



## National Ambulance Service (NAS)

### Ambulance Control Procedure

#### Emergency Inter Hospital Transfer (Time Critical Calls)

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## **1.0 POLICY**

- 1.1 It is the policy of the National Ambulance Service (NAS) to provide effective procedures to Control Staff.

## **2.0 PURPOSE**

- 2.1 To provide control managers, supervisors and staff with clear direction on how to process emergency inter hospital transfers.
- 2.2 To ensure a consistent approach to emergency call taking.
- 2.3 To maintain quality standards of service to patients/clients.
- 2.4 To achieve national compliance with the “Accredited Centre of Excellence

## **3.0 SCOPE**

- 3.1 This procedure applies to all Managers, Supervisors and Staff in the NAS

## **4.0 LEGISLATION/OTHER RELATED POLICIES**

- NASCC033 – Ambulance Control Quality Assurance System.

## **5.0 GLOSSARY OF TERMS AND DEFINITIONS**

- 5.1 ProQA – is the computerised version of MPDS – Medical Priority Dispatch System.
- 5.2 Time Critical Transfer – Emergency transfer requiring immediate response.
- 5.3 AP – Advanced Paramedic.
- 5.4 ICV - Intermediate Care Vehicles.

## **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 each Manager, Supervisor and Staff member to adhere to this Procedure.

- 6.3 It is the responsibility of the Education and Competency Assurance Team to ensure appropriate safety briefings are included in any related training material.

## 7.0 PROCEDURE

**Critical Care Transfers can be defined as “Transfers requiring active management by a critical care team to treat and support critically ill patients with one or more organ failures”. In practice this means patients being transferred by a medical and nursing escort with organ support, e.g. Ventilation.**

- 7.1 All time critical inter hospital transfers must be affected by an emergency ambulance with a paramedic crew.
- Intermediate Care Vehicles (ICV) should not be used for these transfers.
  - Advanced paramedic crews should not routinely be used for these transfers. AP level of care is not indicated for these transfers as care will be provided by the medical and nursing escort.
- 7.2 On receipt of a Time Critical Call from a hospital the following procedure must be carried out;
- 7.2.1 If the call is identified as time critical, the call should be processed as an AS1 call and put through ProQA and dealt with accordingly.
- 7.2.2 Follow the ProQA protocol for transfer/Interfacility/Palliative Care. Clarifying if there are any special needs, e.g. Incubator, Ventilator, Medical Team etc.
- 7.2.3 The nearest available Paramedic crewed resource must be allocated to the call. If the nearest resource is an AP resource, check the location of the nearest Paramedic resource - in general a Paramedic crewed resource should be allocated and the AP resource reserved for AS1 calls, but there may be circumstances where the time delay caused by allocating the Paramedic resource would adversely affect timely transfer – consult with Control Supervisor/Control Manager re advisability of allocating the AP resource to the transfer
- 7.2.4 Where emergency calls are received from more than one acute hospital at the same time, and then prioritise the call(s) for response by requesting the caller to provide input to ProQA. The highest response will then get that resource, until the next one is available.
- 7.2.5 If the call is not time critical, as per the above criteria an acceptable time frame within which the call should be covered should be agreed with the referring hospital, and the call processed as an AS2 call.

- 7.3 In the event of a crew arriving at scene and the patient is not ready to travel. Make contact with the hospital to get a time frame within which the patient will be ready. The crew may then be stood down and the hospital informed to contact control when the patient is ready, at which time a resource can be reallocated.

**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.

9.4 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

## 10.0 Signatures of Approval

\_\_\_\_\_  
National Control Operations Manager  
On Behalf of the National Ambulance Service

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**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

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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:

- 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.

\_\_\_\_\_  
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