

National Ambulance Service Community First Responder Information Booklet - Post CoVid-19 Reactivation



This booklet is not a replacement for the current National Ambulance Service Policy 'NASC007 Version 9 Community First Responder Schemes'. It is solely to identify the risk posed to Community First Responder Volunteers opting to return to activities with the National Ambulance Service.

Version 4.0



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The National Ambulance Service (NAS) is keen to maintain the volunteer ethos of its Community First Responder (CFR) Network. Using the information in this booklet, each individual volunteer should make an informed decision based on their own personal circumstances before ‘Opting In’ to return to CFR activities with their local group.



1.0 HSE GUIDELINES:

Coronavirus (CoVid-19) can make someone seriously ill but for some people, the risk is higher. The Health Service Executive (HSE) has identified two (2) levels of higher risk.

In order to make a completely informed decision, each member must review the different levels at the below link... or scan the QR code and review.

<https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>



1.1 High Risk Category

At present, the HSE advice for people in the 'high risk' group does not differ from the general public but 'extra care' is advised. This means that CFRs in the 'high risk' group may decide not to undertake a response role in their community. People in this category can still play a very valuable role in the group, e.g. administration, fundraising, public relations etc.

If any member has queries relating to their condition affecting their activities as a CFR, they are advised to consult their General Practitioner (GP).

1.2 Very High Risk/Extremely Vulnerable Category

If you or any member of your group falls into the 'Very High Risk/Extremely Vulnerable' Category, the National Ambulance Service cannot re-authorise that member as a CFR in an active response role at this time.

If any member has queries relating to their condition affecting their activities as a CFR, they are advised to consult their General Practitioner (GP).

In the interest of General Data Protection Regulations (GDPR), the NAS will not be requesting information from specific members in relation to their decisions, except in extreme circumstances. The NAS is not advising any CFR Group Co-Ordinator to request any sensitive information from any member in light of that members own decision.



2.0 ROLES AND RESPONSIBILITIES:

As outlined in 'NASC007 Version 9 Community First Responder Schemes, Section 6, 6.1 Role of the Community First Responder'.

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 practise to PHECC Cardiac First Responder national standards revalidated and recertified every 2 years.

6.1.4 To carry a recognized form identification (ID) whenever attending any calls, E.G Driver's Licence 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 of CFR-Community 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. 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 to both 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

6.1.13 To comply with all requirements associated with becoming a CFR I.E Garda Vetting, Training, relevant online courses, completion of the 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 (Policy Document)

Pending inclusion into NAS Policy '*NASCG007 Version 9 Community First Responder Scheme*', and with consideration to the CoVid-19 crisis, the following additional Roles and Responsibilities will be expected of Community First Responders 'Opting In':

Please note this is a Non Exhaustive List.

- 1) Additional to 6.1.2 and 6.1.13, Each CFR must develop, and maintain competence in all relevant CoVid-19 related training, as specified by the NAS
- 2) Each CFR must ensure all contact details with the Groups Co-Ordinator, or designated officer, are updated and maintained
- 3) Additional to 6.1.2, the CFR must attend regular training sessions and sign in on official attendance sheets.
- 4) Each CFR must have a working knowledge of, and fully comply with all elements of the current NAS Policy '*NASCG007 Community First Responder Scheme*', including communicating with the *National Emergency Operations Centre (NEOC)*
- 5) Gather and maintain contact details of all NAS Community Engagement Officers, only to be used in emergencies. In line with Policy '*NASCG007 Version 9 Community First Responder Schemes, Section 6, 6.2.3*' communication with the NAS should be through the groups Co-Ordinator in the first Instance for non-emergency queries.
- 6) Each CFR may be requested to assist with audit tasks by the Group Co-Ordinator



As outlined in 'NASC007 Version 9 Community First Responder Schemes, Section 6, 6.2 Role of the Scheme Co-Ordinator'.

6.2 Role of the Scheme Co-Ordinator

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 auspice of the National Vetting Bureau (Children and Vulnerable Persons) Act 2016 and provide the 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) (Policy Document)

E. Support and motivate their team of Community First Responders and act as a 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, groups training, community training activities, interaction with National Ambulance Service, other Emergency Services and the General Public.



Pending inclusion into NAS Policy '*NASCG007 Version 9 Community First Responder Scheme*' and with consideration to the *CoVid-19 crisis*, the following additional Roles and Responsibilities will be expected of Community First Responder Group Co-Ordinators 'Opting In':

Please note this is a Non Exhaustive List.

- 1) To assist with 6.2.4 (A) Each Co-Ordinator is expected to have a good working knowledge of PHECC Education and Training standards for the CFR-Community grade.
- 2) To assist with 6.2.4 (D) Each Co-Ordinator will be expected to report monthly on calls attended by their respective members.
- 3) Have working knowledge of the NAS CISM Network, NAS CFR policy and GDPR guidelines
- 4) To assist with 6.2.4 (E) Each Co-Ordinator will be expected to partake, where possible in Teleconferencing or Videoconferencing with the NAS CEOs.
- 5) To assist with 6.2.4 (E) Each Co-Ordinator will be expected to partake, where possible in specific purpose workshops, both attended and blended learning, when safe to do so. I.E. CFR Co-Ordinator Training Course.
- 6) Management and accountability for any CoVid-19 Personal Protective Equipment (PPE) issued to the group or members.



3.0 Additional Considerations for All CFRs

3.1 Opting In

CFR Group reactivation will be based on an 'Opt – In' basis for every individual member i.e. No Automatic Reactivation. Initial reactivation may be conducted under a 'trial' format, with groups only responding under CFR Basic criteria i.e. Cardiac Arrest/Choking calls. Further expansions of the CFR network, may be based on results of internal audit and compliance. Additionally, individual CFRs within groups will need to decide if responding to Cardiac Arrest calls is the right choice for them.

3.2 Personal Protective Equipment

Minimising infection risk will mean that all CFRs should wear full Aerosol Generating Procedure (AGP) Personal Protective Equipment (PPE) to the same standard as an ambulance crew when attempting resuscitation. A robust plan would be required for each CFR Group for:

- Obtaining AGP PPE
- Training and Maintaining competence in PPE donning and doffing
- Procedures for management and disposal of used PPE

3.3 Planning, Equipment and Training for increased infection risk

Responding with an increased risk of infection will have additional planning, equipment and training implications. For example:

- **Planning:**
 - Deciding on the number of CFRs to attend each call
 - Plan for equipment/vehicle cleaning post-call
 - Detailed plan for donning and doffing (as above)
- **Equipment:**
 - Access to AGP PPE
 - Hand and Equipment Sanitizer
 - Disposal bags for clinical waste
 - Area to quarantine clinical waste
- **Training:**
 - Attaining and maintaining competence in PPE Donning and Doffing
 - Practical considerations for CPR training e.g. Social Distancing/Sharing Manikins/Equipment Sterilisation
 - Changes to scenario based training in managing cardiac arrest call with additional infection control measures

3.4 Work/Family/Leisure Implications

CFRs are volunteers and as such do not fall under the Occupational Health remit of the NAS. Should a CFR become infected with CoVid-19 while responding to a cardiac arrest, or be exposed to a patient with CoVid-19 due to a PPE breach, the CFR would have to self-isolate for 14 days. This may/will have implications for the CFR with regard to their employment or work commitments, family commitments or leisure activities (e.g. Team Sports)



4.0 Checklist for CFR Group Co-Ordinator

	Tick
1) Completed Acknowledgement Form (Section 5.0) received from <u>every member</u> 'Opting In' to return as a volunteer Community First Responder. --If a member does not wish to 'Opt-In', they do not need to complete the Acknowledgement Form--	
2) Signed and Completed Appendix I 'Acknowledgement Form' from <i>NASCG007 Community First Responder Scheme Policy Version 9</i>	
3) Updated and Accurate CFR information submitted to relevant CEO as part of 'Annual Renewal Application'.	
All above listed documents will be required by the CEO prior to re-launch of any CFR group	



5.0 ACKNOWLEDGEMENT FORM

Purpose:

This booklet ensures each CFR volunteer opting to return to CFR activities with the National Ambulance Service, is aware of any increased risk to themselves, their family members, friends or co-workers due to their decision to re-join their CFR group.

Policy:

The Community First Responder Scheme Co-ordinator has the responsibility for ensuring all active CFR volunteers have read this booklet and will comply with the contents of this booklet, as well as the over-arching Policy document '*NASCG007 Community First Responder Schemes, Version 9*'

Records of acknowledgement must be maintained by the scheme and copies will be requested by the Community Engagement Officer (CEO) prior to re-launch.

I _____ (CFR volunteer) have read this booklet in relation to the risks associated with re-joining the NAS CFR Network Post CoVid-19. I understand all of the risks and responsibilities involved and would like to 'Opt – In' and re-join the CFR Network.

Signed: _____ CFR Group _____

Date: _____

I _____ Scheme Coordinator (deputy) of _____ acknowledge the above CFR volunteer has read, and understood the contents of this booklet and is willing to 'Opt-In' voluntarily, re-joining the NAS CFR Network.

Signed: _____ Scheme Coordinator (Deputy)

Date: _____

Accepted by Community Engagement Officer: _____

Date: _____