

OPP113

AMBULANCE COMMUNICATION CENTRE POLICY AND PROCEDURES



Table of Contents

1. POLICY INTRODUCTION	3
2. SCOPE	3
3. ROLES AND RESPONSIBILITIES	3
4. POLICY STATEMENT	4
5. RELEVANT LEGISLATION	8
6. RELATED POLICIES & PROCEDURES	9
7. FEEDBACK	9
8. DOCUMENT CONTROL AND OWNERSHIP	9

1. POLICY INTRODUCTION

This policy is designed to give guidance to the staff working within the Ambulance Communications Centre(s) (ACC) for National Ambulance (NA).

The policy should make clear the rules of operation within the ACC, provide clear guidance on all procedures likely to be encountered and to give overarching governance of the ACC.

This policy will cover the following components: Leadership and Commitment, Organizational Roles and Responsibilities, Risk Evaluation and Management, Policies and Objectives, Managing of Non-conformances and Action Items, Auditing and Inspections, Continuous Improvement.

2. SCOPE

The scope of this policy covers all operations conducted within the ACC(s). The document applies to all staff who working within the ACC(s), this includes (but is not limited to); ACC Team Leaders, Emergency Medical Dispatchers, Call Takers, Shift Supervisors, Paramedics or any seconded staff acting within a role of the ACC.

This policy will cover all roles within the ACC and emergency procedures in the event of fall back. The policy may refer to roles covered within other policies and these should be read in conjunction with those policies and procedures.

Non-conformance to the policy and procedures listed herein can result in significant risk or harm and as such any breach of conformance will be reviewed and may result in remedial training or disciplinary action.

3. ROLES AND RESPONSIBILITIES

Chief Operations Officer responsible for ACC – Setting strategy and policy

ACC Manager (ACCM) –Enforces compliance to strategy and policy. Manage operational activity within the ACC. Provision of reports to relevant Operations and Department Heads.

ACC Team Leader (ACCTL) -Monitors compliance with strategy and policy, provides guidance and first line management of non-compliance. Provision of reports to ACCM.

Shift Lead (ACCSL) – Provide support to Call Takers and Dispatchers, to provide Quality Assurance to Team Leaders and liaison with external stakeholders as required.

Emergency Medical Dispatchers (EMD) – compliance with ACC policy and procedure, responsible for the DP of medical resources within the scope of their operation

Emergency Call Takers (ECT) – responsible for compliance with the policy and taking of incoming calls in accordance with this policy and scope of practice.

4. AMBULANCE COMMUNICATION CENTRE POLICY

4.1. ACC Operations

The Ambulance Communications Centre is the central point of contact for all operations within National Ambulance (NA).

All emergency and non-emergency calls flow through the ACC in relation to operations. As well as holding the responsibility for the call handling and deployment of emergency calls the ACC is also responsible for the handling of vehicle deployments and movements, logging all journeys and providing support to numerous contract activities across the organization.

The ACC acts as the primary incident command centre in the event of major or serious incident coordinating all NA resources appropriately.

The ACC is also responsible for the reporting and recording of staff absence due to sickness providing a unified point of contact for all operational staff to inform of their non-attendance at the workplace. The Sickness Reporting Procedure can be found in Procedure 6.

Within the ACC scope of service lies aircraft dispatch for both Ministry of Interior Airwing and National Ambulance HEMS. In addition to this the ACC also provides clinical support to staff across all contracts via the ACC Team Leader.

4.2. Call Taking

Call taking within the ACC is the responsibility of all ECTs. Calls received within the ACC may be for a variety of reasons including (but not limited to):

- Emergency calls (from 998 or primary line)
- Standby requests
- Requests for or provision of information
- Scheduled requests

All calls entering into the ECT pool must be assumed to be an Emergency call until proven otherwise.

All calls should be answered promptly and professionally in accordance with the Call Taking Procedure (Procedure 2). Staff should only take calls within the ACC if they have received appropriate training and are permitted to do so by the relevant Director of Operations or their designee.

4.3. Dispatch

Dispatch falls into several categories or types, these include (but are not limited to);

- Emergency Dispatches
- Non-Emergency Dispatches or Standbys



All calls received within the ACC will be treated as an emergency until classified otherwise and dispatchers should act on this information as required.

Dispatchers are responsible for the deployment of resources made available to the ACC from all areas of operations. Dispatchers must follow the appropriate dispatch procedures as outlined in (Procedure 3). Dispatching is an essential part of NA operations and as such must be treated with the highest levels of regard. Staff should only undertake this role within ACC if they have received appropriate training and are permitted to do so by the relevant Director of Operations or their designee.

4.4. Hospital Pre-Alerting

A pre-alert is the notification of a receiving facility of an incoming patient(s). This action is performed by a member of the ACC.

Pre-alert messages are vital to the operations of emergency systems within the UAE. Pre-alerts should be used in the following circumstances which include (but not limited too):

- A patient is being transported with time critical condition
- A patient believed to be infectious and/or special precautions maybe required
- A patient considered to be a VIP and requires specific actions
- Patient volume is likely to cause significant pressure or disruption to the receiving hospital
- Safety reasons i.e. Helicopter landing

It is the role of the transporting crew to determine the patient destination. Exceptions can exist if the crew requests assistance in determining the destination or in the case of a STEMI/CVA where the governing body (MOH/DOH) have instituted a procedure and the crews need the ACC to be a part of that process.

4.5. Log Keeping

The ACC is the central communication hub for NA and as such there are times when information is needed to be passed and recorded by the ACC.

Circumstances where log keeping maybe required include (but not limited to):

- Sickness reporting for all operational staff
- Operational vehicle movement when not assigned to an emergency call i.e. Deployment to events
- Vehicle faults, relating to operational vehicles.

4.6. Quality Assurance

To ensure that calls are processed in a consistent manner and high quality Pre-Arrival and Post-Dispatch Instructions are appropriately given, a semi-randomised selection of calls will be subject to Quality Assurance:

- Any call which is deemed to be either high profile, involving a person of note or where an investigation is required or initiated
- Random selection of all other calls received daily

The Quality Assurance Process can be found in Procedure 5



Any of the following will deem a call to be non-compliant:

- Overall score below 95%
- Incorrect call coding
- Failure to provide Pre-Arrival or Post-Dispatch Instructions
- Failure to attempt to make contact with a caller

4.6.2. MANAGEMENT OF NON COMPLIANCE

If a call is identified as non-compliant the ACC Shift Lead will liaise directly with the ACCTL or ACCM and feedback provided to the EMD via the ACC TL. It is essential that regular feedback is provided so that patterns and repeated non-compliance can be identified and appropriately managed.

Performance will be managed in line with NA Performance Appraisal Policy (COP103)

4.7. Emergency Fall Back

At times the ACC may be required to evacuate from National Ambulance HQ or Ajman ACC. This will mainly be due to fire alarms, but could also occur as a result of a natural disaster or a man-made incident. During these evacuations ACC staff must move quickly and safely out of the building, while maintaining normal operations. ACC staff must be ready to evacuate at any time. The procedure for fall back is detailed in the ACC Evacuation and Escalation Plan OPP126.

4.8. System Outage

As per Health Authority Circular No (DG/22/17), if there is a system outage or failure of any IT or software system exceeding 30 minutes, where patient care is seriously disrupted, Department of Health Abu Dhabi must be notified.

All incidents are to be reported to opscenter@haad.ae with subject "System Outage" including the following information:

- 1) Brief details of outage or failure
- 2) Date/time first identified
- 3) The service(s) affected by the outage/failure
- 4) When first reported:
 - a) Expected period of service disruption (if known at this time)
 - b) The cause of the outage/failure (if known at this time)
 - c) Remedial measures put into place to minimise disruption to patient care
- 5) To be reported when the incident has been resolved:
 - a) Date/time services were restored
 - b) Total period of service disruption
 - c) The cause of the outage/failure

- d) Impact of the outage/failure on patient care
- e) Plans put in place to prevent a recurrence

Department of Health Abu Dhabi should be informed immediately when the outage/failure exceeds 30 minutes, with a status report provided every hour thereafter and again when the outage/fault has finally been resolved.

4.9. Major Incident

Following the information received from scene, if the crew or EMD feels that the call may be a Major Incident then a METHANE report should be obtained.

The Major Incident may be declared by either the crew on scene, EMD or ACC TL.

If a Major Incident is declared, the Serious/Major Incident Policy (OPP123) should be followed.

4.10. Extreme Pressure

On certain occasion there may be times when the ACC experiences high demand this may occur as (but not limited to):

- High volume of incoming calls outstripping ECT capacity
- High volume of pending calls for dispatch outstripping Operational resources available

In the event of extreme pressure operational actions within the ACC maybe adjusted to assist with the demand. These options can include (but not limited to):

- Cessation of Pre Arrival Instructions i.e. Completion of All Caller Interview and chief complaint only
- Cessation of dispatch prior to classifying
- Ring back of callers for advanced triage
- Increase in staffing within ACC
- Request for deployment of trained support staff to assist as ECTs

The Extreme Pressure Flowchart can be found in Procedure 4

If capacity or demand threatens to overwhelm the service of NA then an internal Major Incident can be declared by the ACCTL to the on call Duty Manager , this will then be reported to COO. The decision to change operational actions as mentioned above within ACC rests with the COO or their designee. On any of the above actions being enacted, briefings will be delivered to the operations Gold commander.

4.11. Medication Authorisation

Narcotic and controlled medications require authorization from the CAMO (or other nominated doctor) if there is no doctor in attendance with the patient. The ACC TL will facilitate a conference call with the CAMO (or other nominated doctor) in these circumstances.

The ACC has developed a notification process that was created to support awareness of incidents that may necessitate a unique response. The ACC Escalation Matrix OPF238 outlines escalation through the appropriate chain of command.

In the event a crew need emergency assistance the following codes have been implemented to summon emergency assistance for the crew.

1009 – Crew declares they may be in potential distress.

1010 – Crew declares that they are in distress and need Police assistance. Staff if they are on the imminent threat

In the event that a crew activates these codes the ACC TL must immediately notify the area specific Duty Manager,

4.13. Key Performance Indicators

The ACC Manager in conjunction with the COO, contract managers, and senior management will meet quarterly and discuss the KPIs for the ACC. These KPIs can be found in Appendix 1 of this document. The KPIs will focus on the following aspects:

- Provide Ambulances to the Correct Locations
- Provide correct clinical advise to callers
- Dispatch the appropriate resources within an approved timeframe
- Provide clear and concise locations to crews
- Strong initial and external stakeholder co-ordination
- Ensure uninterrupted 24/7 coverage
- Provide a highly competent, healthy and engaged workforce
- Provide appropriate supporting ACC systems and facilities

5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
Code, Name of Legislation, Year here	Jurisdiction here

6. RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Procedures relevant to this Policy	
Go to	Procedure 1 – ECT to EMD Progression
Go to	Procedure 2 – Call Taking Procedure
Go to	Procedure 3 – Dispatch Procedure
Go to	Procedure 4 – Extreme Pressure Procedure
Go to	Procedure 5 – Quality Assurance Procedure
Go to	Procedure 6 – Sickness Reporting Procedure
Go to	Procedure 7 – Misrouted and Abandoned Calls Procedure
Go to	Procedure 8 – HEMS Dispatch Procedure
Go to	Appendix 1 – ACC Key Performance Indicators
Go to	OPF238 – ACC Escalation Matrix
Go to	OPP126 – ACC Evacuation and Escalation Plan
Go to	OPF256 – ECT to EMD Tracker

7. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to qhse@nationalambulance.ae

8. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Chief Operations Officer

Change Brief

Version No.	Date	Changes
1	2012	Amalgamation of SOP 16A, 17, 17B and 18 and also including NACOF 20, NACOF30 NACOF32 with the same.
2	July 13	Attached Form needed to be added as an appendix to document SOP016
3	09-July-13	Subsection to be added under "fall back of ambulance communication centre" it is "fall back procedure for ACC evacuation from normal premises. See attached paragraphs for adding (document .1) this addition to existing document
4	22-Mar-15	Update documents to remove the OPP1215, 126,127+130
5	17 Aug 16	Rewritten to match the new Process changes Heighted in yellow, Removal of OPIQ Process



6	October 2016	overhaul of document due to operational changes
7	February 2017	Updated with Policy developed regarding from the ECT to EMD which has developed in October 2016 but not added because pf JCI Audit
8	August 2017	Consolidation of CSD and ACC policy Inclusion Of Relevant Section From CSD Policy(OP102-Being Removed) Removal Of Reference To RPS Change Of Title From Dir Ops ACC To "Relevant Director Of Operations" Removal Of Glucagon Authorization-Tier 0 Drug
9	October 2017	Addition KPI's, Inclusion of airwing dispatch to HEMS procedure Adjust the 4.6 Change to audit process. Amendment to Tier 3 drug approval
10	January 2018	Inclusion of Health Authority System Outage notification requirements
11	December 2018	Updates on KPIs. List of situations that need to be escalated.
12	September 2021	Updates to reflect current CAD system and relevant procedures Updated terminology. Inclusion of Ajman ACC site. Removal of director roles. Removal of Altair CAD systema and replaced with CAD only Updated procedure for logging of abandoned/hoax calls Removal of ADNOC HEMS activation procedure. After Policy Review Committee Change Chief of Operations to Chief Operations Officer (COO) Change CMA to CAMO In the ACC Manager responsibility, "reports to relevant Operations and Department Heads" In 2.3.7, add the complete name of CGP124. Add the line "Proper PPE should be donned by the crew." In 4.11, Tier 3 should be changed to Narcotics and controlled medication. Tier 2 paragraph should be deleted entirely. 1010 crew declares that they are in imminent threat and requires police assistance

CEO Approval

Board Member Verification



Ambulance Communication Centre Policy and Procedures
September 2021

OPP113
Version 12