



# **ANSWERING THE CALL**

***“It’s not an everyday job”***

## **One of the largest ambulance services in the world.**

With seven million people from all nationalities and backgrounds living in 620 square miles, there's no such thing as a routine call, let alone a 'normal' day for London Ambulance Service, especially with the world's busiest airport on our doorstep, an extensive underground network and major public events to deal with. From our Emergency Operations Centres (EOC), at Waterloo and Bow, teams of Emergency Call Handlers and Emergency Call Co-ordinators answer calls and the Emergency Resource Dispatchers co-ordinate ambulances across the whole of Greater London. 24 hours a day, 7 days a week, London throws unusual, difficult, yet fascinating situations at our accident and emergency staff. Joining us means learning to expect anything.

### **Answering 999 calls**

Answering 999 calls is not always a matter of life and death. However, the way you listen and interpret the call can make a vital difference. On average, of the 5,000 or so calls received every day, however there is no 'average' call. Each caller is treated equally, and each situation is taken on its own merits.

When a 999 call is received, it is categorised according to the seriousness of the patient's illness or injury. Ambulance crews are then advised of the nature of the call via a classification system.

**Category one:** for life-threatening injuries and illnesses, specifically cardiac arrest. These will need to be responded to in an average time of 7 minutes, and the 90th centile\* in 15 minutes.

**Category two:** for emergency calls, such as stroke patients. These will need to be responded to in an average time of 18 minutes, and the 90th centile\* in 40 minutes.

**Category three:** for urgent calls such as abdominal pains, and which will include patients to be treated in their own home. These will be responded to at least 9 out of 10 times within 120 minutes.

**Category four:** less urgent calls such as diarrhoea and vomiting and back pain. Some of these patients will be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

This priority dispatch system means ambulances reach the most critical patients, first. It also means that additional resources, such as the Fast Response Unit (motorcycle or car), can be sent when the situation demands it. In cases of extremely critical injuries, the Helicopter Emergency Medical Service (HEMS) will be dispatched which is based at the Royal London Hospital in Whitechapel.

## **Your Well-Being**

Any of the calls described above can be challenging, in their emotional distress, abusive, the vulnerability of a patient or situation as well as in its gravity. As part of this role, you often never know the outcome which can add pressure to the role, but also impact on you personally.

Whilst we do have support mechanisms available for colleagues should they be required, we also encourage colleagues to find coping mechanisms that best suit them given the intensity of the role at times.

### **The difference between call handling and dispatch**

The Emergency Operations Centres are separated into two areas: call handling and dispatch. Around 80 members of staff are on duty at any one time.

Emergency Call Handlers receive 999 calls from people of all backgrounds and nationalities. It's their responsibility to gather the right information, (often under exceptional circumstances) to feed to the Emergency Resource Dispatchers, who in turn co-ordinate and alert the waiting ambulances. Asking the right questions, listening and relaying accurate details at the same time is critical when every second is precious. It's not always easy, the caller may speak little English for example, or be too distressed to communicate clearly. You may have to talk them through first aid over the phone with the help of an interpreter. There are times when third party support is needed – like the police or social services. Patient details are then entered on the computerised system, and dispatch takes over.

In dispatch, Emergency Resource Dispatchers work in teams, and are each responsible for their own particular area of London. They pass details of the call to the nearest ambulance crew by Digital Radio or Telephone. The crew will be updated about the patient's condition throughout their journey, as well as provided with information about what to expect at the other end.

### **Training and why it's so important**

You can expect sustained learning and assessment during your first year. The first three months of training are extremely intensive, so you should be aware of the high levels of effort and commitment involved.

Why is the training so extensive? Because it needs to be. You are the first contact with the public in times of crisis, the first vital link in the chain of survival. You must be able to cope with anything; from an elderly lady who has fallen out of bed, to a small baby that's stopped breathing. The decisions you make in those crucial seconds – and the instructions you give – can make the difference between life and death. When you consider that 2% of calls received every day require you to talk callers through first aid procedures like resuscitation, CPR and childbirth, you'll understand why training is so important.

Training is modular and separated into clear operational areas. You will not move onto the next stage until you pass written, practical and workplace assessments. They feel a bit like

exams at times, but they are essential to determine your knowledge and absorption of those particular skills.

Your first few days will be taken up with induction and foundation. From there, training will focus on the receiving of calls (both 999 and those from, or on behalf of, health professionals).

All training is a mixture of classroom theory, practical application of that theory through role play in a controlled setting, observations in EOC and one-to-one supervision whilst working in EOC - then finally, solo working. Rest assured, 'going it alone' comes at the end of each block of training, and support is given at every single stage.

Your first five weeks will be spent in call handling training. Pass the seven assessments at the end of this period then it's time to move into EOC for real. You'll spend a minimum of 10 shifts under supervision, answering 999 calls with an experienced member of EOC. At the end of 10 supervised shifts, and not before, you'll be assessed on whether you're ready to go solo. The final part of this area is handling calls on your own, putting your newly gained skills into practice.

This marks the end of the training and probationary period and you will be moved from the core 12 hour rota and placed on a trainee relief rota for a minimum 6 months. After this period you will be moved to a vacant position on the core rota when they become available.

At the end of your first year, you'll undergo an end of year work place assessment. You will then be re-graded to the next level – Emergency Call Co-ordinator, Band 4.

## **Pay**

During your first year as an Emergency Call Handler, Band 3, you will earn a basic salary of £22,113 per annum (inclusive of a high cost area supplement). After successful completion of the initial training and once posted to a Watch you will receive an unsocial hours payment depending on your rota pattern, in line with Section 2 of Agenda for Change and is payable in arrears.

At the end of the first year you will undertake a review and progress to Emergency Call Co-ordinator, Band 4, earning a basic salary of £24,476 (inclusive) rising in increments to £28,035 (inclusive) plus an unsocial hours payment depending on your rota pattern is payable in line with Section 2 of Agenda for Change. Unsocial hours are payable in arrears.

## **Hours**

On average, you'll work 37.5 hours per week, on rotating or alternating shifts covering 24 hours a day, 365 days a year. Any additional hours worked are paid as overtime, at time and a half or double time rates on bank holiday.

Part time rotas are available on average you'll work 20 hours per week. You will be required to undertake the five week training on a full time basis. (Monday – Friday 9am-5pm).

## **Holidays**

You will be entitled to 27 days' holiday per year (rising to 29 days after five years' service and 33 days after 10 years' service), plus eight public holidays, pro rata for part time hours.

### **Other Benefits**

You will automatically join the NHS Pension Scheme unless you choose to opt out.

We offer an interest free loan for travel season tickets.

You will receive a uniform.

Extensive and comprehensive training will be given.

Use of a comprehensive Occupational Health Service, including counselling, Employee Assistance Programme and Physiotherapy.

Service Benevolent Fund – [www.benfund.london](http://www.benfund.london)

Salary Sacrifice Cycle Scheme

Salary Sacrifice Lease Car Scheme

### **Equality and Diversity**

The LAS benefits from the diversity of its staff and aims to develop a workforce that is both reflective of and knowledgeable about, the communities that it serves. At recruitment and throughout employment individuals will be treated fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership.

We are members of all the national leading employers' equality forums in the UK: Business Disability Forum, Opportunity Now, Race for Opportunity and Stonewall  
Diversity champions

Our membership of these leading employers' forums helps us to continuously improve our services and employment practices so that we can be at the forefront of best practice on equality and inclusion.