LONDON'S AIR AMBULANCE
roadside intensive care

Pre-hospital Care Standard Operating Procedure

Dispatch of the Pre-hospital Team

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Aims

Describe the procedure for interrogating calls
Identify the correct categorisation of calls for audit purposes
Describe the procedure for dispatching the aircraft
Describe the procedure for dispatching DA77

Background

The dispatch process is pivotal in the success of the London HEMS system. Identifying the clinically vulnerable patient at an early stage and dispatching an appropriate resource is essential to ensure good outcome. Appropriate dispatch avoids unnecessary cost through inappropriate aircraft and vehicle movements.
HEMS dispatches are defined in three ways.

- **Immediate dispatch**
- **Interrogated dispatch**
- **Crew Request**

Immediate dispatch criteria are those where little further information could be obtained; the Mechanism of injury predicts where there is a need for HEMS intervention; or that high injury levels are common. Requests for HEMS from other emergency services are treated as immediate dispatches.

Interrogated calls are those that the flight paramedic in EOC identifies (through questioning the 999 caller) as requiring the extended skills of the Physician/Paramedic team.

Crew requests are those that the Flight Paramedic has decided are not for HEMS (or that they have missed), that an ambulance crew have decided would warrant extended intervention.

Policy

1. Immediate dispatch criteria and procedure

- Fall from greater than 2 floors (>20 feet)
- 'One unders' (fall or jumped in front of a train)
- Ejected from vehicle
- Death of a same vehicle occupant
- Amputation above wrist or ankle
- Trapped under vehicle (not motorcycle)
- Request from any other emergency service (including the RNLI through the Coastguard)

As soon as any of the above criteria become apparent, either on the call taking screen or through monitoring the call, HEMS or DA77 are dispatched. Further interrogation may be appropriate if the car has a great distance to run or there is evidence of hoax or misinformation.

The relevant dispatch criteria box is ticked on the Tasking Data Sheet and the reason noted in the free text box. The target for immediate dispatch is **3** minutes. If this time is exceeded, reasons should be noted on the tasking data sheet.

2. Interrogated dispatch criteria and procedure

- Shooting
- Stabbing
- Explosions
- Road Traffic Collisions
- Industrial accidents/incidents
- Hanging
- Drowning
- Entrapments
- Amputations
- Burns/scalds
- Building site accidents
- Falls from height less than 2 floors
- Impaled on an object

The above list is not exclusive and anything that appears serious should be interrogated.

Interrogation can be in two forms. The passive or 'silent' interrogation is when a decision to dispatch is reached through monitoring the call in progress because the information obtained is sufficient for the medical team to be dispatched.
Active interrogation is when the 999 caller is re-contacted or the call is passed to the flight paramedic from the call taker. In this instance, the paramedic will ask a series of questions in order to get a clear picture of whether HEMS resources are required.

The interrogation structure is deliberately left 'loose' in order that the paramedic can adapt their questions appropriately. The skill is to be able to obtain a mental picture of the scene through piecing together all the information that is available.
However, there a number of suggested questions that can guide staff or are used to identify the potential quality of the informant.

The Initial Questions

When you connect with the caller, introduce yourself:
'Hello, you are talking to a paramedic in the control room. I need to ask you a few more questions and I am not delaying help, which is on its way'

- *Are you still on scene?*
- *Can you see the patient?*

If the answer to these is negative and the caller cannot quickly reach the patient and there are other calls for the same incident, then quit the call and ring the next caller.

- *Can you quickly tell me what happened?*
- *How many casualties are there?*
- *Where is the patient now?*

Have they been moved from scene (quite common with young children).

Incident specific mechanism of injury questions

- *How far have they fallen?*
- *What surface has the patient fallen on*
- *Are they trapped (physically or relatively)*
- *How fast were they going?*
- *What has the vehicle hit?*
- *Was the pedestrian thrown through the air?*
- *How far is the pedestrian/ejected occupant from the vehicle*
- *Has the patient gone under the vehicle?*
- *Has the pedestrian caused any damage to the car – in the windscreen intact?*
- *Is the shooting/stabbing victim's assailant still on scene?*
- *How were they burnt / scalded?*

Patient condition questions

- *Is the patient awake – are they moving?*
- *Is the patient breathing normally? Is it noisy?*
- *Is the patient talking?*
- *If they are talking - do they make sense?*
- *Is there much bleeding?*
- *Does the patient know where they are?*
- *Is the patient still where the impact/injury occurred or have they moved?*
- *Does the patient obey commands – ask the caller to get the patient to squeeze their hand, touch their nose or similar*
- *Are there any obvious injuries?*
- *Has the patient moved all four limbs?*
- *Has the motorcyclist removed his crash helmet?*
- *Where in the body has the victim been shot /stabbed?*
- *Is the shooting/stabbing victim standing up or lying down?*
- *How much of the body has been burnt* (nearly always overestimated by the caller)
- *Where are the burns?*

When interrogating callers, consideration should be given to the fact that they may be distressed, confused, angry or frightened. Reassurance must be given that help is on the

way and that further questions will not delay this. The interrogation style will need to be adapted to be the most appropriate for each occasion.

If a 999 caller happens to have medical or first aid training, the questioning style should be adapted appropriately – asking about GCS, signs of shock, respiratory function etc.

Interrogated dispatches are recorded in the relevant box on the tasking data sheet with the code number for the reason also noted. Interrogated dispatch criteria are found on the bottom of the tasking data sheet. Reasons for dispatch should also be noted in the call log

The dispatch target for interrogated calls is **7** minutes. Any breech of this target should be noted in the free text box on the tasking data sheet and on call log

3. Crew Requests

A crew request is simply an incident that an ambulance crew or FRU require the medical team's attendance.
For auditing purposes, it is important to define what constitutes a crew request:

If the flight paramedic is interrogating a call and there is insufficient information (single caller, language barrier, too distressed, mobile phone switched off), then the paramedic can ask for a report from the first crew on scene. If they confirm the need for HEMS attendance, then the call is recorded as an interrogate. Likewise, if the first crew arrive whilst interrogation is taking place and they request HEMS presence, then that is an interrogated call.

If the Flight paramedic has interrogated a call, decides there is no reason to activate the team and an ambulance resource then asks for HEMS; that is recorded as a crew request. If the Flight Paramedic is not aware of a call (busy with other calls, out of the room, little or no information on the AS1 to indicate it is a potentially HEMS call) and a crew asks for HEMS, then it is recorded as a crew request.

4. Crew Reports

Crew reports (either ambulance or Fast Response Unit) can be a useful source of information for the EOC paramedic for either dispatching the team or cancelling where necessary. It is far better to speak to the ambulance crew direct rather than through the sector desk that controls that resource. Therefore, it is important to ask for a report on the HEMS channel (channel 10). The request for a report can be done using the electronic log for that specific call.

The FRU staff have mobile phones assigned to each vehicle. It is worth ringing an FRU for a report once they are on scene.

It is worth noting that a crew report should not be seen as a method of avoiding interrogation or as a 'safety net' to catch any calls that may have relevance to HEMS. There is a danger that the act of asking for a report may prompt an ambulance crew to request for the HEMS team when they would not have normally considered this. Anecdotally, it has been noticed that there is an increase of 'crew requests' for incidents that historically, would not have generated them.

Therefore, the paramedic should only ask for a report if, through interrogation, there is a specific lack of information that is needed to reach a dispatch decision.

5. Dispatching the Aircraft

When a suitable call has been identified, the activation button is pressed. This automatically dials the activation phone in HEMS operations.

If the call is either a stabbing or shooting, then this must be conveyed in the opening conversation to enable the team to don the ballistic vests whilst the aircraft is starting.

The following information is then passed:

- Map reference (small scale reference if there are more than one)
- Location (road names, junctions, landmarks etc)
- Nature of call (brief – 5 or 6 words)
- Dispatch criteria – immediate, interrogation or crew request.
- Time of origin of the call
- Time call passed to HEMS operations.

If the location of an incident is in that area close to the Royal London Hospital, ensure that location is not within the car response map, located on the HEMS desk. If it is, dispatch DA77 following the procedure below.

All information must be added to the EOC incident log.

6. Informing the Police

The police must be informed every time the aircraft is dispatched. To contact Scotland Yard, press 'speed dial' marked police. If the call has come from the police, or there is a police CAD number already assigned to this call, use that to identify the incident. Otherwise, pass the details including the Ambulance CAD. Ensure that a police CAD number is obtained and noted, along with the time in the relevant box on the AS1.

7. Dispatching DA77 or DA99

DA77 is dispatched on the same criteria as the aircraft. However, due to the greater running times of this resource, there is a slightly different approach taken.
The threshold to initially dispatch the car is deliberately lower than for the aircraft and as soon as a possible incident is identified, then the car is started on the call. As soon as the details are passed, the Flight Paramedic in EOC then commences interrogation of that call. If the incident does not warrant the team's involvement, then the call is cancelled. It is imperative that the EOC paramedic takes in to account the distance to be covered, the likely traffic conditions, and the type of incident and makes an informed decision as to whether the risk/benefit balance is acceptable.

When the call is passed to the Doctor, the location is entered in to the satellite navigation unit and an ETA is worked out. This must be given to the EOC paramedic to enable them to inform the ambulance crew and place on the incident log.

Communications to the car must be kept to a minimum. Clinical updates and requests for ETA's are not to be made and only those concerned with safety or changes in location should be passed.

8. Emergency Call Takers

It is of the utmost importance that the working relationship between the HEMS paramedic and the call takers is a strong one. Call takers will pass calls to the HEMS desk and these are often the best sources of information available. Ensure that feedback is given to them and encourage staff to continue this process.
When calling an informant and there are multiple calls, use mobile phone numbers before land-lines as the caller is more likely to be near to the incident, or at least mobile enough to get to the patient.