



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Procedure for requisitioning of Air Ambulance Service

Document reference number	NASCC035	Document developed by	Colm Megan, Aero-Medical Liaison Officer
Revision number	1	Document approved by	NAS Leadership Team
Approval date	15th August 2015	Responsibility for implementation	Each Chief Ambulance Officer/Area Operations Manager
Revision date	15th August 2019	Responsibility for review and audit	NAS Aero-Medical Liaison Section

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1.0 POLICY

- 1.1 It is the policy of the National Ambulance Service (NAS) to work in partnership with other agencies to provide safe and effective systems of work and communications so as to enhance staff safety and enhanced service to patients

2.0 PURPOSE

- 2.1 To provide clear direction to all levels of staff, employed by the Health Service Executive (HSE), when requesting the Emergency Inter-Hospital, Air Ambulance Service
- 2.2 To ensure the hospital requestor, booking the Air Ambulance Service provides the required information to the National Emergency Operations Centre (NEOC) Aero-Medical Dispatch (AMD) in a clear and concise manner.

3.0 SCOPE

- 3.1 This procedure applies to all Managers, Medical and Nursing of the HSE

4.0 LEGISLATION / OTHER RELATED POLICIES

- A. Safety, Health and Welfare at Work Act, 2005
B. National Ambulance Service Parent Safety Statement

5.0 GLOSSARY OF TERMS AND DEFINITIONS

HSE	Health Service Executive
NEOC	National Emergency Operations Centre
AMD	Aero-Medical Dispatch

6.0 ROLES AND RESPONSIBILITIES

- 6.1 It is the responsibility of each Hospital Manager to ensure that each Manager, Medical and Nursing staff member is aware of and understands this Procedure.
- 6.2 It is the responsibility of each Manager, Medical and Nursing Staff member to adhere to this Procedure.
- 6.3 It is the responsibility of the NAS Aero-Medical Section to ensure appropriate and on-going liaison and follow up with agencies engaged in Air Ambulance operations to determine the safety and effectiveness of these procedures.

7.0 PROCEDURE

7.1 The hospital requesting the Air Ambulance Service will follow the booking procedure below

7.2 The following information is required for any Aero- Medical Booking

- Name and contact number of the Hospital Requestor
- Name and number of clinician receiving patient at destination hospital
- Mission type and time constraints
- Patients current condition
- Patients current location
- Number of Medical staff travelling with patient*
- Specialist Equipment required for transfer**
- Destination Hospital

Once the above information is received, the NEOC Aero-Medical Dispatcher will process the call with the appropriate Air Ambulance Provider.

It must be noted that it can take as a minimum of 15-30 minutes, for the Air Ambulance Provider to confirm that they can complete the mission, within the requested timeframes.

The AMD will provide the requesting hospital with the following information, once the Air Asset Provider is capable of completing the mission

- Estimated time of arrival [ETA] of Air Provider to requesting Hospital
- Seating / luggage capacity of Aircraft
- Equipment availability on-board aircraft
- Flight time to receiving facility or nearest Landing Point

Once the Hospital has confirmed to the NEOC AMD, that Air Transport is required, will confirm the request with the Air Provider and will commence the completion of the Air Ambulance Request Form.

NEOC AMD will organise ambulance transport at both ends of the mission

NEOC AMD will inform the receiving Hospital of the ETA of the patient.

* It is the responsibility of the Hospital to provide Medical / Nursing staff on Inter-hospital transfers

**Only approved medical equipment can be transported with the patient in the aircraft. A list of approved equipment is provided in Appendix I. The equipment provided on the air ambulance is provided in Appendix II

NB: Specialist Equipment. All medical devices utilised during aero-medical transfers, must be Pre-approved for use in aircraft. The point of contact to organise said testing is the NAS Aero-Medical Liaison Officer, who can be contacted at:

colm.megan@hse.ie

8.0 Implementation Plan

8.1 This Procedure will be circulated electronically to all Managers, Supervisors and Staff

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 The HSE Aero-Medical Liaison Section will liaise with agencies involved in Air Ambulance Operations and audit each event identified for review.

9.3 Any deviation will be followed up on as soon as practically possible so as to ensure the necessary remedial action is taken.

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
1	1	03/01/17	Amendments made to do with changes within the NAS	NAS Leadership Team

11.0 APPENDICES


- Appendix I: Air Ambulance Approved Medical Devices [Irish Air Corps]
- Appendix II: Air Ambulance Equipment
- Appendix III: Aero-Medical Liaison Section
- Appendix IV: Acknowledgement Forms

12.0 Signatures of Approval

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

National Control Operations Manager
On Behalf of the National Ambulance Service

Date: **3rd January 2017**



National Ambulance Service Director
On Behalf of the National Ambulance Service

Date: **3rd January 2017**

Appendix I

Approved Medical Devices

This list provides a list of Medical Devices that can be transported safely in Irish Air Corps [IAC] aircraft. This equipment has already been tested by the IAC and is approved for use in their aircraft. Certain items of equipment can only be used in particular aircraft, ie fixed wing or rotary. This will be clarified by the IAC at time of mission request.

It is vital at time of requesting the Air Ambulance that equipment required for mission is provided to the National Aero-Medical Coordination centre, who will forward to the IAC.

It is vital that all equipment is supplied with additional batteries for each mission.

Appendix II

Air Ambulance Equipment

Helicopter Aircraft [IAC]

Air Ambulance Equipment provided on IAC Helicopters

July 2016.

Device	Quantity	Remarks
Oxylog 3000 Ventilator	1	
Braun Compact S Syringe Pump	3	
Lifepak 12 Monitor / Defibrillator	1	
Laerdal Suction Unit	1	
ZX Oxygen Cylinder	1	Capable of 15litres for 3 hours duration
Support Medical equipment		BVM. O2 Masks. Oxygen tubing. First Aid items

Appendix III

Checklist for Medical Staff Preparing for international Mission

AERO-MEDICAL LIAISON SECTION

International Air Ambulance Mission Checklist:

Medical Staff escorting patients on an international Air Ambulance Mission should review the checklist below.

It must be noted that where possible the Air Ambulance, if a state asset, will attempt to provide transport back to Ireland for the medical staff. This, however, cannot be guaranteed for a number of operational reasons. Staff must ensure that should this occur that they are prepared for this eventuality. The responsibility for returning staff via commercial airlines is that of the hospital.

Item	Remarks
Mission Equipment	
Medical Equipment. List all equipment which will be used for mission [Aviation approved]	
Equipment power source compatible with aircraft power supply	
Spare Batteries for equipment	
Oxygen / Medical Gases. Sufficient for mission	
Patient Medications	
Patient Chart [If required]	
Letter stating if transporting MDA's	
Medical Staff	
Staff travelling must have current passports Details required by Aero-Medical Dispatch Service -Name on passport -Date of Birth -Place of Birth -Passport Number -Expiry date on passport	Air Ambulance missions are classed as unscheduled flights. Hence it is a requirement for all travelling to hold current passports
Provide staff member mobile number to AMD	
Mobile phone charger	
Overnight bag [Spare clothes, jacket / toiletries]	
Foreign Currency / Credit Card	
Aero-Medical Dispatch NEOC	1850211869 or 0214640054
Irish Hospital contact number	

Document Control No. 1 (to be attached to Master Copy)

NASCC035 Procedure for requisitioning of Air Ambulance Service

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:

NASCC035 Procedure for requisitioning of Air Ambulance Service

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
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

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:

NASCC035 Procedure for requisitioning of Air Ambulance Service

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
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 3 Signature Sheet:
(to be attached to Master Copy)

Policy, Procedure, Protocol or Guideline:

NASCC035 Procedure for requisitioning of Air Ambulance Service

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

Print Name	Signature	Area of Work	Date