



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Policy

Community AED Cardiac First Responder Scheme

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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, 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 authorised 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 DIVERSITY STATEMENT

The National Ambulance Service is committed to creating a positive working environment whereby all employees/volunteers inclusive of race, religion, ethnicity, gender, sexual orientation, responsibilities for dependents, age, physical or mental disability, civil status, membership of the Traveller community, and geographic location are respected, valued and assisted in reaching their full potential.

2.0 PURPOSE

- 2.1 To ensure that a robust governance framework is in place to facilitate integration of Community 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 all NAS staff 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 organisation 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
- L. General Data Protection Regulations 2018 (6 Data Protection Principles)

5.1 GLOSSARY OF TERMS AND DEFINITIONS

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| 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/Community 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 COMMUNITY FIRST RESPONDER

- 6.1.1 To be trained and certified to the PHECC Cardiac First Responder 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, on-going training sessions organized within the scheme.
- 6.1.3 To have competence to practice to PHECC Cardiac First Responder 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 calls if applicable as a member of a Community First Responder Group.
- 6.1.7 To provide emergency care for patients to the level of and not exceeding the level CFR-C regardless of personal qualifications, until an emergency response vehicle arrives.
- 6.1.8 Community 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.
- 6.1.9 To have a calm and confident approach. This will provide reassurance both to the patient and their relatives.
- 6.1.10 To use an Automated External Defibrillator (AED), when indicated, on patients in cardiac arrest and provide effective CPR until help arrives.
- 6.1.11 To provide a concise verbal hand-over to the higher clinical level on their arrival.
- 6.1.12 To complete a Cardiac First Responder Report in line with NAS guidelines on Management of Community First Responder PCR Forms (See Appendices III and IV)
- 6.1.13 To comply with all requirements associated with becoming a CFR IE Garda Vetting, Training, relevant online courses, completion of volunteer declaration and any other requirements requested by the NAS.
- 6.1.14 Community First Responders should be conscious of patient anxiety and therefore group committees should not permit any more than three (3) personnel to attend any 'Non Cardiac Arrest' call, inclusive of student/trainee CFR.
- 6.1.15 To follow the guidelines for text-back to NEOC as per appendix VII.

6.2 ROLE OF SCHEME COORDINATOR

- 6.2.1 There should be a Scheme Coordinator in each group, who will liaise with the NAS area Community Engagement Officer (CEO). The CEO will endeavour to keep the relevant NAS Operations Resource Manager (ORM) informed in the appropriate NAS Area.
- 6.2.2 The Scheme Coordinator will be responsible for communication between the Community First Responder Scheme and the NAS.
- 6.2.3 Wherever possible this route should be used for general communication in the first instance.
- 6.2.4 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 Cardiac First Responder 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 as per CEO Audit Form (Appendix X)
 - 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.
 - G. Ensuring the conduct of all Group members is of high standard when conducting any group activities including but not limited too - operational callouts, group training, community training activities, interaction with National Ambulance Service, other Emergency Services and the general public.

6.3 ROLE OF SCHEME COMMITTEE

- 6.3.1 There should be a Scheme Committee in each area, consisting of the Scheme Coordinator, Secretary and Treasurer at a minimum.
- 6.3.2 The Scheme Committee will support the work of the Scheme and the Scheme Coordinator.
- 6.3.3 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
- I. Ensure all appropriate measures and policies are in place to allow the removal of any volunteer who does not adhere to the code of conduct, with or without instruction from the Community Engagement Officer, or designate other
- J. Appoint, if appropriate, a Garda Vetting Officer to ensure Garda Vetting is completed and any issues raised are dealt with in a timely manner.

6.3.4 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.

6.4 ROLE OF NAS MANAGEMENT

- 6.4.1 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.
- 6.4.2 CEOs are responsible for the initial validation of any Scheme, recommendation of integration and provision of on-going local liaison to all First Responder Schemes supported by the NAS (see Appendices V and VI).
- 6.4.3 The NAS Community Engagement Team is responsible for maintaining the national records for all Community First Responder Schemes as advised by the National Leadership Team. The Community Engagement Team is responsible for liaising with NAS Informatics and Technical team 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 Community First responder Schemes in the development of Community First Responder Services on a national basis
- 6.4.4 The NEOC managers are responsible for monitoring the response times benchmarked against national response time standard.
- 6.4.5 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.
- 6.4.6 Any breach of the contents of this policy by the scheme or individuals may result in suspension and / or termination.
- 6.4.7 NAS will provide the following supports to integrated Community First Responder Schemes:
 - A. Provision of expert advice and support
 - B. Clinical Guidance
 - C. Clinical Indemnity
 - D. Public liability
 - E. Employer Liability
 - F. Replacement of Consumables

- G. Access to CISM Support
- H. 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 Areas are subject to change based on the emergence of new schemes and/or re-emergence of older schemes.
- 7.1.6 Volunteers must be over 18 years of age and be physically fit prior to, and during their time as a First Responder. Volunteers should consult with their GP regarding any existing medical conditions you think may prevent you from performing the duties of a responder.)
- 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 Community First Responders are advised to be inoculated against Hepatitis B. This can be arranged through their own GP, at their own expense.
- 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 of Conduct

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 member must have a Hi-Vis Vest which clearly identifies them as First Responders and this should be worn at all times while at an incident.

7.2.5 Effectiveness and Efficiency

First Responders must always adhere to and follow agreed policies and procedures, as per Section 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.

7.2.6 Conduct towards Patients

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

7.2.7 Conduct towards Emergency Services personnel (CFR/AGS/Fire/NAS/GP)

Community First Responders operate as agents of the National Ambulance Service and as such their actions reflect on the service. Responders are required to, at all times be tactful, reassuring and understanding of all personnel at the scene.

- a. Be respectful to all personnel within these areas. Follow Direction of the Emergency Services Personnel. A clinical lead will be assigned and make themselves known on each call.
- b. Communication between CFR groups is encouraged to ensure the appropriate number of resources are used which will avoid excessive numbers of responders attending at any one scene.
- c. Handover to arriving crews should be kept clear and concise and only discussed with the appropriate medical personnel at scene.

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 and upon scheme renewal.

7.2.9 Confidentiality

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

Media 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.

7.2.10 Honesty

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

7.2.11 Self-Discipline and Loyalty

A high degree of self-discipline and loyalty is required. All members with qualifications above the CFR-Community level must agree to comply with the NAS protocols within this policy.

7.2.12 Compliments and Complaints

All commendations are recorded and the individual concerned will receive a personal letter of thanks and congratulations from the Community Engagement Officer.

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.

The Scheme Co-ordinator 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 Cardiac First Responder National Standards

7.3.2 Training records for Community First Responders should be maintained by the Scheme. On-going training is essential. The following are required:

- A. Sign in Sheets for all training sessions (Appendix IX)
- B. Skill sheets as provided by any registered training site or Recognised Institution
- C. Pre-determined scenarios set out by the committee following PHECC CFR-Community Standard.
<http://www.phecit.ie/Images/PHECC/Career%20and%20Education/Education%20Standards/STN009%20Cardiac%20First%20Response%20Community%20Education%20and%20Training%20Standard-V3.pdf>
Guidance can be received from CEO

- D. A brief description of the training completed
- E. A current listing of all persons not attending regular training
- F. A yearly training plan
- G. A list of available Instructors or Guest Speakers, if applicable.

7.3.3 Refresher training is recommended at a minimum of one session per month to maintain a high quality of skills

7.3.4 Online eLearning courses in relation to Critical Incident Stress Management and Child Protection must be completed by all Community First Responders prior to authorisation by the NAS and refreshed at maximum, every 3 years.

7.3.5 NAS maintains no responsibility in providing CFR Instructor Grade training to groups or individual members.

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:

- A. AED with spare defibrillator batteries and spare pads.
- B. Disposable pocket face mask
- C. Gloves
- D. Mobile telephone
- E. A First Responder high visibility jacket /vest
- F. Wound dressings
- G. Community first responder report form
- H. Flash lamp/map of area
- I. Clinical Waste Bag
- J. Cutting Shears
- K. Hand Sanitising Gel

7.4.3 Only equipment authorised 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 Clinical Waste is defined as human / animal tissue, excretions, drugs and medical products, swabs and dressings, instruments or similar substances and materials

7.4.9 There is a legal requirement for waste to be properly handled, segregated and disposed of. Clinical waste/equipment 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. CFRs may bring clinical waste to the nearest Ambulance Station for appropriatedisposal.

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. Each First Responder must ensure that they have informed their insurer of their First Responder activity.

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 permitted.

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 the Community First Responder has 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 must reply via text message to the NAS from the mobile phone of number supplied, see Appendix VIII.
 - If not responding, do nothing and delete the message.
- 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 must 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 incident scene.
- 7.6.4 On arrival at the incident, the First Responder must send a text message to NEOC confirming arrival on scene, show some form of ID explaining that the ambulance is on route and that they will provide emergency care until it arrives. The patient's condition is then assessed and appropriate treatment commenced. If necessary and/or appropriate, update NEOC by telephone (to the NEOC number) or 112/999 on the patient's condition.
- 7.6.5 If CFR's find appropriate help is already at the scene upon arrival, they should make themselves known and if no further assistance is required they should leave the scene entirely.
- Under no circumstances, should Community First Responders congregate outside of a scene.
- 7.6.6 First Responders are not authorised 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.
- 7.6.7 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.
- 7.6.8 If a First Responder find's they have entered a violent or aggressive situation, leave the incident and inform NEOC via mobile phone to 112/999. Do not return to collect equipment until it is safe to do so.
- 7.6.9 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.
- 7.6.10 First Responders must delete all messages from mobile phone and other devices at the earliest opportunity.
- 7.6.11 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.
- 7.6.12 CFRs dispatched to a scene may be stood down at any point. If Instructions are received either via message, or phone call from NEOC, or from NAS Practitioners at a scene, then the CFR must stand down and move away from the scene. Under no circumstances, should Community First Responders congregate outside of a scene

7.7 Documentation & GDPR

A) Text Messages

- As outlined in the process and in line with GDPR, once documentation on the CFR report is complete, delete messages on mobile phones and other devices.

B) Community First Responder Report Forms

- Complete CFR report at the scene of call if appropriate
- Hand over the completed CFR report to the ambulance crew.
- If not completed or handed over prior to the crew leaving the scene, place CFR Report in the designated envelope, complete requested information and seal the envelope.
- Keep the envelope in a secure location.
- Arrangements for collection as per Community Engagement Officer

7.8 Running call

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, giving 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.

7.9 Child Protection

- 7.9.1 It is HSE policy that all staff irrespective of role, grade or position must promote the welfare of children and protect them from harm. It is not okay to do nothing if you have any information that a child has been, is being or is at risk of being abused or neglected.

- 7.9.2 'Children First' applies to everyone. The HSE is the largest employer in the State and all HSE staff, staff in HSE funded services and HSE contractors have responsibilities under Children First to keep children safe and to promote their welfare.
- 7.9.3 All Community First Responders, authorized by the NAS, are expected to complete the online 'Child First' training course. <http://childrenfirst.hseland.ie>
- 7.9.4 Specific child protection reporting pathways have been developed to aid all Community First Responders ensuring full supports for all volunteer members are in place. All members should take note of the National Ambulance Service Child Safety Statement- Appendix IX
- 7.9.5 Should the situation arise where a patient is the sole caregiver of vulnerable children or other vulnerable adults, and the patient requires urgent transportation to hospital, CFRs should not assume care of the patient's family and should only remain at the scene, in the presence of, and at the request of Gardaí, or other appropriate personnel on scene, except in exceptional circumstances.

8.0 LIABILITY

- 8.1 NAS liability cover is provided by the State Claims Agency
 - 8.1.1 First Responders, activated by the NAS, are classed as agents of the NAS.
 - 8.1.2 The NAS has extended its Employer Liability, Clinical Indemnity Scheme and Public Liability to cover members of authorised First Responder Schemes when dispatched on calls, on behalf of the NAS and work within their scope of practice, e.g. Cardiac First Responder.
 - 8.1.3 In the case of a clinical prosecution relating to an authorised call, First Responders will be represented by the State Claims Agency
 - 8.1.4 First Responders must have sufficient car insurance for the purposes of the Scheme. Each member is advised to ensure that by operating as a Community First Responder you do not invalidate any personal insuring arrangements that you may have, include life or critical illness cover.

8.2 MEDIA POLICY AND FUNDRAISING

- 8.2.1 For those individuals or organisations authorised 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 Client Director or alternate.
- 8.2.2 Public fundraising initiatives are not covered under the remit of the NAS Liability schemes. Groups are advised to maintain their own public liability for these events.
- 8.2.3 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.
- 8.2.4 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 NAS
- 8.2.5 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 Community First Responder Scheme.
- 8.2.6 Ref CE1/2017 Social Media Memo.

Fundraising

- 8.2.7 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.
- 8.2.8 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 CRITICAL INCIDENT STRESS MANAGEMENT

- 8.1 1 The National Ambulance Service is committed to protecting and supporting its staff members and volunteers in the course of their duties.
- 8.1 2 All CFR volunteers must complete an online eLearning training course aimed at enabling members to identify stressors in themselves and others and also identify ways of mitigating stressors.
- 8.1 3 The NAS has developed, and implemented, a structure of supporting Community First Responder Peer Support volunteers whom remain available to support community volunteers should they require psychological support post incident
- 8.1 4 National Ambulance Service Peer Support Workers also remain available to support Community First Responders should they choose or require further assistance
- 8.1 5 An activations pathway has also been established through the National Emergency Operations Centre, to activate Peer Support Workers where a CFR is deemed to require, or has requested, Critical Incident Stress Management support.
- 8.1 6 Due to the nature of the calls, First Responders can be exposed to stressful and challenging situations. Informal debriefing by talking to other First Responders, the Scheme Co-ordinator or NAS CFR peer support staff may be a sufficient support to members post incident.

9.0 IMPLEMENTATION PLAN

This Policy will be circulated electronically to all Managers, Supervisors and Staff. The Policy will also be circulated to all authorised CFR Group Co-ordinators and other key stakeholders, as appropriate.

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

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.

9.1 REVISION AND AUDIT

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

9.12 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 b
1	7	03/01/2017		Community Engagement Officers
2	8	02/02/2024	Addendum to CFR clinical level	General Manager. Community Engagement Manager.

10.0 REFERENCES

- The Task Force Report on Sudden Cardiac Death (2006)
- Cardiac First Responder Guide (2008)
- Out of Hospital Cardiac Arrest Register Report (2018)

11.0 APPENDICES

Appendix I — Policy Acknowledgement Form

Appendix II - Volunteer Declaration

Appendix III - Cardiac First Responder Report

Appendix IV — NAS Guidelines on CFR PCR Forms

Appendix V — Application NAS First Responder Scheme

Appendix VI — Validation of CFR Schemes

Appendix VII - Activation Procedures

Appendix VIII — NAS Child Safety Statement

Appendix IX — Training Record

Appendix X — Community Engagement Officer CFR Group Audit Form

12.0 Signatures of Approval



National Ambulance Service Director
On Behalf of the National Ambulance Service

Date: 6th March 2020

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, understood and will comply with the contents of this policy.

2.2 Records of acknowledgement must 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 also confirm that I must (or have notified) notify my personal vehicle 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:

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.ie

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.
- We must comply with all audit mechanisms completed by the NAS and outlined at Appendix X.
- 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 _____

Address and Eircode for centre of
activation _____

Number of Certified Responders: _____

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

- Appropriate CFR certification
- Garda clearance for CFR activation
- Signed Confidentiality form (Appendix II)
- Completion of two (2) online eLearning training courses: Child First and CISM

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, Unconscious Patient – Ineffective Breathing 31 Echo**
- CFR Enhanced** **Cardiac Arrest (9Echo), , Unconscious Patient – Ineffective Breathing (31 Echo), Choking (11Echo), Chest Pain (10 Charlie & 10 Delta), Stroke (28 Charlie).**

The above listed call types may be changed and/or updated throughout the lifetime of this policy.

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 **01-4633475** 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 **01 4633475**. 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.

Child Safeguarding Statement

The National Ambulance Service (NAS) provides pre-hospital emergency care to both adults and children, responding to over 300,000 calls per year in a variety of situations, including private homes and public locations.

The safety and welfare of children and young people is a core objective and key priority for the HSE and the NAS. Each NAS staff member has a responsibility and duty of care to ensure that every child/young person availing of our services is safe and protected from harm (physical/emotional/sexual abuse or neglect). HSE and NAS policies and procedures have been developed to promote safe environments for children and young people; to mitigate the potential for risk to arise; and to manage it safely when it does. The policies and procedures outlined in this Child Safeguarding Statement apply to all NAS staff (employees, students, trainees, volunteers, contractors and any person performing any role or function in or on behalf of NAS). This Child Safeguarding Statement is informed by the following risk assessment:

CHILD SAFEGUARDING RISK ASSESSMENT

	Risk identified	Procedure in place to manage risk identified
1.	Risk of harm to a child from a member of staff/Community First Responder	<ul style="list-style-type: none"> • Pre-employment checks/Garda Vetting clearance • Professional standards for all Pre-hospital care providers – EMT, Paramedics & Advanced Paramedics • Professional registration for all Pre-hospital care providers – EMT, Paramedics & Advanced Paramedics with Pre-hospital Emergency Care Council (PHECC) • Code of Behaviour for staff • Trust in Care Policy • HSE Child Protection & Welfare Policy • Policies, protocols, procedures and guidelines regarding safe practice and service delivery. • National Consent Policy
2.	Risk of harm to a child from a service user (adult or child), visitor or member of the public	<ul style="list-style-type: none"> • Supervision/accompaniment/admission/public access policies as relevant to service provision • Staff supervision and training • Reporting procedure -Not applicable to CFRs-
3.	Risk of non-compliance with Children First Act and National Guidance	<ul style="list-style-type: none"> • Children First Governance structure • HSE Controls assurance process • Children First compliance checklist. • Compliance monitoring and audit of HSE funded and contracted services.
4.	Risk of harm or concern not being recognised or reported	<ul style="list-style-type: none"> • Staff information, supervision and training. • Reporting procedure –CFR Reporting Pathway through CEOs • Legal and administrative consequences for non-reporting. • “An Introduction to Children First” mandatory eLearning training for all NAS staff. Further training and support e.g. briefings for mandated persons available as necessary from HSE Children First National Office. • Consultation with service users (talking with and listening to the child; information leaflets for children; Patient Experience Surveys; “Your Service Your Say”)

Procedures:

This Child Safeguarding Statement has been developed in line with the requirements of the Children First Act 2015, and Children First National Guidance for the Protection and Welfare of Children (2017). In addition to the procedures outlined in the risk assessment, the following policies and procedures support our intention to safeguard children availing of any NAS services:

- Recruitment policies to ensure the selection and recruitment of staff who are suitable to work with children, including Garda Vetting policy;
- Trust in Care policy and related procedures to investigate an allegation made against a staff member;
- HSE Child Protection and Welfare Policy the HSE's and NAS reporting procedure;
- "An Introduction to Children First" mandatory eLearning training for all NAS staff;
- Requirement to maintain a list of Mandated Persons within the NAS;
- Requirement on NAS to appoint a relevant person to oversee the assessment of risk and development of NAS specific Child Safeguarding Statement as required;
- Integrated Risk Management Policy to assess and manage any risk of harm;
- Safety Incident Management Policy to inform NAS management of any incident where a child has been harmed whilst availing of NAS services;
- HSE Open Disclosures Policy

Implementation

National Ambulance Service staff and management have an ongoing responsibility to ensure that the relevant policies and procedures are operating effectively in their services. Any new risks identified should be managed in accordance with the HSE Integrated Risk Management Policy.

As per the requirements of the Children First Act, this Child Safeguarding Statement will be formally reviewed on 01/02/2020, or as soon as practicable after there has been a material change in any matter to which the statement refers.

For further information or queries in relation to this Child Safeguarding Statement contact:

Anne Marie Oglesby, National Quality & Patient Safety Manager NAS; annemarie.oglesby@hse.ie; 01 463 1621

Signed by:

(Martin Dunne; Director of National Ambulance Service)

Date:

8/3/2020

Training Record

General Training Information	
• Date:	• Time:
• Address:	
• Instructors Present:	
Description of training event:	
Participant/CFR Volunteer Name	Contact Number

**COMMUNITY ENGAGEMENT OFFICER
AUDIT TOOL FOR CFR GROUPS (Community Based Schemes)**

Date of Audit _____

Policy Compliance Area	Yes	No	Reason for deviation	Action to be taken by Co-Ordinator	Action Plan	Date for completion
2.2 Copy of all CFR group members acknowledgement form to state they have read, understood & will comply with the CFR Scheme Policy (2020) (Appendix I)						
6.1.3 – Evidence that all CFR's have a current CFR- C certificate						
6.1.4. Evidence of Children's First & CISM training & volunteer declaration of Confidentiality, Policy and Procedures Agreement (Appendix II)						
6.1.14 – Evidence of all CFR's having Garda vetting						
7.3.2 Presentable Evidence of all appropriate training records (Appendix IX)						

Policy Compliance Area	Yes	No	Reason for deviation	Action to be taken by Co-Ordinator	Action Plan	Date for completion
6.1.13 – Always complete CFR report forms. Calls will be compared between CFR Group figures & NEOC						
7.1.3 – Always send return text message on going mobile, on scene and when you have cleared the call. Texts will be compared between CFR Group figures & NEOC						
Completed and submitted relevant annual renewal documents as per Appendix V						

Signed Community First Responder Group Co-Ordinator

Signed Community Engagement Officer



National Ambulance Service
Community Engagement Headquarters
North Point House
North Point Business Park
Old Mallow Road
Cork
T23 AT2P

2nd February 2024

Re: National Ambulance Service - NASCG007 – Community AED Cardiac First Responder Scheme - Addendum to the CFR skill level allowing for the provision of First Aid Responder and Emergency First Responder clinical levels.

The National Ambulance Service in collaboration with the State Claims Agency Clinical Indemnity Scheme, with immediate effect, has made provision for clinical indemnity to be extended to all CFR scheme members who comply with the following criteria,

1. Must be registered with the NAS as a member of a NAS-affiliated CFR scheme.
2. Must have all prerequisite courses and Garda Vetting completed as required by NAS.
3. Should retain current / relevant PHECC certification and maintain CPC as required by PHECC.
4. Be the holder of at least one of the following,
 - a. Cardiac First Responder – Advanced.
 - b. First Aid Responder.
 - c. Emergency First Responder.
 - d. Emergency Medical Technician.
 - e. Paramedic.
 - f. Advanced Paramedic.
5. Have met the required standard of a quality assurance assessment as conducted by the NAS Community Engagement Team or a designated assessor.
6. Must ensure regular training is upheld to remain proficient in the delivery of these skills.

Clinical Indemnity will extend to a CFR's relevant certification up to a maximum clinical level of PHECC Emergency First Responder therefore, those who possess a higher clinical level **must** only practice to this level. At no point do NAS extend its PHECC practitioner privileging to NAS-affiliated CFR scheme members who are not NAS-privileged staff. This is in line with the PHECC triple lock requirements”

Date: 02/02/2024

Siobhán Masterson
General Manager
National Ambulance Service

Ger O'Dea
Community Engagement Manager
National Ambulance Service

