National Ambulance Service (NAS)

Policy

Fire Services First Responder Schemes

Document reference number	*NASCG008*	Document developed by	Gearóid Oman Paramedic Supervisor
Revision number	3	Document approved by	NAS Leadership Team
Approval date	27th March 2012	Responsibility for implementation	Operations Performance Manager
Revision date	31st December 2020	Responsibility for review and audit	NAS Leadership Team

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1.0 POLICY STATEMENT

1.1 First Responder schemes comprise members of the public who volunteer to assist their local community by attending emergency calls within an agreed radius of where they live or work and providing basic emergency care whilst an emergency response vehicle is en route to the patient.

1.2 Primarily, there are four types of First Responder schemes:

   A. <u>Establishment based Scheme</u>: Workplaces or sports club, where volunteers operate at or near their normal place of work. Examples include shopping centres, leisure centres, prisons, etc.

   B. <u>Community based Scheme</u>: where volunteers operate within the community they live or work and respond to incidents within a pre-defined geographical area such as a village or small town

   C. <u>Fire Service Scheme</u>: this scheme provides the National Ambulance Service (NAS) with First Responders who are mobile in an emergency vehicle and able to respond to an area of the NAS's operational area.

   D. <u>Off Duty NAS Staff Responder Scheme (NAS SRS)</u>: NAS staff members volunteer to act in a First Responder role in their local community. This policy will also apply to those staff whilst acting as a First Responder.

1.3 No First Responder Scheme is intended to replace emergency medical services provision, but rather to supplement and enhance same.

1.4 The Fire Service First Responder Scheme is an extension of current partnerships between the Fire Services and the National Ambulance Service (NAS).

2.0 PURPOSE

2.1 To ensure that a robust governance framework is in place to facilitate integration of First Responder (FR) Schemes into the NAS response to appropriate Clinical Status 1 999 Emergency Calls

2.2 To set out the operating procedures relating to such schemes, developed by the National Ambulance Service in collaboration with the Fire Services

3.0 SCOPE

3.1 This Policy applies to all Control Supervisors and Staff and to those Fire Service resources as advised to the NAS by various Local Authorities

3.2 This Policy also applies to Control Supervisors and Staff and Officers involved in the integration of such Schemes

3.3 Fire Service First Responders should not be dispatched to the following:

A. Patients known to be dead. (cold and stiff in a warm environment)
B. Medical facilities – Nursing Homes, GP Surgery's (should have a defibrillator on the premises)

4.0 LEGISLATION/OTHER RELATED POLICIES

A. PHECC Training and Education Standards
B. PHECC Patient Care Report Guidelines
C. PHECC EMS Dispatch Standard
D. HIQA Pre Hospital Response Time KPI

5.0 GLOSSARY OF TERMS AND DEFINITIONS

A. NAS   National Ambulance Service
B. EMS   Emergency Medical Services
C. IHF   Irish Heart Foundation
D. AHA   American Heart Association
E. PHECC   Pre Hospital Emergency Care Council
F. CFR   Cardiac First Responder
G. EFR   Emergency First Responder
H. PCR   Patient Care Report
I. CPG   Clinical Practice Guidelines
J. ORM   Operations Resource Manager
K. AMPDS   Advanced Medical Priority Dispatch System
L. CS1   Clinical Status 1 (AS1 Call)

6.0   ROLES AND RESPONSIBILITIES

6.1   NATIONAL AMBULANCE SERVICE

6.1.1 Scheme Co-ordinator will be the local Operations Resource Manager or nominated person. (contact details should be inserted the sample at in Appendix II)

6.1.2 The Scheme Co-ordinator will be responsible for communication with both various Fire Services and Fire Service Control.

6.1.3 Where any Fire Service agrees to respond to ECHO or DELTA calls (or both), then NAS will provide free training, provided by NAS Instructors, which will consist of the PHECC recognised CFR or EFR courses (as appropriate).

6.2   FIRE AND RESCUE SERVICES

6.2.1 Scheme Co-ordinator will be named (contact details should be inserted the sample at in Appendix II).

6.2.2 The Scheme Co-ordinator will be responsible for communication between the Fire Services and the NAS.

6.3   FIRE SERVICE RESPONDERS

6.3.1 To attend Clinical Status 1 (ECHO) calls where the Fire Service will arrive within 7 minutes and 59 seconds of verification of the Chief Complaint

6.3.2 To attend Clinical Status 1 (DELTA) calls where the Fire Service will arrive within 7 minutes and 59 seconds of verification of the Chief Complaint

6.3.3 To comply with their own Health and Safety Statements

6.3.4 To provide emergency care for these patients until an EMS response vehicle/Ambulance arrives

6.3.5 On arrival of a more qualified responder e.g. EMS responders or General Practitioner (GP) a handover should be given. When required, First Responders should provide continuing care under the direction of the higher qualified responder

6.3.6 To use an Automated External Defibrillator (AED), when indicated, on patients in cardiac arrest and provide effective CPR until help arrives

6.3.7 To provide a concise verbal hand-over to the higher qualified responder on their arrival

6.3.8 To complete CFR Report (Appendix III)

7.0   PROCEDURE/GUIDELINE

7.1   OPERATIONS SYSTEM

7.1.1 A minimum 8km radius around a Fire Station will be entered onto the Ambulance Control CAD System.

7.1.2 When a call for potential Cardiac/Respiratory Arrest or Choking (ECHO) or appropriate Clinical Status 1 (DELTA) call is received by the NAS, and AMPDS provides a "First Responder" prompt, a the Dispatcher in Ambulance Control will:

A. Confirm that an SMS Text Alert for CFR or EFR response has been sent automatically
B. Identify if the local Fire Station is part of the Responder Scheme and then
C. Alert the relevant Fire Service Control Centre

7.1.3 Activation procedures between NAS Ambulance Control and Fire Service Control, see Appendix IV.

7.1.4 Pre arranged Fire Service resources will respond to appropriate Clinical Status 1 calls when dispatched by the National Ambulance Service through their respective Control Centres.

7.1.5 Co-ordinators may also be alerted by text message to keep a log of calls.

7.1.6 Test 'Cardiac Arrest' calls to Fire Stations should be arranged on at least a 6 monthly basis.

7.1.7 Vehicle use:

A. Where there is a 4x4 jeep in the Fire Station, the 1st two Fire Fighters will take the AED and go to scene. The rest of the Fire Fighters will attend on a Fire Appliance but will remain available for calls while at scene
B. Where there is no jeep in the Fire Station, Fire Fighters will attend on the Fire Appliance and bring along an AED. Fire fighters remain available for calls while at scene

7.1.8 On scene:

Confined area (House, Business, etc.)

    A. Two Fire Fighters enter and follow training protocols
    B. On arrival the Station Officer (Incident Commander), will assess the scene and provide care as appropriate

Open area

    C. Two Fire Fighters attend the scene and follow training protocols
    D. On arrival, the Station Officer (Incident Commander) will assess the scene. Where there are more than two Fire Fighters available and CPR is indicated, two should alternate CPR every 5 cycles of 30 compressions while two Fire Fighters operate the BVM and AED

7.1.9 The crew will complete the PHECC 'First Responder Report' (see Appendix III) and handover top copy to EMS Crew and forward bottom copy to Fire Service Coordinator who will in turn forward it to NAS Coordinator for clinical audit.

7.1.10 After each call out the Station Officer will make contact with their relevant Coordinator who in turn will contact the NAS Coordinator. A Debrief may then be arranged

SERVICES PROVIDED BY NAS

7.2 MEDICAL ADVISOR

7.2.1 The Area Medical Advisor of the NAS will be the Medical Advisor of all Responder Programmes co-ordinated by the NAS in each NAS Area

7.3 DEBRIEF

7.3.1 The NAS will attend debriefing sessions after the call out of the Fire Service to a Cardiac Arrest patient if requested. This will be to ascertain if any further support is needed for Responders and to review procedures and compliance with procedures.

7.4 TRAINING

7.4.1 Training will be provided by NAS Instructors which will consist of the PHECC CFR or EFR course (see Section 6.1.3).

7.5 USE OF AN AED

7.5.1 AED's must be used in accordance with approved training.

7.6 CLINICAL WASTE

7.6.1 There is a legal requirement for the proper handling, segregation and disposal of waste. Pocket masks should be disposed of by giving them to NAS staff to put in clinical waste bags at the first opportunity. DO NOT dispose of in domestic rubbish

7.6.2 Clinical Waste is defined as human / animal tissue, excretions, drugs and medical products, swabs and dressings, instruments or similar substances and material

8.0 IMPLEMENTATION PLAN

8.1 This Policy will be circulated electronically to all Managers, Supervisors and Staff

8.2 This Policy will be available electronically in each location for ease of retrieval and reference

8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

9.1 This policy will be reviewed whenever necessary following changes in procedures and/or a relevant event.

9.2 NAS management will review the clinical and operational effectiveness of each Scheme on a regular basis to ensure that the Scheme is providing maximum benefit to the local community and contributing to service performance.

10.0 REFERENCES

- The Task Force Report on Sudden Cardiac Death

11.0 APPENDICES

Appendix I – Policy Acknowledgement Form
Appendix II - Contact Information
Appendix III - Cardiac First Responder Report
Appendix IV - Activation Procedures
Appendix V – ORM Designated Fire Stations

Contact details

Volunteer Declaration of Confidentiality, Policy and Procedures Agreement

Name	Title	Service	Phone	e-mail	Mobile
	Operations Resource Manager	NAS			
		NAS			
	Senior Assistant Chief Fire Officer	Fire Service			
	Assistant Chief Fire Officer	Fire Service			
	Assistant Chief Fire Officer	Fire Service			
	Assistant Chief Fire Officer	Fire Service			

CARDIAC FIRST RESPONDER REPORT

ACTIVATION PROCEDURES FOR
FIRE SERVICE RESPONDER SCHEME

Clinical Status 1 call within a minimum of 8KM of Fire Station
(Fire Service First Responder resources can be identified on
CAD System)

Procedures Agreed (Sample):

NAS Ambulance Control will contact Fire CC via 999

Dispatcher will state:

- 'Ambulance Control here"

- S/S First Responder Cardiac Arrest

- XX-E-1 Direct Alert

- Location of incident

- The Fire Controller will then confirm that the Station has been *Direct alerted* and confirm NAS alert pagers details received, may ask Dispatcher for the address of the incident and any further details

- Provide the address/location of the call. Give coordinates from CAD System
- Provide the phone number of the original 999 caller
(Mobile Phone Number)

LIST OF FIRE STATIONS PROVIDING FIRE SERVICE FIRST RESPONDERS ASSIGNED TO DESIGNATED OPERATIONS RESOURCE MANAGER

NAS Area	ORM	Fire Service	Station