



National Ambulance Service (NAS)
Emergency Operations Centre Procedure
Operational Short Notice Absence Procedures

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1.0 POLICY

- 1.1 It is the policy of the National Ambulance Service (NAS) to ensure that short notice absenteeism and the subsequent potential impact on service delivery to patients is managed in accordance with the HSE Attendance Management Policy, relevant HSE HR Circulars and the Organisation of Working Time Act 1997

2.0 PURPOSE

- 2.1 To provide robust procedures and guidance for Control Supervisors and Staff where immediate arrangements may be required to secure/safeguard the safety of services to patients within the constraints of available budget.
- 2.2 To ensure staff compliance with the relevant provisions of the Organisation of Working Time Act, 1997.
- 2.3 To ensure staff compliance with the relevant provisions of the HSE Attendance Management Policy and relevant HSE HR Circulars
- 2.4 To maintain quality standards of service to the Public.
- 2.5 To achieve the HSE target of 3.5% absenteeism (maximum)

3.0 SCOPE

- 3.1 This procedure applies to all Operational Supervisors and Staff, Control Supervisors and Staff and Officers involved in the management of attendance

4.0 LEGISLATION/ RELATED POLICIES/PROCEDURES

- Organisation of Working Time Act, 1997
- HSE Attendance Management Policy
- HSE HR Circular 016-2012 Compassionate Leave
- HSE HR Circular 020-2012 Self Certified Paid Sick Leave Arrangements
- HSE Terms and Conditions 2009
- HSE National Service Plan 2013

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 Minimum notice of rosters – The Organisation of Working Time Act defines minimum notice of rosters as twenty-four hours in advance of the first working day of that week (Section 17, Subsection 2, 3)
- 5.2 **Unrostered** - An unrostered member of staff is defined as any member of staff who is not permanently assigned to a roster.
- 5.3 **Short Notice Changes to Rosters** - The Organisation of Working Time Act defines short notice changes as changes to working hours, notified within twenty four hours of the notified starting time (Section 17, Subsection 4). Such changes are permissible only in exceptional circumstances where such circumstances are unforeseen by the employer, i.e. short notice sick leave, force majeure leave, compassionate/bereavement leave, paternity leave, staff injury, Stress Management stand down, critical staff shortage or Major Emergency.
- 5.4 **ELS** - Current approved roster constitute the approved Existing Level of Service

6.0 RESPONSIBILITIES

- 6.1 Operations Performance Managers have oversight responsibility for the application of this procedure
- 6.2 Control Supervisors are responsible for Staff compliance with this Procedure.
- 6.3 Control Managers are responsible for Supervisor compliance with this Procedure.
- 6.4 All employees must ensure familiarity with and adherence to the relevant parts of this Procedure
- 6.5 Paramedic Supervisors are responsible for ensuring Operational staff compliance with this procedure

7.1 PROCEDURES

7.2 ROSTER ARRANGEMENTS

- 7.2.1 Paramedic Supervisors normally prepare rosters for Operational Staff at least 24 hours in advance of the first working day of the week, where Core Rostering is not in operation. Any unrostered Operational Staff available for re-assignment must be notified to Paramedic Supervisor colleagues and the relevant Operations Resource Manager.
- 7.2.2 Operational rosters for each Station should be loaded on the Core Rostering System, where in operation, and pending the implementation in any Area, notified to Ambulance Control Centres in electronic format where core rostering is in operation
- 7.2.3 All applications for annual leave will be processed in line with Policy – NASP036 – Structured Leave and Entitlements to ensure safe operating staffing levels are available.

7.3 OPERATIONAL SHORT NOTICE ABSENCE PROCEDURES

- 7.3.1 The staff member requiring short notice absence should Contact Ambulance Control only where is not in operation and advise that you are reporting a short notice absence (sick, force majeure, etc.) and if known for what period of time.
- 7.3.2 The staff member should also contact their relevant Paramedic Supervisor(s), where Core Rostering is not in operation and inform them that you are reporting a short notice absence and for which shift(s).
- 7.3.3 Completed Self Certification Forms must be sent to the relevant Operations Resource Manager immediately on return to work.
- 7.3.4 Medical Certificates must be sent to the relevant Operations Resource Manager to arrive no later than the third day of illness.
- 7.3.5 Force Majeure Leave must be applied for on the appropriate Form and be approved retrospectively by an Operations Resource Manager. Where approval is not granted, annual leave or unpaid leave will apply.
- 7.3.6 Compassionate Leave must be applied for on the appropriate Form and be approved retrospectively by an Operations Resource Manager. Where approval is not granted, annual leave or unpaid leave will apply.

7.3.7 Where CORE Rostering is not in operation, the relevant Paramedic Supervisor(s) must be informed when you are available for duty

7.4 CONTROL/ CORE RESPONSE PROCEDURES

7.4.1 Establish what the expected period of absence will be and advise the staff member notifying the absence to contact their Paramedic Supervisor(s) at the earliest opportunity.

7.4.2 Note the call in the relevant section of the Shift Incident Report.

7.4.3 Review Station rosters on the Core Rostering System (or pending implementation in any Area), any electronic submission notified to Ambulance Control to see if any extra crews are on duty in the first instance.

7.4.4 Where an extra crew are on duty, there is no requirement to cover the shift.

7.4.5 If no extra crews are available, review Station rosters on the Core Rostering System (or pending implementation in any Area), or any electronic submission notified to Ambulance Control to see what single Operational Staff are available for re-assignment or crewing together at that Station or between Stations.

7.4.6 Where due to an unforeseen event (see Sections 5.3), and rostering arrangements require change at short notice, unrostered Operational Staff will have their shift pattern changed provided this information is available. Every consideration will be given to ensuring such short notice changes are distributed evenly and fairly among unrostered Operational Staff so as to minimise the impact of such changes on any one individual.

7.4.7 The rosters on the Core Rostering System (or pending implementation in any Area), will be updated to reflect the changes and check that all the electronic submissions notified to Ambulance Control are correct to ensure the rosters are accurate and up to date.

7.4.8 Core are required to contact Ambulance Control and notify the control supervisor/ control manager of all changes

7.5 CONTINGENCY ARRANGEMENTS

The persons responsible for these actions are Control Supervisors and Control Managers.

- 7.5.1 Where all NAS resources, on duty, are utilised and no unrostered staff are available, bank transfer calls as necessary and "ring fence" NAS resources for emergency/urgent calls.
- 7.5.2 Contact other Control Centres to establish what capacity is available for assistance
- 7.5.3 Contact the Control Manager where on duty and advise that operational resources are impacted by short notice absence. Be in a position to brief the Control Manager on the expected impact on NAS capacity to meet service demands.
- 7.5.4 During out of hours, authority is currently delegated to the Control Supervisor on duty.
- 7.5.5 If in the view of the Control Manager, or Control Supervisor where no Control Manager is available, reducing inter hospital transfer capacity will not be sufficient to safeguard emergency service delivery, the matter should be escalated to an Operations Performance Manager.

7.6 DISPUTES OVER SHORT NOTICE CHANGES TO ROSTERS

- 7.6.1 Where any unrostered employee expresses difficulty with the change, the employee should be advised to complete the shift (under protest if necessary) and given the opportunity to discuss the matter with their immediate Supervisor/Manager when the potential for service interruption has passed.

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

- 10.1 Compliance will be assessed through Operations Performance Team meetings.
- 10.2 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 10.3 Control Managers have responsibility for ensuring the maintenance, regular review and updating of this Procedure.
- 10.4 Revisions, amendments or alterations to the Procedure can only be implemented after consultation with relevant stakeholders and approval by the relevant senior manager.

10.0 REFERENCES

Non Applicable

11.1 APPENDICES

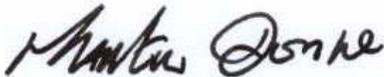
- **Appendix I** – Procedure Acknowledgement Form

12.0 Signatures of Approval



National Control Operations Manager
On Behalf of the National Ambulance Service

Date 29/05/2016



National Ambulance Service Director
On Behalf of the National Ambulance Service

Date 29/05/2016

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
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Tallaght Cross
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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:

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- 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:

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