



**London Ambulance Service
NHS Trust**

**Procedure for Dispatch of Resources by the
EMERGENCY OPERATIONS CENTRE (EOC)
and
URGENT OPERATIONS CENTRE (UOC)**

For Use By: All Staff

Introduction

Dispatch of a resource in response to an emergency, urgent or non urgent call from any source, is dependent upon a number of processes and actions by control, operational ambulance staff and staff of other emergency services / agencies.

This procedure describes how dispatch routines are carried out by EOC & UOC operations staff deploying the various types of resources that are available for all categories of incidents and non-urgent journeys.

Objectives

1. To ensure accurate and prompt dispatch of the most appropriate resources to all emergency incidents and urgent or non-urgent journeys.
2. To ensure all staff involved in the process of dispatch and receipt of an allocated call understands the actions required of them.
3. To ensure calls with delayed responses are handled in a clinically safe manner.

Procedure

1.0 Dispatch of Resources by EOC Sectors

- 1.1 As soon as the location of an incident is entered and identified by the Call Taking system (CTAK) the incident receipt form for Red and Amber simultaneously appears on the relevant Sector Controller's visual display screen.
- 1.2 It is the Sector Controller's responsibility, based on the category and type of incident, to assign and ensure that the most appropriate resource is dispatched to the incident via landline, Mobile Data Terminal (MDT) or radio / mobile phone transmission. These resources may include Officer responders, Rapid Response Units (RRUs), Cycle Response Units (CRUs), BASICs doctors and VAS. Responses by Helicopter Emergency Medical Services (HEMS) are monitored and dispatched by HEMS desk staff in EOC – see 6.0 below.

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- 1.3 An FRU should be dispatched to all category 'A' Red calls in accordance with EOC Fast Response Unit Procedure and protocols (see Appendix 1).
- 1.4 The Sector desk will make contact with the selected resource(s) via phone and the call details will be transferred to the MDT. If the resource is not on a station, contact will be made via the MDT and confirmed via the radio or mobile phone. Contact should be made within 20 seconds of allocation.
- 1.5 When EOC contacts an ambulance station via landline, ambulance staff will answer the activation phone by announcing the station name.
- 1.6 On duty and available ambulance staff must always be ready to receive details of a call either via Mobile Data Terminal (MDT) or by entering the details directly on to a Patient Report Form (PRF). When using a PRF the recipient of the call will conclude by;
- 1.7 Exchanging time, initials, vehicle call sign and CAD number on all calls.
- 1.8 The caller from the sector desk will acknowledge receipt of the call by the crew member, complete and pass the call receipt details to the Sector Controller.
- 1.9 When additional or updated call information is received, the Sector will contact the crew promptly and pass them the information via MDT or radio.
- 1.10 Where more than one resource is being dispatched from the same station, the sector dispatcher must exchange time and initials with a member of staff from each vehicle to be dispatched.
- 1.11 Green, Urgent and Non Urgent calls will be first handled by UOC.
- 1.12 Urgent calls that are approaching 45 minutes of time remaining on scheduled time of arrival (STA) will be upgraded to Amber 2 and sent to the EOC for activation if UOC do not have the resources to deal.
- 1.13 EOC sector staff are required to constantly monitor the status of vehicles to ensure that vehicles are used effectively and that crew safety is not compromised.

As a general rule if a crew have not communicated with EOC either by MDT, radio or telephone for more than 90 minutes, or appear to be in a status longer than is normally expected, EOC must make contact with the crew and check that they are safe and well.

To assist all staff the following time allowances should be used as a reference:

- AMBER to Scene check if 15 minutes or more

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- RED at Scene check if 30 minutes or more
- RED to hospital check if 20 minutes or more
- RED at Hospital check if 30 minutes or more.

This list is not exhaustive and any status that appears to be excessive should be investigated.

Vehicle Crew Staff are reminded that they are required to contact EOC and book any delays over 20 minutes.

2.0 Communication of a Delay for Emergency, Urgent and Non-Urgent Calls.

- 2.1 When a Category ‘A’ call cannot be activated within 6 minutes, Sector Controller’s must initiate a call back to the caller / origin and give a reason for the delay and an estimated time of arrival (ETA) when an ambulance might reasonably be expected to arrive. For all other Category ‘B’ and ‘C’ calls, wherever possible, a call back must be initiated if the call cannot be activated within 20 minutes and 30 minutes respectively.
- 2.2 It is understood that during periods of extremely high demand / utilisation, that 2.1 above may not be completed within 6 minutes, however, every effort needs to be made to ensure this as a maximum target. Consideration should have been given to available officers to provide cover, and General Broadcasts.
- 2.3 Should a caller request or call back asking for an ETA, EOC must provide an ETA based on all known ambulance resource status. On no account must a caller be told a vehicle has been dispatched when this is not the case.
- 2.4 Where the patient’s clinical condition is reported to have changed noticeably from that originally reported, it must be recorded by the sector and action taken by:-
- Changing the call record category by completing a new call record upgrading the incident
 - Advise the caller / origin of the revised ETA
 - Update the attending resources as to the change in condition as soon as possible.
 - The call taker will remain on the line and offer pre-arrival advice when necessary
- 2.5 When resources have been exhausted or are too distant from the call location to respond in reasonable time, radio operators under the direction of the Sector Controller, should make a ‘General Broadcast’ on the appropriate radio

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channel announcing that call(s) are being held / delayed and specify the general location and category of call.

- 2.6 Sector controllers and radio operators should monitor available data and consider assigning an officer to a hospital if a significant number of crews are waiting or exceptional delays are noted. Crews are expected to report delays in excess of 15 minutes to EOC.
- 2.7 All activation delays of over 5 minutes should be endorsed onto the relevant call record and reported to the Control Superintendent who will co-ordinate the appropriate actions to facilitate and expedite dispatch of delayed calls.

3.0 System Failures

- 3.1 Where a technical problem prevents the use of MDTs, the procedure for manually dealing with the call via R/T will be adopted as defined in Operational Radio (RT) Procedure.

4.0 Cancellations and Running Calls

- 4.1 If a call is cancelled, the Sector must send a cancellation via the MDT/ RT or mobile phone to the resource(s) attending the call. The crew will acknowledge the cancellation by pressing the green available button. Cancellation of a call via the MDT will give the crew the option to accept the cancellation or carry on with the call in cases where the crew have arrived on scene before the cancellation has been received. All RT and mobile phone cancellations must be acknowledged by the crew (and FRU/CRU staff) and follow EOC instructions.
- 4.2 Running calls are incidents that crews come across or are 'flagged down' by the police or a member of the public. Crews must immediately report all 'running calls' via the R/T to the EOC giving their location and type of incident (if known). If the crew are *Green*, the EOC will confirm the details and assign the 'running call' to that crew.
- 4.3 If the crew are *Amber* to scene, they must confirm with EOC if their current call can be cancelled in order to attend the 'running call'. Dependent on the category of the call the crew were originally attending and the identified clinical need of the patient(s) at the scene of the 'running call', the EOC will allocate and assign the necessary resources and advise all concerned as appropriate.

5.0 Dispatch of Resources to Potentially Dangerous Incidents

- 5.1 Definition of a Potentially Dangerous Incident.
- 5.2 Any incident where there is a potential for violence or risk to the health and safety of ambulance staff by:

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- firearms,
- knives and/or bladed instruments,
- Chemical, Biological, Radiological & Nuclear (CBRN) - see 5.17,
- domestic disputes,
- public disorder, including;
- groups fighting in a public place, private residence or licensed premises.

This list is not exhaustive.

5.3 Actions by EOC Staff:

5.4 On receiving a call to a firearms or any other potentially dangerous incident, EOC staff will determine a Rendezvous Point (RVP) either with the police or in conjunction with the crew using local knowledge of the area. This RVP is temporary and intended to keep the crew safe until the police establish an official RVP.

5.5 In the case of firearm incidents, a Duty Station Officer (DSO) must always be sent to the scene. The DSO has duties to perform under the Operational Protocol – see 5.15

5.6 Unless unavoidable, the exact location of the incident must not be given out over the radio. Instead the RVP should be provided with instructions on the safest route to the RVP. The Duty Station Officer should also be advised of the route together with the actual location of the incident via landline.

5.7 If the police have established the RVP, then the EOC will give directions to enable crews to avoid the actual scene and arrive safely at the RVP.

5.8 All firearms or potentially dangerous incidents must be reported to the Senior Operations Officer (SOO) / Superintendent.

5.9 Actions to taken by ambulance staff:

5.10 Dispatched from station

5.11 Ambulance staff will agree an RVP point with EOC (a safe distance from the actual location), under no circumstances are crews to attend the specific address given unless it is confirmed by EOC that police are on scene and it is safe to do so.

5.12 Dispatched Via Radio / MDT whilst mobile

Ambulance staff and EOC should agree a safe route to the RVP beforehand, avoiding the actual scene.

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5.13 General

5.14 EOC staff must monitor all reports and updates concerning the location / incident, and contact all ambulance staff concerned with the incident immediately new / updated information is received and remember;.

- ambulance staff must not enter any address where a potential dangerous incident has been reported unless under the direction and guidance of a police or ambulance officer;
- ambulance staff are reminded that their safety is paramount and that they must withdraw if they feel their own personal safety is threatened.

Note: Arrival at the RVP is the on scene time.

5.15 Firearms and Joint Operations with Metropolitan Police Service(MPS) – CO19 (SO19) :-

Types

There are 2 types of operations that MPS CO19 will call on the LAS for assistance;

- 1) Pre-planned, booked through the EPU or EOC with a predetermined time and location (RVP) for a briefing. The location is normally a Police station
- 2) A 999 call received by EOC stating that a firearm has or may have been discharged

It is agreed with CO19 that the LAS will support these operations by supplying one officer and one paramedic ambulance crew to each location. If a pre-planned incident has multiple target address that the same multiples of LAS attendance is required

Pre-Planned Operation (request has come from CO19)

Actions by EOC Manager (SOO or Superintendent UPT)

- **Confirm** with MPS on receipt of call that address is for RVP and NOT incident and if it is for a single or multiple site operation
- **Identify** nearest available DSO with Ballistic Armour.
- **Pass** call to relevant Sector Controller for despatch to crew

It may be beneficial to get a contact name and number for the CO19 Team Leader in charge of the Operation and pass to DSO

If the operation requires more than one set of resources, officer and paramedic crew, and sufficient notice is given, efforts should be made to have the relevant Resource Centre supply additional officers and paramedic crews

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Actions by Sector Controller:

- **Pass** the DSO incident details emphasising briefing time. This should be done giving the DSO as much notice as possible
- **Identify** available Paramedic crew and despatch to RVP
- **Advise** crew that they must liaise with DSO at RVP
- **Advise** DSO of crew despatch, with call sign and ETA
- **Advise** crew to contact DSO via ECA phone when at RVP

General Information:

Once briefed NO member of LAS staff will be released from a CO19 operation.

Calls to DSO's and Crews **MUST** be made in an EMERGENCY situation only

EOC should **NOT** expect regular updates from the DSO once they have booked on scene at the RVP. This is to maintain the integrity of the operation.

It may be beneficial to get a contact name and number for the CO19 Team Leader in charge of the operation and pass to DSO

999 call received stating that a firearm has or may have been discharged

Action by EOC Manager (SOO or Superintendent)

- **Confirm** with Sector Controller that RVP has been set up and that ALL resources have been sent to RVP and NOT incident
- **Confirm** that NO single responders have been despatched to the scene

Actions by Sector Controller:

- **Identify** nearest DSO and pass incident details and RVP location
- **Identify** available Paramedic crew and despatch to RVP
- **Advise** crew that they must liaise with DSO at RVP
- **Advise** DSO of crew despatch, with call sign and ETA
- **Instruct** crew to wear personal issue stab vest until DSO arrives with Ballistic Armour
- **Advise** crew to contact DSO via ECA phone when at RVP

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General Information:

Once briefed NO member of LAS staff will be released from an CO19 operation

Calls to DSO's and Crews MUST only be made in an EMERGENCY situation only

EOC should NOT expect regular updates from the DSO once they have booked on scene at the RVP. This is to maintain the integrity of the Operation

5.16 Her Majesty's Prisons:-

- Calls to prisons are generally treated and handled as any other call
- Patients conveyed from prisons will be escorted by prison officials,
- The control superintendent will be notified of the incident.
- **HM Prison Belmarsh is the exception due to the category of prisoner detained there. The current instructions issued on October 2006 are:-**

5.16.1 All persons entering the prison are required under Home Office protocols to be subjected to stringent security checks by prison staff.

5.16.2 Where the call is given by EOC as a life threatening incident, LAS staff will continue to be afforded immediate access and escorted directly to the patient. EOC will also advise prison staff of the names of the attending LAS staff, the fleet registration and type of vehicle and subsequent patient destination hospital.

5.16.3 In respect of all other emergency calls, staff must comply with the prison protocol of electronic searches, 'pat' searches and vehicle mirror checks, when required to do so. 'Pat' searches will only be conducted on female members of LAS staff by female prison staff.

5.16.4 Staff are reminded that they must carry personal protective equipment (PPE) with them on any occasion they are required to attend HMP Belmarsh. Staff must also ensure that they are in possession of their LAS identification pass.

5.16.5 In situations where the patient has a high security classification, EOC will always endeavour to dispatch a DSO to attend the incident to accompany the attending staff.

5.17 Chemical Incidents:-

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- Calls to incidents where chemicals are involved are despatched in the usual manner, however :
- all available details of the incident and RVP will be passed to all responding resources,
- the first ambulance resource on scene should be reminded to submit a 'CHALET(S) report – see Major Incident Plan (MIP),
- a LAS Officer must be despatched to scene and assume responsibility in accordance with MIP,
- due regard and consideration must be given to the potential of explosion / airborne chemicals or biological hazard and whether the incident may be deliberate or accidental,
- the control superintendent will be notified of the incident,
- the duty Tactical Support Officer (TSO) will be contacted and informed of the incident.

5.18 Assistance of LAS Specialist lifting aid (Manger Elk):-

- On making an assessment at some incidents staff may identify the need for additional assistance of the LAS Specialist lifting aid (Manger Elk). Assessment should be undertaken by the first operational staff member to arrive on scene,
- EOC should then be contacted with a full briefing of the incident.
- on receipt of such an incident EOC will dispatch the nearest resource with the Manger Elk equipment (All Duty Station Officer & Duty Officer Vehicles).

6.0 Dispatching the Helicopter Emergency Medical Services - HEMS

- 6.1 A paramedic at the HEMS desk situated in EOC monitors all emergency calls that are identified as potentially appropriate by the CTAK system. The paramedic is then responsible for deciding which incidents require a HEMS response.
- 6.2 The HEMS desk paramedic must ensure that good communications and co-operation is maintained with all Sector controllers / Superintendents regarding the deployment of HEMS at all times.

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References: **Procedure for Fast Response Units – OP / 013**
Liaison with and assistance to other Ambulance & Emergency
Services / Agencies – OP /019
Operational Radio (RT) Procedure – OP /022
Major Incident Plan - MP/006
HEMS Operating Protocols.

Signature: 

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**LONDON AMBULANCE SERVICE NHS TRUST
CONTROL SERVICES**

FAST RESPONSE UNIT DESK PROTOCOLS
(Combining Cycle Response Units – central London & Heathrow)

- The normal operating regime of the FRU/Sector desk will be on a 24/7 basis. An EOC manager will be appointed to co-ordinate and supervise the management of the FRU's and will review protocols and procedures. The Cycle Response Unit (CRU) activities will operate within these protocols and monitored by CRU Co-ordinator in EOC.
- At the start of each shift, EOC will be responsible for confirming that the vehicle is staffed, the initials of the crew and their ECA phone number. Any extra vehicles should be checked that they have been entered on to the CTAK system. Any responder not contacted by EOC within the first hour of being on duty must make contact with EOC as a matter of urgency.
- It is recognised that there are occasions when paramedic skills are requested by crews or extra help is required, such requests should be considered by the sector controller and a decision made on the availability of resources.
- Research suggests that to gain maximum benefit from FRU's the vehicles should be on stand-by or roaming and should try to remain in their own operating area.
- All Category "A" (RED) calls that can be reached with in 8 minutes are to be activated on, providing current crew safety protocols allow.
- The dispatcher MUST view the full call details when passing a call to the FRU and not activate solely from the one line summary screen. When passing a call verbally to the FRU, give immediately relevant information i.e. location, map reference, chief complaint, origin and dispatch time. On completion of the call, the FRU must report green via the MDT (CRU's by RT/mobile phone) and return to their standby point or Station.
- Calls primarily will be dispatched via the MDT (RT/mobile phone to CRU's), and all updates will be sent automatically to the vehicle up to 1 minute before the vehicles estimated arrival, on scene.
- Allocators must be proactive working in partnership with the FRU and sector management teams. Any operational difficulties must be reported to the relevant management team i.e. team Leader, DSO, and AOM. FRU's are to be routinely placed on their stand-by points, area roaming and meals breaks allocated.

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- Crew safety is paramount; FRU's must be notified (by phone) of any information that could indicate a risk to the FRU operator. This information is to be sent as an urgent message as the ring tone will alert the crew that a safety warning has been sent. FRU's are not to be dispatched to confirmed incidents of violence, such as fights in a public house, domestic violence, shootings/stabbings, abandoned calls and high-risk address's. FRU's may be sent to these types of incidents if it is confirmed police are on scene or an RVP with the police has been agreed, or other LAS personnel are on scene and it is safe to approach.
- When police assistance is required by an FRU, the police must be notified that the request is from a single FRU operator.
- It is the responsibility of EOC to keep in regular contact with FRU staff, either by phone or R/T, especially when the status of the vehicle causes concern (i.e. Amber to scene over 8 minutes).

(Revised Control Services Protocol – PW060706)

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