GUIDANCE DOCUMENT FOR TECHNOLOGY ENABLED CARE (TEC) ALARM RECEIVING CENTRES (ARC)

AMBULANCE CALL HANDLING TOOLKIT

CONTENTS

Page	
1	Foreword
2	Introduction
3	Principles
4	Operator flow chart
5-6	Non Critical Indicators
7	999 Escalation Indictors and Questions
8	Making Contact with the Ambulance Service
9	Flowchart of 999 Operator Questions
10	Typical Call Handling Questions
11-14	Life Threatening Calls
15-16	Other presenting Emergency Situations criteria
17	Ambulance Response Catergorisation- England
18	Ambulance Response Catergorisation- Northern Ireland
19	Ambulance Response Catergorisation- Scotland and Wales
20-21	Parked Calls Customer Reassurance
22	Call Handlers Checklist
23	Call Handlers Self Assessment Questions
24	Re-evaluation Following and Incident
25	Management Guidance
26-28	Terminology

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Foreword

Alyson Scurfield
TSA Chief Executive

The ultimate priority for TEC providers is to keep service users safe. Summoning the appropriate help and making sure that when in a moment of crisis, emergency help is sought and facilitated as quickly and efficiently as possible is crucial. Effective interaction with 999 services, and in particular the Ambulance Services, is critical for ensuring that emergency responses are handled in the correct way and ultimately leads to the service user receiving the care they need.

TEC services have always provided a lifeline for some of the most vulnerable people in our communities and millions of people have benefited over the years from being able to get the help they need in an emergency. The ability to summon help 24/7 and benefit from skilled call handlers who can triage a range of situations and organise help quickly saves many lives each year; as our population ages this will become increasingly important.

The COVID-19 pandemic and the growing pressures on our Health and Social Care services are an important factor in the growing call for the use of TEC and is also a significant influence on the need for the TEC sector to develop and refine its approach to complement the changing landscape in which we operate. To support this development, the Quality Standards Framework (QSF) continues to evolve, and TSA's Quality Improvement Programme is designed to continually monitor and react to the ever-changing demands on services.

As part of this programme, TSA initiated a Special Interest Group (SIG) on Emergency Call Handling (SIG3) in 2019, and this group has been working hard to provide an update, in guidance, to support improvement in working practices when supporting service users with crisis situations. With special thanks to Gill Atkey (Appello) , Kelly Miller (Sanctuary 365) and the participants in this SIG the for their valuable contributions to this guidance.

Understanding the impact that TEC services have, and the key role that they play in being part of the overall Health and Social Care infrastructure has been a core focus for this group; this new guidance reflects this, and at the current time is of more importance than ever, given the challenges faced by Ambulance Services across the UK.

The work of the TSA in this area continues, but guidance is needed for our services right now. Therefore the publication of this guidance is a key development in supporting TEC providers to refine the procedures and best practice around call triage for crisis situations and how they can best support their colleagues in the Ambulance Services. I'd like to take the opportunity to thank all of those involved in developing this guidance, and there will be further outreach and support from TSA as we help the sector in adopting a new and improved approach in this key area of our work.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Introduction

Technology Enabled Care Monitoring Services are not medical triage specialists. The role of the Monitoring Centre is to conduct the initial assessment upon receipt of an alarm call and coordinate an appropriate response at a service users time of need.

999 calls are received at the Ambulance Service Emergency Operations Centre (EOC) and dedicated Emergency Medical Dispatchers (EMDs) use triaging software such as NHS Pathways and Advanced Medical Priority Dispatch Systems (AMPDS) to determine the appropriate course of action to be taken on the 999 call.

The information therefore, that the Operator collects from the initial call is crucial to the accurate categorisation of the incident and for the correct and timely response. Operators should be efficient and effective in their call handling, in order that there are no delays when passing information to the ambulance service and that nationally, Monitoring Centres are consistent with their procedures, and these are embedded in frontline delivery of service.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

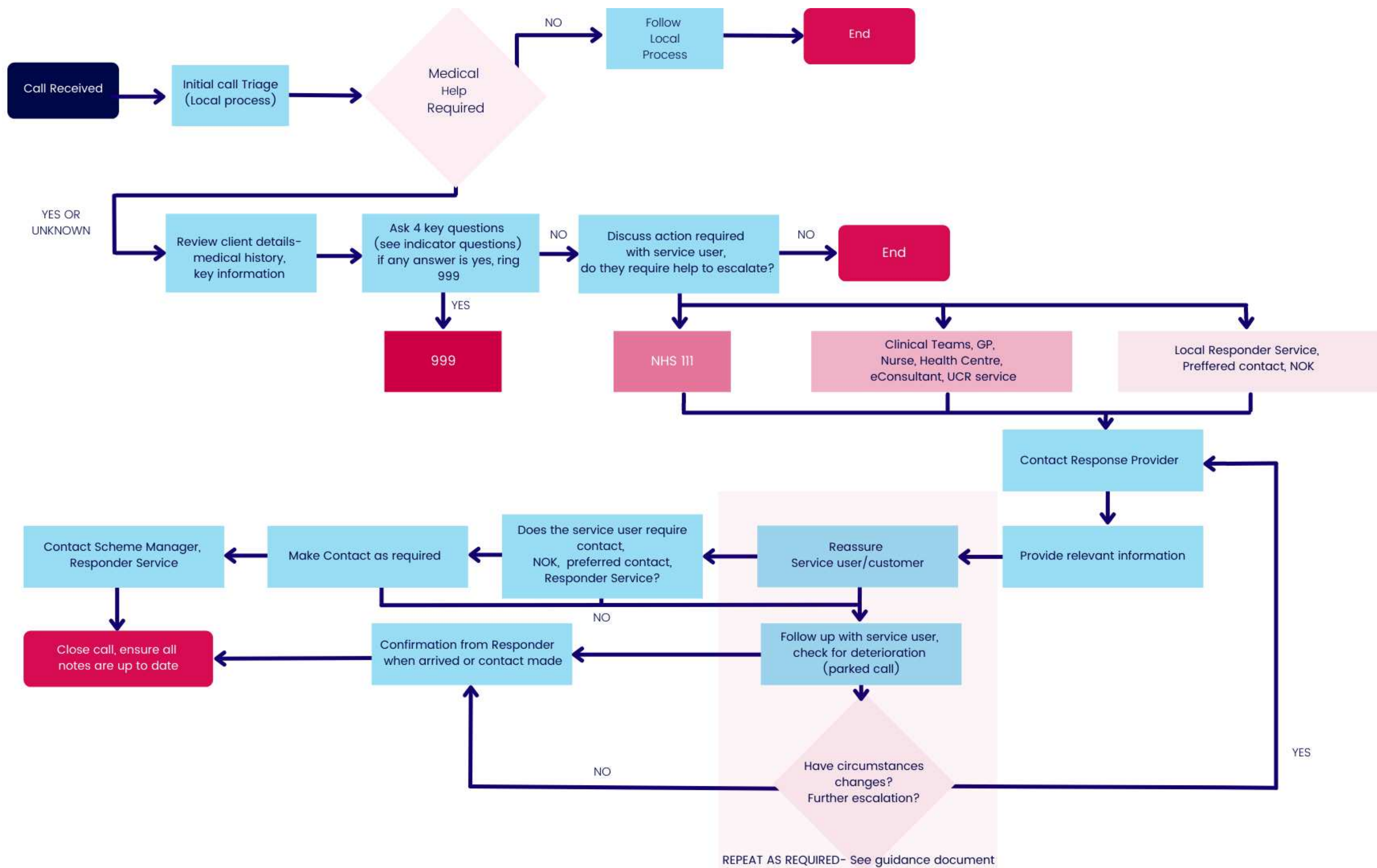
Principles

Whilst creating this guidance, it is acknowledged that:

- TEC Monitoring Services are not medical triage specialists or clinically trained
- The role of a TEC monitoring services is to conduct initial assessment and coordinate appropriate response at point of need
- TEC monitoring centres, in general, are not CQC registered and cannot provide CQC regulated activity
- Escalation is based on consent from the service user unless in a life critical situation
- Information may be provided by a third party, who is with the service user and who is acting on their behalf
- Data sharing and consent must be compliant with General Data Protection Regulation (GDPR)
- If the call handler is in any doubt of the severity / criticality of the situation, the emergency services must be contacted
- Good practices must be in place within each service to ensure data held is up to date and correct
- The process must be linked to the TSA Quality Standards Framework (QSF), with best practice and minimum criteria for auditing
- Call handling staff must be sufficiently trained on alarm call escalation
- Call monitoring will be required, to ensure quality of call handling

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Operator flow chart to assess for appropriate response



© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Non-Critical Indicators

There are a vast range of non-critical indicators, which may require support, but not as an emergency, these may include but are not limited to:

Non-Emergency Escalation

- Minor injury (such as graze, minor cut, bruise)
- Minor allergic reaction (such as hay fever)
- Minor health systems, such as a cold, nonspecific aches
- Health advice about an existing condition

Escalation to non-emergency services must be made with the consent of the customer. Non-emergency services can include NHS 111, GP or District Nurse.

Mental Capacity

It is essential to consider the mental capacity of the individual when assessing the severity of the situation.

Some people may describe the situation to be less severe than it actually is, because they do not want to be a ‘bother’, ‘cause a fuss’ or they may not understand the severity of the situation they are in.

Consider asking simple questions to ascertain their capacity at the point of call, such as their date of birth or confirmation of information that you know about the individual. If in any doubt escalate the call and make contact with the relevant next of kin or the customers preferred contact.

Check the customer record to note any mental illness that may impair their decision making e.g. Dementia.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

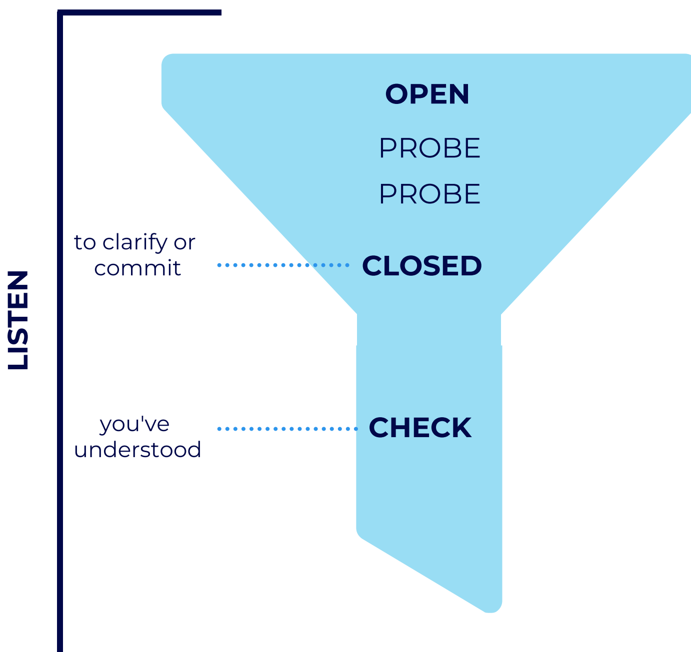
Non-Critical Indicators

LISTEN – THINK - ACT

It is important to consider who you are speaking with to ensure the correct questions are asked. For example, when speaking with the customer, it will not be necessary to ask if they are conscious, but if you are speaking with a Carer or a third party this would be a crucial question.

Active Listening plays a crucial part in obtaining the right information to establish the best outcome for the Service User. Active listening should be neutral and non-judgmental and will require patience to hear the whole message. A combination of appropriate questions and responses should be given to clarify the presenting situation.

Consider the customers pitch, tone, pace, clarity, repetition, projection, the questioning funnel below, demonstrates how information can be gathered during a call:



Closed questions- Closed, or 'polar' questions generally invite a one-word answer, such as 'yes' or 'no'. Useful for: warming up discussions, getting a quick answer, clarifying. For example: Are you hurt? Do you need help?

Open questions- Open-ended questions generally encourage wider discussion and elaboration. They cannot be answered with a simple yes or no response. Useful for: critical or creative discussion, finding out more information about a person, subject, or situation.

Probing questions- These questions are useful for gaining clarification and encouraging others to tell you more information about a subject. Probing questions are usually a series of questions that dig deeper and provide a fuller picture. - Useful for: seeing the bigger picture, encouraging a reluctant speaker to tell you more information, and avoiding misunderstandings.

Funnel questions- As with a funnel, these questions begin broadly before narrowing to a specific point — or vice versa. Useful for: building relationships, discovering very specific information, diffusing arguments.

Direct questions- Can be open or closed however they have two things in common when posing a direct question, you always use the name of the person and the question should be posed as an instruction.

Hypothetical questions- Helps someone understand what could happen in a particular situation which can be useful if you are trying to encourage the right kind of help and support.

Reflective questions- Are a variation on the open/closed question theme that allows you to reflect the question back to keep the conversation on track. Reflective questions are particular useful when giving reassurance to keep people focussed.

It is important to gather as much information as possible within the correct timescales for the incident that is presenting. At the end of the call – what actions have been taken, what will happen next and what to do if anything changes.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

999 Escalation Indicators and Questions

When calling the emergency services by calling 999, the ARC Operator will use the British Telecom (BT) 999 Call Handling Procedure and will request that the 999 Operator 'disregard the calling number' (as this will show the ARC telephone number and not the service users number, which is normally used to locate the service user). The 999 Operator should give the service user's own number or the telephone number that the scheme equipment is linked to and which service is required – 'Ambulance Service' (this will ensure that the correct ambulance service for the service users area is contacted).

If the alarm is activated by a GPS device, the Operator will need to pass over the location of the Service User once they have established they are not at home, and a mobile telephone number for the service user or anyone in attendance, providing this is available.

There are 4 key questions that the Ambulance Operator will ask in order to determine the response categorisation.

1. **Is the person breathing?** (further questions apply if 'yes'- see below)
2. **Is the person conscious?** (further questions apply if 'yes' – see below)
3. **Is the person bleeding? That is not being easily controlled.** (further questions apply if 'yes' – see below)
4. **Can you tell me exactly what has happened?**

If the answer to any of the questions above is 'yes' the Ambulance Service will work through additional questioning pathways, according to the ambulance system being used.

The responses to the questions will determine the categorisation of the response.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Making Contact with the Ambulance Service

When contacting the Ambulance Service, it is essential that you proactively share all the relevant information that you have about the customer and the reason for call, including health and Covid 19 information to the 999 Operator.

The success of the questioning techniques that you employ will directly impact on the categorisation of the call. If you are unable to provide suitable detail regards the customers situation the call may not be categorised correctly and may slow down the speed of response.

It is also essential that the information you pass to the 999 Operator be true and accurate. False accounts could generate a faster response for one customer unnecessarily, but may directly impact on the speed of response for another customer as the emergency Ambulance could be diverted away.

Request that the 999 Operator advises the ambulance crew that this call has been initiated through a Telecare Monitoring Centre, and request that they 'push the button' to let the Monitoring Centre aware that they are onsite, also of the outcome of their visit. Whether this is to inform the Monitoring Centre which hospital/ward the service user/customer has been conveyed to, if medical intervention has been provided, or if medical attention has been refused.

Ambulance crews should also 'push the button' on returning customers to their home following treatment or discharge.

Further Information to be passed to Ambulance Service:

Always consult the customer data held on the call monitoring system and where possible, this should be passed to the Ambulance Service, as this may include vital information that may change the categorisation of the ambulance. Most importantly is the medical history/information and whether the person has recently had an operation, been recently discharged from hospital, is taking blood thinning medication (anti coagulants), or has a history of heart condition or stroke. Long Term illness, or a person categorised at 'end of life' care is all necessary information to pass and this is by no means an exhaustive list.

Other information will include, age, date of birth, address, any property details to help the ambulance locate the property and keysafe number/door code or any health and safety concerns- i.e. a dog that can be violent.

If the call is for Housing Development/Scheme, advise the ambulance service if 'message in a bottle' is in operation.

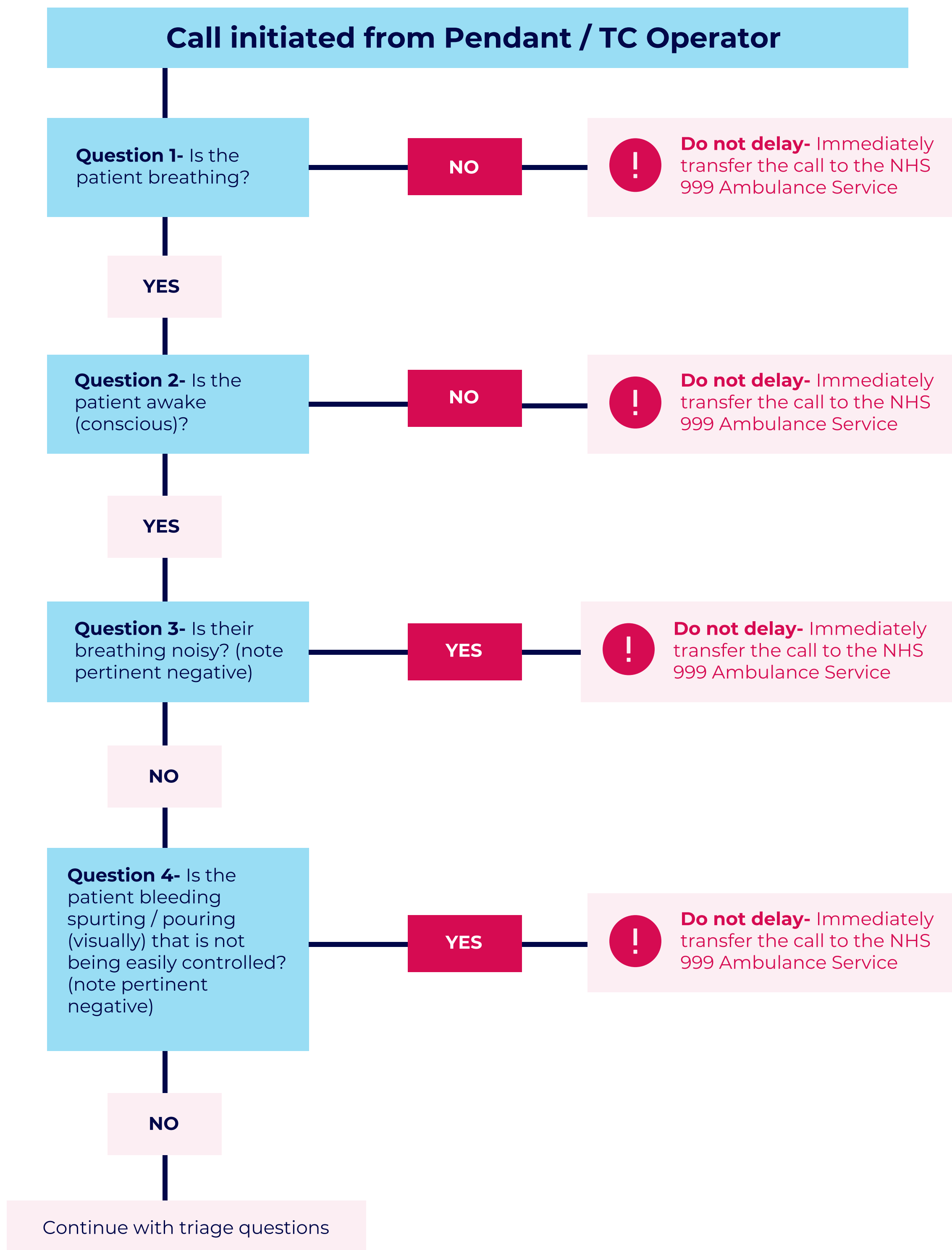
The ambulance service will ask Covid 19 questions and answers should be gathered as part of the initial questions:

Questions that may be asked during a pandemic
Screening questions can include:

- Have they tested positive for COVID in the last 14 days?
- Have you had COVID-19 within the last 10 days?
- Are you waiting for a COVID-19 PCR result?
- Have you travelled internationally in the last 10 days?

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Flowchart of 999 Operator Questions:



© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Typical Call Handling Questions – (not an exhaustive list)

It is important to gather information of the incident quickly and appropriate to the emergency presenting so that the correct help is summoned, and the extent of the medical emergency is correctly passed to the ambulance service for categorisation.

Questions to ask for a Life-Threatening situation:

Chest Pain / Heart Attack
Have they ever had a heart attack or angina?
Are they breathing normally?
Do they have any pain?
What type of pain is this? Crushing pain in the chest?
Pain down the left arm?
Are they completely alert?
Are they changing colour?
Are they having chills or sweats?
Do they have muscle or body aches?
Do they have a fever?
Are they clammy or having cold sweats?
Are they nauseated or vomiting?
Did they take any drugs or medications in the last 12 hours? If yes what did they take?

Stroke
Are they completely alert?
Are they breathing normally?
Tell me why you think it's a stroke?
Exactly what time did these symptoms start? If unknown when was the last time they were seen to be normal?
Have they ever had a stroke before?
Have they tested positive for COVID in the last 14 days?

Significant loss of blood
What part of the body are they bleeding from?
Are they completely alert?
Are they breathing normally?
Is the bleeding serious? (spurting or pouring)
Can the bleeding be controlled?
Do they have a bleeding disorder or are they normally on blood thinners?
How much blood in mugs/cups has been lost?
Have they tested positive for COVID in the last 14 days?

A statement of 'I'm dying'
Would require clarification as to what symptoms etc they were suffering from.
Are they in receipt of Palliative care?

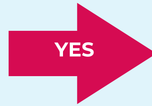
Loss of consciousness
Is their breathing completely normal?
Are they completely alert?
Are they changing colour?
Do they have a history of heart problems?
Do they have abdominal pain?
Have they tested positive for COVID in the last 14 days?

Threat to life 'I'm going to kill myself'
Where are they right now?
Have they taken an overdose? Are they completely alert?
Is this a suicide attempt?
Are they violent? (refer to customer notes or establish this from the call)
Do they have a weapon? If yes what is it?
Do they have a history of mental illness?
Are they know to the mental health service?
Have they tested positive for COVID in the last 14 days?

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Life-threatening calls 1:

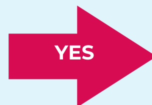
Is the patient choking?



! DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- Any mention of chocking or a suspected airway obstruction at the time of the call or previous to the alarm activation.

Dangerous Haemorrhage? (bleeding out of control)

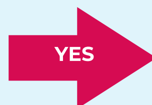


! DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- Potential life-threating bleeding i.e. bleeding that fits into a dangerous definition and is not bein controlled well at the time of questioning:

- Bleeding from a Dialysis Fistula
- Bleeding where blood is pouring, gushing or spurting out that is not controllable
- Bleeding that has not stopped
- Vomiting or coughing up blood
- Serious blood loss per penis, rectum or per vagina
- Bleeding and not alert
- Suicide attempt
- Unconscious

Drowning



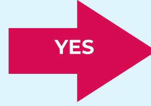
! DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- Any reference to a patient who is drowning at the time of the call or who has previously been submerged and now out of danger (indoor or outdoor).

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Life-threatening calls 2:

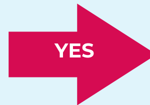
Fitting
(having a seizure)



DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- A patient who is having what is described as a fit or presenting with uncontrolled spasms or movement. Either known epileptic or not.

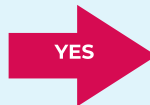
Hanging



DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- A patient who is hanging, or breathing status is not known. A patient may have a ligature around their neck or is at immediate risk of harm or death.

Ineffective Breathing



DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

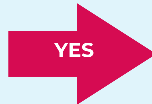
Description / Prompt information- A patient who is described to be presenting with any problem with their breathing or describes "difficulty in breathing":

- Barely breathing
- Can't breathe at all
- Fighting / Gasping for breath of air
- Breathing a little or describes as shallow
- Making funny noises
- Turning blue or purple
- Hardly breathing or has stopped breathing

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Life-threatening calls 3:

Major Trauma

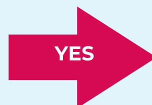


! DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- A patient who has suffered a traumatic incident or event:

- Extreme fall
- Fall from any height or raised ground level i.e stairs/steps/ladder
- Jumped (suicide attempt)
- Road traffic accident (unconscious /fatal / abnormal or noisy breathing
- Stabbed / gunshot / any penetrating injury to any area of the body

Medical (unconscious)

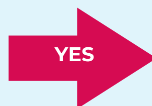


! DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- A patient who is presenting:

- Unconscious or semi conscious (unknown cause)
- Unconscious or semi conscious (diabetic)
- Unconscious and bleeding (hemorrhage)
- Unconscious and agonal (gasping) / ineffectively / noisy breathing

Severe Allergic Reaction



! DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- A patient who is presenting:

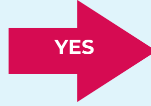
- A history of severe allergic reactions
- Describes swelling / rash / abnormality following exposure to substance or medication
- Difficulty in breathing or swallowing
- Medication for allergy administered e.g EpiPen

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Life-threatening calls 4:

Trauma

(unconscious)



DO NOT DELAY. Immediately transfer the call to the NHS 999 Ambulance Service

Description / Prompt information- A patient who has suffered any trauma

- Unconscious after a fall
- Unconscious after being assaulted
- Unconscious after being stabbed / shot or has any penetrating wounds / trauma
- Unconscious and bleeding (hemorrhage)
- Unconscious after being electrocuted
- Unconscious after any traumatic injuries

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Additional (or further) emergency situations that should be passed to the Ambulance Service

Abdominal pain:
Any mention of severe abdominal pain AND/OR abdominal pain with reported blood loss:
- Abdominal pain with vomiting of blood and/or bleeding from rectum
- Any mention of abdominal or aortic aneurysm with abdominal pain

Allergy:
Any mention of actual or suspected severe allergic reaction to a medicine or substance:
- Facial and/or tongue swelling
- Difficulty speaking or completing sentences

Altered conscious levels:
Any mention of the service user having a new reduced level of consciousness (either medical or injury):
- Responding to pain or voice only
- Drowsy or unusually drowsy
- Chemical exposure
- Collapse
- Sudden and/or severe headache

Back pain:
Any mention of back pain with new inability to walk, altered sensation to lower limbs or loss of bowel / bladder control (incl. retention).

Breathing problems:
Any mention of distress with breathing:
- Shortness of breath or breathing difficulty
- Difficulty completing sentences
- Medication to help breathing is not working
- Long term chest problem (e.g. COPD)
- Recent injury to chest (front or back)
- Chemical exposure

Chest pain & palpitations:
Any mention of chest pain related to a known heart problem AND/OR believing the person may be having a heart attack.
- Central chest pain (injury or non-injury)
- Nausea, vomiting and/or dizziness with chest pain
- Fainting or feeling faint with chest pain
- Palpitations / heart racing / fluttering

Illness:
Any mention of serious illness OR illness that is associated with:
- Feeling very hot to touch
- Chemotherapy or cancer treatment
- Known immunosuppression or immune system problems
- Confusion or altered behaviour
- Concerns about possible meningitis

Injury:
Any mention of injury that is penetrating OR could be serious
- Penetrating injury to centre of body, head or limbs
- Open fracture or wound where a bone is reported as visible
- Serious limb deformity
- Fall from height with limb or central injury (e.g. fall down staircase)
- Head injury with unusual behaviour and/or drowsiness
- Loss of limb function or changes in sensation to limbs

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Other presenting emergency situation criteria requiring the call passing to the Ambulance Service

Maternity:
Any maternity call where there is possible labour, bleeding from the vagina, or known medical complications.

Overdose or Poisoning:
Any mention of drug overdose or poisoning with concerns about lethality.

Rare conditions:
Any mention of one or more rare conditions that could result in significant deterioration if not urgently treated.

Stroke:
Any mention of the person having signs of a Stroke AND/OR person querying a Stroke:

- Facial drooping or weakness
- New inability to use one or more limbs
- Slurring of speech

Unusual behaviour:
Any mention of the person presenting a serious risk of harm to themselves or others:

- Active self-harm or threatening to harm themselves
- Actively threatening to harm others
- After possible or actual overdose (accidental or intentional)

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Ambulance Response Categorisation-England

When the ambulance EOC receives a call, it will be prioritised, within nationally agreed guidelines. This is to ensure that the response arranged, is appropriate to the need. Below are the national categorisation criteria for ambulance calls within England.

Category 1

An immediate response to a life-threatening condition, such as cardiac or respiratory arrest

Category 2

A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport

Category 3

An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting

Category 4

A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic

This information will allow you to accurately inform the customer and set their expectations of the estimated time of response. Each local ambulance service may have different KPI's associated to each categorisation.

You can ask the 999 Operator of the categorisation and incident number and the estimated time of arrival. The ambulance service will give an estimate of time but in unprecedented times of ambulance delays, this can run into many hours for a low-level categorisation therefore it is imperative that Operators continue to check at regular intervals for any further deterioration in the customers' condition.

Operators should consider other means of physical support for the person from the contacts list and through other services e.g. local responder services.

Refrain from giving information like the "category of call" with an expected time frame to the customer. The Ambulance Service cannot always guarantee a 60min or 120min response based on the demand in response to immediate life-threatening calls.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Ambulance Response Categorisation- Northern Ireland

Northern Ireland have 5 categories. The 5 call categories are as follows:

Category 1 (C1)

Potentially life-threatening injuries and illnesses

Category 2 (C2)

Serious but non-life-threatening emergency calls

Category 3 (C3)

Urgent calls

Category 4 (C4)

Less urgent calls

Category 5 (C5)

Hear and treat

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Ambulance Response Categorisation- Scotland and Wales

To assist the ambulance service in their prioritisation of calls, it is important that call handlers gather as much information as possible from the client/carer about what is wrong with the person (ideally before calling 999), thus insuring that the person receives the most appropriate response and on-going care. All emergency 999 calls to the ambulance service are prioritised to ensure life threatening cases receive the quickest response, with SAS triage system coding calls in to one of three categories:

Category 'A' (red)

An "immediate life threatening" call and will result in the closest appropriate resource being sent under emergency response. This may include both an Ambulance and a Paramedic Response Unit (PRU). An example could be a cardiac arrest or heart attack. The standard to meet these calls is 8 minutes on 75% of calls.

Category 'B' (amber)

A "serious emergency" call and will result in an Ambulance being sent under emergency response. An example would be a time critical stroke or road traffic accident with people trapped. The standard to reach these calls is 19 minutes on 95% of calls.

Category 'C' (green)

A "less serious injury or illness" and will have either an Ambulance sent under normal road conditions or will be referred to NHS 24. These calls will have the Ambulance stood down for a category A or B call. The standard to reach all these calls is within 1 hour.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

If an emergency response is not required

Contacting NHS 111 or GP E-consult services

Operators who have successfully ascertained through questioning techniques and with customer consent that the incident is not an emergency, may choose to signpost to NHS 111 or to the GP e-consult services.

These services may require the customer to contact them directly, or to ring the service user back, therefore the Operator needs to ascertain that the customer is functioning and able to complete this independently before they close the call down. An Operator may need to seek additional support from the contacts list to assist the customer. The Operator should ask for consent from the customer to make contact in a non-emergency situation.

The Operator should park the call and return to the customer if there is any doubt regarding their ability to contact these services.

Parked Calls – Customer Reassurance

'Parking a call' or 'calls to handle' are those calls that are not closed down completely, but held for a timeframe to be revisited at intervals pending further action or a conclusion.

This process should be used in conjunction with the TSA Guidance for Alarm Receiving Centres (ARC) Checking for Deterioration of Service Users whilst waiting for a response to arrive. This guidance features the example of the 2015 Volante case which can be found **here.**

The following table is designed to offer **best practice** advice to ensure a customer is reassured whilst help is being arranged or whilst waiting for help to arrive:

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Parked Calls – Customer Reassurance cont.

Scheme	Dispersed	Mobile Telecare
Do not stay on the line with the customer indefinitely, as this may prevent another call from the scheme getting through to the contact centre. (In the case of analogue hard wired scheme).	Stay on the line with the customer until help arrives if this is a life-threatening critical incident and has been allocated a Category 1 response.	Stay on the line with the customer until help arrives if this is a life-threatening critical incident and has been allocated a Category 1 response.
Regularly dial back into the speech module to check on the customers wellbeing, any deterioration in their condition and to offer reassurance.	Use a 'Risk based' approach for other calls to either close down where communication can be reopened or where there is communication via other means. (Mobile/landline).	Use a 'Risk based' approach for other calls to either close down where communication can be reopened or where there is communication via other means. (Mobile/landline).
If clinical teams request to speak directly to the customer either initiate a 3 way call if they do not have a land line or are unable to reach the landline. Inform the customer that the clinical teams will contact them directly on their telephone.	If clinical teams request to speak directly to the customer either initiate a 3 way call or inform the customer that you will close the call to open the line for the clinical teams to contact them directly.	If clinical teams request to speak directly to the customer either initiate a 3 way call or inform the customer that you will close the call to open the line for the clinical teams to contact them directly.
Advise the customer to press their pendant if anything changes in their condition.	Advise the customer that a telephone call can be answered by pressing their pendant, so there is no need to move to the telephone if this would be problematic.	Advise the customer that you will dial back to their device at regular intervals or contact them via their mobile phone (if using an app).
If attempting to contact the customer results in a 'no contact'. This must be escalated to the designated responder (clinical team) as a change in circumstance since your first escalation.	Advise the customer that you will contact them back to check on their wellbeing. Make contact at regular intervals.	Advise the customer that you will contact them back to check on their wellbeing. Make contact at regular intervals.
Any changes in circumstance must be communicated to the responder.	If attempting to contact the customer results in a 'no contact'. This must be escalated to the designated responder (clinical team) as a change in circumstance since your first escalation to them.	If attempting to contact the customer results in a 'no contact'. This must be escalated to the designated responder (clinical team) as a change in circumstance since your first escalation to them.
Advise the customer that help has been arranged but the ambulance service may try to call you.	Any changes in circumstance must be communicated to the responder.	Any changes in circumstance must be communicated to the responder.
	Advise the customer that help has been arranged but the ambulance service may try to call you.	Ensure the location of the customer has been confirmed verbally and from the GPS platform.
		Identify the environment and any assistance from members of the public to relay accurate location details to the ambulance service.
		Advise the customer that help has been arranged but the ambulance service may try to call you.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Call Handlers Checklist

☑ Establish if help is required – Emergency or non urgent

☑ Review the data held on the call monitoring system as part of the initial triage. Include Medical History/information and DNR

☑ If non-urgent, agree the actions required with service user

☑ Reassure service user action to be taken

☑ Park call if unable to leave the call open

☑ Call Emergency Services / appropriate responder

☑ Proactively share all relevant information regards the customers situation and health with the 999 Operator

☑ Record the Categorisation where applicable and incident/reference number in customer notes

☑ Inform service user and reassure of action completed

☑ Advise the customer to press pendant / pull cord if condition changes (in addition to parked calls)

☑ Escalate to contacts with permission from service user

☑ Leave messages for contacts if they are not available

☑ If scheme – leave a message for Scheme Manager

☑ Check the customer at intervals to ensure there are no changes or deterioration in condition (in line with the guidance document stated above)

☑ Confirm emergency services / responder have attended

☑ Leave suitable notes in service users record

☑ Revert to local procedures for reporting, collecting data (e.g. falls)

☑ Update contacts of Responder outcome

☑ Remind Ambulance service to 'push the button' on arrival at the service users premises

☑ Establish if help is required – Emergency or non urgent

☑ Review the data held on the call monitoring system as part of the initial triage. Include Medical History/information and DNR

☑ If non urgent agree action required with service user

☑ Reassure service user action to be taken

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Call Handler Self-Assessment Questions

To ensure that calls are handled efficiently and with the designed outcome it is important that Operators are able to reflect on the calls they have handled and whether the desired outcome has been obtained. The following are questions that can be used as part of regular self-reflection and can be used by Managers/Supervisor as part of the QSF quality call monitoring.

To ensure a robust assessment has been made ask yourself:

? Have I encouraged self-disclosure and reassured the customer?

? Did I review the data held about the customer alongside the discussion to aid decision making?

? Did I follow the emergency call process flow for all escalation?

? Did I gain consent to escalate in a non-emergency situation?

? Did I sufficiently check to ensure that the customer understood the actions that have been taken?

? Was I patient and did I consider my responses to the customer?

? Did I vary my style of language to communicate effectively?

? Did I put the customer at the heart of my thinking, what do they need from me?

? Did I reassure and check if repetition was needed?

? Did I give the customer a choice and put them in charge?

? Did I take my time and give the correct amount of time to the customer?

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Re-evaluation following an incident

It is important to consider whether the re-evaluation of the service users needs is required following an incident or near miss.

Re-evaluations should be completed in a timely manner as delay could increase the likelihood of an incident occurring.

Below are some areas to consider when reassessing:

Confidence - Are you confident in using the telecare package provided?

Consent - Are you happy to continue with the telecare package?

Awareness - Are you aware of other services and products we provide?

Concerns - Are there any issues around the home or everyday life which are causing you concern?

Analysis of alerts/activations - When you have activated your alarm has the response provided the required support?

Risk Changes - Has anything changed with your medical/health requirements?

Response Protocols - Have access arrangements changed? For example, Key safe, Have there been any changes to your contacts? Are there any specific instructions we need to follow in the event of the equipment being activated?

Signposting – are you aware of local / national organisations which may offer support / information? Organisations may include:

- General health and wellbeing issues – GP
- Healthcare needs – District nurse
- Advise/info regarding lack of sight – RNIB
- Mental health needs – Mental Health Team
- Fire Safety concerns – Fire Safety Check Team, Fire Brigade
- Concerns for welfare – Social services/Safeguarding team
- Loneliness/information and advice – Age UK, etc.
- Support Group for carers looking after dementia sufferers – Dementia café
- Finding Help at Home – Age UK, etc.
- Abuse – Action on Elder Abuse

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Management Guidance

Performance Monitoring
Management teams should have a specific focus on performance monitoring of their ARC's response to emergency activations. This should reflect the expectations set out within the Quality Standards Framework, but teams should have specific arrangements to monitor Organisational Measures of Excellence.

Quality Reviews
Call Quality Reviews for each Operator are required under the Quality Standards Framework, including emergency call handling quality, by individually assessing calls for procedural compliance, timeliness of call triage and passing of information to a responder. As with all call reviews, any deficiencies in call handling quality should be addressed appropriately 1-2-1 feedback, refresher training, etc. and recorded appropriately through administration of a performance management framework.

Refresher Training Programmes
Providers should be operating refresher training programmes as part of their overall approach to training provision for ARC staff; this should include tailored refresher training on emergency activations. Programmes should be responsive to procedure changes, variations in performance, adoption of new alarm systems and changes in legislation.

Customer/Site Information and planning
ARCs should demonstrate that their procedures include a regular update of data held on their system for the customer, contacts and other services that are related. Type of equipment and abilities being used and external property locations or access. The 'message in a bottle' is a scheme used in block housing where customers place their recent prescription in the bottle and this is held in the fridge.

DNR – although Monitoring Centres do not hold the details of any DNR in place, they may hold information to where this is located within a property. DNR procedures should be in place for each ARC and should be regularly reviewed.

Incident Response & Re-evaluation
ARC's should contact customers following a significant incident to ascertain any changes and to update the customer record. The customer or ambulance service should 'push the button' to inform the ARC that they are being conveyed or returning following an absence from the property.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Terminology:

Abdominal pain - The onset of abdominal pain or symptoms can be described as sudden or gradual in onset. The pain may be described as coming in waves, sharp, stabbing, crushing or ripping in character. Pass all reports of abdominal pain to the ambulance service without delay.

Abrupt onset - Onset of a problem or presentation that develops within seconds or minutes. May cause waking in sleep. Normally associated with pain and headache. Be cautious and pass concerns to the ambulance service.

Airway compromise - An airway is described as being compromised where there is a problem with breathing. This will manifest itself as snoring, grunting, and noisy or bubbling sounds during identified during breathing. Breathing should be quiet on both breathing in and breathing out. If you hear any noises when speaking to the service user, then the call should be passed to the ambulance service without delay.

Altered conscious level – A person who is not fully alert. Either responding only to a person's voice, aroused by shaking stimuli or unresponsive.

Altered sensation – Any sensation or feeling that is described as not normal or unusual. This can be in any body part and should be passed to the ambulance service.

Bleeding disorder – This can be congenital from birth or acquired, for example a patient who is taking blood thinning medication (anticoagulants). Be cautious especially when fallen or injured patients describe a bleeding disorder or taking blood thinning medication, especially those who have banged their head. The call should be passed to the ambulance service without delay.

Cardiac pain – This is a pain that is relating to the heart. It is difficult to specifically identify the severity on a call, but it is classically described as crushing, heavy, dull, aching, and may sometimes cause the patient to sweat. They sometimes get other feelings like pain in the jaw, arm or neck so pass all concerns immediately to the ambulance service.

Catastrophic bleeding – Bleeding that is sometimes described as uncontrolled or free flowing. It's a term used by medical professionals, but be cautious that this can be any bleeding that is not easily stopped. Be cautious of patients who are taking medication to thin their blood. Due to the blood thinning medication their blood will not clot naturally when applying pressure to the wound o injury.

Chemical injury - Any injury caused or possibly by contact with chemicals, cleaning fluids or other household or industrial products that have the potential to cause harm if exposed to, swallowed or ingested.

Chest injury - Any injury to the area below the neck and above the level of the lowest rib or belly button. Be cautious and always pass concerns to the Ambulance service especially after a fall or injury.

Cold skin – If the skin feels cold to touch, the patient is clinically said to be cold. Ideally get someone with the patient to feel their head, back of the neck or upper chest with the back of their hand and report the findings.

CVA/TIA – These terms relate to a cerebral vascular accident (stroke) or a transient ischaemic attack (temporary stroke). Both these terms elicit an emergency ambulance response and patient describing these symptoms should be passed to the ambulance service without delay.

Discharge – This can be anything from a clear fluid to blood soaked or green or yellow ooze. It may be a normal sign but also can indicate other problems. Pass any concerns to a clinical assessment service or the ambulance service if you have concern.

Drooling from the mouth – This is described as saliva (spit) running from the mouth freely. It can also be an indication that the patient cannot swallow. Pass this call immediately to the ambulance service for assessment.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Terminology:

Exsanguinating hemorrhage – This is bleeding (hemorrhage) that is occurring at a speed or rate that poses a threat to life. Amputation of limbs or serious cuts and lacerations will quantify this description. Pass the call immediately to the ambulance service for assessment.

Foreign body – This is generally something stuck where it shouldn't get stuck or a sensation of something irritating that shouldn't be there and is new in onset. Use your intuition to determine the outcome i.e. a splinter may be best managed by a district nurse, whereby something like a chemical injury to the eye needs an ambulance assessment.

Floppy – If a patient is described as floppy, this should raise a concern. This describes that the patient has lost tone or movement ability. Pass calls that use this concerning term to the ambulance service.

Fresh blood – This describes bright red blood. This can be identified by the caller or a relative or carer in their behalf. Approach this report with caution and pass any concerns to the ambulance service.

Gross deformity – This can sometimes be difficult to quantify and is subjectively the word of the caller. It can describe a wrist that is proposed to be broken following a fall or a knee that has swollen following an injury. In simple terms, it describes abnormal angulation or visual concerns relating to a body part often following a traumatic incident such as a fall or assault. Pass these calls to the ambulance service if this term is described.

Headache - Presentation of any pain around the head area. Facial pain is not included but should not be ignored. Headache patients that describe this as new headache should be passed to the ambulance service for assessment.

History of unconsciousness - There may be a reliable witness who can state whether the patient was unconscious (and if so, for how long). If not, a patient who is unable to remember the incident should be assumed to have been unconscious.

Hyperglycaemia – This term relates to diabetes and indicates that the patient's blood sugars are high. This can cause problems with the patient and their level of consciousness and the concern should be passed to the ambulance service without delay.

Hypoglycaemia – This term relates to diabetes and indicates that the patient's blood sugars are low. This can cause problems with the patient and their level of consciousness and the concern should be passed to the ambulance service without delay.

Ineffective breathing – Patients who are failing to breathe well enough to maintain adequate oxygenation have ineffective or inadequate breathing. There may be increased signs of difficulty in breathing, stopped breathing, can't breathe or struggling for breath, shallow breathing, fighting or gasping for breath.

Jaundice – This is where the patient is reporting being yellow or tinted in appearance. This can be new or existing for the patient, but should raise the question of concern if this needs investigating by the ambulance service.

Oedema – In simple terms this is "abnormal swelling" and can be caused by allergic reactions, chemical exposure, and damage to the skin or burns. It is dangerous especially if someone described their face or lips as swollen. Pass all reports of new swelling or oedema to the ambulance service for assessment as this can sometimes be life threatening.

Palpitations – This can sometimes described as a "Racing heart" or a feeling like flutters in the chest. If this is described, pass this call to the ambulance service.

PV blood loss – PV means passed via vagina. This can be normal for example if menstruating or abnormal in the elderly. Be cautious of the report of a new PV bleed or heavy clots or free flowing blood. The use of a blood soaked towel or sanitary pad that is new is a red flag and should raise concern for the patient's welfare.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

Terminology:

Reduced level of consciousness - A patient is not fully alert, but may respond to voice or pain stimulus or they may be unresponsive.

Rectal bleed – Bleeding from the rectum (bottom).

Rectal discharge – This can be described as any substance, liquid or matter that is being expelled from the rectum (bottom) that is not faecal matter. This can be clear or sticky mucus identified after wiping or a foul smelling liquid that may indicate an infection. Escalate any concerns as you deem appropriate.

Risk of self-harm - The potential of the patient to actively attempt to harm themselves or others further. If in doubt, assume a high risk and refer to the ambulance service.

Severe pain - Pain that is unbearable – often described as the worst ever.

Sudden onset – A description that means that it came on without warning and is often associated with pain. A term line "feels like a thunder clap headache" or "Came on quickly without warning" should be considered red flags.

TIA/CVA – These terms relate to a cerebral vascular accident (stroke) or a transient ischaemic attack (temporary stroke). Both these terms elicit an emergency ambulance response and patient describing these symptoms should be passed to the ambulance service without delay.

Unable to walk - It is important to try and distinguish between patients who have pain and difficulty walking and those who cannot walk. Only the latter can be said to be unable to walk.

Uncontrollable bleeding - Bleeding that is not rapidly controlled by the application of sustained direct pressure where blood continues to flow heavily or soak through large dressings quickly.

Urination problems – There are lots of problems that can affect urinating or urine output. The retention of urine (holding against the will to urinate) can be very painful and can cause infections. There is also urine incontinence that is the opposite of retention where urine is released from the bladder involuntarily. This can be a dangerous sign if it is following a fall or injury to the back and should be immediately passed to the ambulance service. The service user may describe to you that urine incontinence is normal for them. Be cautious around retention of urine and also new onset of urine incontinence as these need clinical assessment.

Vascular compromise - There will be a combination of pallor, coldness, altered sensation and pain with or without absent pulses distal (further away) from the injury.

Vertigo - An acute feeling of spinning or dizziness, possibly accompanied by nausea and vomiting. Vomiting blood - Vomited blood may be fresh (bright or dark red) or coffee ground in appearance.

© TEC Services Association C.I.C 2022 Suite 8 Wilmslow House Grove Way Wilmslow Cheshire

TEC Services Association

Suite 8, Wilmslow House
Grove Way
Wilmslow
Cheshire
SK9 5AG

01625 520 320

admin@tsa-voice.org.uk

www.tsa-voice.org.uk