



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Policy
Community AED
Cardiac First Responder Schemes

National Ambulance Service (NAS)

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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 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 an evidence based need exists.
- 1.5 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.

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 1 999 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 co-ordinating 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

4.0 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

5.0 GLOSSARY OF TERMS AND DEFINITIONS

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

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6.0 ROLES AND RESPONSIBILITIES

6.1 ROLE OF THE CARDIAC FIRST RESPONDER

- 6.1.1 To carry a recognised form of identification (ID) whenever attending any calls, e.g. Driver's Licence, etc.
- 6.1.2 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.
- 6.1.3 To attend local emergency Cardiac/Respiratory Arrest and Choking calls (ECHO).
- 6.1.4 To provide emergency care for these patients until an emergency response vehicle arrives.
- 6.1.5 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.
- 6.1.6 To have a calm and confident approach. This will provide reassurance both to the patient and their relatives.
- 6.1.7 To use an Automated External Defibrillator (AED), when indicated, on patients in cardiac arrest and provide effective CPR until help arrives.
- 6.1.8 To provide a concise verbal hand-over to the higher clinical level on their arrival.
- 6.1.9 To complete a Cardiac First Responder Report (see Appendix III)

6.2 ROLE OF CFR TEAM LEADER

- 6.2.1 Organise a rota system to ensure the planned level of cover, including holidays and sickness.
- 6.2.2 To represent the Team on the Scheme Committee

6.3 ROLE OF SCHEME COORDINATOR/NAS LINK PERSON

- 6.3.1 There should be a Scheme Co-ordinator in each area, who will liaise with the local NAS Operations Resource Manager (ORM) (see Scheme Application Form at Appendix VI).
- 6.3.2 The Scheme Co-ordinator will be responsible for communication between the Community First Responder Scheme and the NAS.
- 6.3.3 Wherever possible this route should also be used for general communication in the first instance.

6.3.4 The role and responsibilities of the Scheme Co-ordinator includes:

- A. Liaison service between the Scheme and the NAS
- B. To assist where appropriate, the provision of training for all Community Responder Schemes
- C. Co-operate with audit of Community First Responders Schemes
- D. Support and motivate their team of Community First Responders and act as focal point for members
- E. 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 Co-ordinator and CFR Team Leaders.

6.4.2 The Scheme Committee will support the work of the Scheme and the Scheme Co-ordinator.

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. To arrange initial training and recertification for all Community First Responders
- D. Support and motivate their team of Community First Responders and act as focal point for members
- E. To check on the Volunteers welfare
- F. Ensure that responders are familiar with the Scheme's policies and procedures.

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 Operations Performance Managers has 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 Operations Resource Managers, i.e. based on their respective geographical areas of responsibility.

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- 6.5.2 ORMs 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 VII).
- 6.5.3 Control Managers are responsible for integration and setup of any Scheme targeted at achieving effective 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.
- 6.5.4 All managerial communications between the NAS and the various schemes which fall within the remit of this policy should, where possible, be co-ordinated by the local ORM.
- 6.5.5 The relevant ORM has the authority to terminate the integration and activation of any Scheme that breaches the contents of these policies and procedures.
- 6.5.6 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 (if available and compatible)
 - E. Access to CISM Support
 - F. Management of Clinical Waste

7.0 PROCEDURE/GUIDELINE

7.1 SCHEME CREATION / RECRUITMENT

- 7.1.1 Using the management information available, the NAS may prioritise 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 a detailed map of the area they propose to cover and to discuss this with the local ORM.
- 7.1.3 The proposed area may need to consider the existence or emergence of other schemes to ensure operational effectiveness.
- 7.1.4 Volunteers must be over 18 years of age and be physically fit prior to becoming a First Responder.
- 7.1.5 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
- 7.1.6 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 recognise an establishment level of responsibility up to Cardiac First Responder standards, though it recognises 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 minimise 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, 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

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 local NAS ORM. First Responders must not make any comment to the press. Volunteers are expected to provide care up to but not exceeding the level of their training.

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 Training records for Community First Responders should be maintained by the Scheme.
- 7.3.2 Due to the nature of the calls, First Responders are inevitably exposed to stressful and potentially disturbing situations. Whilst informal debriefing by talking to other First Responders, the Scheme Co-ordinator or NAS staff may be sufficient, there may be circumstances where more professional counselling is required. The local NAS ORM will assist volunteers in this process.
- 7.3.3 External counselling will be provided if required in line with the NAS Policy – NASWS004 – Operation of the Critical Incident Stress Management System.

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, 2 Adult Pads and 2 Paediatric Pads (if recommended by manufacturer)
 - 2. Disposable pocket face mask
 - 3. Gloves
 - 4. Pager and/or mobile telephone
 - 5. A First Responder high visibility jacket / vest
- 7.4.3 Only equipment authorised by the Scheme 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 Co-ordinator.

Clinical Waste

- 7.4.8 There is a legal requirement for waste to be properly handled, segregated and disposed of. Pocket masks should be disposed off 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 appropriate disposal.
- 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 Scheme Co-ordinator/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 recognise 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 Ambulance Control either as a pager message or via the mobile phone. Mobilisation to a call is the sole responsibility of the NAS. First Responders will be alerted based on AMPDS Dispatch criteria. Upon receipt of the call, the available First Responder mobilises to the address given.
- 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 authorised to enter the patient's home or the incident scene.
- 7.6.4 On arrival at the incident, the First Responder should 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.
- 7.6.5 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.
- 7.6.6 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 finds themselves in a violent or aggressive situation, leave the incident and inform Ambulance Control via mobile phone. Do not return to collect equipment.
- 7.6.8 First Responders must inform Ambulance Control of any untoward incident or driving offence committed whilst responding to a call as soon as is practicable. The Scheme Co-ordinator and the local NAS ORM should also be informed.

Running call

- 7.6.9 If a First Responder comes across an incident that requires their assistance they should respond appropriately and at the earliest opportunity contact Ambulance Control by dialling 999. Give the incident address, brief details 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.

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- 7.7.4 In the case of a criminal prosecution, 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 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 ORM 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 / organisations as mentioned above.
- 7.8.3 With reference to proactively generated news items e.g. informing the 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, must be approved by the 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.

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.

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 - Letter for Insurance Company

Appendix V – List of Operations Resource Managers

Appendix VI – Application as an NAS First Responder Scheme

Appendix VII – Validation of CFR Schemes

APPENDIX II

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 Co-ordinator/NAS Operations Resource Manager.
- 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:

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CARDIAC FIRST RESPONDER REPORT

CFR REPORT	
Incident Information Date of Call: HH MM YYYY Time Call Passed: HH MM Time at scene: HH MM CC INCIDENT LOCATION Home Rec. Of Sport Place Residential Other Places Street Or Road Public Building Other Places	
Patient Information Name Unknown Date of Birth: DD MM YYYY Gender: M F Age: SURNAME FIRSTNAME ADDRESS	
History Of Coronary Disease Chest Pain: Yes No Unknown Time Of Chest Pain: HH MM Time Of Collapse: HH MM Collapse Witnessed: Yes No Witnessed by: Citizen Fire Gards Auxiliary/Voluntary Practitioner Other Responder No Training OFA Paramedic Doctor Unknown Training EFR A&P Paramedic Other BLS/GR EMT Nurse	
Chest Compressions Commenced by: Yes No PIN if Applicable Citizen Fire Gards Auxiliary/Voluntary Practitioner Other Responder No Training OFA Paramedic Doctor Unknown Training EFR A&P Paramedic Other BLS/GR EMT Nurse	
Mechanical CPR Initiated Arrest Rhythm: Yes No Unshockable Shockable Specify: (If Known) HH MM Time First Arrest/Resum Analysis: Yes No PIN if Applicable Manual Defibrillator: Yes No First Applied by: Citizen Fire Gards Auxiliary/Voluntary Practitioner Other Responder No Training OFA Paramedic Doctor Unknown Training EFR A&P Paramedic Other BLS/GR EMT Nurse	
Shock: Was shock advised: Yes No PIN if applicable Was shock delivered: Yes No Defibrillator Malfunction First delivered by: Citizen Fire Gards Auxiliary/Voluntary Practitioner Other Responder No Training OFA Paramedic Doctor Unknown Training EFR A&P Paramedic Other BLS/GR EMT Nurse Total Shocks Delivered: Time First Shock Delivered:	
Return Of Spontaneous Circulation (ROSC) At any stage: Yes No Who First Achieved ROSC: Citizen Fire Gards Auxiliary/Voluntary Practitioner Other Responder No Training OFA Paramedic Doctor Unknown Training EFR A&P Paramedic Other BLS/GR EMT Nurse Time of Return Of Spontaneous Circulation: HH MM	
CPR in Progress on Transfer to Hospital: Yes No Spontaneous Circulation On Arrival In ED if known: Yes No ADDITIONAL INFORMATION	
Doctor In Attendance Medication Treatment: Yes No Medication: DOSE ROUTE PIN/NAME Medication: DOSE ROUTE PIN/NAME Medication: DOSE ROUTE PIN/NAME	
Care Management Dropharangeal Airway (OPA) Supraglottic Airway (SGA) Suction	
FAST ASSESSMENT F: Yes No A: Yes No S: Yes No T: Yes No	
ADDITIONAL INFORMATION Signature/PIN The completed CFR Report should be given to the ambulance service.	

APPENDIX IV

NATIONAL AMBULANCE SERVICE COMMUNITY RESPONDER SCHEME

Dear Sir / Madam

We write to confirm that XXXXX, Policy No XXXXXXXXXXXX., 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 may include a Garda Clearance check and obtaining references.

Equipment

Each local scheme raises funds to purchase the equipment. The National Ambulance Service provides an approved equipment list. 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).

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Insurance Cover

The National Ambulance Service would be grateful if you could confirm, in writing to both the volunteer and ourselves that XXXXX 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 travelling time of the volunteer s starting address.
- The volunteer will occasionally store his / her first aid equipment, including oxygen cylinders in his / her vehicle. All volunteers have been trained in the safe use and storage of their equipment, and obliged to attend regular re training. All equipment is provided with suitable storage and carriage containers.

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

XXXXXXXXXXXXXXXXXX
Operations Resource Manager,
National Ambulance Service,
XXXXXXX Headquarters,
XXXXXXXXX,
XXXXXXXXXXXXXXXXX,
Co. XXXXXX.

Yours sincerely
Operations Resource Manager
National Ambulance Service

NASCG007 NAS Community AED, Cardiac First Responder Scheme. Document reference no. NASCG007 Revision no. 4 Approval Date 27 th March 2012
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APPENDIX VI

APPLICATION FOR INTEGRATION AS AN NAS RESPONDER COMMUNITY FIRST RESPONDER SCHEME

We are applying to the NAS for integration as an NAS First Responder Scheme. We agree to the Conditions of the NAS Policy – NASCG007 – Community AED Cardiac First Responder Scheme

We understand that:

- The paging of activation will be for a maximum of 12 months (we must re-apply after 12 months)
- We must report a change, loss or stolen phone to the NAS.
- NAS is not liable, vicarious or otherwise
- We must register our AED(s) (if applicable)

Scheme Name: _____
Contact Address: _____

Contact Phone Number: _____
Alternative Phone number: _____
Email: _____
Address or GPS co ordinance of centre of coverage:

Signature of Scheme Coordinator: _____

Date: _____

Certification and Number of Responders

- CFR _____
- EFR _____
- OFA _____
- EMT
- Paramedic
- Advanced Paramedic

Car Insurance indemnification	Yes _____	No _____
Confidentially & Policy Form returned	Yes _____	No _____
Photo	Yes _____	No _____
AED Registration:	Yes _____	No _____
Map Provided:	Yes _____	No _____
Radius Covered	_____	KM

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APPENDIX VII

VALIDATION OF CFR SCHEMES

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

Phone number _____ Call Types:

- CFR Clinical Status 1 (ECHO)
- EFR Clinical Status 1 (ECHO and DELTA)
- EMT

Area Covered: _____

Expiry Date: (max 1-year) _____

Signed: _____ Date: _____
Operations Resource Manager

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

Signed: _____ Date: _____
Control Manager

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