



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



**Ambulance Control
Procedure
Call Taking / Address Verification / Dispatch**

National Ambulance Service (NAS)

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| Document reference number | NASCC032 | Document developed by | <i>Pat Mooney Control Manager</i> |
| Revision number | <i>1</i> | Document approved by | <i>Pat McCreanor Control and Performance Manager</i> |
| Approval date | <i>1st October 2012</i> | Responsibility for implementation | <i>Each Control Manager</i> |
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NASCC032 NAS Procedure - Call Answering / Address Verification / Dispatch
Document reference no. NASCC032 Revision no. 1 Approval Date: 1st October 2012

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1.0 POLICY

- 1.1 It is the policy of the National Ambulance Service to provide effective procedures to all Supervisors and Staff

2.0 PURPOSE

- 2.1 To provide Control Supervisors and Staff with clear direction on Call Taking, Address Verification and Dispatch.
- 2.2 To ensure a consistent approach to answering Emergency, Urgent and Routine calls.
- 2.3 To contribute to the achievement of response times performance standards
- 2.4 To provide Control Supervisors and Staff with approved procedures and practices for Call Taking, Address Verification and Dispatch
- 2.5 To maintain quality standards of service to the Public.

3.0 SCOPE

- 3.1 This procedure applies to all calls received by the National Ambulance Service

4.0 LEGISLATION/ RELATED POLICIES/PROCEDURES

- Policy – NASCC033 – Ambulance Control Quality Assurance System
- Procedure – NASCC024 – AMPDS Non Compliance
- PHECC Call Taking and Dispatch Education Standards
- PHECC EMS Dispatch Standard
- PHECC Inter Facility Patient Transfer Standard

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 **112/999 (AS1)** – Emergency requiring immediate response
- 5.2 **Urgent Call (AS2)** – Urgent within agreed time from a GP or Hospital
- 5.3 **Routine Call (AS3)** – Routine within 24 hours booking
- 5.4 **Address** – Address where the emergency response is required
- 5.5 **Call Taker** – staff member who answers the call
- 5.6 **ProQA** – Clinical Triage System
- 5.7 **DLS** – Dispatch Life Support
- 5.8 **EDQ** - Emergency Dispatch Quality Auditor

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6.0 RESPONSIBILITIES

- 6.1 Control Supervisors are responsible for Staff compliance with this Procedure.
- 6.2 Control Managers are responsible for Supervisor compliance with this Procedure.
- 6.3 EDQ's are responsible for monitoring compliance with this Procedure and for reporting non compliance to Control Managers.
- 6.4 All employees must ensure familiarity with and adherence to the relevant parts of this Procedure

7.0 PROCEDURES

7.1 CALL TAKING/ADDRESS VERIFICATION

- 7.1.1 All 112/999 lines will be answered in the following manner:
"AMBULANCE EMERGENCY "
- 7.1.2 ALL Urgent/Routine lines will be answered in the following manner "Ambulance Service, followed by Calltaker's first name, e.g. "John speaking, how may I help you".
- 7.1.3 The Emergency Call Answering Service (ECAS) will pass the relevant details, e.g. caller's location and number.
- 7.1.4 Request the caller to confirm the phone number they are calling from. Once confirmed, the Calltaker will immediately follow with "What's the address of the emergency"
- 7.1.5 If the caller states this is not an emergency, then say "How may I help you?" and then deal with the query.
- 7.1.6 If the call is an emergency but the caller is unable to provide a numeric address, the Calltaker must state, "Please give me the best location/nearest landmark you have for your location.
- 7.1.7 Call taker must enter the address or location provided by the caller into the CAD system using the most accurate information available from the caller (this may be an intersection, business, landmark, etc.)
- 7.1.8 Where the caller is not at the actual location where the help is needed, Call taker must verify the address (or location) by stating the following: "Please repeat the address/location for confirmation"
- 7.1.9 For all residential (or suspected residential) locations the Call taker must ask "is this a house or an apartment?" and correctly enter the information into the CAD system.

- 7.1.10 For all non-residential locations, the Call taker must obtain all necessary access information, which may include: building name, floor number, office or suite number and specific entrance instructions e.g. gate codes if necessary.
- 7.1.11 Once the Call taker has entered the address/location into the CAD system, they will verify the entered address/location by ensuring that the CAD returns a valid address or location and it matches the information entered as obtained from the caller.
- 7.1.12 Addresses/location not found must be logged with the Control Supervisor on duty who will keep a record for the attention of the Control Manager
- 7.1.13 Calltaker asks "what is the problem"
- 7.1.14 Calltaker selects the appropriate "Chief Complaint" from ProQA and follows the series of questions until a Dispatch Code is generated.
- 7.1.15 The Caller should be reassured throughout the call
- 7.1.16 Calltaker will stay on the line with the caller to give Post Dispatch Instructions where prompted to do so, including DLS
- 7.1.17 Call should always be treated and managed as a live call until the call is completed or the responding crew are stood down by a competent person at the scene.

7.2 DISPATCH

- 7.2.1 While the Calltaker is taking the call, within 45 seconds *or less*, the call will be received on the Dispatch Desk for a resource to be allocated to the incident.
- 7.2.2 The Dispatcher will know the location, nature of incident and which dispatch point to allocate from, based on the information taken by the Calltaker.
- 7.2.3 The nearest available resource (e.g. First Responder, Rapid Response Vehicle, Officer Response Vehicle, MRU, Intermediate Care Vehicle or Emergency Ambulance) must be dispatched to all emergency calls in accordance with AMPDS Dispatch Codes, provided with a complete Dispatch Code (e.g. 29 D 01) and whatever other information is at hand at the time of dispatch.
- 7.2.4 Where the nearest available resource does not have the appropriate clinical level (e.g. Advanced Paramedic is prompted), dispatch the appropriate resource where there is a reasonable prospect of arrival or intercept.
- 7.2.5 Advise responding resources of special circumstances, hazards, other responding resources or safety concerns.

- 7.2.6 If Ambulance Control needs to divert a responding resource to a higher acuity call whilst en route, then the initial incident must be re-allocated a resource in order of priority. If there is likely to be a delayed response, request a Calltaker to contact the caller back.
- 7.2.7 Ambulance Control should activate an Officer response, as well as the relevant external agencies, to situations where responding resources are in danger or continued danger.
- 7.2.8 All exceptional occurrences must be reported to the Control Supervisor / Control Manager on duty or at the next available opportunity.

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 audit by the EDQ and appropriate feedback provided to the relevant Control Manager for consideration.
- 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

11.0 APPENDICES

- **Appendix I** – Procedure Acknowledgement Form

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