



Ambulance Operations Procedure

Paediatric Retrieval Procedure

National Ambulance Service (NAS)

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1.0 POLICY

- 1.1. The Paediatric Retrieval Service will be operated by the National Ambulance Service (in partnership with the National Transport Medicine Programme, (NTMP)) using a designated vehicle or alternative vehicle.
- 1.2. The designated vehicle and staff will be based at Cherry Orchard Ambulance Base, Dublin.
- 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 the host hospital requesting paediatric retrieval, this procedure will be implemented.

2.0 PURPOSE

2.1 The purpose of this service is to ensure the immediate and effective collection of the team and their equipment from their base, and to transport them to the referring hospital whereby the patient is collected and transported to the receiving hospital of the paediatric patient. The transport team and their equipment will then return to base.

3.0 SCOPE

3.1 This procedure applies to paediatric patients (greater than 4 weeks corrected gestational age, weighing ≥5kg, up until the patients 16th birthday) requiring transport from their location to the designated receiving hospital.

4.0 LEGISLATION/OTHER RELATED POLICIES

4.1 NASCC032 - Call taking/Address Verification/Dispatch.

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 NTMP National Transport Medicine Programme
- 5.2 MPDS Medical Priority Dispatch System.
- 5.3 ETA Estimated Time of Arrival.
- 5.4 NEOC National Emergency Operations Centre.
- 5.5 AMD Aero Medical Desk.
- 5.6 Host Hospital Hospital receiving the patient.

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6.0 ROLES AND RESPONSIBILITIES

- 6.1 It is the responsibility of each Control Manager to ensure that each Supervisor and Staff member is aware of and understands this Procedure.
- 6.2 It is the responsibility of all NAS staff to adhere to this procedure.

7.0 PROCEDURE

- 7.1 The consultant or registrar in the referring hospital contacts the direct dial number 1850-213213 to discuss the specifics of the patient's condition with relevant specialists.
- 7.2 If retrieval is considered necessary the call is automatically "bridged" to the dedicated retrieval team to request transfer. The direct dial number for accessing this service is 1850-213213.
- 7.3 The retrieval consultant or registrar "on call" for the paediatric retrieval team discusses the individual requirements for the care of the patient, takes details and assesses urgency. Stabilisation advice is provided as required.
- 7.4 The retrieval consultant or his/her delegate, (i.e. the Retrieval Registrar) calls a designated number within the National Emergency Operations Centre at 021-4640078 (Dublin) and states that a paediatric retrieval is required. The retrieval consultant advises the NEOC whether the Retrieval Team must be dispatched urgently or can be delayed or scheduled, depending on the condition of the patient. The Retrieval Consultant or his/her delegate are the only persons authorised to determine the urgency of the retrieval, depending on the condition of the patient. It is expected that this recommendation will be informed by the opinion of the specialist teams who will be receiving the patient.
- 7.5 The dispatcher or dispatch supervisor within the NEOC are the only persons authorised to dispatch a vehicle for a National Paediatric Retrieval.
- 7.6 The call taker will process the call as a priority 1 (AS1 call).
- 7.7 The MPDS call determinant 33 will be authorised with immediate effect.

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- 7.8 All movements of the paediatric retrieval vehicle will be coordinated through the NEOC. The vehicle dispatched must be the dedicated National Retrieval Vehicle in the first instance with 2 person crew with minimum EMT level, or if that resource is not available, an emergency ambulance from ambulance resources generally. This decision will be made at point of dispatch by the relevant dispatcher and/or supervisor based upon current emergency activity and resources available.
- 7.9 The NEOC will take details and dispatch the appropriate vehicle. The dispatcher will give estimated time of arrival (ETA) to collect the paediatric retrieval team from the host hospital.
- 7.10 The vehicle travels to the host hospital, collects the paediatric retrieval team and their equipment. The paediatric retrieval team will contact the referring hospital with ETA.
- 7.11 The Paediatric Retrieval Team arrives at the referring hospital, receives report of the patient's condition and handover and continues stabilisation for transport.
- 7.12 The Paediatric Retrieval Team cares for the patient en route to the accepting hospital and gives report and handover to personnel there.
- 7.13 The Paediatric Retrieval Team calls the referring hospital with information on the patient's arrival and condition.
- 7.14 The Paediatric Retrieval Team is returned to their base, if different to the host hospital.
- 7.15 The transport vehicle returns to their base. Crew must clean the vehicle, replace equipment used and leave prepared for next call.
- 7.16 The call is closed on the CAD.
- 7.17 If advice or assistance is required with this procedure please contact the duty control manager.

AIR AMBULANCE:

If in the event that air transport is considered by the Paediatric Retrieval Team, the National Emergency Operations Centre, via the AMD desk should be contacted on 1850-211869. AMD will coordinate the activation of ambulances including the designated retrieval vehicle from base hospital and aircraft landing sites.

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8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all Managers, Supervisors and Staff.
- 8.2 This procedure will be available in electronic format and paper format in the control room for ease of retrieval and reference.

9.0 REVISION AND AUDIT

- 9.1 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.2 Control managers have responsibility for ensuring the maintenance, regular review and updating of this procedure.
- 9.3 Revisions, amendments or alterations to the procedure can only be implemented after consultation with relevant stakeholders and approved by the relevant senior manager.

10.0 REFERENCES

None Applicable

11.0 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	19-12-14	Control room number changed as a result of changes to PTS call system	Sean Brady

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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 NEOC 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 NEOC 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.

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Signatures of Approval

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

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

Date ___20/10/2018_____

National Control Operations Manager **National Emergency Operations Centres**

Date __20/10/2018_

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