# Advisory: Non-Emergency Patient Transport (Ambulance Tasmania)

Non emergency patient transport (NEPT) in Tasmania is either provided by the NEPT capacity of Ambulance Tasmania, or by private NEPT services, which are subject to regulation under the *Ambulance Service Act 1982*, by the Department of Health (DoH) Regulation Unit.

Patient handover to a private NEPT service requires the completion of a DoH approved Patient Assessment Record (Form 10a).

## Who can be transported using private NEPT services?

Only patients over the age of 2 years, who are stable and need low or medium levels of care during transport, can use private NEPT services. All other patients must be transported using Ambulance Tasmania. Patients with acute or time-critical medical needs, or with a deteriorating medical condition, must be transported by Ambulance Tasmania emergency services (**call 000**).

Even after transport has been booked, a private NEPT crew can only accept a patient once they have received a completed copy of the Patient Assessment Record (Form 10a), and if the patient’s needs are clearly of low or medium acuity. A private NEPT crew **must refuse** to transport a patient if, in the view of the NEPT crew, that person is not suitable for NEPT, or if the NEPT service does not meet any of the requirements needed for the patient’s care during transport.

If a patient’s condition changes during transport, the NEPT crew **must** contact Ambulance Tasmania (**call 000**) for consultation with an Ambulance Tasmania clinician, and comply with any Ambulance Tasmania instructions.

If the patient is transferred from a private NEPT service to Ambulance Tasmania, the NEPT crew must provide a verbal clinical handover and provide Ambulance Tasmania with a copy of the Patient Care Record (Form 10b). The Patient Assessment Record (Form 10a) received from the referring facility must be attached to the Patient Care Record (Form 10b).

## Who is responsible for the assessment of NEPT patients?

A member of an approved health profession (a Medical Practitioner, Registered Nurse, or a Paramedic) must assess the patient before transport is booked, and classify the patient as being of **low** or **medium** acuity.

A patient must meet the following criteria to be transported by an NEPT service:

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| **Low acuity** | * must **not** have acute or time-critical medical needs * must be clinically stable * must **not** be under 14 years * requires only a basic level of care and observation * may be transported by a crew consisting of qualified patient transport officers |
| **Medium acuity** | * must **not** have acute or time-critical medical needs * must be clinically stable * must **not** be under 2 years of age * may be a child aged 2-14 years if assessed as requiring a clinical escort * requires clinical care and monitoring, rather than just a basic level of care and observation (eg may be receiving oxygen therapy which was commenced prior to transport) * **must** have a **clinical escort** to monitor their condition in addition to a patient transport officer as NEPT crew |

**All patients needing clinical care and monitoring, rather than just a basic level of care and observation, must be accompanied by a clinical escort employed by the NEPT service during transport.**

A **clinical escort** must be a Registered Nurse, Enrolled Nurse, Paramedic or Medical Practitioner, who is registered with AHPRA, and must be able to provide the clinical care required within their registered scope of practice, and have the appropriate qualifications, clinical knowledge and skill level to do so.

The assessor may also require the clinical escort to have specific qualifications, skills or experience for the patient’s specific needs (e.g. training in asthma management) and may require that the NEPT vehicle have specific equipment for that patient’s transport. Any special requirements **must** be noted on the Patient Assessment Record (Form 10a) which **must** be provided by the referring facility to the NEPT service on handover.

Where the assessment is performed at a health facility, it must be endorsed by a second health professional, who is either a Medical Practitioner, or the most senior Registered Nurse available and employed by the facility, prior to booking transport.

If transport by Ambulance Tasmania emergency services is deemed unnecessary after the assessment, NEPT may be booked.

If there is any inconsistency between an assessment of patient acuity made by Ambulance Tasmania’s triaging system and an alternative assessment of patient acuity, the decision of Ambulance Tasmania will prevail to the extent of the inconsistency.

*Note: The Ambulance Tasmania NEPT Referral Triaging Service or Inter-Facility Transfer Service will be used where proposed transport is to or from a Tasmanian Health Service facility, such as a public hospital. Any NEPT caseload that cannot be met by Ambulance Tasmania NEPT may be referred to private NEPT services, where authorised by THS and where the case is within the private NEPT service’s authority. Even after booking, NEPT crew* ***must******refuse*** *to transport a patient if not provided with a completed copy of the Patient Assessment Report (Form 10a), or if they believe the patient* ***is not suitable, or is no longer suitable*** *for NEPT.*

Ambulance Tasmanian NEPT may adopt the DoH approved Patient Care Record (Form 10b) for NEPT.

## Other Obligations

### Patient rights

Information about a private NEPT service’s contact details, on patient rights and on the procedure for making a complaint, is to be provided to the patient on request.

### Applicable NEPT legislation

The licensing scheme for NEPT is contained in Part IIIA of the *Ambulance Service Act 1982* (the Act), the *Ambulance Service (Non-Emergency Patient Transport) Regulations 2019* and licensing standards and conditions.

**Questions** can be directed to the Department of Health, Regulation Unit on 03 6166 3854 or via [nept@health.tas.gov.au](mailto:nept@health.tas.gov.au).

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