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**Panel on Security**

**Background brief prepared by the Legislative Council Secretariat  
for the meeting on 8 July 2014**

**Development of a computer system for provision of  
post-dispatch advice in the Fire Services Department**

**Purpose**

This paper provides background information and summarises discussions of the Panel on Security ("the Panel") relating to the Administration's proposal for provision of advice after the dispatch of an ambulance.

**Provision of post-dispatch advice**

2. In the context of the Panel's discussions on the Administration's proposed Medical Priority Dispatch System at the meetings on 6 July 2009 and 13 April 2010, members were briefed on the Administration's plan to provide assistance and comfort especially to critical patients at the earliest opportunity immediately following the urgent dispatch of the nearest ambulance. Members were informed that after initiating the dispatch of an ambulance, the Fire Services Communication Centre ("FSCC") operators would stay on the line with the callers where necessary to provide simple but essential advice (i.e. post-dispatch advice) for the patients before the arrival of the ambulance crew. Such advice was entirely voluntary, and callers had complete discretion whether to take or follow such advice.

**Deliberations of the Panel**

3. Members noted the short-term plan of the Fire Services Department ("FSD") to improve emergency ambulance services ("EAS") from 1 May 2011 by providing

simple first aid advice to some of the callers after the dispatch of ambulances. With this initiative, patients could receive simple and effective immediate treatment while waiting for the ambulances. According to the Administration, the first aid advice covered only three types of common injuries, namely bleeding, dislocation or fracture in limbs and burns. The instructions did not involve any complicated treatment, but were simple and easy to follow (such as avoiding moving patients with dislocated or fractured limbs, and did not attempt to stop bleeding with any foreign objects, etc) and fairly useful in stabilising the conditions of patients. Moreover, FSD would remind patients to bring along their medication and open the door to wait for the ambulance crew so that the crew could convey them to the Accident and Emergency Ward as soon as possible.

4. On the question of whether the provision of first aid advice might delay the dispatch of ambulances, members were advised that the operators of FSCC would only provide first aid advice to callers after the dispatch of ambulances. It would not cause any delay in dispatch of ambulance or to the 12-minute target response time. Equipped with knowledge and training in first aid, the operators giving post-dispatch advice were well qualified for providing post-dispatch advice. It was totally voluntary for the patients or callers to accept and follow the advice. FSCC operators would not provide the simple first aid advice if they had doubt on the ability of a caller to understand or follow the instructions.

5. Members were subsequently advised that between May 2011 and February 2013, FSD had successfully provided post-dispatch advice to 7 591 EAS callers. In a subsequent telephone survey conducted by FSD on about 3 800 of these callers, about 99% of them were satisfied with the post-dispatch advice service.

6. Regarding the Administration's plan in the medium term, members noted that FSD would strive to provide callers with more sophisticated and elaborate first-aid advice to patients in more complex but critical conditions (i.e. not limited to easily identified injuries). To this end, the operators would need to obtain more specific information about the patients' conditions so as to provide the appropriate advice to all callers systematically. FSD planned to procure a computer system to provide more comprehensive and appropriate post-dispatch advice to EAS callers. Structured training would be provided to the operators of FSCC, who would be required to pass an internationally accredited certification course and be re-certified at regular intervals.

7. Members were informed that with the proposed use of the questioning protocol, not only would specific and useful first-aid advice be given to patients of diverse conditions, more detailed and well-structured information on the patients' conditions could also be provided to the ambulance crew en-route to the incident scene. This would allow ambulance crew to better prepare for the urgent and proper care of patients.

8. Regarding publicity and education, members noted that FSD would embark on an extensive public education programme to prepare the public for the introduction of the questioning protocol. FSD planned to organise extensive briefings for key stakeholders, including the elderly groups and patient organisations. It would also organise publicity activities to demonstrate the straight forward but structured questions that would be asked under the questioning protocol and the simple and direct responses expected from the callers.

### **Latest developments**

9. The Administration will brief the Panel on its proposal to develop a computer system for provision of post-dispatch advice in FSD at the Panel meeting on 8 July 2014.

### **Relevant papers**

10. A list of the relevant papers available on the Legislative Council website is in the **Appendix**.

Council Business Division 2  
Legislative Council Secretariat  
2 July 2014

**Relevant papers on  
Development of a computer system for provision of  
post-dispatch advice in the Fire Services Department**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Security	6.7.2009 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	13.4.2010 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>

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