



## Ambulance Operations Procedure

### Responding to Ambulance calls from GP Out of Hours Service

#### National Ambulance Service (NAS)

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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 ensure that all staff is aware of the procedures to be used when responding to calls received from the GP Out of Hours Service.
- 2.2 To maintain quality standards of service to the public.
- 2.3 To provide enhanced communication processes and resource awareness between the GP Out of Hours Service and the National Ambulance Service with a view to responding more effectively to patient needs.

## **3.0 SCOPE**

- 3.1 This procedure covers all calls responded to by the National Ambulance Service from the GP Out of Hours Service.

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

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

NAS – National Ambulance Service  
MPDS – Medical Priority Dispatch System  
EMC – Emergency Medical Call taker

## **6.0 ROLES AND RESPONSIBILITIES**

- 6.1 It is the responsibility of each Ambulance Control to ensure that each Ambulance Supervisor and Staff member is aware of and understands this Procedure.
- 6.2 It is the responsibility of each Ambulance Control Manager, Ambulance 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

### 7.1 Out of Hours GP service request for an emergency ambulance:

**7.1.1** During Triage by the GP Out of Hours Service the GP Out of Hours triage nurse may prioritise a call as an ambulance emergency. At this point the triage nurse will immediately advise the caller that their call is being transferred to the National Ambulance Service.

Each Out of Hours Service has a direct line number to Ambulance Control:

East –	021-4640078
North East –	021-4640062
South West -	021-4640070
Cork -	1850-742111
Kerry –	1850-742112
Midlands -	057-9358178
Mid West -	061-482215
Wexford -	059-9138100

**7.1.2** Once the number is confirmed and if the patient is conscious and capable of verbal interaction, then at this stage, the caller must be passed directly to ambulance control for processing via the MPDS.

**7.1.3** Triage Nurse should only hang up from the call if the caller is conscious and capable of verbal interaction.

**7.1.4** If the patient is not capable of verbal interaction, the receiving EMC will request the triage nurse to provide pertinent details as follows;

Phone number of caller  
GP name  
Address (patient location)  
Exact location (directions / geographical landmark)  
Age  
Gender  
Chief Complaint  
Conscious / Breathing  
The subsequent MPDS code will determine the appropriate response.

### 7.2 Call on behalf of a GP who HAS seen the patient.

**7.2.1** Ambulance control may receive a call via from either Triage nurse or the GP who has seen the patient.

**7.2.2** Where the GP has seen and assessed the patient as “Clinically Stable (not life threatening)”, then the EMC will process the call as an AS2 call and agree a timed response with the caller.

**7.2.3** If due to pressure of emergency calls the call is unable to be responded to within the agreed time frame, the call taker must ring the caller back to see if an extension of the agreed time frame is possible. If no time extension can be agreed the Call Taker must upgrade the call to an AS1 request and fill out the necessary fields on the CAD.

**7.2.4** Where the GP has assessed the patient as “Clinically Unstable (life threatening)”, then the EMC will process the call as an AS1 call and dispatch the nearest available resource.

### 7.3 Call on behalf of a GP who HAS NOT seen the Patient.

7.3.1 Ambulance Control may receive a call from Triage on behalf of a GP who has not seen the patient but is concerned about their medical welfare.

7.3.2 The EMC will process the call as an AS1 and request the call to provide pertinent details as follows;

Phone number of caller  
Address (patient location)  
Exact location (directions, geographical landmark)  
Age  
Gender  
Chief Complaint  
Conscious/Breathing

7.3.3 The subsequent MPDS code will determine the appropriate response.

## 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:

9.5 (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	15 <sup>th</sup> September 2018	N/A	Ambulance Control Manager

**10.0 REFERENCES**

NASCC032 Call Answering / Address Verification /  
Dispatch

**11.0 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

**Please return this completed form to:**

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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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (Block Capitals)

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Date

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

**Policy, Procedure, Protocol or Guideline:**

**NAS**

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

<b>Print Name</b>	<b>Signature</b>	<b>Area of Work</b>	<b>Date</b>