

香港消防控制組職員會
Hong Kong Fire Services Control Staff's Union
Kowloon Central Post Office
P. O. Box No. 74552



香港中區
立法會道一號
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保安事務委員會
主席
葉國謙議員, GBS, JP

葉主席：

調派後急救指引

香港消防控制組職員會乃香港消防處調派及通訊組之職系工會，得悉貴委員會將於本年7月8日就「在消防處開發電腦系統以提供調派後指引」進行討論，惟近日本會有見不少傳媒及職工會組織以不同平台作出虛假、具誤導性或不確之陳述，故本會特此致函 貴委員會，藉此澄清，以正視聽。

調派後急救指引自2011年引入後，按當時處方決定，消防處調派及通訊組人員為提供該指引的適想人選，推行至今行之有效，廣獲好評。惟本會得悉有其他職系之工會一直對此崗位虎視眈眈，本會在此再次表示強烈反對及憤慨。

首先，調派後急救指引屬消防通訊中心工作的其中一部分，故因此工作而增聘之人手，理應為調派及通訊組之成員，除了向傷病者提供該指引外，亦需要執行調度(即調派消防及救護資源進行滅火救援及傷者護理)的核心工作，其他職系人員實在是難以取代。

其次，提供調派後急救指引的重點是將醫學權威為系統撰寫的急救指引內容準確無誤地提供給市民，設計原意首重溝通技巧，而非個人的知識；倘引入個人經驗，反為不美，因每個人的經驗深淺都會有所不同。消防處調派及通訊組人員對此項工作絕對勝任，遊刃有餘，擔此重任實屬深慶得人。

有個別職系之工會引用1986-1995年之研究顧問報告書，指出應由具臨床經驗和專業醫療資格的救護職系人員提供急救指引；本會認為引用19-28年前之報告內容，實屬不合時宜、有混淆視聽之舉。況且，香港消防處救護總區於2005年已再委託顧問公司Fitch & Associates進行研究，該報告之1.1.2段及4.1.1.1段已清楚指出通訊組人員受訓後可提供調派後急救指引。

就臨床經驗而言，本會認為並非提供調派後指引的重點，既然系統資料由醫學權威撰寫並需嚴格遵從指引，個人專業資格根本無從發揮，亦無需畫蛇添足。再者，個別職系以其醫療專業資格傲倪自若，要是醫學知識可提供更佳急救指引之謬論成立，何不以註冊護士、資深護師、醫生、甚至急症科專科醫生提供調派後急救指引？

電話溝通亦非如個別職系所指般簡單，多項研究均指出，訊息傳達約 55% 為表情、動作，不能經電話傳達；要靠剩餘之 45% 準確無誤地傳達急救指引予報案人，具多年專業電話溝通經驗之調派及通訊組人員實屬最佳人選。

各安本份，各司其職乃維繫公務員團隊優質服務的基石，倘個別工會不安本位，時刻欲挑戰其他職系之專業地位及覬覦別人的工作發展。本會對此除深感遺憾並予以譴責外，將不再抱一貫「一團和氣、息事寧人」的態度，誓必作出嚴正反擊。祈 葉主席在這議題上，秉持閣下「開明、公正、無私」的形象，竭力保持本職系之尊嚴，免於被屑小之徒無理挑釁。

香港消防控制組職員會
二零一四年七月七日

副本抄送：

保安局局長 黎棟國先生, SBS, IDSM, JP
行政會議成員/立法會議員 葉劉淑儀議員, GBS, JP
保安事務委員會副主席 涂謹申議員
保安事務委員會委員
立法會議員 潘兆平議員
立法會議員 李卓人議員
立法會議員 陳偉業議員
立法會議員 梁家驤議員

1. Executive Summary

1.1. Introduction

Background

- 1.1.1. This report summarizes the findings of a feasibility study regarding the implementation of a Priority Dispatch System (PDS) undertaken by Fitch & Associates between March and July, 2005. It supplements the main report which contains greater detail.
- 1.1.2. Priority Dispatch is a widely used tool that enables communications personnel to categorize and prioritize response to those requesting an ambulance by following established interrogation questions and approved response protocols. It involves training communications personnel, strict adherence to protocols with callers and quality improvement processes.
- 1.1.3. The informational objective was to determine the technical feasibility and implementation issues related to the Third Generation Mobilizing System (TGMS), review the international standards for PDS and determine their suitability for implementation in Hong Kong. The study was to determine the best mode of operation, recommend response targets and percentages, outline deployment strategies and provide high level costs associated with implementation of PDS.
- 1.1.4. A summary of the current situation is given in Section 1.2 outlining current performance and the impact of continued call volume growth. The results of the study including key findings, recommendations and cost implications are outlined in Section 1.3.

Terms of Reference

- 1.1.5. The main requirement was to evaluate the feasibility of implementation of PDS in light of Hong Kong's service dynamics and within current ambulance resources. The primary objective is to make clear, well supported recommendations toward implementation of such a program. Secondary recommendations regarding response time targets and deployment strategies were to be made.

Review Methodology

- 1.1.6. The study involved a combination of data collection, data analysis, modelling and consultation. Data were collected from HKFSD sources including operations, control, medical control physicians and administration. Historical volume,

4. International Acceptance and Standards for Medical Dispatch

4.1. Priority Dispatch Overview

4.1.1.1 Priority Dispatch enables communications personnel to accurately categorize the system response to those requesting assistance by following established interrogation questions and pre-determined response protocols approved by the Physician Medical Director and Department Director. Effective emergency medical dispatching has the goal of sending the right resources to the right person, at the right time, using the right response mode, and providing the right instructions for the care of the patient until help arrives.⁵ This goal can ideally be accomplished through the trained Emergency Medical Dispatcher's (EMD) careful use of a protocol that contains the following elements:

- Systematized caller-interrogation questions that are chief-complaint specific.
- Systematized pre-arrival instructions.
- Protocols that determine vehicle response mode and type of vehicle configuration based on the EMD's evaluation of the injury or illness severity.
- Referenced information for dispatcher use.

4.1.1.2 Supporting background information has been provided at Attachment 1.

4.1.1.3 The five elements central to an effective emergency medical dispatch program are:

- Use of medical dispatch protocols
- Provision of dispatch "first aid" self help support (pre-arrival and post dispatch instructions)
- EMD training
- EMD certification⁶
- Emergency medical dispatch quality control and improvement processes.

⁵ US National Institutes of Health, <http://www.nih.gov>

⁶ This is a non medical certification, and can be interpreted as such under the Government of Hong Kong, SAR. Laws of Hong Kong. Chapter 161, Medical Registration Ordinance section 28:3(g) [version 01.03/2002] website http://www.legislation.gov.hk/blis_export.nsf/findEngLawb?OpenAgent Accessed 20/05/2005.