



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Neo Natal Retrieval Procedure (N.N.R)

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NASNEOC02: Neo Natal Retrieval Procedure (N.N.R) Revision No: 1 Neo Natal Retrieval Procedure

Date Approved: 10th August 2015

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1.0 POLICY

NASNEOC02: Neo Natal Retrieval Procedure (N.N.R) Revision No: 1 Neo Natal Retrieval Procedure

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The Neo Natal Retrieval service is operated by the National Ambulance Service in partnership with the National Transport Medicine Programme (NTMP) using a designated vehicle or alternative vehicle.

- 1.2 This ambulance and staff will be based at Cherry Orchard.
- 1.3 Staff will refer to this document for further information on how this policy will be managed.
- 1.4 On receipt of a call from one of the hospital co-ordinators, This procedure will be implemented.

2.0 PURPOSE

- 2.1 The purpose of Neo Natal Retrieval is to ensure the immediate and effective transport to the receiving hospital of the neo natal patient.

3.0 SCOPE

- 3.1 This procedure applies to neo natal patients requiring emergency transport from their location to the designated receiving hospital.

4.0 GLOSSARY OF TERMS AND CONDITIONS

NNR – Neo Natal Retrieval.
MPDS – Medical Priority Dispatch System.
NTMP – National Transport Medicine Programme.
NEOC – National Emergency Operations Centre.

5.0 ROLES AND RESPONSIBILITIES

- 5.1 The Control Manager is responsible for dissemination and clarification to all Supervisors and staff.
- 5.2 Control supervisors are responsible for ensuring control staff compliance with this procedure.
- 5.3 The control manager is responsible for ensuring control supervisors compliance with this procedure.
- 5.4 Education and Competency assurance officers and Quality and Safety Risk Managers in conjunction with the area medical advisor are responsible for reviewing any related incident/near miss report.

- 5.5 The Education and Competency Assurance team are responsible for managing remedial training.
- 5.6 Staff involved in the treatment and transport of NNR patients are responsible for the operation of this procedure.
- 5.7 It is the responsibility of all staff involved in the care of the NNR patient to provide care based on the best clinical evidence available.
- 5.8 It is the responsibility of all staff members to work within their own scope of practice.
- 5.9 It is the responsibility of the National Emergency Operations Centre to dynamically deploy the appropriate resource to facilitate the NNR patient.

6.0 PROCEDURE: NNR Patient.

- 6.1 The consultant or registrar at the referring hospital phones and arranges a bed in the receiving hospital, where the patient is to be admitted.
- 6.2 He/she then calls the National Neonatal Retrieval Team (NNR) to request transfer using (0818 300188).
- 6.3 The clinical co-ordinator (consultant or registrar on call for the Neonatal Retrieval team) discusses the patient, takes details and assesses urgency. Stabilisation advice is provided as required.
- 6.4 The Clinical co-ordinator calls a designated number within the National Emergency Operations Centre 021-4640078 and states that a Neonatal Retrieval is required. The clinical co-ordinator advises the NEOC whether the retrieval team must be dispatched urgently or can be delayed or scheduled, depending on the condition of the infant. **The Clinical Co-ordinator is the only person authorized to determine the urgency of the retrieval, depending on the condition of the infant.**
- 6.5 The NEOC dispatcher is the only person authorized to dispatch a vehicle for a national neonatal retrieval.
- 6.6 Call taker will process the call as a Priority 1 (AS1 call).
- 6.7 The MPDS call determinant 33-Charlie-6 will be authorized with immediate effect.
- 6.8 All pertinent details relating to the patient must be entered into the call, including receiving hospital.
- 6.9 The designated transporting ambulance will be deployed in a time frame as specified by the clinical co-ordinator.
- 6.10 The vehicle dispatched may be a dedicated National Retrieval ambulance dispatched from the base at Cherry Orchard, in the first instance or if that resource is not available and emergency ambulance from ambulance resources generally.

- 6.11 The ambulance dispatched will travel to the host hospital, collect the national neonatal retrieval team who call to the referring hospital with ETA.
- 6.12 On arrival at the referring hospital, the national neonatal team will receive report of patient condition and handover and continue stabilization for transport.
- 6.13 The national neonatal team cares for the patient en route to the accepting hospital and gives report and handover to personnel there.
- 6.14 The handover of care team calls the referring hospital with details of patient condition and arrival.
- 6.15 The national neonatal retrieval team is returned to their base, if different to the host hospital.
- 6.16 The transport vehicle returns to their base.
- 6.17 If advice or assistance is required with this procedure please contact the ambulance control duty Manager.

7.0 REVISION HISTORY: (This captures any changes that are made to an SOP when it has been revised).

No	Revision No	Date	Section Amended	Approved by
1	0	10-12-14	6.4 Control room number changed due to division of pts calls.	S.Brady

Appendix I:

Neo-Natal Retrieval Vehicle, MICAS & PICU vehicle Status Update Algorithm:
Below is the algorithm for the vehicle drivers to use showing the sequence of status updates they are required to provide to the NEOC in order to update a call at its various stages.

Dispatcher passes call to the specialist resource driver & allocates the call to the appropriate resource on the CAD system which populates a time stamp. **This gives NAS the allocation time from code generation (AS1) or call receipt (AS2 & AS3) to resource activation for performance evaluation purposes.**

Driver (leaving base or current location) sends 01, 02 or 03 code appropriate to classification (Mobile on call) which populates CAD. **This gives NAS the mobilisation time from activation to going mobile for performance evaluation purposes.**

Resource arrives at Team location to collect team & equipment (**Driver makes voice contact with Control advising of his arrival time**). Upon leaving for patient's location, the driver makes verbal contact to update his departure time for patient location. **Both verbal updates are entered into Notepad of the call. This will also show the time spent collecting the team & equipment.**

Resource arrives at facility where patient is located. Driver sends the 04(@ Scene) status update which populates CAD.

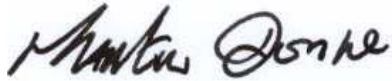
When ready to leave the facility with the patient, driver sends either the appropriate destination hospital code (if an AS1 call) or 05 codes (if an AS2 or AS3). All of these will populate into CAD, **thus showing the turn-around time when collecting the patient.**

Upon arrival at destination hospital, driver sends 06 Code (@ destination) which will populate into CAD.

When call is finished, driver sends 09 status update (Clear & Available). This will accurately show the hospital turn-around time. Vehicle then either proceeds to next job (above sequence again i.e. 01,02 or 03), or drops off the team at their base, and proceeds back to base giving the 10 code when at base ready for the next activation.

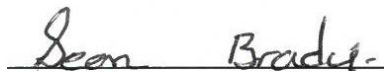
Signatures of Approval

All persons must sign and date this page after they have read and understood the Standard Operation Procedure.



Director of National Ambulance Service
On Behalf of the National Ambulance Service

Date 20/10/2018



National Control Operations Manager
National Emergency Operations Centre

Date 20/10/2018