



Delivering the right care, at the right time, in the right place

999 calls

What Happens when you call 999?

You should call 999 in a life-threatening emergency - if someone is seriously ill or injured and their life is immediately at risk.

Calling 999 is not always the best way to receive medical help. Choosing the most suitable way of getting the care you need can save you time and help us to respond more quickly to patients who are most in need of our help.

When you call 999 for a life threatening emergency, a BT operator will answer your call and ask:

"Emergency, which service do you require? Fire, Police or Ambulance?"

If your call is a medical emergency, you should ask for an ambulance. The operator will then put you through to the ambulance service. The North West Ambulance Service (NWAS), has three Emergency Operations Centres (EOC) across the North West, located in Manchester, Liverpool, and Preston. Our systems will attempt to route your call to your 'local' centre in the first instance. At times of high activity, your call may be routed to another area and the next available Emergency Medical Dispatcher (EMD).

The EMD will answer your call and ask you firstly for your location. We use a number of tools to try to automatically locate you, such as mobile phone triangulation or subscriber information sent by your landline provider. Once we have your location, we can begin to look for an emergency responder for your call whilst the EMD further triages your call.

You will need to have the following information available when calling 999:

- **The address where you are - including the postcode.** This information is very important to us as it helps to reach the patient as quickly as possible. If you are in a rural countryside area, having



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your map reference or postcode to hand will be a big help. If you are unsure where you are, look for telephone boxes, people to ask, motorway marker posts (if it's safe to stop), or street signs.

- **The phone number you're calling from** (in the case the line gets interrupted and the call taker needs to call you back)

- **The EMD will ask exactly what has happened**

We will need to know:

- The patient's age, sex and medical history.
- Whether the patient is conscious, breathing and if there is any bleeding or chest pain.
- Details of the injury and how it happened.

Specific details about the patient's condition, depending on the nature of the call:

- What part of the body was injured? (So that we can identify the seriousness).
- Is there any serious bleeding? (So that we can provide correct advice to control the bleed).
- Does the patient have chest pains? (So that we can provide the correct advice to make the patient more comfortable).

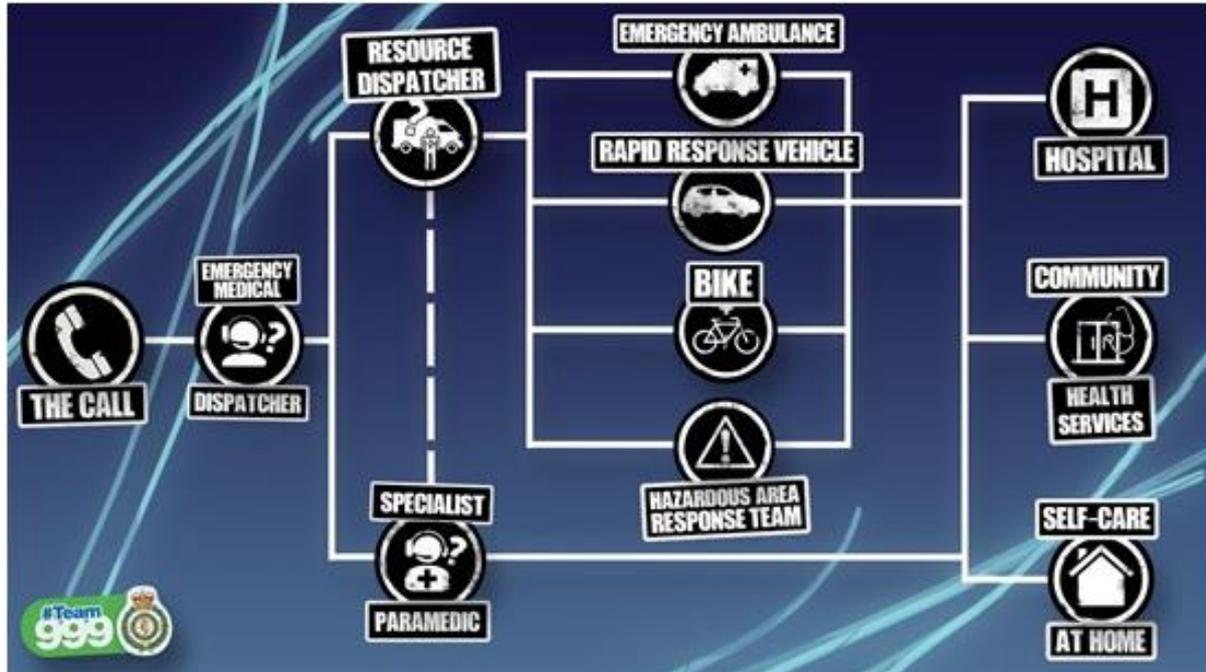
You may be asked information about the safety of the scene, to ensure the crew is protected against hazards and dangers. This would cover violent incidents or road accidents and might include questions such as:

- Is the attacker still nearby? (To inform the crew so they can remain safe)
- Is anyone trapped in the vehicle? (So that we can inform other relevant emergency services)

If the patient's condition is immediately life threatening, breathing is absent/severely compromised or their life could be in immediate danger, the EMD will give you simple, effective instructions on how to assist until the ambulance crew arrives to take over. This might include guiding you through the steps of carrying out CPR (Cardiopulmonary Resuscitation) or dealing with choking.



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How can you prepare for an emergency?

- Make your house number visible from the street.
- If you live on an estate, make sure signs are clear so that ambulances can navigate around the area more easily.

DON'T HANG UP, stay on the line, unless you are told otherwise.

TRY TO STAY CALM, in the most serious situations the EMD is there to help you to help the patient.

When help arrives, the patient's clinical condition will be assessed and treatment may also be given at the scene. If after the assessment, the patient's condition requires transport to a hospital or a care facility, the ambulance personnel will arrange for transfer of the patient. Alternatively it may be more appropriate for the patient to be referred to another healthcare professional or service.

Our staff will attempt to obtain as much information as possible about the patient. It is often helpful if you can keep your details with your on with their medication. The information should include full name, birthdate, current medications, allergies, chronic medical conditions (diabetes, heart disease, hypertension etc) and emergency contact names and telephone numbers.



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How are calls prioritised?

When a person calls for an ambulance, the call is categorised using the Medical Priority Dispatch System (MPDS). This is an internationally recognised system that is used by the majority of ambulance services in this country. In summary, the caller is asked a series of questions and depending on the answers given, more questions follow, allowing the system to prioritise the most serious and life threatening calls. From the answers given, the call is then assigned to a category to ensure an ambulance can be allocated appropriately. The categories that are currently used are as follows: -

- Red 1 and 2. These are calls that are prioritised as immediately life threatening such as cardiac arrests, serious bleeding, severe breathing difficulties and choking. At least 75% of these calls must receive a response within 8 minutes. This is a national target.
- Green 1 and 2. These are calls that are prioritised as serious but not immediately life threatening such as fitting and serious limb injuries. The Trust will reach these patients as quickly as practicable, however, some calls may receive a further telephone assessment by a paramedic or nurse. This further telephone assessment does not delay the response.
- Green 3 and 4. These are calls that are classed as not serious or life threatening such as injuries and falls, without priority symptoms. To ensure that patients receive the most appropriate care for their condition, a paramedic or nurse will ring the patient back and take them through an enhanced clinical assessment over the telephone. The purpose of this is to ensure that the patient is referred to the most appropriate service or place of care based on their presenting complaint. This may include referral to local community services, primary care, urgent care services or other NHS providers. Where an ambulance is required, the paramedic or nurse will ensure that this is arranged in an appropriate timeframe and the patient is given clinically appropriate advice in the interim period.

How are we measured?

We aim to meet the Government targets of:

- 75 per cent of Red calls within eight minutes; and



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- 95 per cent of Red calls within 19 minutes.

Although we are not required to formally report on response times to Green calls, these will still be very closely monitored.

Ambulance services are not measured simply on time alone, but on how we treat patients and the outcomes of the treatment. We report on clinical quality indicators. The Indicators allow us to identify areas of good practice and areas which need improvement.

Who will treat you?

Depending on the condition of the patient, the response you will receive may be a Rapid Response Vehicle, a Doctor, an Air Ambulance, a Patient Transport Service (PTS) Ambulance, Emergency Ambulance, Urgent Care Service Ambulance or a community first responder (CFR) who lives within the community and is trained to deal with life threatening situations such as heart attacks etc.

Ambulance Personnel

Our ambulance staff consist of **Paramedics**, and **Emergency Medical Technicians (EMTs) 1 and 2**, who respond to wide variety of calls. All personnel are trained to deal with life-threatening illnesses and injuries. Paramedics also have additional skills to perform invasive procedures in the most serious medical emergency. All ambulances operate with two staff, comprising of paramedics and technicians.

Rapid Response Vehicles (RRVs) are operated by single ambulance personnel and may respond to an incident prior to a conveying ambulance attending.