secretary-approved forms be monitored and evaluated and if necessary, amended?***

Yes. The Department of Health will conduct surveys during 2020 and feedback from the sector will be considered in making future changes.

1. ***Will there be a move towards use of standard electronic forms?***

Yes. This is anticipated after the new regulatory changes for NEPT and the Secretary-approved forms have been monitored and evaluated over 2020.

1. ***Will the Department of Health provide an annual report reflecting NEPT activity and progress?***

Yes. More details will be made available as appropriate.

1. ***Why are there standard, Secretary-approved forms for use with NEPT?***

The NEPT Regulations require Secretary-approved forms for reasons of procedural fairness, consistency, and to standardise records for auditing and reporting processes.

1. ***Will NEPT services be audited for compliance with the NEPT Regulations?***

Yes. More details will be made available as appropriate.

1. ***Are NEPT services subject to national / international standards?***

Yes, including but not limited to the following:

* Quality assurance plans must be in accordance with relevant AS/NZ standards
* Vehicle cleaning must comply with [*Australian Guidelines for the Prevention and Control of Infection in Healthcare*](https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019)*[[2]](#footnote-2)* (National Health and Medical Research Council, 2019)
* Stretchers, seats and restraints must comply with relevant AS/NZ standard
* Vehicles are to comply with the [*Tasmanian Vehicle and Traffic (Vehicle Standards) Regulations 2014*](https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2014-070)*[[3]](#footnote-3)* (which includes the Australian Standards for vehicle design)
* Maintenance of equipment must comply with AS/NZ standards
* Record keeping must comply with *ISO 15489 Records Management* (as amended or substituted from time to time).

*Approved by Manager, Regulation and Licencing Unit, on behalf of the Secretary of the Department of Health, November 2019.*

1. www.dhhs.tas.gov.au/nept [↑](#footnote-ref-1)
2. www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019 [↑](#footnote-ref-2)
3. www.legislation.tas.gov.au/view/html/inforce/current/sr-2014-070 [↑](#footnote-ref-3)