

/// Help us help you.



Ambulance care in the Netherlands.



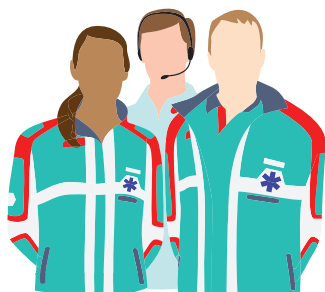
When you call 112



In traffic



When providing care



/// A DUTCH AMBULANCE CREW

/// A Dutch ambulance crew

In an emergency, everyone wants to get help as quickly as possible. That is why the ambulance crew is always prepared. They are highly trained and armed with advanced equipment. The members of the ambulance crew are: the ambulance dispatch centre operator, the ambulance nurse, and the ambulance driver. They work together closely as a team. This brochure explains the kind of help they provide. The crew also explains how you can help them.

All about ambulance care

What happens when you call 112 in the Netherlands? Is an ambulance always dispatched? How should you respond in traffic when an ambulance approaches with flashing lights and sirens on? And if an ambulance nurse and ambulance driver are providing care – and you are close by – what is advisable for you to do (or not to do)? This brochure answers these questions.



/// When you call 112



What is the purpose of the 112 emergency call number? You call this number when you believe that the police, fire brigade, or ambulance care is urgently needed. An ambulance may be needed because you believe someone's life is in danger. This may be due to a serious accident or other life-threatening situation. You can also call 112 if you are not certain but feel that immediate care may be needed.

Not an emergency? Call your general practitioner

Are you experiencing health problems that do not require immediate attention? In this case, your general practitioner is your first point of contact. Your GP determines, often in consultation with you, whether or not ambulance care is needed. If emergency care is necessary, your GP will call an ambulance for you. General practitioners can usually be contacted weekdays from 8:00 am to 5:00 pm. Are you experiencing medical problems outside these hours that cannot wait until the next workday? Call the general practice service ('huisartsenpost'). You can also always call the general practice service for advice if you are feeling anxious or are not certain whether it is a good idea to wait.

The first point of contact

If you call 112 from a mobile phone in the Netherlands, you will be forwarded directly to the national common dispatch centre. If you call from a landline, you will be forwarded directly to the regional common dispatch centre. In both cases, the operator will ask you where help is needed and what kind of help: police, fire brigade or ambulance.

Where are you? What precisely is happening?

You explain that you are calling about a medical emergency or say, for example: “I think an ambulance is needed.” You will then be put through immediately to the nurse dispatch centre operator in your region. The dispatch operator has a nursing background. Emergency medical care will then be initiated right away.

/// *“I always start by asking again ‘where are you calling from? And what is the exact address?’ So that I know for certain where you are. My second question is: ‘What precisely is happening?’”*

“I may ask: Is the patient breathing? Can he or she talk to you? Can the patient speak on the phone? Does the patient have any injuries?”

“Try to explain what is happening in as much detail as possible. This will let me help you faster.”

“It may sound crazy, but I do get callers who dial 112 and cannot tell me where they are exactly. Make sure you can provide an address or clearly describe where you are.”



Is an ambulance needed?

If medical care is urgently needed, the ambulance that is available will come directly and quickly to you. This decision is made by the ambulance dispatch centre operator, who has the necessary expertise to immediately determine whether an ambulance is needed – and how quickly.

Ambulances spread across the region

There are 900 ambulances spread across around 200 ambulance posts across the country. Those who urgently need an ambulance should be able to expect that there is one available nearby. The ambulance dispatch centre operator keeps a close eye on whether the ambulances are well spread across the region.

For true emergencies only

The ambulance dispatch centre operator may also decide that ambulance care is not required. This decision is not made without careful consideration. If an ambulance is not dispatched, the caller will receive advice on who to contact, such as the general practitioner, or, in some cases, the hospital directly (the emergency department). This way, the ambulance is still available for true emergencies.

Advice and care instructions

The ambulance dispatch centre operator will provide the ambulance nurse and ambulance driver with all available information about the patient they have been dispatched to. As the person calling 112, you will receive the first care instructions and advice over the phone from the ambulance dispatch centre operator.



/// *“The types of instructions I give depend on the situation. I sometimes have to explain how to start CPR.”*

“Don’t move the patient because this might worsen the injury.”

“Listen carefully to my instructions and make sure to follow them. This could very well be a matter of life and death.”

The solo ambulance

The ambulance nurse sometimes arrives alone by means of a solo ambulance (also called a rapid responder). He or she may come by car, motorcycle or bicycle. The solo ambulance is fully equipped (but does not have a stretcher) and can sometimes arrive on the scene more quickly.

There are various types of ambulances, such as an ambulance bicycle, ambulance boat and ambulance snow scooter.

Trauma helicopters

There are four trauma helicopters in the Netherlands. They are not part of ambulance care, but are available at some hospitals: the ‘trauma centres’. They offer medical care during a major accident or to the seriously injured (together with a Mobile Medical Team).

More tips and advice from ambulance dispatch centre operators can be found at

/// WWW.DE MENSEN VAN DE AMBULANCE.NL

/// In traffic



The ambulance is dispatched

- A1 dispatch: matter of life and death – maximum speed – sirens and lights switched on
- A2 dispatch: not a matter of life and death – urgent – sirens and lights usually switched off
- B dispatch: scheduled ambulance care

Sirens and flashing lights

All traffic participants in the Netherlands are required by law to give priority to ambulances with sirens and flashing lights switched on. The ambulance is an emergency vehicle in this situation. The driver makes every effort to get to the patient quickly and safely. He has undergone special driver's training focusing on emergency transport. If it is a matter of life and death, the flashing lights and sirens are switched on. This is called an A1 dispatch. The ambulance almost always arrives within 15 minutes. This may take slightly longer, however, due to congestion on the roads, speed bumps or slippery conditions. If an ambulance is dispatched but it is not a matter of life and death, it almost always arrives within a half hour. This is called an A2 dispatch.



/// “Lots of people want to pull over to the side when they see us coming with flashing lights and sirens on, but are not sure what to do. This depends on the situation. Pull over as so as the opportunity arises, but do not make any dangerous manoeuvres.”

“Do not drive through a red light and obey the traffic rules. I understand that people cannot just drive up onto the pavement.”

“If you are driving in a roundabout, simply drive an extra round until the ambulance has passed.”

“At any rate, do not slam on the brakes. Maintain your speed. If you are pulling over or making room, use your blinker. This lets me know what you are going to do.”

**What should you do when in traffic in the Netherlands and you see an ambulance approaching with siren and flashing lights on? For tips and advice from ambulance drivers, visit
/// WWW.DE MENSEN VAN DE AMBULANCE.NL**

Scheduled ambulance care

Ambulances in the Netherlands are not only dispatched for emergencies. Ambulances also often transport patients who require care en route to the hospital. This might be very ill patients being transported to the hospital for radiation treatment or an examination. Ambulances also transport people who have been discharged from the hospital following an operation, but still need care en route to their home. Transport to a rehabilitation centre or care institution are other possibilities. All of these types of trips are planned in advance. Emergency dispatches, however, always take precedence over scheduled dispatches.

/// *“Sometimes a patient has to wait for planned ambulance transport due to a sudden emergency. If the patient arrives at the hospital late for his appointment, he will still receive the necessary care.”*

“Don’t take more than one bag with you during scheduled ambulance transport. We can secure the bag properly. There should not be any loose objects in the ambulance because they can fly around if we have to brake suddenly.”

Of every ten dispatches, five take place during the daytime, three in the evening and two at night.

Number of Dutch ambulance dispatches

900	ambulances
1.299.620	dispatches
598.127	urgent, life and death situation (A1)
385.393	urgent, no life and death situation (A2)
316.100	planned ambulance care (B)

(Source: Sectorkompas 2020)

/// When providing care



Basic, medium and high-complexity ambulance care

Regional Ambulance Services can provide basic, medium and high-complexity ambulance care. A patient is provided with basic or medium-complexity ambulance care in predictable, non-life-threatening situations. Examples include transport of patients with stable vital functions from one hospital to another. Medium-complexity ambulance care may involve a more complex demand for care, which is appropriate to the level that the nurse can provide. Basic and medium-complexity care is provided by an ambulance team consisting of a driver and a carer or nurse. Basic or medium-complexity care is never emergency ambulance care. Emergency ambulance care is highly complex care and is used when a patient is in immediate danger of death or needs care very quickly because there may be serious damage to their health. Emergency ambulance care is provided by an ambulance nurse or ambulance care medical officer in close cooperation with the ambulance driver.

/// *“Have someone wait for the ambulance outside or open the front door. Some people switch on the hazard warning lights on their car. These kinds of things make it easier for us to see where we need to be.”*

/// *“Sometimes the hallway is full of clutter or a bicycle is parked there. This makes it more difficult for us if we need to use a stretcher. Make sure we can get through the hallway.”*

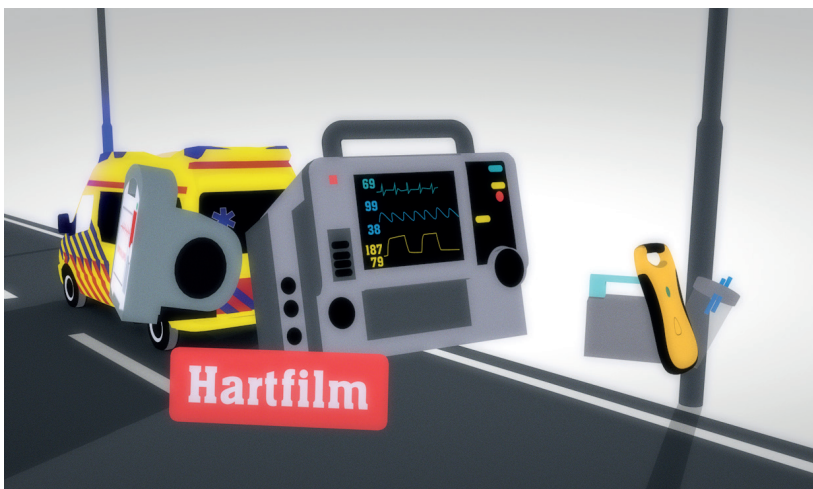
“When people know that we’re on our way, they often put the patient upstairs in bed. It’s easier for us if someone is lying on the sofa downstairs because we can get to them more quickly.”

The ambulance arrives

When waiting for an ambulance, time seems to stand still. Once the ambulance nurse and ambulance driver arrive, they will try to find out as much as possible about the situation. They will observe what has happened. This takes time.

A mobile hospital

Ambulances in the Netherlands are equipped with lots of sophisticated equipment – for maintaining an open airway, giving oxygen, measuring blood pressure, taking an ECG reading and a defibrillator for giving CPR. The ambulance also has medicine, IV administration setup, bandages and splints. In addition to the mobile stretcher, there is also a scoop stretcher for carefully lifting someone from the ground.



/// “People sometimes start panicking and talk to us all at once. It is better if one bystander or family member does the talking. It’s even better if this is done by the patient herself.”

“Have a current list of medication used by the patient.”

“Dogs can act odd or even get in the way of care provision. It is better to keep the dog away from the ambulance personnel.”

“People often ask why we don’t drive the patient to the hospital immediately. But we actually do a lot on the spot: we provide the care the patient needs right away.”

“We have all necessary equipment with us. An ambulance is actually a mobile hospital.”

“The first few minutes are extremely important. We make sure the patient can be transported to the hospital in a stable condition.”



Safety for the patient

A Dutch ambulance nurse and ambulance driver work according to established methods. The ultimate goal is achieve the best care for the patient and his or her safety. If a patient has a neck, back or brain injury, it is important that he or she be transported in a stable condition. The ambulance nurse and ambulance driver make sure of this as a team.

/// *“If something happens on the street, people are often curious. Which is understandable. But curiosity should not get in the way of patient care. So keep a good distance.”*

“It is a tremendous help to us if you give us the space to do our work, namely provide emergency care on the spot.”

“Thank you for your understanding. Anyone who has ever been in an ambulance knows why we do what we do.”

“An ambulance sometimes blocks the road when we’re working. Obviously, we know it is frustrating to have to wait. But there is a very good reason for that wait.”

Care in transit

Treatment sometimes continues in the back of the ambulance en route to the hospital. The ambulance nurse sits next to the patient and provides the necessary care.

/// *“If we have a patient with a brain injury in the back, it can be fatal for him if we slam on the brakes. In that case, we also have to avoid speed bumps. We then drive with flashing lights and siren on, but more slowly and as carefully as possible.”*

“We sometimes drive slowly on the left side of the motorway if the right side if the road is bumpy. We then try to transport a patient in considerable pain as comfortably as possible.”

Where does the ambulance take the patient?

The ambulance takes the patient to the hospital that is best suited to offer care for his or her disease or injury. This is not always the closest hospital.

/// “When we transfer a patient to the hospital, we provide all information on what has happened and the care we have provided.”

“As a patient, try to pay close attention to what is going on – if possible at all. Don’t hesitate to ask questions if something is unclear.”

More advice and tips based on the real-life experiences of ambulance nurses can be found at

/// WWW.DE MENSEN VAN DE AMBULANCE.NL

Collaboration

In Dutch health care, the ambulance crew works together closely with midwives, general practitioners, hospitals and other care professionals. We also work together with mental health care professionals, such as when transporting a psychiatric patient for a compulsory admission.

The ambulance crew also works together with emergency responders like the police and fire brigade.

At home in the region

A Dutch ambulance organisation is independent and not affiliated with a hospital or other care organisation.

See www.demensenvandeambulance.nl for information on the ambulance organisation in your region.

About this publication

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