



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## National Ambulance Service (NAS) – All Staff Groups

### Policy Governing Adherence to all Policies & Procedures (SOP's)

This Procedure is applicable to all National Ambulance Service Staff

<b>Document reference number</b>	NASBS011	<b>Document developed by</b>	Martin Dunne - Director NAS
<b>Revision number</b>	1	<b>Document approved by</b>	Martin Dunne – Director NAS  Dr. Cathal O' Donnell – Medical Director NAS
<b>Approval date</b>	4 <sup>th</sup> December 2014	<b>Responsibility for implementation</b>	Director – National Ambulance Service
<b>Revision date</b>	31/12/2019	<b>Responsibility for review and audit</b>	Leadership Team – Under lead from Director of NAS

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## 1.0 Policy

- 1.1 The policy of the HSE National Ambulance Service (NAS) is to ensure all Staff are familiar with all policies, procedures and SOP's pertaining to their area of work during their employment with the HSE National Ambulance Service National Ambulance Service
- 1.2 To ensure all SOP's, Policies and Procedures are adhered to without exception by all staff within the NAS resources (where extant throughout Ireland)
- 1.3 To ensure service delivery areas of the NAS and individuals alike understand their own responsibilities with regards SOP's, Policies and Procedures

## 2.0 Purpose

- 2.1 To provide all staff with a policy that details absolute adherence to NAS Policies, Procedures and SOP's
- 2.2 To be able to demonstrate internally and externally that the NAS has SOP's, Policies and Procedures firmly embedded as to deliver the highest levels of safe and resilient patient care delivery at all times
- 2.3 To be able to demonstrate both internally and externally that the NAS is driven by binding and auditable SOP's Policies and Procedures, that meet or exceed ethical governance frameworks providing a safe service for staff and service users alike
- 2.4 To ensure that all SOP's Policies and Procedures are reviewed according to an appropriate schedule thereby meeting operational and clinical imperatives

## 3.0 Scope

- 3.1 This policy applies to all staff working within the National Ambulance Service to include (but not restricted to):
  - 3.1.1 Whole time or Part time employed staff
  - 3.1.2 Temporary/Agency staff
  - 3.1.3 Specialist/contracted advisors
  - 3.1.4 Volunteers working for/deployed on behalf of/by the NAS (for example Community First Responders)

## 4.0 Legislation/Other Related Policies

- 4.1 This policy is concurrent with and commensurate to all SOP's, Policies and Procedures as issued

## 5.0 Glossary of Terms and Definitions

- 5.0.1 **HSE NAS - Health Service Executive National Ambulance Service** – statutory body for the provision of emergency and urgent ambulance services for Ireland
- 5.0.2 **SOP - Standard Operating Procedure** – mechanism for the dissemination of instruction and direction for absolute adherence

## 6.0 Roles and Responsibilities

- 6.1 **Director, NAS Responsibilities** – to ensure that, through the management structure of the National Ambulance Service and this Policy that all SOP's, Policies and Procedures are updated and adhered to in order to provide a well governed and structured service to both its employees and service users
- 6.2 **Medical Director, NAS Responsibilities** - to ensure, through the Medical Directorate that this policy is used effectively and robustly to ensure a standardised approach to clinical care and patient safety
- 6.3 **NAS HR/IR Manager** - to ensure all staff matters are dealt with commensurate to this and all other SOP's, Policies and Procedures
- 6.4 **Area Operations Managers** - to ensure all matters are dealt with commensurate to this and all other SOP's, Policies and Procedures, and that staff have a clear and available access to all SOP's, Policies and Procedures
- 6.5 **NAS College (Education and Competency Assurance) Tutor Responsibilities** – to ensure all staff (new staff or existing) are aware of this policy regarding absolute adherence to all NAS SOP's, Policies and Procedures
- 6.6 **National Emergency Performance and Operations Manager's Responsibilities** – to ensure all staff (new staff or existing) are aware of this policy regarding absolute adherence to all NAS SOP's, Policies and Procedures

## 7.0 Procedure

- 7.1 This Policy will be available at all NAS locations throughout the country
- 7.2 All SOP's, Policies and Procedures will be available within all NAS Locations throughout the country
- 7.3 All SOPs' Policies and Procedures, where appropriate (due to context and content) will be available on line on the HSE NAS website
- 7.4 Quality, Safety and Risk Managers will be tasked with ensuring all SOP's, Policies and Procedures are collated into reference manuals, in line with the Master copy authorised by the NAS Medical Director
- 7.5 Once a policy is due for review and/or audit, the Senior Leadership Team of the NAS will ensure that appropriate action is taken in a timely and effective manner

## 8.0 Implementation Plan

- 8.1 Through the Senior Leadership team of the National Ambulance Service, this Policy will be implemented across all NAS locations and staff groups according to due NAS process

**9.0 Revision and Audit**

9.1 This procedure will be reviewed for currency, accuracy and appropriateness in line with service developments and strategy no longer than 3 years from implementation

9.2 **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
NASBS011	1	12/1/2017	Pg 4 Section 6.6 added to document	Policy & Approval group

**10.0 References**

10.1 All HSE NAS SOP's, Polices and Procedures

**11.0 Appendices:**

- I. Review Form - Policy & Procedure Approval Group
- II. Review Form - Policy Acknowledgement Forms - Document Control
- III. Policies & Procedures Governance Flow Chart

**(All forms to be attached to Master Document)**

**Appendix 1: Policy & Procedure Approval Group:**

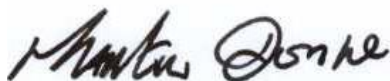
<b>NAME:</b>	<b>Title:</b>
Martin Dunne	Director National Ambulance Service
Dr. Cathal O' Donnell	Medical Director National Ambulance Service
Pat McCreanor	Control & Performance Manager
William Merriman	Chief Ambulance Officer/Area Operations Manager – North Leinster
Paudie O' Riordan	Chief Ambulance Officer/Area Operations Manager – West
Macartan Hughes	Education & Competency Assurance Manager (NASC)
Quality Patient Risk Manager	Quality Patient Risk Manager

**12.0 Signatures of Approval**



\_\_\_\_\_  
National Ambulance Service Medical Director  
On Behalf of the National Ambulance Service

**Date** 31<sup>st</sup> January 2017



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

**Date** 31<sup>st</sup> January 2017







**Appendix II:**

**Document Control No. 3 Signature Sheet:**

**(to be attached to Master Copy)**

**Policy, Procedure, Protocol or Guideline:  
Policy Governing Adherence to all SOP's, Policies and Procedures**

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

**NASBS011: Policy Governing Adherence to all SOP's, Policies and Procedures (SOP's)**

Print Name	Signature	Area of Work	Date
<b>Policies &amp; Procedures Governance Flow Chart</b>			
<b>STAGE 1</b>	All new proposed SOP's & updated SOP's are to be sent to the Director's office via email address: <a href="mailto:niamhf.murphy1@hse.ie">niamhf.murphy1@hse.ie</a>		
<b>STAGE 2</b>	The SOP will then be reviewed to ensure compliance with the template & format.		
<b>STAGE 3</b>	The Draft SOP will be sent to the Policy & Procedure Approval Group for their next meeting with a review form attached. If any amendments are made the draft is returned for update.		
<b>STAGE 4</b>	The Draft SOP is then submitted for approval to the NAS Leadership Team with the attached review form.		
<b>STAGE 5</b>	If any amendments are identified by the NAS Leadership Team they are then incorporated into the draft document. If there are no amendments the SOP will be deemed approved.		
<b>STAGE 6</b>	The approved document is authorised by the Director of National Ambulance Service (NAS) and the SOP will be assigned the appropriate reference number. It will then be distributed to the relevant people for distribution & put on the NAS website.		

	will be deemed approved.
<b>STAGE 6</b>	The approved document is authorised by the Director of National Ambulance Service (NAS) and the SOP will be assigned the appropriate reference number. It will then be distributed to the relevant people for distribution & put on the NAS website.

**Appendix III: Policies & Procedures Governance Flow Chart**

