



Ashbourne
Cardiac First Responders

Polices & Procedures

Version: 1.0

Adopted on: 25th July, 2013.



Ashbourne

Cardiac First Responders

1 Members' Roles and Responsibilities

1.1 PHECC Certification

Any member whose role in the Organization requires them to provide medical attention or supervision of other members as they provide medical attention shall have, as a minimum, valid and current certification as a Cardiac First Responder. Such certification shall be provided in accordance with PHECC regulations by suitably qualified instructor.

1.2 Role of the Cardiac First Responder

- i. To carry a recognized form of identification (ID) whenever attending any calls, e.g. Driver's License, etc.
- ii. 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.
- iii. To attend local emergency Cardiac/Respiratory Arrest and Choking calls (ECHO).
- iv. To provide emergency care for these patients until an emergency response vehicle arrives.
- v. To be prepared to hand over once more highly qualified help arrives; e.g. ambulance crew or General Practitioner (GP) and takes charge of patient care.
- vi. To provide continuing care as requested under the direction of the higher clinical level in attendance.
- vii. To have a calm and confident approach. This will provide reassurance both to the patient and their relatives.
- viii. To use an Automated External Defibrillator (AED), when indicated, on patients in cardiac arrest and provide effective CPR until help arrives.
- ix. To provide a concise verbal hand-over to the higher clinical level on their arrival.
- x. To complete a Cardiac First Responder Report and present that report to the Volunteer Coordinator
- xi. To ensure that they are aware of and available for any shifts for which they have been scheduled.

1.3 Role of the Volunteer Coordinator

- To receive and retain the run reports of members response to incidents
- To represent the volunteer responders on the AFR Committee
- Support and motivate their team of Community First Responders and act as focal point for members

1.4 Role of the Scheduler

- Organize a schedule to ensure the planned level of cover, including holidays and sickness. The name and contact information of the scheduler shall be communicated to all members
- To communicate with members to ensure that they are aware of their scheduled shifts

1.5 Role of the NAS Liaison

The NAS Liaison shall liaise with the local (National Ambulance Service) NAS Operations Resource Manager (ORM) and shall be responsible for communication between the Community First Responder Organization and the NAS.

The responsibilities of the NAS Liaison shall include:

- i. Liaison service between AFR and the NAS
- ii. To assist where appropriate, the provision of training for all Community Responder Organizations
- iii. Co-operate with audit of Community First Responders Organizations
- iv. Arrange regular meetings for the Organization to provide updates, support and feedback of cases,



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bearing in mind patient confidentiality requirements

2 Procedures

2.1 Acceptance of Volunteers (Proposed Members of the Organization)

Volunteers shall be over 18 years of age and be physically fit prior to becoming a First Responder. All Community volunteers are required to complete and submit the following forms, attached to this policy document as appendices, to the local Organization Committee:

- i. Volunteer Confidentiality, Policy and Procedure Agreement
- ii. Letter for Insurance Company
- iii. Garda Vetting form and fee

2.2 Initial Training

Once volunteers have been accepted onto the organization they shall attend initial training. The training shall consist of the PHECC Cardiac First Responder course in line with national standards and a detailed review of these policies and procedures.

2.3 Inoculation

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 at their own expense.

2.4 Leaving the Organization

Should a member wish to leave the organization they must inform the Volunteer Coordinator in writing of their intention. If the member is scheduled as a responder they should give as much notice as possible to ensure coverage of their scheduled shifts by other members.

3 Code of Conduct

3.1 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 Organization.

3.2 Integrity and Reliability

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

3.3 Hygiene and Cleanliness

First Responders shall have high levels of personal hygiene and cleanliness as they are in close contact with others, especially patients. To minimize risk of cross infection First Responders shall always wear gloves; always use the Pocket Mask when dealing with patients; and following Standard Precautions without exception. If no Pocket Mask is available, First Responders shall perform Compression Only CPR.

3.4 Appearance

First Responders shall have a clean, smart appearance at all times. Each First Responders shall be equipped with a Hi-Vis Vest which clearly identifies the individual as a First Responder; this shall be worn at all times when responding to a call.

3.5 Conduct towards Patients

All members shall, at all time when representing the organization, be tactful; reassuring; understanding and sympathetic; avoiding over familiarity; and shall be respectful of different customs, values and beliefs.



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3.6 Conduct towards Others

All members shall, at all times when representing the organization, be aware of the needs of patient's relatives, friends or others and shall avoid being drawn into arguments or disagreements. Members shall not express opinions as to a patient's condition or likelihood of survival.

3.7 Sense of Responsibility

All members shall respect each 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 organization.

Any breach of confidentiality shall result in the immediate termination of membership of any member found to be responsible and may result in civil legal action being brought against the member concerned.

Any enquiries from the press / media regarding incidents attended by First Responders shall be directed to the local NAS ORM. First Responders shall not make any comment to the press. Volunteers shall provide care **up to but not exceeding** the level of their training.

3.8 Honesty

First Responders enter private homes alone; are therefore in a position of great trust; and shall behave with honesty at all times.

3.9 Self-Discipline and Loyalty

Members shall behave with self-discipline and loyalty whenever representing the organization.

3.10 Complaints and Commendations

Complaints shall be thoroughly and fairly investigated in line with the Complaints Policy and Procedure. Community First Responders will be required to co-operate with any investigation of 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 Organization Committee is responsible for ensuring all volunteers adhere to the code of conduct and has the authority to terminate the membership of any member found to be in breach of the code.

4 Training & Assessment

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

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 Volunteer Coordinator or NAS staff may be sufficient, there may be circumstances where more professional counselling is required. In such cases the NAS Liaison shall contact the local NAS ORM to assist volunteers in this process.

External counselling shall be provided if required in line with the NAS Policy – NASWS004 – Operation of the Critical Incident Stress Management System.

5 Equipment

5.1 Official Identity

The Organization shall provide an official Identity (ID) card, complete with photograph, which shall be



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carried and displayed at all times when responding to a call. On leaving the Organization, Community First Responders shall return their ID cards and any other property supplied by the Organization.

5.2 Readiness to Respond

First Responders shall be responsible to ensure that the equipment is complete; operational; and meets the Minimum Equipment Level at the beginning of their shift, that it is cleaned after use and then stored correctly. This includes the checking of expiry dates on consumable items of equipment. Should a First Responder find the equipment not to be in order they shall immediately communicate this to the volunteer coordinator who shall immediately ensure the repair; replacement or restocking as required to return the Equipment to the Minimum Equipment Level.

In the event that it is not possible to return the equipment to Minimum Equipment Level; the Volunteer Coordinator or the NAS Liaison shall inform the NAS that the organization is out of service and unable to respond to incidents. Only when the equipment is returned to the Minimum Equipment Level shall the NAS Liaison contact the NAS and return the organization to service.

5.3 Minimum Equipment Level

The Minimum Equipment Level shall include at least the items as specified in Appendix A.

Only equipment authorized by the Organization shall be used when responding to a call.

Consumables shall be replaced by advising the Volunteer Coordinator that you have attended a call.

Each First Responder Organization shall ensure that the AED is maintained as per the manufacturer's instructions. Any AED associated problems shall be immediately communicated to the Volunteer Coordinator.

6 Clinical Waste

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

There is a legal requirement for waste to be properly handled, segregated and disposed of. Pocket masks; gloves and any other clinical waste shall be disposed of by giving them to NAS personnel (where possible) to put in clinical waste bags. Members shall not dispose of clinical waste in domestic rubbish. First Responders that are also NAS personnel, CFRs may bring clinical waste to the nearest Ambulance Station for appropriate disposal.

7 Personal Protective Equipment

7.1 Clothing

Members when representing the organization shall wear clothing appropriate to their role. In particular First Responders shall wear clothing that covers the legs and arms. First Responders shall not respond while wearing short trousers. This is intended to reduce skin exposure to body fluids or other substances at an incident.

7.2 Standard Precautions

First Responders shall without exception use the following precautions for every patient contact:

- i. Consider every person infectious
- ii. Wash hands
- iii. Wear gloves
- iv. Wear other body protection: masks, goggles, face masks, gowns as appropriate



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- v. Handle soiled materials with gloves; dispose of in biohazard waste containers/bags
- vi. Handle patient care equipment with gloves; clean reusable equipment
- vii. Routinely clean and disinfect equipment
- viii. Do not recap needles, remove from syringes or bending, breaking by hand; dispose of in sharps container
- ix. Use face/mouthpieces or resuscitation bags for patient resuscitation

Should a First Responder treat multiple patients on a location; the First Responder shall change gloves and if possible sanitize hands between patients.

8 Vehicles

POV means a Privately Owned Vehicle used by a First Responder to respond to an incident.

8.1 Insurance

Before a First Responder uses a POV to respond; that First Responder shall ensure that they have adequate insurance for the POV. The organization shall be prepared to provide to the NAS evidence of insurance cover of any First Responder that uses a POV to respond. Each First Responder shall ensure that they have informed their insurer of their First Responder activity. This information will be held by the Volunteer Coordinator.

8.2 POV Maintenance

It shall be the responsibility of each First Responder to maintain their POV in a safe and roadworthy condition. Neither the organization nor the NAS shall be responsible under any circumstances.

8.3 Transporting Patients

First responder shall not transport patients in a POV.

8.4 Duties and Taxes

Neither the organization nor the NAS shall be responsible under any circumstances for any vehicle excise duty, NCT, insurance premiums or any other sum payable in respect of a First Responder's POV; including but not limited to any hire purchase or loan repayments in respect of the vehicle.

8.5 Vehicle Warning Devices

No POV shall 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. No POV shall be fitted with any reflective / non reflective stripes, badges or other signage.

8.6 Driving to an Incident

En route to an incident a First Responder has no priority over any other motorist:

- i. Whilst responding to the incident address, a First Responder shall 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 exemption is available to First Responders.
- ii. The manual flashing of headlamps is misleading to other motorists and shall be performed only in accordance with the Rules of the Road.
- iii. In the interest of personal safety, the equipment shall be stored and transported in the boot of the vehicle.
- iv. Whilst driving to an incident the First Responder shall concentrate on the standard of their driving.
- v. First Responders en route shall stop in a safe location to undertake non-driving activities such as



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using the mobile phone or reading a map.

- vi. The First Responder shall where possible park safely and in accordance with the Rules of the Road and any applicable local parking bylaws.
- vii. Should it be necessary to park in a position that may be considered hazardous, the First Responder shall display the vehicles hazard lights to warn other road users. Hazard lights shall only be used whilst stationary.

8.7 Motor Vehicle Incident (First Responder Involved)

A First Responder involved in an accident whilst en route to an incident shall stop and provide details in accordance with the Rules of the Road. The accident should be communicated to the NAS and the Organization as soon as possible.

8.8 Other Vehicle Incident

First Responders shall inform Ambulance Control of any untoward incident or driving offence committed whilst responding to a call as soon as is practicable. The Volunteer Coordinator and the local NAS ORM shall also be informed.

8.9 First Responder Safety

Should a First Responder have any concerns as to safety at scene, they shall remain in the vehicle and if safe to do so, drive on. Ambulance Control shall be advised as soon as possible in order to inform other responding units of the danger.

8.10 Maintaining Personal Control

There may be occasions when en route to an incident, traffic congestion and the action of other road users will increase stress and anxiety. The First responder must learn to recognize this natural heightened response of the body and maintain control of their actions.

9 Responding to a Call

9.1 Receiving Mobilization Notification

All emergency calls will come from Ambulance Control either as a pager message or via the mobile phone. Mobilization 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 shall respond without delay to the address given.

9.2 Vehicle Position on Location

When the First Responder arrives on location they shall park up safely and sensibly, allowing access for the ambulance when it arrives. The First Responder may be accompanied in their vehicle by a relative or friend but only First Responders shall enter the patient's home or the incident scene.

9.3 Identification on Arrival

On arrival at the incident, the First Responder shall show their First Responder ID and explain that the ambulance is en route and that they will provide emergency care until it arrives. The First Responder shall assess the patient's condition and provide appropriate treatment up to but not exceeding their level of training.

9.4 Interaction with Emergency Response Units

First Responders shall not stand-down the emergency response unit which is dispatched with them at the time of call. When the emergency response vehicle arrives the First Responder shall provide a concise verbal



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handover and offer assistance if necessary.

9.5 Travelling in the Ambulance

The First Responder shall not travel in the back of the ambulance to hospital except in exceptional circumstances and then only at the request of the ambulance crew. Should the ambulance crew make such a request the First Responder is encouraged to assist if they feel themselves able.

9.6 Violent or Otherwise Unsafe Location

Should a First Responder be in a violent or aggressive situation, they shall leave the location and inform Ambulance Control via mobile phone. The First Responder shall abandon equipment if necessary and shall not return to collect it until the location is made safe by the Gardaí.

9.7 Initiating a Call

If a First Responder comes across an incident that requires their assistance they shall respond appropriately and at the earliest opportunity contact Ambulance Control by dialing 999. The First Responder shall give the incident address, brief details and render assistance as normal until the arrival of an emergency response vehicle.

10 Liability Cover

NAS liability cover is provided by the State Claims Agency.

First Responders, activated by the NAS, are classed as agents of the NAS.

The NAS has extended its Employer Liability, Clinical Indemnity Organization and Public Liability to cover members of First Responder Organizations engaged in authorized activities and working within their scope of practice, e.g. Cardiac First Responder.

In the case of a criminal prosecution, First Responders may choose to be represented by the Clinical Indemnity Organization, as are all other members of HSE staff including NAS employees.

First Responders must have sufficient car insurance for the purposes of the Organization and evidence of this will be required by the NAS and the Organization on an annual basis.

Each member should ensure that by operating as a First Responder they do not invalidate any personal insuring arrangements that they may have, include life or critical illness cover. It is the sole responsibility of the member to make such enquiries and the Organization shall have no liability should such a policy be rendered void by the member's participation as a First Responder.

11 Media Policy

Neither members nor organizations authorized by the organization to act on its behalf, including but not limited to First Responders, shall make any statement to the media except as coordinated by the organization's Public Relations Officer in consultation with the local NAS ORM following consultation with the HSE Area Communications Office. Any member asked a question regarding the organization shall inform the questioner that they are not permitted to answer such questions and refer the questioner to the Public Relations Officer.

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 and the Organization.

With reference to proactively generated news items e.g. informing the media about a forthcoming initiative, all information shall 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.



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12 Fundraising

Any fundraising activity, which involves the use of the NAS's name, shall 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.

All funds raised must be accounted for and records must be available for audit. This will be undertaken by the Committee.



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Appendix A Minimum Equipment Level

- i. AED with spare defibrillator batteries, 2 sets Adult Pads and 1 set Paediatric Pads
- ii. Disposable pocket face mask
- iii. Gloves – Nitrile or other non-latex medical gloves – minimum 5 pairs of the appropriate size
- iv. Responder Pager and/or mobile telephone
- v. “Paramedic Shears” for cutting clothing
- vi. At least 2 biohazard marked rubbish bags to contain clinical waste
- vii. Hand sanitizer
- viii. General First Aid supplies
- ix. Torch (flashlight)
- x. First Responder Hi-visibility jacket or vest



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Appendix B Policies and Procedures Acknowledgement

I have read and been informed about the content, requirements, and expectations of the policies and procedures for members of Ashbourne First Responders. I have received a copy of the policy and agree to abide by the policy rules and guidelines as a condition of my participation and my continuing membership of Ashbourne First Responders. I understand this document is not intended to cover every situation which may arise during my participation, but its rules and guidelines are a guide to the goals, policies, practices and expectations of the organization.

Signed: Date

Appendix C Medical Warning Acknowledgement

Provision of CPR is a physically strenuous activity and Ashbourne Cardiac First Responders strongly recommends that you consult with your physician before undertaking CFR training or responding as a CFR. You should be in good physical condition and be able to provide prolonged CPR.

Ashbourne Cardiac First Responders is not a licensed medical care provider and represents that it has no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific activity on a medical condition.

You should understand that when participating in any physical activity, there is the possibility of physical injury. If you engage in the Ashbourne Cardiac First Responder program, you agree that you do so at your own risk, are voluntarily participating in these activities, assume all risk of injury to yourself.

I acknowledge receipt of these warnings and agree to release and discharge Ashbourne Cardiac First Responders from any and all claims or causes of action, known or unknown, arising out of physical activities related to Ashbourne Cardiac First Responders.

Signed: 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 Ashbourne Cardiac First Responders
- 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
- You confirm that you 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 Ashbourne Cardiac First Responders Coordinator/NAS Operations Resource Manager
- You also confirm that you will notify my personal insurers of your involvement with the Community First Responder Scheme

I confirm that I have read and understand the above information and the Policies and Procedures of Ashbourne Cardiac First Responders and agree to abide by both.

Name of Volunteer: _____ (BLOCK CAPITALS)

Signed: _____

Date: _____

Scheme Co-ordinator _____ (BLOCK CAPITALS)

Signed: _____

Date: _____