



Oifig Stiúrthóir na Seirbhíse Náisiúnta Otharcharranna,  
An tSeirbhís Náisiúnta Otharcharranna,  
Áras na hAbhann,  
Crosbhóthar Thamhlacht,  
Tamhlacht,  
Baile Áth Cliath D24 XNP2  
Fón 01 4631624/6.  
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Deputy Marc Ó Cathasaigh  
Dáil Éireann  
Leinster House  
Dublin 2

**PQ50871/21**

To ask the Minister for Health the ambulance protocols governing the tasking of ambulances covering cardiac episodes in the west County Waterford area during out-of-hours; if they are fit for purpose and provide for best patient outcomes; and if he will make a statement on the matter. -Marc Ó Cathasaigh

Dear Deputy Ó Cathasaigh,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

NAS is the statutory Pre-Hospital emergency and intermediate care provider for the state. In the Dublin metropolitan area, ambulance services are provided by the NAS and Dublin Fire Brigade (DFB). The call taking and dispatch function is operated by the NAS National Emergency Operations Centre (NEOC) which operates across two sites, Dublin and Ballyshannon. All NAS resources are dispatched to calls across the country from the NEOC on a nearest available (to the incident) basis and not on a county boundary basis.

NEOC utilises an Advanced Medical Priority Dispatch System (AMPDS) which utilises international standards in triaging and prioritising emergency calls. This system ensures that life threatening calls receive an immediate and appropriate response, while lower acuity calls may have to wait until an emergency resource becomes available. The NAS has established a clinical hub to implement the 'Hear and Treat' alternative care pathway for low acuity calls that don't require the dispatch of an emergency ambulance.

NEOC dynamically deploys resources to areas where cover is required or to respond to incidents as they arise to ensure the nearest available resource responds to emergencies. Care begins immediately the emergency call is received, where life-saving pre-arrival assistance is given by the emergency call takers directly to the patient or any third party that is available to assist. This pre-arrival care includes the delivery of medications, CPR, use of defibrillator, haemorrhage control, childbirth and many other emergencies that present. In particular, if the information received from the caller is consistent with cardiac symptoms, the





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patient will be advised to take aspirin – for patients with acute cardiac events timely administration of aspirin is important.

At a local level, NAS is also supported by community first responder schemes, responding to particular types of medical emergencies (i.e. cardiac arrest, respiratory arrest, chest pain, choking and stroke) where it is essential for the patient to receive immediate life-saving care whilst an emergency response vehicle is en route to the patient. These schemes are supported by dedicated NAS staff, Community Engagement Officers located in the west, south and east of the country.

The NAS operates an Intermediate Care Service (ICS) to provide transport of patients to and from the acute hospital network and to prioritise the discharge of patients from acute hospitals in order to provide beds for patients awaiting admission in the Emergency Departments. ICS resources are also utilised to support emergency resources by responding to life threatening emergencies

The tasking of ambulances in west Waterford is the same as everywhere else, i.e. we don't do things differently by geographical area; equally in hours or out of hours are the same. All 112/999 calls are triaged using our triage software, AMPDS and are prioritised according to clinical need.

When the paramedic crew assess the patient, if they identify an acute cardiac illness, the patient will receive specific treatment for their condition as per Clinical Practice Guidelines. In particular, if a patient is identified as having an acute heart attack (known as a STEMI – ST Elevation Myocardial Infarction), the paramedic crew will alert senior cardiology staff in the nearest specialist centre (Primary PCI Centre), and the patient is brought directly to that centre, bypassing other hospitals and the Emergency Department of the receiving hospital so that an angiography procedure and stenting will happen as quickly as possible. For patients in west Waterford, this will either be University Hospital Waterford or Cork University Hospital.

I trust this information is of assistance to and should you require additional information please do not hesitate to contact us.

Yours sincerely,

Prof Cathal O'Donnell  
Clinical Director  
National Ambulance Service

