



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



## National Ambulance Service (NAS)

### National Emergency Operations Centre (NEOC) Procedure

#### For accessing Telephone Interpreting Service via Language Line

Document reference number	<b>NASCC031</b>	Document developed by	NEOC Managers
Revision number	<b>1</b>	Document approved by	NAS Leadership Team
Approval date	<b>17<sup>th</sup> December 2013</b>	Responsibility for implementation	Each NEOC Manager
Revision date	<b>31<sup>st</sup> December 2019</b>	Responsibility for review and audit	NEOC Managers

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## **1.0 Policy**

- 1.1 The policy of the National Ambulance Service (NAS) is to ensure all NEOC Staff are familiar with this procedure for the accessing of live telephone interpretation service provide by Language Line Solutions Ltd.
- 1.2 With such a diverse demographic of potential services users across Ireland, Call Takers need to be able to rapidly locate incidents and prioritise emergency and urgent cases. This can be problematic if the caller is not able to communicate effectively in English. Non English speaking callers must be able to be supported through the call in order to ascertain the details as quickly as possible.
- 1.3 This mechanism is provided through the use of third party “conference” calling where the required questions are asked by the Call Taker, translated by a Language Line Solutions Ltd interpreter and asked of the original caller in their own language.
- 1.4 Language Line Ltd is a service available to the National Emergency Operations Centre of the HSE National Ambulance Service to provide an interpreter when there are language difficulties/barriers to the effective answering and processing of calls.

## **2.0 Purpose**

- 2.1 To provide NOEC staff with the required Standard Operating Procedure (SOP) to allow them to access the Language Line interpretation facility in order to effectively take an emergency call from a caller whose first language is not English
- 2.2 To confirm the Managerial responsibility for the communicating of this procedure, and for its effective implementation
- 2.3 To provide an effective and resilient means of obtaining critical and important information relating to a patient where the caller attempting to access the service does not speak English or where English is not their first language

## **3.0 Scope**

- 3.1 This procedure applies to all staff working in the NEOC of the National Ambulance Service, specifically:
  - 3.1.1 NEOC Managers
  - 3.1.2 Control Supervisors
  - 3.1.3 Emergency Medical Dispatchers(EMD)
  - 3.1.4 Emergency Medical Call-Takers(ECT)
- 3.2 This procedure may also be used in the event of any required audit or subsequent investigation in order to provide assurance of interpretation provided

#### **4.0 Legislation/Other Related Policies**

- 4.1 There is no formal legislation applicable to the Procedure
- 4.2 The use of Language Line Solutions as a 3<sup>rd</sup> party interpreter under emergency conditions is widely recognised, and does not compromise any ProQA/AMPDS licence requirements
- 4.3 This Procedure is related to NASCC032 – Ambulance Control Procedure – Call Taking/Address Verification/Dispatch

#### **5.0 Glossary of Terms and Definitions**

##### **5.1 Language Line Solutions**

- Language Line Solutions are a company that specialises in the interpretation and translation of both written and spoken word, in both live and post-event scenarios

##### **5.2 First/Preferred Language**

- The language usually used by the caller in everyday conversation.
- Whilst the caller may have very broken English, complex information may not be readily understood
- for example specific locations, patient's condition, etc.

#### **6.0 Roles and Responsibilities**

##### **6.1 Management Responsibilities**

- National Control Operations Manager will ensure this procedure is disseminated to all NEOC Managers
- NEOC Managers will ensure this procedure is:
  - Disseminated to all Control Supervisors, EMDs and ECTs
  - Adhered to and accessed at all times

##### **6.2 NEOC Staff Responsibilities**

###### **All NEOC Staff will ensure:**

- They understand the service provision provided by Language Line Solutions under this procedure
- They are fully conversant with the use of Language Line for the purposes of live translation of calls
- In the event of issues arising from the use of the service, or if unsure of the procedure, staff are required to escalate this without delay to their Duty Supervisor or Duty NEOC Manager

##### **6.3 NASC Responsibilities**

- NASC NEOC Tutors will ensure they include this procedure in their training of:
  - New NEOC Staff
  - Refresher/Update training of existing NEOC staff

## 7.0 Procedure

Note – this procedure may need local amendment to suit differing telephony infrastructure systems

## 7.2 Accessing Interpretation via Language Line Solutions

- Ensure you have the emergency callers telephone number
- Ascertain, by best means possible the callers first language
- Using the Conference Call facility on the ICCS/desk telephone:
- Place original caller “**On Hold**”
- Start “**New Call**”
- pen **outside line** and dial **1800 80 61 81**
- When answered, open “**CIP Pad**” on ICCS and press “**1**” for Telephone interpreting
- The Operator at Language Line will answer and ask for:
- The ID Number – **409 483**
- The name of the Organisation – **National Ambulance Service of Ireland**
- Ask the Operator for the language you require
- Tell the Language Line operator that you have the caller on the line and you will connect them in to a 3-way call
- Connect yourself, the Emergency caller and the interpreter using the “**Conference**” facility
- Place Language Line “**On Hold**” (you should now have 2 callers showing in the “**On Hold**” box on the ICCS)
- Press “**CONN1**” icon (bottom left of ICCS screen)
- Press both calls in the “**On Hold**” box to join calls together – you now will have a **3-way** “conference” call ongoing
- Give the interpreter the first question or statement to confirm the address of the incident. Give the interpreter time to interpret between you and your caller.
- Ask the interpreter to reassure your caller that help is being arranged
- Continue the conversation, following all Call Taking/Address Verification and ProQA protocols
- When you have all the information you require, i.e. a response determinant, let the interpreter know there are no more questions
- Ask the interpreter to tell the caller an ambulance is on the way and to keep the telephone available in case we need to ring back e.g. if crew cannot find the address
- **Call release/End Call**” will disconnect all parties. The Call Taker must verbally inform the interpreter the call is complete prior to disconnection of the line.
- Ensure that **all** appropriate notes are recorded in **CAD** case notes, including the interpreter’s ID Code

- At earliest opportunity and not delaying the call, advise Call Taker Supervisor that you have/had a call requiring Language Line interpreting, ensuring this is entered into the CAD case notes

## 8.0 Implementation Plan

- 8.1 This procedure will be circulated to the National Control Operations Manager for dissemination to NEOC Managers
- 8.2 NEOC Managers will disseminate this Procedure to their Control Supervisors and ensure that all NEOC Staff are familiar with this procedure.  
NEOC Managers will ensure all NEOC Staff sign the Document Control Signature Sheet to confirm they are aware of this procedure and its use.
- 8.3 This procedure will be placed in hard copy within each policy and procedure manual within each NEOC site for ease of retrieval and reference
- 8.4 The National Control Operations Manager will ensure that the Confirmation Signature forms are returned to NAS Headquarters
- 8.5 National Ambulance Service College (NASCC) will ensure that this procedure is fully referenced within training for all new NEOC Staff

## 9.0 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	03/01/2017	Control Centres changed to NEOC, Control Manager changed to NEOC Manager, Area Operations removed as not applicable	NEOC


## 10.0 Appendices

- Appendix I – Languages Translated by Language Line Solutions (December 2013)
- Appendix II– Document Control
- Document Control No. 1 Peer Review of Policy, Procedure, Protocol or Guidance
- Document Control No. 2 Key Stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement
- Document Control No. 3 Signature

## 11.0 Signatures of Approval

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

**Date** 3<sup>rd</sup> January 2017

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

**Date** 3<sup>rd</sup> January 2017

**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:**

**Name:** Niamh Murphy  
**Contact Details:** Corporate Office  
National Ambulance Service  
Rivers Building  
Tallaght Cross  
Dublin 24  
email [niamhf.murphy1@hse.ie](mailto: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:**

**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:**

**Name:** Niamh Murphy  
**Contact Details:** Corporate Office  
National Ambulance Service  
Rivers Building  
Tallaght Cross  
Dublin 24  
email [niamhf.murphy1@hse.ie](mailto:niamhf.murphy1@hse.ie)

**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>