



National Ambulance Service (NAS)
Ambulance Operations (Fleet) Procedure
ProQa (AMPDS) Emergency Rule Applies

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|----------------------------------|--------------------------------|--|---|
| Document reference number | NASCC022 | Document developed by | Pat Mooney, Control Manager |
| Revision number | 4 | Document approved by | Martin Dunne, Director NAS |
| Approval date | 15 th March 2012 | Responsibility for implementation | NAS Control Managers |
| Revision Date | 31 st December 2020 | Responsibility for review and audit | Professor Cathal O'Donnell, Medical Director |

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1.0 POLICY STATEMENT

- 1.1 The National Ambulance Service (NAS) recognises that occasions can arise where it is not possible for Control Supervisors and Staff to provide Pre Arrival or Post Dispatch Instructions. In such challenging circumstances, it is NAS policy to provide unambiguous procedures to apply.

2.0 PURPOSE

- 2.1 To provide Control Supervisors and Staff with clear direction on when the use of the ProQa (AMPDS) Emergency Rule is appropriate.
- 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” standards.

3.0 SCOPE

- 3.1 Use of the **ProQa (AMPDS) Emergency Rule** is **ONLY** appropriate when:
- A. Staffing levels are reduced due to unavailability of staff
 - B. The Major Emergency Plan **Alert** or **Activation** is implemented
 - C. Ambulance Control is overwhelmed by incoming **999** calls

4.0 LEGISLATION/ RELATED POLICIES/PROCEDURES

- NAED - Quality Improvement Programme
- Policy – NASCC033 – Ambulance Control Quality Assurance System

5.0 GLOSSARY OF TERMS AND DEFINITIONS

- 5.1 **ProQa** – is the computerised version of **AMPDS** – Advanced Medical Priority Dispatch System

6.0 ROLES AND RESPONSIBILITIES

6.1 CONTROL MANAGERS

- 6.1.1 Control Managers are responsible for ensuring the clear dissemination and explanation of this Procedure.

6.2 AQUA AUDITORS

- 6.2.1 AQUA Auditors are responsible for providing individual feedback on issues relating to the application of this Procedure where identified through random audits.

6.3 EDUCATION AND COMPETENCY ASSURANCE TEAM

- 6.3.1 The Education and Competency Assurance Team are responsible for coordinating any remedial training identified relating to the application of this Procedure.

6.4 CONTROL SUPERVISORS AND STAFF

- 6.4.1 The following NAS personnel have authority to activate the Emergency Rule:
 - A. Duty Control Supervisor
 - B. Duty Control Staff member in dispatch role (in the absence of Control Supervisor)

7.0 PROCEDURE

7.1 WHEN THE EMERGENCY RULE IS EVOKED

- 7.1.1 Ensure that the case entry section is completed, all relevant key questions are asked and the call is coded before putting a caller on hold or terminating the call.
- 7.1.2 Where possible, do not invoke the emergency rule on your call if it is a cardiac arrest/choking or childbirth.
- 7.1.3 Always put the initial caller on hold whilst you take the next call, you can then return to the initial caller afterwards.
- 7.1.4 Advise the caller "I'm going to put you on hold to answer another emergency, I will come back to you, stay on the line".
- 7.1.5 If you do get cut off from your original caller then ring them back as soon as all the outstanding emergency calls have been answered.
- 7.1.6 Log the use of the Emergency Rule by typing **ERA** in the **NOTES SECTION** of the call. (This can be done after the fact if necessary, providing it is before the details have been completed).

COMPLETE CASE ENTRY, ASK ALL RELEVANT KEY QUESTIONS AND CODE THE CALL BEFORE PUTTING THE CALLER ON HOLD

7.2 WHEN IT IS NOT ACCEPTABLE TO USE THE EMERGENCY RULE

- 7.2.1 When you are having difficulty getting information from the caller
- 7.2.2 When there are a number of calls received for the same incident but no other emergency lines are ringing.

8.0 IMPLEMENTATION PLAN

- 8.1 This Procedure will be circulated electronically to all appropriate Managers and Supervisors
- 8.2 This Procedure will be available electronically in Ambulance Control for ease of retrieval and reference
- 8.3 The Control Manager responsible for updating Procedure Manuals will return the Acknowledgement Form to NAS Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

- 9.1 Compliance will be assessed through Advanced Quality Assurance Audits (AQUA) and appropriate feedback provided to the relevant Control Manager.
- 9.2 This Procedure will remain under constant review and may be subject to change to facilitate any changes/developments in service requirements.
- 9.3 The Medical Director has responsibility for ensuring the maintenance, regular review and updating of this Procedure.
- 9.4 Revisions, amendments or alterations to the Procedure can only be implemented after consultation with relevant stakeholders and approval by the Control and Performance Manager.
- 9.4 This Procedure will be formally reviewed wherever circumstances, a relevant event or legislative change dictates.
- 9.5 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 | 4 | 27 th June 2018 | N/A | Martin Dunne |
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10.0 APPENDICES

- 1.1 **Appendix 1** – Procedure Acknowledgement form
- 1.2 **Appendix 2** – Form – Daily Vehicle Inspection
- 1.3 **Appendix 2** – Form – Vehicle/Equipment Defect
- 1.4 **Appendix 3** – Form – Ambulance Service Equipment List
 - 1.4.1 Document Control No. 1 Peer Review Policy, Procedure, Protocol or Guidance
 - 1.4.2 Document Control No. 2 Key stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement
 - 1.4.3 Document Control No. 3 Signature Sheet

APPENDIX 2 – Procedure Acknowledgement Form

| Name: | Title: |
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APPENDIX 3 – Policy Approval Group

| Name: | Title: |
|-----------------------------|---|
| Martin Dunne | National Director - NAS |
| Dr. Cathal O'Donnell | Medical Director – NAS |
| Macartan Hughes | Education & Competency Assurance Manager |
| Pat McCreanor | Control Manager |
| Sean Brady | Control & Performance Manager |
| William Merriman | Area Operations Manager – NL |
| Paudie O'Riordan | Area Operations Manager – West |
| Paul Gallen | Area Operations Manager - South |

APPENDIX 4

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

Policy Governing Adherence to all SOP's, Policies and Procedures

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:

Policy Governing Adherence to all SOP's, Policies and Procedures

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: National Ambulance Service, Rivers Building, Tallaght Cross, Dublin 24 or 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:

Policy Governing Adherence to all SOP's, Policies and Procedures

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

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:

| Print Name | Signature | Area of Work | Date |
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