



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Policy

Community AED Cardiac First Responder Scheme

Document reference number	NASCG007	Document developed by	Community Engagement Officers
Revision number	7	Document approved by	Director of National Ambulance Service
Approval date	27th March 2016	Responsibility for implementation	Community Engagement Officers
Revision date	31st December 2019	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. Establishment based Scheme: Workplaces or sports club, where volunteers operate at or near their normal place of work. Examples include shopping centres, leisure centres, prisons, etc.
 - B. Community based Scheme: 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. Fire Service Scheme: 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. Off Duty NAS Staff Responder Scheme (NAS SRS): 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 complement and enhance same.
- 1.4 First Responder Schemes are a partnership between the local First Responder Groups, local business / commerce and volunteers within the community who are individual members of those Groups. NAS is committed to integration of such groups, established to provide an appropriate response to areas where it is appropriate to integrate those schemes. Integration is subject to certain operational and clinical standards.
- 1.5 Except in specific circumstances, the responsibility for the management, running, constitution and governance arrangements in the operation of each scheme rests with the scheme itself. The specific circumstances are those in which the NAS has extended its employer liability, clinical indemnity and public liability protections to members of first responder schemes who are engaged in authorized activities within their scope of practice.
- 1.6 Before being accepted as a First Responder by the Scheme Committee, volunteers should be required to agree to, and abide by the contents of this policy. The Scheme Committee have the authority to suspend or terminate the services of any volunteer, following any breach of this policy. The NAS can suspend the activation of any scheme on its system following any breach of this policy.

2.0 PURPOSE

- 2.1 To ensure that a robust governance framework is in place to facilitate integration of Cardiac First Responder (CFR) Schemes into the NAS response to appropriate Clinical Status 1 112/999 Emergency Calls.
- 2.2 To set out the operating procedures relating to such schemes, developed by NAS to be adopted by those participating in and coordinating such schemes.

- 2.3 To establish a code of conduct for volunteers who wish to become First Responders and describes the responsibilities of the Scheme and its individual members.

3.0 SCOPE

- 3.1 This Policy applies to all persons participating in any way in Community First Responder Schemes as advised to the NAS.
- 3.2 This Policy also applies to Control Supervisors and Staff and Officers involved in the integration of such Schemes.
- 3.3 This Policy supersedes any local based policies or procedures developed by groups, their affiliates or any organization providing support to CFR groups linked to the National Ambulance Service.

4.1 LEGISLATION/OTHER RELATED POLICIES

- A. HSE Community First Responder Guide
- B. PHECC Training and Education Standards
- C. PHECC Patient Care Report Guidelines
- D. PHECC EMS Dispatch Standard
- E. HIQA Pre Hospital Response Time KPI
- F. Data Protection Act 1988 and 2003
- G. Road Traffic Acts (various)
- H. Rules of the Road
- I. Freedom of Information Act 2014
- J. Patient Confidentiality Policy
- K. National Vetting Bureau (Children and Vulnerable Persons) Act 2016

5.1 GLOSSARY OF TERMS AND DEFINITIONS

- A. NAS National Ambulance Service
- B. NEOC National Emergency Operations Centre
- C. EMS Emergency Medical Services
- D. IH Irish Heart
- E. AHA American Heart Association
- F. PHECC Pre Hospital Emergency Care Council
- G. CFR Cardiac 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. CEO Community Engagement Officer

6.0 ROLES AND RESPONSIBILITIES

6.1 ROLE OF THE CARDIAC FIRST RESPONDER

- 6.1.1 To be trained and certified to the PHECC CFR national standards.
- 6.1.2 After successful completion of initial training First Responders are required to ensure their standard of care is maintained by attendance at regular, ongoing training sessions organized within the scheme.

- 6.1.3 To have competence to practice to PHECC CFR national standards revalidated and recertified every 2 years.
- 6.1.4 To carry a recognized form of identification (ID) whenever attending any calls, e.g. Driver's License etc.
- 6.1.5 To take all reasonable steps to safeguard their own health and safety and that of others who may be affected by their acts or omissions.
- 6.1.6 To attend local emergency Cardiac/Respiratory Arrest and Choking calls if applicable as a member of a CFR-Basic Group.
- 6.1.7 To attend local emergency Cardiac/Respiratory Arrest, Choking, Chest Pain and Stroke/CVA calls if applicable as a member of a CFR-Enhanced Group.
- 6.1.8 To provide emergency care for patients until an emergency response vehicle arrives.
- 6.1.9 First Responders must be prepared to hand over once more highly qualified help arrives, e.g. ambulance crew or General Practitioner (GP). When required, First Responders should provide continuing care under the direction of the higher clinical level in attendance.
- 6.1.10 To have a calm and confident approach. This will provide reassurance both to the patient and their relatives.
- 6.1.11 To use an Automated External Defibrillator (AED), when indicated, on patients in cardiac arrest and provide effective CPR until help arrives.
- 6.1.12 To provide a concise verbal hand-over to the higher clinical level on their arrival.
- 6.1.13 To complete a Cardiac First Responder Report in line with NAS Policy on Management of CFR PCR Forms (See Appendices III and IV)

6.2 ROLE OF CFR TEAM LEADER

It is envisaged by the NAS that each scheme would have a number of CFR Team Leaders sharing roles and responsibilities as follows:

- 6.2.1 Organize and manage the CFR volunteer Rota ensuring the planned level of cover, including holidays and sickness periods
At least one Team Leader should be qualified to the level of PHECC CFR Instructor to provide training for scheme volunteer team members to the PHECC CFR-Community Standard as required and referenced at 6.1.1, 6.1.2, 6.1.3 of this Policy.
- 6.2.2 To represent the Team on the Scheme Committee.

6.3 ROLE OF SCHEME COORDINATOR

- 6.3.1 There should be a Scheme Coordinator in each group, who will liaise with the area Community Engagement Officer (CEO). The CEO will endeavor to keep the relevant Operations Resource Manager (ORM) informed as appropriate.
- 6.3.2 The Scheme Coordinator will be responsible for communication between the Community First Responder Scheme and the NAS.
- 6.3.3 Wherever possible this route should be used for general communication in the first instance.

6.3.4 The role and responsibilities of the Scheme Coordinator includes:

- A. To oversee and assist the provision of training for scheme volunteer team members to the PHECC CFR Standard as required and referenced at 6.1.1, 6.1.2, 6.1.3 of this Policy.
- B. Liaison service between the Scheme and the NAS
- C. To arrange for Garda Vetting of all community volunteers under the auspices of the National Vetting Bureau (Children and Vulnerable Persons) Act 2016 and provide NAS with confirmation of validation for each community volunteer
- D. Co-operate with audit of Community First Responders Schemes
- E. Support and motivate their team of Community First Responders and act as focal point for members
- F. Arrange regular meetings for the Scheme to provide updates, support and feedback of cases, bearing in mind patient confidentiality requirements.

6.4 ROLE OF SCHEME COMMITTEE

6.4.1 There should be a Scheme Committee in each area, consisting of the Scheme Coordinator and CFR Team Leaders.

6.4.2 The Scheme Committee will support the work of the Scheme and the Scheme Coordinator.

6.4.3 The role and responsibilities of the Scheme Committee includes:

- A. Assist in raising the profile of Community First Responders within the community.
- B. Ensure an adequate level of stock for consumables.
- C. Provision of initial training, on-going training to maintain standards and recertification as necessary for all Community First Responders
- D. Maintenance and updating of records for all group members regardless of position within the group.
- E. Support and motivate their team of Community First Responders and act as a focal point for members.
- F. To check on the Volunteers welfare following an activation from NEOC
- G. Ensure that responders are familiar with the Scheme's policies and procedures.
- H. Co-operate with audit of Community First Responders Schemes

6.4.4 The NAS will encourage local NAS staff to become mentors for volunteers and attend regular review meetings with the local Scheme. This will ensure regular contact between the NAS and each Community First Responder Scheme.

6.5 ROLE OF NAS MANAGEMENT

- 6.5.1 NAS Area Operations Managers have overall management responsibility for integration of local Schemes within one of three NAS Areas. This responsibility is delegated on a day to day basis to the area Community Engagement Officer i.e. based on their respective geographical areas of responsibility.
- 6.5.2 CEOs are responsible for the initial validation of any Scheme, recommendation of integration and provision of ongoing local liaison to all First Responder Schemes supported by the NAS (see Appendices V and VI).
- 6.5.3 The Community Engagement Team is responsible for maintaining the national records for all CFR Schemes as advised by the National Leadership Team. The Community Engagement Team is responsible for liaising with Control Managers in arranging the integration and set up of validated Schemes on NAS communication and dispatch systems. The Community Engagement Team has responsibility for the provision of on-going support to NAS Managers and CFR Schemes in the development of CFR Services on a national basis
- 6.5.4 The NAS Informatics and Technical Team are responsible for integration and setup of any Scheme.
- 6.5.5 The NEOC managers are responsible for monitoring the response times benchmarked against national response time standards. They are also responsible for ensuring the NAS complies with all statutory and mandatory regulations regarding the activation of volunteers by the HSE.
- 6.5.6 All managerial communications between the NAS and the various schemes which fall within the remit of this policy should, where possible, be coordinated through the area Community Engagement Officer.
- 6.5.7 Any breach of the contents of this policy by the scheme or individuals will result in termination.
- 6.5.8 NAS will provide the following supports to integrated CFR Schemes:
 - A. Provision of expert advice and support
 - B. Clinical Guidance
 - C. Clinical Indemnity
 - D. Replacement of Consumables
 - E. Access to CISM Support
 - F. Operational procedures

7.0 PROCEDURE/GUIDELINE

7.1 SCHEME CREATION / RECRUITMENT

- 7.1.1 Using the management information available, the NAS may prioritize areas within its operational area which would benefit from the introduction of a First Responder Scheme.
- 7.1.2 Following initial contact from community or voluntary groups, they will be asked to submit an address with an Eircode which will be set as the centre point which the group will be setup from.

- 7.1.3 The Scheme will supply a single mobile phone number to which the text alerts will be sent and status messages (reply texts) will be sent from, to alert the NAS that the group are responding to a call.
- 7.1.4 The proposed area may need to consider the existence or emergence of other schemes to ensure operational effectiveness.
- 7.1.5 Volunteers must be over 18 years of age and be physically fit prior to becoming a First Responder. (Consult your local GP with any problems you think may prevent you from performing the duties of a responder.)
- 7.1.6 All Community volunteers are required to complete and submit the following forms, attached to this policy document as appendices, to the local Scheme Committee:
- A. Volunteer Confidentiality, Policy and Procedure Agreement, see Appendix II.
 - B. Letter for Insurance Company, see Appendix IV.
Volunteers at Establishment Based Schemes (i.e. at their normal place of work), will not be required to complete the above. It will remain the responsibility of their normal employer to satisfy themselves that the individual is suitable to undertake these additional duties at their place of work. Therefore, where Establishment Based Schemes wish to be integrated with NAS, the employer will sign a copy of this policy to confirm that they are aware of their responsibilities under it. The NAS will only recognize an establishment level of responsibility up to Cardiac First Responder standards, though it recognizes that certain establishments may be equipped to exceed this.
- 7.1.7 Once volunteers have been accepted onto the scheme they should attend initial training provided by an accredited training site or agency. The training should consist of the PHECC Cardiac First Responder course in line with national standards.
- 7.1.8 In the best interests of personal health and safety, all CFRs are advised to be inoculated against Hepatitis B. This can be arranged through their own GP.
- 7.1.9 If a Community First Responder wishes to leave the scheme they must inform the Scheme Committee of their intention.

7.2 CODE OF CONDUCT

7.2.1 Purpose of Code

To ensure that all volunteers understand the high standard of conduct that is expected of them whilst they are performing their duties on behalf of the Scheme.

7.2.2 Integrity and Reliability

Must be dependable and can be trusted to work efficiently alone without supervision.

7.2.3 Hygiene and Cleanliness

First Responders must have high levels of personal hygiene and cleanliness as they are in close contact with others, especially patients. Also, it is important to minimize risk of cross infection by always wearing gloves and always using the Pocket Mask when dealing with patients and following universal precautions without exception. If no Pocket Mask is available, perform Compression Only CPR.

7.2.4 Appearance

First Responders are expected to have a clean, smart appearance at all times. Each scheme should have a Hi-Vis Vest which clearly identifies individuals as First Responders and this should be worn at all times when responding to a call.

7.2.5 Effectiveness and Efficiency

First Responders must always adhere to and follow agreed policies and procedures.

7.2.6 Conduct towards Patients

Be tactful, reassuring, understanding and sympathetic. Avoid over familiarity and be respectful of different customs, values and beliefs.

7.2.7 Conduct towards Others

Be aware of the needs of patient's relatives, friends or others. Do not be drawn into arguments or disagreements either with the patient's relatives, friends or others.

7.2.8 Sense of Responsibility

Always respect patient's privacy and dignity. All details regarding patients, including their condition and treatment, are strictly confidential. First Responders are required to sign a Volunteer Confidentiality Form on joining the scheme.

Breaches in confidentiality will result in immediate termination of voluntary work for the Scheme and may result in civil legal action being brought against the individual concerned.

Any enquiries from the press / media regarding incidents attended by First Responders must be directed to the area Community Engagement Officer or designate other. First Responders must not make any comment to the press. Volunteers are expected to provide care up to but not exceeding the level of PHECC CFR-Community

7.2.9 Honesty

First Responders enter private homes alone and are therefore in a position of great trust so honesty is paramount.

7.2.10 Self-Discipline and Loyalty

A high degree of self-discipline and loyalty is required.

7.2.11 Complaints and Commendations

Complaints are always thoroughly and fairly investigated in line with the Complaints Policy and Procedure.

Community First Responders will be required to co-operate with any investigation into a complaint, adverse incident or legal claim.

All commendations are recorded and the individual concerned will receive a personal letter of thanks and congratulations from the Operations Resource Manager.

The Scheme Committee is responsible for ensuring all volunteers adhere to the code of conduct and has the authority to terminate the services of any volunteer who breaches the code.

7.3 TRAINING & ASSESSMENT

7.3.1 Volunteers are expected to provide care up to but not exceed their level of training. PHECC CFR-Community

7.3.2 Training records for Community First Responders should be maintained by the Scheme.

7.3.3 Due to the nature of the calls, First Responders are inevitably exposed to stressful and potentially disturbing situations. Informal debriefing by talking to other First Responders, the Scheme Co-ordinator or NAS peer support staff may be sufficient.

7.4 EQUIPMENT

7.4.1 Community First Responder Schemes should consider some form of official Identity (ID) card, complete with photograph, which should be carried at all times when responding to a call. On leaving the Scheme, Community First Responders should be required to return their ID cards and any other property supplied by the Scheme.

7.4.2 The NAS can advise on approved equipment to be used or purchased by the Scheme. The responder kit should consist of the following:

1. AED with spare defibrillator batteries and spare pads.
2. Disposable pocket face mask
3. Gloves
4. Mobile telephone
5. A First Responder high visibility jacket /vest
6. Wound dressings

7.4.3 Only equipment authorized by the National Ambulance Service may be used when responding to a call.

7.4.4 Each First Responder is responsible for ensuring that the equipment is fit for operation at the beginning of their period of availability, that it is cleaned after use and then stored correctly. This includes the checking of expiry dates on consumable items of equipment.

7.4.5 Any defective or unserviceable equipment must be withdrawn from use and reported as soon as possible, to the Scheme Co-ordinator, who will arrange for collection of the faulty equipment and provision of a replacement.

- 7.4.6 Consumables can be replaced by advising the local Scheme Committee that you have attended a call.
- 7.4.7 Each First Responder Scheme is responsible for ensuring that the AED is maintained as per the manufacturer's instructions. Any AED associated problems should be brought to the attention of the Scheme Coordinator.

ClinicalWaste

- 7.4.8 There is a legal requirement for waste to be properly handled, segregated and disposed of. Pocket masks should be disposed of by giving them to NAS personnel (where possible) to put in clinical waste bags. DO NOT dispose of in domestic rubbish. Where NAS personnel, CFRs may bring clinical waste to the nearest Ambulance Station for appropriatedisposal.
- 7.4.9 Clinical Waste is defined as human / animal tissue, excretions, drugs and medical products, swabs and dressings, instruments or similar substances and materials

7.5 VEHICLES

- 7.5.1 Where First Responders provide their own transport either using private cars, each Responder must ensure that they have adequate insurance for the vehicle being used. Evidence of insurance cover will be required by the NAS. Each First Responder should ensure that they have informed their insurer of their First Responder activity. This information will be held by the SchemeCoordinator/Committee.
- 7.5.2 It is the responsibility of each First Responder to maintain their vehicle in a safe and roadworthy condition. The NAS/Scheme will not be held responsible under any circumstances. Transport of patients in a First Responder vehicle is not recommended.
- 7.5.3 The NAS will not be held responsible under any circumstances for any vehicle excise duty, NCT, insurance premiums or any other sum payable in respect of the vehicle. (Including any hire purchase or loan repayments in respect of the vehicle)
- 7.5.4 The vehicle must not under any circumstances be fitted with any permanent or temporary emergency warning devices including but not limited to blue lights, sirens and headlamp flash units. The vehicle must not be fitted with any reflective / non reflective stripes, badges or other signage.
- 7.5.5 On route to an incident you have no priority over any other motorist. The manual flashing of headlamps is misleading to other motorists and should be performed only in accordance with the Rules of the Road. For your own safety, the equipment must be stored and transported in the boot of the vehicle. Whilst driving to an incident you must concentrate on the standard of your driving.

- 7.5.6** You must stop in a safe location to undertake other activities such as using the mobile phone or to read a map. You must ensure you park safely and in accordance with the Rules of the Road and any applicable local parking bylaws. Should you need to park in a position that may be considered hazardous, you may display the vehicles hazard lights to warn other road users of your presence. This should only be used whilst stationary.
- 7.5.7** Should you be involved in any accident whilst en route to an incident you must stop and provide details in accordance with the Rules of the Road. The accident should be communicated to the NAS/Scheme as soon as possible.
- 7.5.8** Should you have any concerns as to your safety at scene, remain in your car and if safe to do so, drive on. You must advise Ambulance Control as soon as possible.
- 7.5.9** There may be occasions when en route to an incident, traffic congestion and the action of other road users will increase stress and anxiety. You must learn to recognize this natural heightened response of the body and maintain control of your actions.

7.6 RESPONDING TO A CALL

- 7.6.1** All emergency calls will come from the NEOC as a text message via the mobile phone.
- First Responders will be alerted based on the address and AMPDS dispatch code meeting the criteria for a CFR text alert, then:
 - An SMS text alert will be sent automatically to the mobile number supplied.
 - The CFR if responding will reply via text message to the NAS from the mobile phone of number supplied, see Appendix VIII.
 - If not responding, do nothing.
- 7.6.2** Whilst responding to the incident address, drive at normal road speed, obeying all speed limits and in accordance with the current Road Traffic Act and the Rules of the Road.
No exemptions are available for First Responders
- 7.6.3** When the First Responder arrives on scene they should park up safely and sensibly, allowing access for the ambulance when it arrives. It is acceptable for the First Responder to be accompanied in their vehicle by a relative or friend but it must be remembered that only First Responders are authorized to enter the patient's home or the incidentscene.
- 7.6.4** On arrival at the incident, the First Responder should send a text message to NEOC confirming arrival on scene, show some form of ID explaining that the ambulance is en route and that they will provide emergency care until it arrives. The patient's condition is then assessed and appropriate treatment commenced. Update NEOC by telephone (to the NEOC number) or 112/999 on the patient's condition.
- 7.6.5** First Responders are not authorized to stand-down the emergency response vehicle which is automatically dispatched at the time of call. When the emergency response vehicle arrives, the First Responder must give a concise verbal handover and offer assistance if necessary.

- 7.6.6 The First Responder will not travel in the back of the ambulance to hospital except in exceptional circumstances and then only at the request of the ambulance crew.
- 7.6.7 If a First Responder find's themselves in a violent or aggressive situation, leave the incident and inform NEOC via mobile phone to 112/999. Do not return to collect equipment.
- 7.6.8 Once clear at a call the First Responder will reply by text to alert NEOC they are clear on the call. This will be automatically registered on the CAD. There is no need to contact NEOC with a phone call.
- 7.6.9 First Responders must inform their Community Engagement Officer of any untoward incident or driving offence committed whilst responding to a call as soon as is practicable. The Scheme Coordinator and the local NAS ORM should also be informed.

Running call

- 7.6.10 If a First Responder comes across an incident that requires their assistance they should respond appropriately and at the earliest opportunity contact the emergency services by dialling 112/999 requesting the Ambulance Service, giveing the incident address and Eircode if known. Answer any question required by the NAS call taker and render assistance as normal until the arrival of an emergency response vehicle.

7.7 LIABILITY

- 7.7.1 NAS liability cover is provided by the State Claims Agency
- 7.7.2 First Responders, activated by the NAS, are classed as agents of the NAS.
- 7.7.3 The NAS has extended its Employer Liability, Clinical Indemnity Scheme and Public Liability to cover members of First Responder Schemes engaged in **authorized** activities and working within their scope of practice, e.g. Cardiac First Responder.
- 7.7.4 In the case of a clinical/criminal prosecution relating to an authorized call, First Responders will be represented by the Clinical Indemnity Scheme, as are all other members of HSE staff including NAS employees.
- 7.7.5 First Responders must have sufficient car insurance for the purposes of the Scheme and evidence of this will be required by the NAS/Scheme on an annual basis.
- 7.7.6 You are advised to ensure that by operating as a First Responder you do not invalidate any personal insuring arrangements that you may have, include life or critical illness cover.

7.8 MEDIA POLICY AND FUNDRAISING Media

Policy

- 7.8.1 For those individuals or organizations authorized by the Scheme to act on its behalf, such as First Responders, all publicity will be coordinated by the Scheme Committee in consultation with the local NAS Community Engagement Officer following consultation with the HSE Area Communications Office.
- 7.8.2 In particular, the NAS will provide support, advice and final approval for comments addressing all Press enquiries received by those individuals / organizations as mentioned above.
- 7.8.3 With reference to proactively generated news items e.g. informing the media including local radio and print media, about a forthcoming initiative, all information must be approved by the HSE Area Communications Office before contact is made with any media. The HSE Area Communications Office will provide support, advice and guidance should it be required.
- 7.8.4 This policy has been developed to protect patient confidentiality as well as to provide clear guidance on the level of support and involvement in media activity by the NAS/Scheme.

Fundraising

- 7.8.5 Any fundraising activity, which involves the use of the NAS's name or crest, must be approved by the Chief Ambulance Officer/Area Operations Manager and HSE Communications prior to its launch. This is to ensure that funds raised are used in a positive and beneficial way to either promote health awareness or to provide equipment such as AEDs for use in the local community.
- 7.8.6 All funds raised must be accounted for and records must be available for audit. This will be undertaken by the Scheme Committee. The NAS has the option to audit any group linked to its system

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 legislation 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.

Revision History:

(This captures any changes that are made to a SOP when it has been revised. This may be placed at the back or close to the front of the document according to local preference.)

No	Revision No	Date	Section Amended	Approved by
1	7	03/01/2017		Community Engagement Officers


10.0 REFERENCES

- The Task Force Report on Sudden Cardiac Death

11.0 APPENDICES

Appendix I – Policy Acknowledgement Form **Appendix II** - Volunteer Declaration
Appendix III - Cardiac First Responder Report **Appendix IV** – NAS Policy on CFR PCR Forms **Appendix V** - Letter for Insurance Company
Appendix VI – Application NAS First Responder Scheme
Appendix VII – Validation of CFR Schemes
Appendix VIII - Activation Procedures

12.0 Signatures of Approval



National Ambulance Service Director
On Behalf of the National Ambulance Service

Date 3rd January 2017

Acknowledgement form

1.0 **Purpose**

This policy ensures a robust governance framework is in place for every individual/scheme that joins the NAS as a Community First Responder/scheme

2.0 **Policy**

2.1 The Community First Responder Scheme coordinator has the responsibility for ensuring all potential and active CFR volunteers have read and understood the contents of this policy.

2.2 Records of acknowledgement should be maintained by the scheme.

I _____ Scheme coordinator (deputy) of _____

have circulated the Community First Responder policy to all responders within the scheme.

Signed _____ Scheme Coordinator (Deputy). Date _____

**NATIONAL AMBULANCE SERVICE
COMMUNITY RESPONDER SCHEME**

**Volunteer Declaration of Confidentiality, Policy and Procedures
Agreement**

- Your attention is drawn to the confidentiality aspects of helping in the pre-hospital environment.
- In the course of the pre-hospital service, volunteers may see or hear things of a confidential nature, including information referring to the diagnosis and treatment of patients.
- This information must not be divulged to, or discussed with any person other than relevant ambulance staff. Breaches in confidence will result in the termination of your voluntary work with the Scheme.
- The NAS is not able to support any incident or claim, resulting from the use of a motor vehicle and would wholly be the responsibility of the person operating the vehicle and no secondary claim would be accepted by the NAS.
- I confirm that I will send the enclosed documentation concerning the insurance of my vehicle and will not be attending emergencies until the appropriate endorsement has been received in writing and a copy passed to the Scheme Coordinator.
- I also confirm that I will notify my personal insurers of my involvement with the Community First Responder Scheme.

I confirm that I have read and understand the above information and agree to abide by the Scheme's Policies and Procedures.

Name of Volunteer:

Signed:

Date:

Scheme Co-ordinator

Signed:

Date:

APPENDIX III

CARDIAC FIRST RESPONDER REPORT

The image displays three overlapping sample forms for a Cardiac First Responder Report. Each form is filled with placeholder text and includes various checkboxes and dropdown menus. The forms are:

- Form 1 (Top):** Contains 'Incident Information' with fields for Date of Call, Time of Call, and Time at Scene. It also has a 'Patient Information' section with checkboxes for 'Home Residence', 'Industrial Place/Worksite', 'Public Building', 'Educational Institution', and 'Other Place'. Below this is a table for 'Care Management' with columns for 'Medication/Treatment' and 'Vital Signs'.
- Form 2 (Middle):** Features a 'Substance Abuse' section with checkboxes for 'Alcohol', 'Cocaine', 'Heroin', 'MARIJUANA', 'MARIJUANA', 'MARIJUANA', and 'MARIJUANA'. It includes a 'Specify: (if known)' section and a 'Stroke' section with checkboxes for 'Yes' and 'No'.
- Form 3 (Bottom):** Includes a 'Cardiac Arrest' section with checkboxes for 'Yes' and 'No'. It has a 'First Responder' section with checkboxes for 'Yes' and 'No'. It also includes a 'First Responder' section with checkboxes for 'Yes' and 'No'.

National Ambulance Service Policy '**NASCG001 Management of Patient Care Reports (PCRs)**' also applies to Community First Responders operating under the remit of the National Ambulance Service.

2.0 PURPOSE

2.1 To ensure appropriate completion, safe and secure handling, transfer, storage, access and disposal of PCRs

2.2 To enhance care and protect patients, staff, and financial resources.

2.3 To describe a safe and secure system for the management of all PCRs in the NAS within a framework provided by legislation and official guidance.

6.3 ALL STAFF

6.3.1 Every individual is responsible for any records they create and use as defined by law.

6.3.2 Every person (not only registered Practitioners) working for the NAS who records, handles, stores or otherwise comes across PCRs has a duty of confidentiality. In general, this will be a contractual condition of employment.

6.3.3 Those for whom confidentiality is not an inherent part of their role or contract must give a specific undertaking which should be recorded in the form of a confidentiality agreement. These individuals should be specified by the Data Controller (see below for definition of Data Controller).

Further information or a copy of this policy can be acquired either through your relevant Community Engagement Officer or via the website at www.nationalambulance.service.nhs.uk

Dear Sir / Madam

We write to confirm that _____, Policy No _____ has registered an interest in, and has been accepted as a voluntary member of the First Responder scheme.

The Scheme

The First Responder scheme has been developed by the community in consultation with the National Ambulance Service whereby local volunteers are trained to provide emergency care, including defibrillation if necessary to the seriously ill patient whilst an ambulance is en route to the scene. The First Responder scheme is established in a number of areas throughout the State.

All members of the Scheme are volunteers and are not employed by the Scheme and do not receive payment for their services. In return for their assistance, the Scheme provides training in basic life support, the storage and use of medical equipment and instruction on the volunteer's obligation to the public. The volunteers are obliged to submit to regular retraining.

Prior to accepting a volunteer into the Scheme, the Scheme undertakes a number of suitability checks, which **must** include a Garda Clearance check and obtaining references.

Equipment

Each local scheme raises funds to purchase the equipment. The Scheme also provides detailed training on the safe use and storage of this equipment by volunteers.

Volunteer's role

Each volunteer responds as part of an availability Rota within his / her local Scheme. During such periods, the Responder may be alerted by the National Ambulance Service to an emergency in their area.

It may be possible that the Responder may walk to the scene of an emergency but this is not always possible. The scheme's volunteers may decide to attend by vehicle (subject to obtaining suitable endorsements on their vehicles insurance policies).

Insurance Cover

The _____ CFR group would be grateful if you could confirm, in writing to the volunteer that _____ will be covered under the terms of his / her existing policy to use his / her vehicle whilst acting as a volunteer. In this regard, we would draw your attention to the following points:

- The vehicle will not be equipped with any emergency warning devices (including lights and sirens).
- There will be no entitlement for the volunteer to claim any priority over any other motorist.
- The volunteer will at all times be expected to observe all applicable road traffic laws.
- The National Ambulance Service will not be responsible for any vehicle excise duty, NCT or other sum payable in respect of the vehicle.
- The National Ambulance Service will not be responsible for the mechanical condition of the motor vehicle or for any cost of any maintenance or repair.
- The National Ambulance Service cannot provide an estimate of the annual mileage the volunteer will undertake in the performance of his / her duties. However, the scheme is designed to operate within an 8 minute traveling time of the volunteer starting address.
- The volunteers are obliged to attend regular re training.

A copy of the National Ambulance Service's policy and procedures is available on request. Please forward written confirmation of cover to the Insured.

Yours sincerely,

Scheme Co-ordinator.

Application for Integration as a NAS Community First Responder Scheme.

We are applying to the NAS for integration as a NAS First Responder Scheme.

We understand that:

- We must reapply every year. (Dates to be specified by the CEO)
- We must report a change, loss, or stolen phone to the NAS
- NAS is not liable, vicarious, or otherwise for any loss, change, or stolen goods
- CFR scheme members are responsible for their own actions while acting in their capacity as scheme members.

Scheme Name _____

Coordinator Phone _____

Coordinator Email _____

Activation Number _____

Radius Agreed with NAS _____K

Address and Eircode for centre of activation _____

Number of Certified Responders: _____

Please confirm all responders have acquired the following and submit to relevant CEO:

- Appropriate CFR certification
- Garda clearance for CFR activation
- Signed Confidentiality form (Appendix II)
- Letter of Acknowledgement from their Car Insurer if applicable.

Please include:

1. Map of area coverage with Radius

VALIDATION OF CFR SCHEMES

_____ Scheme has been validated and Recommended for integration as an NAS First Responder Scheme

Phone Number _____

Call Types:

- CFR Basic** **Cardiac Arrest 9 Echo, Choking 11 Echo**
- CFR Enhanced** **Cardiac Arrest (9Echo), Choking (11Echo),
Chest Pain 10 Charlie & 10 Delta,
Stroke (28Charlie).**
- Fire Service** **Echo, Delta**

Area Covered: _____

Expiry Date: (max 1-year) _____

Signed: _____ Date: _____
Community Engagement Officer

Set up on NAS CAD System and Geo Fenced to "Area Covered"

Signed: _____ Date: _____
Control Manager

The group will receive an automated text message on identification of the **AMPDS Dispatch Code** and the Correct Address being supplied by the caller to the National Emergency Operations Centre (NEOC).

The following is the sequence CFR's must use on receipt of a text message to activate themselves on calls.

1. Open the text message and reply by entering 01, leave a space and enter the last three (3) digits of the Incident Number (which is at the start of the message) and send - for example if the Incident Number is 1234567, enter **01 567** and send the message, **DO NOT** enter any other number or text. This then automatically populates the Computer Aided Dispatch (CAD) screen with the group name and the activation time. On receipt of this message in the NEOC a second message **may** be sent with the same details again – **DO NOT** reply to this message, this is an acknowledgement that the CFR has been recorded as gone on the call.
 2. On arriving at the scene, open the original message and reply by entering **04** and send. This automatically populates the CAD with the CFR on scene time. **DO NOT** enter any other number or text.
 3. Check on the patient and then contact the NEOC on **021-4640837** giving them an update on the patient's condition.
 4. When clear at scene, open the original message and reply by entering **19** and send. This then populates the CAD with the CFR clear time. **DO NOT** insert any other number or text.
 5. On completion of a call or if not responding **DELETE** the text message after recording the relevant information if required to complete a patient care report.
 6. If a text message is received and the group are not responding **DO NOTHING**
 7. In the event of the call being cancelled or the CFR is stood down, an automated text will be sent to "Stand Down and Contact NEOC". This message will include the contact telephone number for the NEOC.
- **AT ALL TIMES DRIVE TO THE RULES OF THE ROAD.**

The contact number for the National Emergency Operation Centre for CFR Groups is **021-4640837**. This is a dedicated number for CFR Groups and is only to be used in relation to a query for the call being responded to.

Please remember the number that text messages are received from is an automated service and only reply with texts as describe above.

Refer all queries to the relevant Community Engagement Officer.

Document Control No. 1 (to be attached to Master Copy)

NASCG007 NAS Community AED, Cardiac First Responders Scheme

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASCG007 NAS Community AED, Cardiac First Responders Scheme

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 2 (to be attached to Master Copy)

**Key Stakeholders Review of Policy, Procedure, Protocol or
Guidance Reviewer Statement**

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

NASCG007 NAS Community AED, Cardiac First Responders Scheme

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature (Block Capitals)

Date

Please return this completed form to:

Name: Niamh Murphy
Contact Details: Corporate Office
National Ambulance Service
Rivers Building
Tallaght Cross
Dublin 24
email niamhf.murphy1@hse.ie

Document Control No. 3 Signature Sheet:
(to be attached to Master Copy)

Policy, Procedure, Protocol or Guideline:

NASCG007 NAS Community AED, Cardiac First Responders Scheme

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date