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| Document Title: STN001 EMS Priority Dispatch Standard Version 4 | | Page: 1 of 10 |
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Dispatch standards

Calls received for emergency medical assistance shall be prioritised using ProQA from AMPDS.

The dispatch cross reference (DCR) table six level priority classifications as approved by PHECC shall be utilised (see spreadsheet for current DCR table).

The EMS response to each of the six priority levels shall be as outlined in the table 1.

The principles for dispatchers shall be applied when dispatching resources to an emergency medical incident.

Principles for dispatchers

- 1 The nearest available ambulance shall be tasked to the highest priority incident
- 2 Call-takers and Dispatches shall have discretion to override ProQA to assign a higher priority to an incident
- 3 An ambulance tasked to lower priority incident may be diverted to higher priority incident when resources are limited
- 4 The Dispatcher may preserve the availability of ambulances by queuing Alpha and Omega priority incidents until sufficient resources are available
- 5 An Intermediate Care Vehicle, crewed with two EMTs, may be deployed for Omega and Alpha calls but not at the expense of their primary role, patient transport.
- 6 When response is delayed Call-takers / Dispatchers shall inform the caller of estimated time of arrival
- 7 The Dispatcher shall make contact with the caller if ambulance response is delayed (> 20 minutes) to verify patient's condition and review priority of incident
- 8 Any recommended resource should only be deployed if it has a reasonable expectation of making patient contact.

Changes from previous version

Principles for Dispatchers (5)

DCR table incorporating:

- (i) Definitions
- (ii) DCR table rules
- (iii) Advanced Paramedic deployment
- (iv) Cardiac First Response deployment
- (v) Emergency First Response deployment

EMS response:

- (i) ICV for Alpha and Omega calls
- (ii) HEMS added,
- (iii) Deployment of CFR if no hazards, trauma or DNAR

Emergency interfacility transfer (Protocol 37) introduced

Intermediate Care Vehicle deployment

**Table 1
EMS Response**

| Clinical Status | Code | Description | Essential Response | Response to scene | Vehicle type | Additional Response | Further extra response | Other resources |
|--------------------------------------|---------|---|----------------------------------|--------------------------------|--|---|---|--|
| 1 Life threatening | Echo | Life threatening – Cardiac or respiratory arrest | Ambulance with minimum Paramedic | Lights and siren | Ambulance | a) Advanced Paramedic. b) Responders (CFR if no hazards, trauma or DNAR) c) Minimum 3 to 4 practitioners or responders on scene | Ambulance Officer according to operational requirements | HEMS, Fire Service, Garda, Coast Guard, Utility services as required |
| | Delta | Life threatening other than cardiac or respiratory arrest | Ambulance with minimum Paramedic | Lights and siren | Ambulance | a) Advanced Paramedic for specified DCR codes. b) Responders (minimum EFR) if able to get to scene prior to ambulance. | Ambulance Officer according to operational requirements | HEMS, Fire Service, Garda, Coast Guard, Utility services as required |
| 2 Serious not life threatening | Charlie | Serious not life threatening – immediate | Ambulance with minimum Paramedic | Lights and siren | Ambulance | Advanced Paramedic for specified DCR codes | Ambulance Officer according to operational requirements | HEMS, Fire Service, Garda, Coast Guard, Utility services as required |
| | Bravo | Serious not life threatening – urgent | Ambulance with minimum Paramedic | Lights and siren | Ambulance | | Ambulance Officer according to operational requirements | HEMS, Fire Service, Garda, Coast Guard, Utility services as required |
| 3 Non serious or life threatening | Alpha | Non serious or non life threatening | Ambulance with minimum EMT | Lights and/or siren discretion | Ambulance or Intermediate Care Vehicle | | Ambulance Officer according to operational requirements | HEMS, Fire Service, Garda, Coast Guard, Utility services as required |
| | Omega | Minor illness or injury | Ambulance with minimum EMT | Lights and/or siren discretion | Ambulance or Intermediate Care Vehicle | | Ambulance Officer according to operational requirements | HEMS, Fire Service, Garda, Coast Guard, Utility services as required |

DCR Table

Definitions:

Dispatch Cross Reference (DCR): the code allocated by the AMPDS software to identify a specific complaint/set of symptoms.

Priority Response: the designated instruction to the responding practitioners/responders in relation to the urgency and type of response, i.e. Echo, Delta, Charlie, Bravo, Alpha & Omega.

DCR table rules:

- 1 The current version of the DCR table as issued by PHECC shall be utilised.
- 2 The MPDS initial interrogation questions will determine if the patient is in respiratory or cardiac arrest which will allocate an Echo priority response.
- 3 A Delta priority response is identified as 'patients, other than cardiac or respiratory arrest (Echo), with significant airway, breathing or circulation symptoms, a significant mechanism of injury or a time critical intervention required'. Examples of these are:
 - not alert/ unconscious
 - difficulty speaking between breaths
 - uncontrolled haemorrhage
 - changing colour
 - cardiac chest pain
- 4 As stroke care is time critical if onset is less than 4 hours, all Chief Complaint 28 (stroke) codes for patients greater than 35 years old should be designated a Delta priority response. All other Chief Complaint 28 (stroke) codes to remain at the default priority response.
- 5 All 'override' codes to remain at the default priority response unless other rules apply.
- 6 For safety and to ensure ambulance access to road traffic collisions (RTCs) all Chief Complaint 29 codes with Omega and Alpha priority response be upgraded to a Bravo priority response.
- 7 All DCR codes with serious haemorrhage in its description to remain at the default priority response and that an 'operational protocol' is included to read "**For uncontrolled bleeding override to Delta priority response**".

Advanced Paramedic deployment

Deployment of advanced paramedics (APs) should be initiated if one or more of the cardiovascular, respiratory or neurological systems are acutely compromised following a traumatic or medical emergency or when clinical leadership is required on scene. The PHECC Medications and Skills matrix may be used as a template to identify medications and or skills that are only within the scope of practice of an advanced paramedic.

AP Advised

For DCR codes with 'AP Advised' there is a requirement to deploy an AP to the incident, when available.

Advanced paramedics shall be deployed to

- Echo category response codes (cardiac or respiratory arrest).
- Delta category response codes where the scope of practice required is greater than that of a paramedic.
- Specified Charlie category incidents on the DCR table.
- Multiple patient incidents.
- Requests received from an EMT or Paramedic for ALS support.

Additional deployment of APs

There is no requirement to deploy an AP to an incident other than as described in 'AP Advised' above, however if an AP is available and not required for AP Advised responses then an AP may be dispatched at the discretion of the Dispatcher. There is no requirement to report to HIQA on additional deployments under KPIs.

Intermediate Care Vehicle deployment

An Intermediate Care Vehicle (ICV), crewed with two EMTs, may be deployed for Omega and Alpha calls but not at the expense of their primary role, patient transport. An ongoing audit shall be conducted to determine numbers of escalation to paramedic/ advanced paramedic requirements when an ICV arrives on scene for both Omega and Alpha calls. This audit to be reported to the Priority Dispatch Committee.

Cardiac First Response deployment

- 1 All Echo calls, except where hazards, trauma care or do not attempt resuscitation may beyond the scope of practice of CFRs
- 2 Determinant code 10 Chest Pain, when the CFR is likely to respond to the scene in advance of any NAS/DFB resources and
 - 2.1 where the call taker has established that the caller/patient does not have aspirin, or
 - 2.2 a probability of arrest (identified by the DCR codes listed below):
 - 10C02 'Chest Pains, Heart Attack or Angina history'
 - 10D01 'Not alert with Chest Pains'
 - 10D04 'Clammy with Chest Pains'

Emergency First Response deployment

Responders (minimum EFR), if able to get to the scene prior to an ambulance, shall be deployed for all Delta DCR codes.

Flu Pandemic (Protocol 36)

| 36 Flu Pandemic | | Agreed with HSE National Influenza Pandemic Management Committee and approved by Council 31/01/2013 | | | | | |
|---|-----------------------------|---|---|---|---|---|---|
| Activated | Description | Echo | Delta | Charlie | Bravo | Alpha | Omega |
| Medical Director instructions | Flu pandemic level 1 | Standard response | Standard response | Standard response | Standard response | Standard response | Advise stay in bed and take Paracetamol |
| Medical Director instructions | Flu pandemic level 2 | Standard response | Standard response | Standard response transport to flu centre | Standard response transport to flu centre | Advise stay in bed and take Paracetamol | Advise stay in bed and take Paracetamol |
| Medical Director instructions | Flu pandemic level 3 | Standard response | Standard response transport to flu centre | Advise make own way to flu centre | Advise make own way to flu centre | Advise stay in bed and take Paracetamol | Advise stay in bed and take Paracetamol |
| Notes | | | | | | | |
| 1. Standard response refers to standard response of ambulance service without flu pandemic | | | | | | | |
| 2. It is anticipated that as the pandemic worsens the HSE will set up flu centres to keep acute hospitals clear | | | | | | | |

Emergency interfacility transfer (Protocol 37)

| Protocol 37 Emergency Interfacility Transfer for Model 2, 3 and 4 hospitals | | | | | | | |
|--|---|----------------|--|--|--|--|----------------|
| Activation | Description | Echo | Delta | Charlie | Bravo | Alpha | Omega |
| CNM, Registrar or Consultant | Transport for time critical clinical procedure | Not applicable | Immediate response | Response within 30 minutes | Response greater than 30 minutes but within 60 minutes | Response greater than 60 minutes | Not applicable |
| Vehicle type | | N/A | Intermediate Care Vehicle or ambulance | Intermediate Care Vehicle or ambulance | Intermediate Care Vehicle or ambulance | Intermediate Care Vehicle or ambulance | N/A |
| Crew type for Model 3 or 4 hospital transports | Clinical care will remain the responsibility of the transferring hospital | N/A | EMT | EMT | EMT | EMT | N/A |
| Crew type for Model 2 hospital transports | Without medical and/or nursing team travelling | N/A | Paramedic | Paramedic | Paramedic | Paramedic | N/A |
| <p>Notes</p> <ol style="list-style-type: none"> 1. Interfacility transfer is defined as a patient transfer between any two model 3 or 4 hospitals. 2. Protocol 37 may only be used for a time critical procedure available only at another hospital. 3. In general an ICV with EMT crew will be used for protocol 37 transfers with the referring hospital to supply a medical team and all medications, if required. 4. The Advanced Paramedic role is not for interfacility patient transfer. 5. Should ALS be required for a Model 2 hospital it may be organised through the control manager. | | | | | | | |

Protocol 37 Interfacility Patient Transfer for Model 2, 3 and 4 hospitals

| Action | Call taker response | Outcome |
|---|---|---|
| 999 request for emergency interfacility patient transport | Verify; caller is CNM, registrar or consultant | Yes – proceed with call taking No – decline request (advise caller of protocol) |
| | Confirm; referring hospital, phone No, ward and patient's details | Record details on CAD |
| | Confirm; primary clinical condition for which Transport is required | Record details on CAD |
| | Confirm; Receiving hospital, ward and consultant. | Record details on CAD |
| | Confirm; timeframe for response (immediate, 30 min, 60 min or > 60 min) | Record details on CAD |
| | Verify; are medical/ nursing team travelling | Yes – record details on CAD No – identify clinical level required and record details on CAD. |
| Decide on response code | Allocate Delta, Charlie, Bravo or Alpha | Pass call to dispatcher. |

Configuration special definitions

9 Cardiac respiratory arrest/death

9 B Obvious death unquestionable

| Activate | Description |
|----------|--|
| No | Cold and stiff in a warm environment |
| Yes | Decapitation |
| Yes | Decomposition |
| No | Incineration |
| Yes | Non recent death > 6 hours |
| Yes | Severe injuries incompatible with life |
| Yes | Submersion > 6 hours |

9 B Expected death

| Activate | Description |
|----------|------------------|
| No | Terminal illness |
| No | DNR |

24 Pregnancy/ Childbirth/Miscarriage

24 D5 High risk complications

| Activate | Description |
|----------|---------------------------------|
| Yes | Premature birth > 20 < 36 weeks |
| Yes | Multiple birth > 20 weeks |
| Yes | Bleeding disorder |
| Yes | Blood thinners |
| Yes | Known placenta praevia |
| Yes | Cervical cerclage (stitched in) |

24 O1 Referral

| Activate | Description |
|----------|---|
| Yes | Waters broken (no contractions or presenting parts) |

28 Stroke

| Activate | Description |
|----------|-------------|
| Yes | x = 4 hours |

Abort Reasons for ProQA

Caller hung up

Hoax call

Test call

System failure

Duplicate incident

Health Care Practitioner in attendance ambulance not required

Health Care Practitioner in attendance caller hung up

Patient refuses questioning

Caller refuses questioning

Non Emergency Medical Services incident

Pre arrival instructions

Telephone assisted CPR: - Compression only CPR advise

Choking

Childbirth

Haemorrhage control

Aspirin protocol