



National Ambulance Service (NAS)

Ambulance Control Procedure

Call Taking / Address Verification / Dispatch

Document reference number	NASCC032	Document developed by	Quality Improvement Unit
Revision number	3	Document approved by	NAS Leadership Team & Dispatch Steering Committee
Approval date	5 th June 2017	Responsibility for implementation	Control Manager
Revision Date	5 th June 2020	Responsibility for review and audit	Control Manager

Table of Contents:

1.0	Policy	3
2.0	Purpose	3
3.0	Scope	3
4.0	Legislation/other related policies	3
5.0	Glossary of Terms and Definitions	3
6.0	Roles and Responsibilities	3
7.0	Procedure	4
8.0	Implementation Plan	6
9.0	Revision history	6
10.0	Appendices	7
11.0	Signatures of Approval	8

1.0 POLICY

- 1.1 It is the policy of the National Ambulance Service to provide effective procedures to all Supervisors and Staff

2.0 PURPOSE

- 2.1 To provide Control Supervisors and Staff with clear direction on call Taking, Address Verification and Dispatch.
- 2.2 To ensure a consistent approach to answering Emergency, Urgent and Routine calls.
- 2.3 To contribute to the achievement of response times performance standards
- 2.4 To provide Control Supervisors and Staff with approved procedures and practices for call taking, address verification and dispatch
- 2.5 To maintain quality standards of service to the Public.

3.0 SCOPE

- 3.1 This procedure applies to all calls received by the National Ambulance Service

4.0 LEGISLATION/ RELATED POLICIES/PROCEDURES

- Policy - NASCC031 - Procedure for Accessing Telephone Interpreting Services via Language Line
- Policy – NASCC033 – Ambulance Control Quality Assurance System
- Procedure – NASCC024 – MPDS Non Compliance
- PHECC Call Taking and Dispatch Education Standards
- PHECC EMS Dispatch Standard
- PHECC Inter Facility Patient Transfer Standard

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 **112/999 (AS1)** – Emergency requiring immediate response
- 5.2 **Urgent Call (AS2)** – Urgent within agreed time from a GP or Hospital
- 5.3 **Routine Call (AS3)** – Routine within 24 hours booking
- 5.4 **Address** – Address where the emergency response is required
- 5.5 **Call Taker** – staff member who answers the call
- 5.6 **ProQA** – Clinical Triage System
- 5.7 **DLS** – Dispatch Life Support

6.0 RESPONSIBILITIES

- 6.1 Control Supervisors are responsible for Staff compliance with this Procedure.

- 6.2 Control Managers are responsible for Supervisor compliance with this Procedure.
- 6.3 EDQ's are responsible for monitoring compliance with this Procedure and for reporting non-compliance to Control Managers.
- 6.4 All employees must ensure familiarity with and adherence to the relevant parts of this Procedure

7.0 PROCEDURES

7.1 CALL TAKING/ADDRESS VERIFICATION

- 7.1.1 All 112/999 lines will be answered in the following manner: "AMBULANCE EMERGENCY "
- 7.1.2 ALL Urgent/Routine lines will be answered in the following manner "Ambulance Service, followed by Calltaker's first name, e.g. "John speaking, how may I help you".
- 7.1.3 The Emergency Call Answering Service (ECAS) will pass the relevant details, e.g. caller's location and number.
- 7.1.4 Request the caller to confirm their phone number. Once confirmed, the Call Taker will immediately follow with "What's the address of the emergency"
- 7.1.5 If the caller states this is not an emergency, then say "How may I help you?" and then deal with the query.
- 7.1.6 If the call is an emergency but the caller is unable to provide a numeric address, the Call Taker must state, "Please give me the best location/nearest landmark you have for your location.
- 7.1.7 Call taker must enter the address or location provided by the caller into the CAD system using the most accurate information available from the caller (this may be an intersection, business, landmark, etc.)
- 7.1.8 Where the caller is not at the actual location where the help is needed, Call taker must verify the address (or location) by stating the following: "Please repeat the address/location for confirmation"
- 7.1.9 For all residential (or suspected residential) locations the Call taker must ask "is this a house or an apartment?" and correctly enter the information into the CAD system.
- 7.1.10 For all non-residential locations, the Call taker must obtain all necessary access information, which may include: building name, floor number, office or suite number and specific entrance instructions gate codes if necessary.
- 7.1.11 Once the Call taker has entered the address/location into the CAD system, they will verify the entered address/location by ensuring that the CAD returns a valid address or location and it matches the information entered as obtained from the caller.

- 7.1.12 Addresses/location not found must be logged with the Control Supervisor on duty who will keep a record for the attention of the Control Manager
- 7.1.13 Call Taker asks “Ok. Tell me exactly what’s happened”
- 7.1.14 Call Taker must give a higher level of priority to calls where there is limited information available.
- 7.1.15 Call Taker to make use of the ‘Language Line interpreting services’ during incidents where the caller does not speak English. If they experience a problem with this service, a higher level of priority must be given to the call.(*for further information on Language line refer to policy NASCC031*)
- 7.1.16 Call Taker selects the appropriate “Chief Complaint” from ProQA and follows the series of questions until a Dispatch Code is generated.
- 7.1.17 The Caller should be reassured throughout the call
- 7.1.18 Call Taker must ensure that as much information about the incident is gathered from the individual(s) available at the scene who may have witnessed the incident.
- 7.1.19 Call Taker will stay on the line with the caller to give Post Dispatch Instructions where prompted to do so, including DLS
- 7.1.20 Call should always be treated and managed as a live call until the call is completed or the responding crew are stood down by a competent person at the scene.

7.2 DISPATCH

- 7.2.1 While the Call Taker is taking the call, 45 seconds *or less*, the call is received on the Dispatch Desk for a resource to be allocated to the incident.
- 7.2.2 The Dispatcher knows the location, nature of incident and which dispatch point to allocate from, based on the information taken by the Call Taker.
- 7.2.3 The nearest available resource (e.g. First Responder, Rapid Response Vehicle, Officer Response Vehicle, MRU, Intermediate Care Vehicle or Emergency Ambulance) must be dispatched to all emergency calls in accordance with MPDS Dispatch Codes and provided with a complete Dispatch Code (e.g. 29 D 01) and whatever other information is at hand at the time of dispatch.
- 7.2.4 Where the nearest available resource does not have the appropriate higher clinical level response (e.g. Advanced Paramedic is prompted), dispatch the nearest available resource followed by the higher clinical level appropriate resource where there is a reasonable prospect of arrival or intercept.
- 7.2.5 Advise responding resources of special circumstances, hazards, other responding resources or safety concerns.

- 7.2.6 If Ambulance Control needs to divert a responding resource to a higher acuity call whilst en route, then the initial incident must be allocated a resource in order of priority. If there is likely to be a delayed response, request a Call Taker to contact the caller back.
- 7.2.7 Ambulance Control should activate an Officer response to situations where responding resources are in danger or continued danger.
- 7.2.8 Resources en route to an emergency incident should not be stood down unless by a GP, AP or Paramedic on scene or as per 7.2.6.
- 7.2.9 Should it be reported that the patient has left the scene, every effort must be made to establish where the patient is gone to and if a rendezvous point can be arranged for the ambulance to meet with the patient.
- 7.2.10 All exceptional occurrences must be reported to the Control Supervisor / Control Manager on duty **IMMEDIATELY**.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all Managers, all Supervisors and Staff
- 8.2 This Procedure will be available in electronic format in each Ambulance Station and Ambulance Control for ease of retrieval and reference
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

9.0 REVISION AND AUDIT

- 9.1 Compliance will be assessed through audit by the EDQ and appropriate feedback provided to the relevant Control Manager for consideration.
- 9.2 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.3 Control Managers have responsibility for ensuring the maintenance, regular review and updating of this Procedure.
- 9.4 Revisions, amendments or alterations to the Procedure can only be implemented after consultation with relevant stakeholders and approval by the relevant senior manager.

9.5 Revision History:

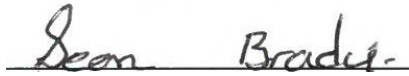
(This captures any changes that are made to a SOP when it has been revised. This may be placed at the back or close to the front of the document according to local preference.)

No	Revision No	Date	Section Amended	Approved by
1	3	4 th June 2018	N/A	NAS Leadership Team & Dispatch Steering Committee

10.0 APPENDICES

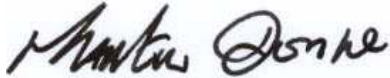
- **Appendix I** – Procedure Acknowledgement Form

11.0 Signatures of Approval



National Control Operations Manager
On Behalf of the National Ambulance Service

Date 05/07/17



National Ambulance Service Director
On Behalf of the National Ambulance Service

Date 05/07/17

Document Control No. 1 (to be attached to Master Copy)

NAS

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NAS

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 2 (to be attached to Master Copy)

**Key Stakeholders Review of Policy, Procedure, Protocol or
Guidance Reviewer Statement**

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NAS

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 3 Signature Sheet:
(to be attached to Master Copy)

Policy, Procedure, Protocol or Guideline:

NAS

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date

