



**NATIONAL AMBULANCE
SERVICE
PROPOSAL TO ASSIST IN
THE MANAGEMENT OF THE
EMERGING COVID-19
OUTBREAK**



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

Version	1.0
Ratified by	National Ambulance Service
Date ratified	26 th February 2020
Author	Director
Intended audience	CEO HSE Department of Health National Director Acute Operations National Ambulance Service Leadership Team

Disclaimer

It should be clearly noted and understood that this proposal will require dynamic management during operational delivery due to the nature of the emerging environment, which can result in last minute changes. The author will inform colleagues of any required changes, and log all decisions accordingly. This proposal and any associated documents must not be circulated beyond the proposal distribution list.

Version	Date of issue	Updated by	Change log
1.0	26.02.2020	Martin Dunne	SD

Background to NAS

The National Ambulance Service (NAS) is the statutory pre-hospital emergency and intermediate care provider for the State serving a population of over 4.8 million people and was established in 2005.

The NAS has a strong set of underpinning structures to ensure the very best services are provided to the patients and public which we serve, whilst ensure continuous improvement and efficiency is enabled for long term sustainably.

NAS is a high performing urgent and emergency ambulance service that has a significant track record of delivering successful services over many years. The Service is also experienced in managing significantly sustained incidents such as pandemic flu and continuous high demand periods and has successfully led the response to such incidents.

The NAS mission is to serve the needs of patients and the public as part of an integrated health system, through the provision of high quality, safe and patient centred services. This care begins immediately at the time that the emergency call is received, continues through to the safe treatment, transportation and handover of the patient to the clinical team at the receiving hospital or emergency department.

NAS responds to over 300,000 ambulance calls each year across 68,890 square kilometres, the primary & secondary road network in Ireland is some 5,306km long & is made up of motorways, dual carriageways & single lane roads.

The NAS employs over 1,900 staff across 100 locations and has a fleet of approximately 500 vehicles.

In conjunction with its partners the NAS transports approximately 40,000 patients via an Intermediate Care Service, co-ordinates and dispatches more than 800 Aero Medical / Air Ambulance calls, completes 600 paediatric and neonatal transfers and supports Community First Responder Schemes.

NAS Construct:

- Established in 2005
- Serving 4.8 million population
- Covers 68,890 square kilometres
- Receives over 300,000 ambulance calls annually
- Manages a budget of €156.5million
- Manages a Fleet of over 500 vehicles including:
 - Emergency Ambulances
 - Rapid Response Ambulance Cars
 - Motorcycle Response Unit (MRU)
 - Specialist Vehicles including:
 - Mass Casualty Vehicles
 - Decontamination Tent
 - Mobile Command Vehicle
- Manages over 1900 Staff
- 267 (January 2020) Community First Responder Groups (CFR)
- 100% of all front-line ambulances have a Paramedic and or Advanced Paramedic (AP) on board
- The NAS has introduced electronic patient care record (ePCR) and Mobile Data Terminals (MDT) on all frontline vehicles
- HSE National Ambulance Service Accredited Centre of Excellence
- National Emergency Operations Centre (NEOC) Accredited Centre of Excellence
- National Emergency Operations Centre (NEOC) ISO9001 Certification

Introduction

This Proposal has been developed to cover the arrangements for the NAS regarding the management and response to the developing Influenza COVID-19 as the probability is that it may result in increased 112/999 activity for the NAS and presents significant challenges as the demand begins to increase.

Other factors such as normal day to day operations, increased sickness, delays at acute hospitals and reduced services in the wider community, will further affect our ability to respond to patients quickly.

The primary focus of this Proposal is to review and outline the service's proposal and preparation in readiness to provide sufficient resources, in all areas, to achieve a safe service for the delivery of patient care and maintain performance.

In addition, it is well documented that the overall Health Service Executive (HSE) system becomes challenged during this period with high demand which is often sustained and creates considerable capacity issues.

Proposal

The purpose of this proposal is to assist the HSE in delivering appropriate healthcare during this Emerging COVID-19 Outbreak by maximising NAS resources to assist with the testing and assessment of patients who will present in the home and community setting with symptoms or criteria that are consistent with the risk assessment matrix in place.

This proposal is also to highlight the advantage of utilising the NAS existing pre-hospital care delivery infrastructure and allows for the NAS to respond to the above patients in a safe and timely manner.

Patients who meet the trigger points can be assessed and swabbed in their home by NAS staff ensuring that self-isolation, hospital avoidance and infection spread is mitigated. This proposal will also allow for non transportation of patients into busy Emergency Department (ED) environments unnecessarily thus reducing the demand within the ED.

This paper discusses how NAS might do so if required and explores what additional supports might be required.

Call Receipt

Current arrangements are that a Public Health Specialist performs a remote risk assessment and then contacts NAS National Emergency Operations Centre (NEOC) if the patient meets the case definition and requires transport to hospital for isolation and testing. This arrangement may not be possible if the numbers significantly increase.

Call Dispatch

NEOC could establish a dedicated COVID – 19 dispatch desk that could manage all home testing responses, including tracking of patient demographic information, location, travel history – necessary if/when a test result comes back positive to allow prompt follow- up and patient management. Single patient identifier important – this could be the NAS CAD Incident number – if recorded on specimen details would allow easy patient tracking.

Response Mechanism

Solo responder in a rapid response vehicle
Solo responder motorbike response unit
Double crewed responder emergency ambulance

Home Testing

Elements of home visit:

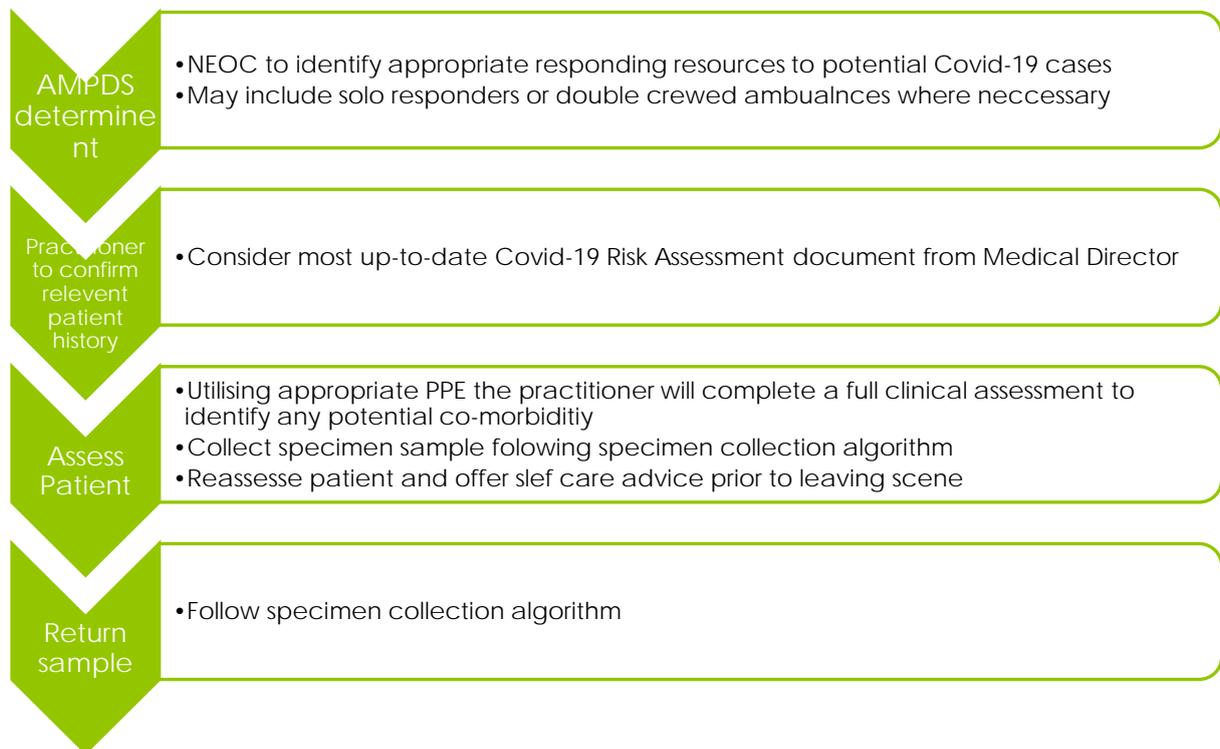
- Clinical assessment
 - to verify that patient met case definition
 - COVID- 19 Swabbing
 - to identify those acutely unwell needing hospital treatment e.g. pneumonia/respiratory distress
 - Advice to patient on what happens next i.e. test result –Inform patient that contact will be made in due course and remain in self isolation.
 - Advice to patient on what to do if they get worse – as simple as dialling 112/999

Required Educational Intervention

The NAS will develop an online learning module and will be uploaded on the NAS designated Moodle site and can be shared on other platforms such as YouTube, HSE website etc. which will demonstrate the specimen collection process and reinforce the necessary algorithm required. On completion of the online training module and to ensure competency staff will be afforded a face to face opportunity to address any questions that staff may have in relation to the specimen collection.

Coupled with this educational intervention reinforcement of a comprehensive patient assessment will also be addressed within the module ensuring that any other medical conditions are identified and responded to appropriately.

It is envisaged that the online learning module will be developed if required within two working days of being notified and clarity in relation to the collection sample system is immediately available and the face to face intervention will be as per normal operating procedures.



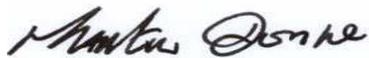
Conclusions

The NAS are in a position to provide this service if required on a 24/7 basis and with the assumption of the ongoing co-operation of the various agencies.

- Establish dedicated NEOC COVID – 19 call – taking and dispatch arrangements;
- Establish a dedicated paramedic - based home - testing COVID – 19 service;

Issues requiring further discussion to support this service:

- Staffing
- Training
- PPE supply
- Testing kit supply
- Sample logistics – transport to NVRL
- Patient tracking
- OH staff follow – up/support



Martin Dunne
Director, National Ambulance Service