

Hazardous Area Response Team

The YAS Hazardous Area Response Team (HART) is a team of specially recruited and trained personnel who provide the ambulance response to major incidents involving hazardous materials, or which present hazardous environments.

The team has Urban Search and Rescue (USAR) paramedics who are specially equipped to safely locate, stabilise, treat and rescue casualties from dangerous environments such as collapsed buildings or crashed vehicles.

USAR staff can provide emergency treatment in precarious rescue operations where patients may be trapped or in places where access is difficult, such as at height, underground or in water.



Police and Paramedic

We have RRVs staffed by a paramedic and a police officer. They work on late night weekend shifts and at bank holidays in city centres, attending incidents, such as drunkenness or domestic violence, where both services are needed.



Yorkshire Ambulance Service **NHS**
NHS Trust

An Aspirant Foundation Trust

What happens when you call 999 for ambulance assistance?

Frequently asked questions

Q: When should I call 999?

A: You should only call 999 for an ambulance in a medical emergency when it is obvious that you or another person is in a life-threatening condition.

Q: What is a life-threatening emergency?

A: An example of a medical emergency is unconsciousness, difficulty breathing, severe chest pains or suspected heart attack, heavy blood loss, serious accident, head injury and broken bones.

Q: Is it true that people taken into hospital by ambulance are seen more quickly and don't have to wait so long in hospital for treatment?

A: Everyone who goes to an emergency department goes through the same process to assess their medical need. If patients are seriously ill or hurt then they will be seen first - as a priority. But those with minor injuries or illnesses - whether or not they have been transported by ambulance - will be seen according to their medical need.

Q. If my condition is serious but not life-threatening will the priority of the assistance I need be changed if there is someone in the area who needs more urgent care?

A. The assistance initially sent to you may be diverted to a patient whose call is categorised as higher priority, but alternative assistance will be allocated to you in its place.

Q. What alternative care is available should I not feel it appropriate or serious enough to call 999 for medical assistance?

A. Whilst ambulance assistance will always attend medical emergencies, we often find that we are called for patients who have non-urgent conditions. The public are asked to think carefully about whether they really need an ambulance. For simple medical advice there is a range of services that could be more appropriate. These include a visit to a local pharmacy, visit to a GP surgery or walk-in centre, or contacting NHS 111.



If you would prefer this document in another format, such as another language, large print, Braille or audio file, please contact the Corporate Communications department, tel: 0845 124 1241.

Telephone exchange transfers 999 call to YAS Emergency Operations Centre

Telephone advisor answers 999 call and checks the caller's address, telephone number and reason for calling.

Ambulance assistance sent to patient.

Telephone advisor asks a series of carefully structured questions to determine the exact nature of the problem and enters this information onto a computer. Computer software uses this information to determine the call priority.

Depending on the nature of the call, the call handler will either advise the caller about the assistance they will receive and end the call, or stay on the line, offering practical help and advice where necessary.

Each call is given a prioritisation category based on the information given by the caller.

“I'm organising help for you now, stay on the line and I'll tell you exactly what to do next. The next questions will not delay any help.”



'RED' PATIENTS
The condition of these patients is considered immediately life-threatening. We aim to reach these patients within 8 minutes at least 75% of the time.

8 minutes

'GREEN 1' PATIENTS
The condition of these patients is considered serious but not life-threatening. We aim to reach these patients within 20 minutes 90% of the time.

20 mins

'GREEN 2' PATIENTS
The condition of these patients is considered serious but not life-threatening. We aim to reach these patients within 30 minutes 90% of the time.

30 mins

'GREEN 3' PATIENTS
The condition of these patients is not considered to be serious or life-threatening. We aim to provide these patients with a telephone assessment within 20 minutes.

'GREEN 4' PATIENTS
The condition of these patients is not considered to be serious or life-threatening. We aim to provide these patients with a telephone assessment within 60 minutes.



Community First Responder

A volunteer trained to respond to certain emergency calls in their local community. These may include cardiac arrest, chest pain and breathing difficulties. A responder will provide emergency care until an ambulance crew arrives. Responders have received training in basic life support and are equipped with a first aid bag, defibrillator and oxygen.



Rapid Response Vehicle (RRV)

A car used by a paramedic, emergency medical technician (EMT) or an emergency care practitioner (ECP) to get to a patient quickly. Ambulance staff working in RRVs are skilled and equipped to provide immediate care and to assess whether a patient needs additional assistance and/or hospital treatment. If necessary the RRV will be backed up by an ambulance - although the equipment carried on both is very similar.



Bicycle

A specially adapted bicycle fitted with blue lights and a siren and equipped with life-saving equipment. It is ridden by an EMT or paramedic enabling them to respond quickly to patients in city centres where vehicle access may be difficult. The quick response may save lives or, if patients can be treated at scene, leave ambulances free to deal with emergencies elsewhere.



Motorcycle

A motorcycle used by a paramedic or EMT to reach patients quickly, particularly in cities. As with RRVs an ambulance is sent as back up if required.



Ambulance

A specialist vehicle staffed by a two-person crew. Crew members will be paramedics, EMTs or assistant practitioners who will be skilled and equipped to assist patients with medical emergencies or traumatic injuries.



Clinical Advisor

A clinical advisor calls the patient to carry out a telephone assessment of their illness or injury. The clinical advisor may be from YAS or NHS 111 and may be a nurse, specially trained paramedic or EMT.

Emergency response no longer required.

Alternative assistance

Clinical advisor recommends alternative to ambulance assistance. This may be for the patient to contact their own GP, arrange a visit from a district nurse, make their own way to a minor injuries unit or emergency department or to visit a pharmacist. Alternatively the clinical advisor may arrange a visit from an ECP.

Ambulance response
After telephone assessment, an ambulance response is deemed necessary, and this is sent to the patient.



Emergency Care Practitioner (ECP)

An ECP visits patients in their own home, preventing an unnecessary visit to hospital.

Usually a paramedic or nurse with extended training, they can carry out minor medical procedures, administer an increased number of medications or refer to other NHS or social care services.



Helicopter

Sometimes the fastest way to reach patients in remote locations or to transfer seriously ill or injured patients to hospital. They are crewed by paramedics who have additional training in dealing with traumatic injuries and can be used to take patients directly to specialist centres.



BASICS Doctor

A senior doctor who has completed specialist training in treating patients with life-threatening conditions before they reach hospital. BASICS doctors are volunteers and their skills are particularly valuable when treating accident victims with traumatic injuries.