

COMMUNITY EMERGENCIES TRAINING

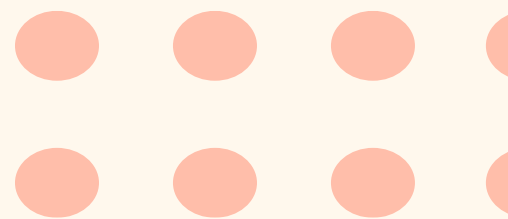
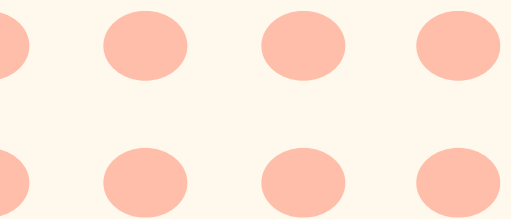
A SURREY HEARTLANDS
APPROACH





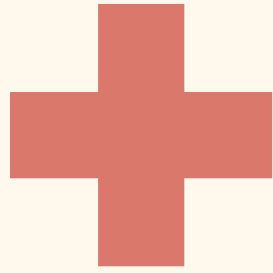
BACKGROUND

**'TEAMS WHO WORK TOGETHER
SHOULD TRAIN TOGETHER'
(OCKENDEN, 2022)**



AMBULANCE SERVICE CONTEXT





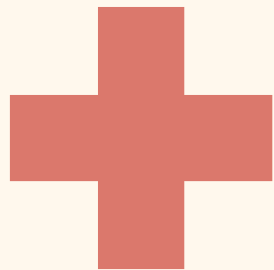
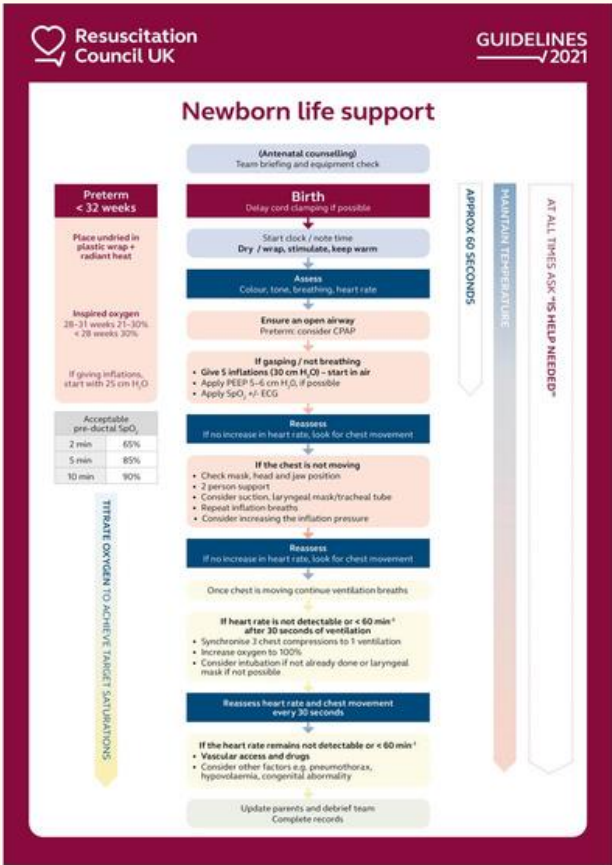
Ambulance services are the second largest provider of maternity and newborn care.

Care provided – most complex & vulnerable women and babies






Under 37/40 falls to ambulance service.....



CHALLENGES AND OPPORTUNITIES



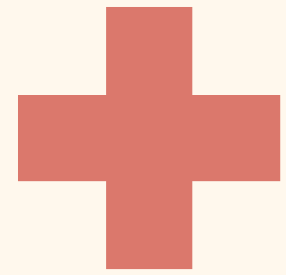
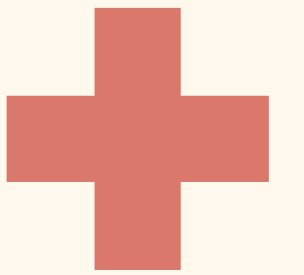
ROLES AND VEHICLES

Resource		
Single Response Vehicle (SRV)		Rapid response to incidents. Often crewed by specialist paramedics (CCP/PP/SORT). Unable to transport patients.
Double Crewed Ambulance (DCA)		Able to transport any patient under emergency & non-emergency conditions. Crewed by all grades of staff.
Air Ambulance (HEMS)		Critical care team crewed by Doctor & Paramedic.
Non-Emergency Transport (NET)		Able to transport patients under non-emergency conditions. Crewed by ECSWs.
Community First Responder (CFR)		Community volunteers. Respond in own vehicle. Unable to transport patients.

AMBULANCE RESPONSE TIMES

Call Type	Target Times	Examples	Maternity Examples
Category 1	7 minutes for first responder 15 minutes for conveying resource	<ul style="list-style-type: none">• Cardiac Arrest• Choking• Unconscious with airway concerns• Currently fitting• Anaphylaxis	<ul style="list-style-type: none">• Birth – Imminent (with no HCP on scene),• Any labour complications (such as shoulder dystocia or massive haemorrhage)• New-born life support ongoing/required
Category 2	18 minutes	<ul style="list-style-type: none">• FAST positive• Chest Pain• Breathing problems• RTCs/Stabbing/Major Trauma• Sepsis	<ul style="list-style-type: none">• Slow progression of labour requiring admission• Most medical emergencies in pregnancy
Category 3	120 minutes	<ul style="list-style-type: none">• Falls• Faints• Diabetic problems• Isolated limb fractures• Abdominal pain	<ul style="list-style-type: none">• <24 weeks or minor PV Bleeding• Transfer to specialist centre with no labour.
Category 4	180 minutes	<ul style="list-style-type: none">• Non-traumatic back pain• HCP admissions	

A GAP WAS IDENTIFIED...

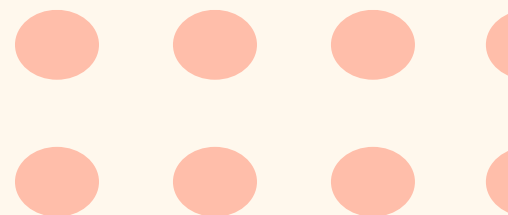
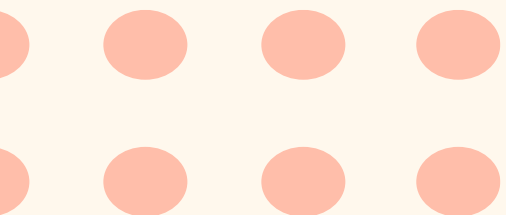


No bespoke training available to ambulance crews AND homebirth teams to facilitate their interdisciplinary working at the time

Out of hospital emergency elements unique to maternity care required this additional training



**OUR GOAL: TO CREATE A PILOT HOMEBIRTH EMERGENCIES DAY
IN VIEW OF ROLLING OUT ACROSS SURREY HEARTLANDS LMNS**



PLANNING

**HOMEBIRTH
TEAM**

**SASH
GOVERNANCE
TEAM**

**SECAMB
CONSULTANT
MIDWIFE**

**SERVICE
USERS**

**EDUCATION
TEAM**

**SECAMB
GOVERNANCE
LEADS**

+ INITIAL DAYS 2021-2022...

- Over 90% of all sessions rated very good or excellent
- Attendance from SASH midwives, SASH homebirth team and SECAMB ambulance crews
- Run by SASH midwifery and SECAMB faculty



INITIAL FEEDBACK...



‘The most valuable thing I learned was communication and understanding of the difference between the scope of the ambulance and midwifery teams’

‘It was nice to have feedback from a patient on how it feels [to be transferred into hospital] and what could be better’

‘It was great to have a first hand testimony about the patient experience’

‘It’s the best study day I’ve ever been to at SASH!’

‘A very informative, supportive atmosphere’



SINCE THEN (2023-NOW)...



We reviewed the feedback and used this to inform our future days to tailor it to attendees needs

We invited Surrey Heartlands faculty and attendees to promote shared learning across the LMNS

OUR PROGRAMME Introductions & ice-breaker



OUR PROGRAMME Introductions & ice-breaker



Breakout groups: midwives learning from SECAMB



Breakout groups: midwives learning from homebirth midwives



Breakout groups: SECAMB learning from midwives



Escalation, calling for help and unassisted birth



Lived experience of a transfer to hospital



Emergency skills stations

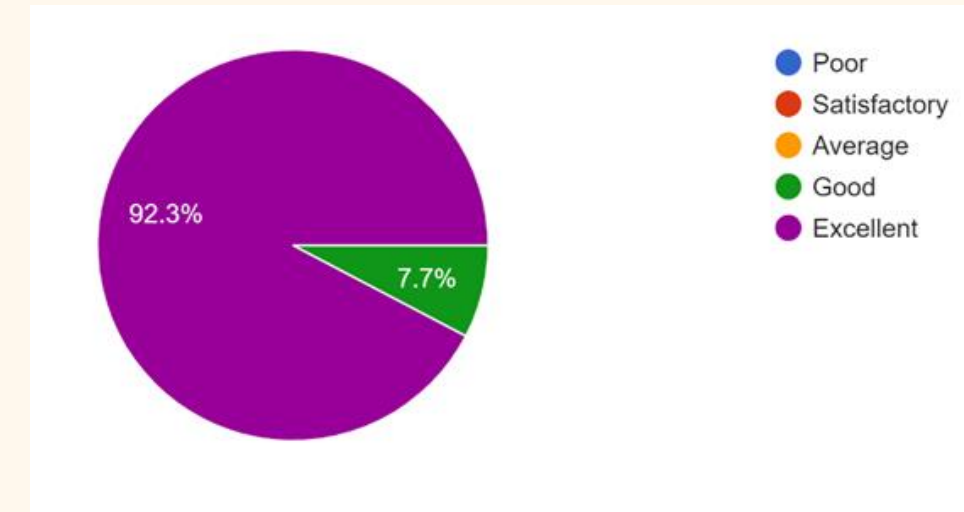


PPH, NLS, Shoulder dystocia,
breech and maternal cardiac
arrest



Sim-bulance!

FEEDBACK...



‘It was perfect!’

‘I felt the content was just right’

‘I have increased confidence to take back to practice from attending today’

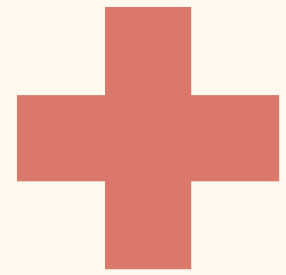
‘Extremely helpful and fun. A very friendly and approachable team’

‘Great working with an MDT and what skill set we all have working together in an emergency’

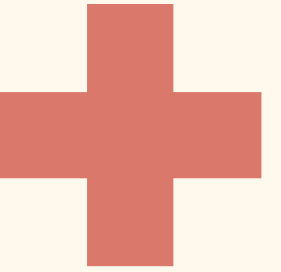
‘Always good to get firsthand service user experience’

‘It was a great environment to ask questions with no judgement’

‘Thank you for an interesting and fun-filled day of learning’

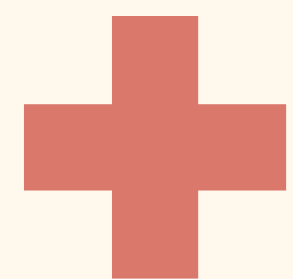


OUTCOMES...

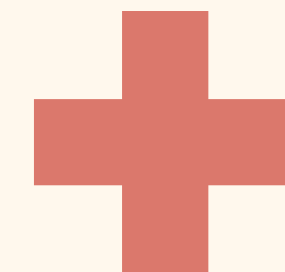


- Communication at 999 calls, transfer and arrivals at A&E and Labour Ward
- Interdisciplinary communication and working (supportive and approachable environment)
- Incidence of transwarmer use
- Understanding of roles in emergencies
- Confidence of staff responding to births
- Shared learning – baby lifeline kit inspiring other Surrey Heartlands trusts





PLANS FOR THE FUTURE...



- Aim to run twice a year minimum
- LMNS faculty and attendee expansion
- Charging small fee for attendance to fund improvement and expansion of course
- Course mandatory for SASH homebirth midwives and homebirth 'heroes'



QUESTIONS?



THANK YOU FOR LISTENING!