London Ambulance Service NHS
NHS Trust

First Responders Policy

DOCUMENT PROFILE and CONTROL

Purpose of the document: is to be an overarching policy which directs all relevant staff to more detailed policies/procedures. It should therefore be read in conjunction with all of the policies/procedures listed in this document.

Sponsor Department: A&E Operations – Emergency Operations Centre

Author/Reviewer: Ambulance Operations Manager – First Responders. To be reviewed by June 2013

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
06/08/10	2.2	AOM and Head Records Management	Revised monitoring section and addition of Appendix 5
18/06/10	2.1	AOM and Head Records Management	Additions to sections 4.5, 7.3, 13.3, Imp. Plan Monitoring, and App.1.
31/03/10	1.7	Ambulance Operations Manager (AOM)	amendments
24/12/09	1.6	Ambulance Operations Manager (AOM)	following feedback and early review
13/02/09	1.5	Head of Records Management, Records Manager	minor amendments, formatting, number sequencing
14/01/09	1.4	Ambulance Operations Manager (AOM)	amendments
18/11/08	1.3	Head of Records Management & Ambulance Operations Manager (AOM)	amendments
12/11/08	1.2	Head of Governance	amendments following CGC ratn.
31/10/08	1.1	Head of Governance	amendments following SMG approval
03/10/08	1.0	AOM – CFR Management, CFR Programme Manager, Head of Governance, Medical Director	

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
CQSE	18/06/10	2.0
CGC	12/11/08	1.0
SMG	08/10/08	1.0
Agreed by Trust Board (If appropriate):		

Published on:	Date	By	Dept
The Pulse	08/10/10	Governance Administrator	GCT
LAS Website	08/10/10	Governance Administrator	GCT
Announced on:	Date	By	Dept
The RIB	10/10	Governance Administrator	GCT

EqIA completed on	By
22/03/10	First Responder Steering Group
Staffside reviewed on	By
	Staff side Representative

Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
	Saving lives: Our Healthier Nation (DH 1999)	
	Taking Healthcare to the Patient: Transforming UK Ambulance Services (DH 2005)	
	The Role and Management Of Community First Responders (Healthcare Commission 2007)	
HS001	Health and Safety Organisation – Policy Statement	1.0
	First Responder Steering Group Terms of Reference	
	Solo Response Desk Dispatch Guidelines	
	Standard Operating Procedure: Confirming availability with the Emergency operations Centre	3.0
	Standard Operating Procedure: Equipment	2.0
	Standard Operating Procedure: Recording and reporting	1.0

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled or substantive.

1. Introduction

First responder schemes and public access defibrillation are widely recommended strategies to achieve more rapid defibrillation and thereby provide definitive treatment for victims of sudden out-of-hospital cardiac arrest. In July 1999 the Government set out a White Paper entitled 'Saving Lives: our healthier nation'. This paper focused on public access to early defibrillation and announced the government's intention to invest £2 million in siting Automated External Defibrillators (AEDs) in busy public places and training people in their use. The experience in London demonstrates that siting AEDs at high footfall locations can result in very short collapse to defibrillation times and a significant improvement in survival. AEDs are now more commonplace, although there are still many more opportunities for increasing access to defibrillation for those suffering an out-of-hospital cardiac arrest.

Whilst siting an AED at a high footfall location creates the greatest opportunity for a life to saved by any single device, only 20% of sudden out-of-hospital cardiac arrests occur in a public place. Therefore, the provision of early defibrillation for cardiac arrest patients in their own homes remains a challenge. Volunteer responder schemes have existed for many years in rural locations where it is often unlikely that an ambulance response will reach the patient in time to successfully resuscitate them from a sudden out-of-hospital cardiac arrest. More recently these schemes have started to become established in urban environments, where their presence increases the chance of seriously ill patients receiving an early response.

All volunteer emergency responders working in association with the London Ambulance Service will be included in this policy.

2. Scope

This policy is intended to be an overarching policy which directs all First Responder Schemes linked to the London Ambulance Service NHS Trust. Anyone who responds on behalf of the London Ambulance Service with an AED, but is not paid by the Service to do so, will be included in this policy. It should be read in conjunction with all of the policies/ procedures listed in this document.

3. Objectives

1. To describe the purpose of First Responders within the LAS

2. To define the role of First Responders

3. To describe the different types of First Responders

4. Responsibilities

4.1 The **Chief Executive** has overall accountability for having an effective Operational and Risk management system in place and an effective system of internal control within the Trust. The day to day responsibility for risk and operational management is delegated to Nominated Directors.

4.2 The **Medical Director** has delegated responsibility for managing the strategic development and implementation of clinical management, clinical governance, and including infection prevention and control.

4.3 The **Director of Operations** has overall responsibility for core A&E Ambulance Operational Services

4.4 The **Assistant Director of Operations** has delegated responsibility for managing risks associated with community first responder schemes, and has responsibility for the development of operational strategy in order to meet national performance and clinical targets.

4.5 **First Responder Steering Group** meets quarterly and has responsibility for deciding how First Responders operate and manage any changes or improvements in accordance with the Terms of Reference (Appendix 1). Membership of this group includes representatives from A&E Operations, the LAS Patients Forum, Staff Side representative, Management Information, IM&T, Control Services, Training, Medical Directorate, Communications, Programme Management, Logistics, Human Resources, Patient and Public Involvement and Legal Services. It reports through to the Clinical Quality, Safety and Effectiveness Group.

4.6 The **Ambulance Operations Manager (AOM) – First Responders** has responsibility for the process of developing and establishing First Responder schemes throughout the LAS operational area.

4.7 **Ambulance Operations Managers** (**AOMs) and Duty Station Officers (DSOs)** have responsibility for the day to day delivery of core services and any associated risks associated with community first responder schemes, including local induction

4.8 **LAS First Responder Co-ordinator** is the member of the Complex management team that leads on local issues relating to First Responders in the Complex operational area. There will be one at every station Complex area that has first responders operating within their operational area. This would usually be a Team Leader or Duty Station officer. They will supervise the local induction process and monitor compliance.

4.9 Volunteer **Community First Responder Co-ordinator** is a member of the responder scheme and is responsible for ensuring up to date records, arranging meetings and training, and ensuring accurate contact information. They will work closely with the LAS First Responder Co-ordinator to ensure that induction takes place.

4.10 **LAS Team Leaders** have the responsibility for supporting clinical practice of front line staff and volunteer responders. They will also provide feedback on the Clinical Performance Indicator (CPI) audit that they take from the LAS Patient Handover Record (LA4H).

4.11 **Emergency Operations Centre (EOC) staff** are responsible for identifying suitable incidents and activating the responders to these.

4.12 **Operational Staff** are responsible for the day-to-day delivery of core services. This includes Emergency Care Practitioners (ECPs), Paramedics, Emergency Medical Technicians, A&E Support, Control and Patient Transport Services staff.

4.13 **First Responders** are responsible for following the guidelines issued by the LAS and reporting any changes to their capability to fulfil the role of First Responder safely

4.14 It is the responsibility of **all staff and volunteers** to identify risks and to highlight these to the appropriate manager, via the Risk Reporting & Assessment Procedure. Employees also have a responsibility to cooperate with managers and to contribute to the process of identifying areas of developments and reducing risks.

5. Definitions

5.1 First Responders

First Responders are volunteers who provide emergency life support to patients before the arrival of a London Ambulance Service response. First Responders will be activated to emergency calls when a patient's condition is sufficiently serious that their attendance may have a beneficial impact on the patient's outcome. They will not be activated to patients with minor conditions that will not be improved by the attendance of an individual with emergency life-saving skills.

First Responders consist of three main types:

5.1.1 Co-Responders

Co-responders are those that work or volunteer for established organisations and who respond to selected emergency calls as part of their existing duties (e.g. City Police, Royal Air Force, Airport Fire Crews and other emergency services, voluntary aid societies, etc). These organisations may have their own emergency transport arrangements, and may well provide both the equipment and the training required, if this meets the required standard.

5.1.2 Community First Responders

Community First Responder (CFR) schemes consist of groups of local people who volunteer to share the provision of a single responder within their local area. These responders will be recruited, trained and equipped by the LAS or partner organisations and may respond in their own private vehicles at normal road speeds. Training will be to the IHCD First Person On Scene (FPOS) standard or equivalent nationally recognised qualification.

5.1.3 Establishment Based Responders

Establishment Based Responders (EBR) are staff who work for organisations that host static defibrillator sites, such as London Heathrow Airport and rail stations, and are trained to provide emergency life support.
Staff involved in these schemes will operate within walking distance, use equipment provided by the LAS and are trained by LAS instructors. The actual responders are selected by the relevant establishment. These responders engage in their normal activities within the establishment until an emergency medical incident occurs on the premises. They then act according to their levels of training on behalf of the establishment and the Trust.

6. Recruitment of Responders

6.1 The method of recruitment for First Responders will depend on the type of responder being recruited.

6.2 Co-Responder organisations will also be responsible for the recruitment of members to the individual schemes. The criteria for recruitment of new members will be agreed by the LAS and where practical LAS staff will engage in the recruitment process.

6.3 The recruitment of Community First Responders is to be inclusive, so that anyone who can demonstrate the required competencies may join. There is no selection of individuals in an attempt to limit numbers. Recruitment techniques within any given area will be designed to provide the opportunity to all individuals as far as is possible.

6.4 Establishment Based Responders will by definition be recruited from within the existing workforce of the host organisation. It is the organisation that will be responsible for the selection of responders based largely on their role within the organisation and their capacity to respond when required.

6.5 All Community First Responders and Co-Responders are required to have an enhanced Criminal Records Bureau (CRB) clearance before they operate as a responder. This check will be done by the LAS except when the responders become members of a partner organisation that already has an established capability for undertaking CRB checks.

7. Training and Induction of First Responders

7.1 First Responders will either be trained by the LAS or trained by another organisation to a nationally recognised standard that is acceptable to the LAS. The level of training and induction will depend on the specific role that the First Responder is undertaking.

7.2 Depending on the nature of the scheme Co-Responders may already be qualified to an acceptable standard in terms of their clinical skills. The extent of training will depend on the type of response being provided, but will be a nationally recognised qualification that meets or exceeds the Institute of Healthcare Development (IHCD) First Person On Scene (FPOS) Basic qualification. Training will be provided if the qualification is not current or cannot be validated to an acceptable standard. All Co-Responders will undergo induction in relation to the role and their interaction with the ambulance service.

7.3 Community First Responders will be trained and assessed as competent to a level that is nationally recognised for people undertaking this role. The minimum standard for Community First Responders will be the IHCD First Person On Scene (FPOS) Basic qualification. Other nationally-recognised First Responder qualifications will be accepted, such as the St John Ambulance First Responder Qualification, if they meet or exceed this minimum standard. All Community First Responders will undergo induction in relation to the role and their interaction with the ambulance service.

7.4 Establishment Based Responders will normally have already been operating in a first aid capacity in their own work environment. Additional Emergency Life Support skills will be provided and assessed to the standard required by the LAS. Induction of these personnel will take into account the extent to which they continue to operate in their normal work environment.

7.5 A training file will be kept on every responder by either the LAS, in the same way as other operational staff within an operational complex area, or by the partner organisation. Each training file will include a record that confirms the level of competence of the responder and the date this was achieved. Files kept by partner organisations must be made available for inspection by the LAS if required. In addition the LAS will hold a master list with details of all responders including their skill level, with qualifying and requalifying dates.

7.6 First Responders are required to attend relevant post qualification courses, seminars, workshops and meetings to maintain clinical skills and ensure continuation of qualification. As a minimum they are required to be re-assessed against the standard to which they are qualified to practice on an annual basis.

8. Scope of Practice

8.1 First Responders will provide an initial response to serious or life-threatening emergencies in addition to the normal ambulance service response.

8.2 When responding a First responder must be equipped with a Automated External Defibrillator and be trained in its use.

8.3 A First Responder's scope of practice will be limited to the extent of their training and the equipment with which they are provided.

8.4 First Responders who are medical professionals with a higher level of ability are advised that if the clinical care they provide exceeds that defined by their responder role, they are personally responsible and liable for their actions.

8.5 First responders will pass the clinical responsibility for a patient to the first member of LAS operational staff that arrives on scene.

8.6 First Responders have neither the skills nor the experience to safely decide that a patient does not require treatment of conveyance to hospital. These decisions can only be made after the attendance of a member of LAS staff with a skill level of Emergency Medical Technician (EMT3) or above.

9. Activation of Responders

9.1 First Responders will be activated in accordance with the Solo Response Desk Dispatch Regime (Appendix 5). The availability of First Responders will be agreed in advance with the LAS so that when a suitable emergency incident occurs, the Emergency Operations Centre is aware of which responders are available to be activated. Community First Responders will provide the LAS with detailed copies of their rotas on a regular basis. Establishment Based Responder schemes are designed so that at least one responder will be available throughout the normal operating times of the host organisation. Co-Responders will make themselves available in the same way as either CFRs or EBRs depending on the nature of the scheme.

9.2 Community First Responders will confirm that they are available for activation in accordance with the Standard Operating Procedure: Confirming availability with the Emergency Operations Centre (Appendix 2)

9.3 When an emergency incident has been identified by dispatch staff in EOC, which is both within the operational area of a responder scheme and within their scope of practice, then the EOC will activate the on-call responder using the agreed communication channel.

9.4 There will be active monitoring of a responder for the duration of the incident to maintain their safety and ensure their welfare.

10. Use of vehicles

10.1 First Responders who will use a vehicle to respond, are required to demonstrate that they have an appropriate driving licence and that the vehicle that they will use is insured for them to drive, has a current road fund licence and has a valid MOT certificate if required.

10.2 Community First Responders will not be provided with blue lights and sirens and will not be permitted to contravene traffic regulations when responding.

10.3 First Responders that are using a car to respond must display the agreed identity markings for their scheme (e.g. magnetic panels). When they are attending an incident, a London Health Emergency badge should be displayed.

11. Equipment

11.1 CFRs responding to calls will use equipment issued by the LAS or partner establishments. This will be strictly within the guidelines and procedures detailed within the initial training, and in accordance with the Standard Operating Procedure: Equipment (Appendix 3).

12. Health and Safety

12.1 First Responders are required to comply with the relevant LAS Health and Safety policies and procedures available on the 'Pulse'.

13. Support and Feedback for First Responders

13.1 First Responders will be provided with support from the LAS in the same way as it is provided for paid staff. This applies for both immediate and follow-up support. This support may be in addition to that which may be provided by the partner organisation that the volunteer belongs to.

13.2 The Community First Responders Co-ordinators meet quarterly in a group that includes both Community First Responder Co-ordinators and LAS First Responder Co-ordinators. This meeting is chaired by the AOM – First Responders and is primarily a communication link with CFRs across London. It provides an opportunity for issues to be raised and discussed, and for briefings on important changes, allowing a word-of-mouth dissemination of information.

13.3 First Responders are required to be re-assessed for their competence to undertake the role on an annual basis. This assessment will be conducted under the same structure that provided their original qualification. If any First Responder does not display an adequate level of competence they will not be permitted to operate as a First Responder until further training is

provided to reach the required standard, when further re-assessment will take place. If the First Responder continues to fail assessments they will be withdrawn from the scheme.

13.4 First Responders will receive feedback and support by LAS Team Leaders using the Clinical Performance Indicators (CPI) designed by the Clinical Audit & Research Unit. This audit will be based on the completion of the LAS Patient Handover Record (LA4H) in accordance with the Standard Operating Procedure: Recording and reporting (Appendix 4). The data obtained is used to support practice and any stand-out results are flagged up during the process, documented and feedback is provided to the individual responder.

13.5 There is an established system for all LAS staff, both paid and voluntary to provide feedback on any aspect of First Responders. This system includes an official LAS form (LA 30) and an e-mail account that can be accessed both internally and externally. All feedback is viewed by the AOM - First Responders, the Communications officer and the First Responder Administrator and, if appropriate, actioned by the AOM.

Implementation Plan

IMPLEMENTATION PLAN	
Intended Audience	All staff
Dissemination	Available to all staff and external first responders on the Pulse
Communications	New Policy to be announced in the RIB and a link provided to the document. Will be discussed and disseminated at First Responder Co-ordinators meeting. Available on the 'Pulse' to all staff and first responders.
Training	Annual update and skills assessment for all community first responders. This assessment will be conducted under the same structure that provided their original qualification, and responders will be assessed against the same standards.
Monitoring	The Responder re-qualification (13.3) will be Re-tested against the same criteria as the original qualification. This will be done once per year by Community First Responder Co-ordinators. Clinical Performance Indicators (13.4) will be monitored by LAS Team Leaders using Patient report forms which are checked against the criteria in the CPI database. This will be done when call records are identified through the CPI system, with feedback once every three months. Use of vehicles (10.1) will be monitored by Community First Responder Co-ordinators through a document check for responder eligibility to drive and vehicle roadworthiness and legality. This will be done once per year. Storage of equipment (Appendix 3) will be monitored by LAS First Responder Co-ordinators using direct observation in the course of responding to an incident. This will be done once per year per responder. Results will be reported to the First Responder Steering Group and outcomes monitored by the Clinical Quality, Safety and Effectiveness Group

Appendix 1

London Ambulance Service NHS Trust

First Responder Steering Group

Terms of Reference

The Steering Group's function will be to monitor First Responder activity throughout the London Ambulance Service NHS Trust and ensure that First Responders are an integral part of the LAS Service operational activity.

This will be achieved through review, monitoring, remedial / corrective action, initiation and proactive planning. The Steering Group will regularly review implementation of the First Responder strategy. The Committee will encourage the Trust to engage with members of the public to contribute towards the provision of a voluntary emergency response to our patients.

Functions

Utilising a network of managers and leaders to co-ordinate and advise on the methods to achieve the greatest effectiveness and efficiency in the utilisation of First Responders.

Sharing information on First Responder activity, raising concerns and learning from examples of good practice.

Acting as an internal discussion forum to verify issues and trends requiring action through First Responder activities and the influence of the Steering Group.

Reviewing key activity within the First Responder Strategy and informing project approaches so that problems are easily identified and resolved.

Managing risks that threaten the implementation of the Trust's strategic approach to First Responders.

The First Responder Steering Group will meet quarterly and be chaired by the Ambulance Operations Manager. A quorum for each meeting will be a minimum of five members. The Group reports through to the Clinical Quality, Safety and Effectiveness Group.

Membership

- Ambulance Operations Manager – First Responders (Chair)
- Administrator – First Responder Department
- Deputy Management Information Manager
- Logistics Manager
- Communications Administrator
- Staff Side Representative
- Head of Legal Services
- Ambulance Operations Managers
- Distribution Manager - EOC
- Training Officer
- Duty Station Officers
- Senior HR Manager
- Patients' Forum Members
- Community Defibrillation Officer
- Patient & Public Involvement Manager
- Senior Clinical Advisor
- Project Manager - IM&T

The Steering Group will take particular responsibility for:

Identifying methods for Trust staff to engage and involve the public and the voluntary sector in providing a voluntary emergency response.

Promoting First Responders within the Trust.

Co-ordinating reports on First Responder activity across the Trust.

Monitoring the effective implementation and demonstrating outcome measures from First Responder developments in the Trust

Ensuring that the Trust continues to meet external standards for First Responders.

Appendix 2

Ambulance Community First Responders

Standard Operating Procedure: Confirming availability with the Emergency Operations Centre

Version 3: March 2010. **For review: September 2010**

To confirm availability at shift start

A text message should be sent from the LAS-issued telephone to the following number 07789 651 811. This message should include the call sign (e.g. FR01) and confirm shift times (e.g. 1100-2300). The SRD Allocator will subsequently confirm receipt by returning a text message.

Becoming unavailable at shift end

A text message should be sent from the LAS-issued telephone to the following number 07789 651 811. This message should include the call sign (e.g. FR01). The SRD Allocator will not subsequently contact the responder unless this is specifically requested in the text message.

Restriction on the use of numbers

The text number (07789 651 811) must not be used for voice communication with LAS Control. All voice communication must go via the LAS-issued mobile telephone to the SRD on 9228 7900 2175.

Appendix 3

Ambulance Community First Responders

Standard Operating Procedure: Equipment

Version 3: July 2010 **For review: July 2011**

Use of equipment

Community First Responders must only use the equipment and consumable items formally provided by the London Ambulance Service and St John Ambulance. Under no circumstances may CFRs carry or use their own equipment or consumable items.

The equipment must always be stored and carried in the bags specifically provided by St John Ambulance or the LAS. The equipment must be packed in accordance with the attached guide.

At the beginning of every shift CFRs must check that all items of equipment are complete and functioning correctly, and that all consumable items are within their 'use by' date and are still sealed in their original packaging.

Storage of equipment

The equipment must be kept securely at all times; either in the immediate possession of the CFR, locked in the luggage compartment of their response car or kept in another secure location between shifts.

When attending an incident, all equipment must be kept inside the securely closed bags, and these must be kept in the luggage compartment of the CFR's car, to prevent it moving around the inside of the car in the event of an accident.

The LAS First Responder Co-ordinator is responsible for undertaking an inspection to determine that the CFR patient treatment equipment is being correctly stored in responder vehicles. Each CFR will be inspected once per year and the outcome of the inspection recorded. Immediate feedback shall be given to responders who do not comply with ~~to~~ the procedure and any incidence of non-compliance shall be reported to the LAS Ambulance Operations Manager

– First Responders, who will update the First Responder Steering Group on a quarterly basis

Replacement of equipment

Consumable items may be replaced by the operational LAS personnel at the scene of an incident or by arrangement at the allocated LAS ambulance station.

Ambulance Community First Responders

Standard Operating Procedure: Recording and reporting

Version 1: September 2009 **For review: September 2010**

In the best interests of our patients, to ensure confidentiality for them, to maintain best practice in clinical governance and to comply with the requirements of the law, Community First Responders operating on behalf of the London Ambulance Service must record and report their operations strictly in accordance with this standard operating procedure (SOP). There are no exceptions.

LAS Patient Handover Form (LA4H)
The LA4H Patient Handover Form shall be completed by the CFR for every occasion on which the CFR is activated, even if the call is subsequently cancelled. Completion of this form generates three copies, which should be forwarded as follows.

Bottom white copy: hand to the responding LAS crew in order to provide a record of the patient's condition and treatment to aid the clinical management of the patient.

Top white copy and the **yellow copy:** returned to the Duty Station Officer (DSO) at the nearest ambulance station within 24 hours of the shift end. The top white copy will be forwarded to the LAS management information department and is retained as part of the patient record. The yellow copy will be reviewed by a local Team Leader at the ambulance station so that feedback can be given.

The form must not be copied or retained by the CFR or the CFR unit in any way or under any circumstances. Every effort shall be made to maintain the confidentiality of these documents whilst they are being handled, and CFRs should avoid adding patient identifying details to this form (e.g. patient's name and address, etc). The combination of 'date' and 'CAD ref' which must be included on every form creates a unique identifier to enable the form to be linked with other patient details.

SJA Call Record Form

This form shall be completed by the CFR following every activation, even if the call is subsequently cancelled.

It is normally completed when the CFR has completed the call and left the scene. It shall be handed to the unit coordinator after the event in accordance with a procedure to be agreed by the unit.

The unit coordinator will collate all the unit call record forms each month and send them to the SJA Head of Volunteering Development at London District HQ, 63, York St. London W1H 1PS within two weeks following the end of the month. When completed correctly, there is no patient confidential information on this form so if each unit wishes to retain a copy for debriefing, training and unit records they may do so.

SJA Fatal Incident Form

In the event that a CFR is activated to a call where the patient is dead or dies or where there has been no return of spontaneous circulation on scene (ROSC), the SJA Fatal Incident forms shall be completed.

This shall apply even where the call has been cancelled after dispatch or where the LAS crew are first on scene, manage the resuscitation attempt and the CFR does not become involved with the patient, for example where circumstances may dictate that the CFR best undertakes another task such as to care for the patient's spouse or partner whilst the LAS crew are undertaking the resuscitation attempt.

The abbreviated Fatal Incident Initial Notification form shall be completed by the CFR and forwarded to SJA National HQ within 24hours in accordance with the instructions on the form. The London District Duty Officer must be advised by telephone to enable support for the CFR to be initiated if necessary and for details to be taken to enable the District report to be made to NHQ.

Resuscitation Council UK – AED report forms

Where a CFR has used the Unit AED on a patient, the Resuscitation Council (UK) AED Event Form shall be completed as soon as possible following the event.

It shall be passed to the unit coordinator in accordance with a procedure agreed within the unit.

Top white copy and blue copy: the unit coordinator will collate all the unit forms each month and send them to the SJA Head of Volunteering Development at London District HQ, 63, York St. London W1H 1PS within two weeks following the end of the month.

Green copy: there is no patient confidential information on this form so the green copy may be retained at the unit for debriefing, training and unit records.

Local Operating Procedures for implementation of this Standard Operating Procedure

CFR Unit	
Team Call sign	
Unit procedure for LA4H handling	
Unit procedure for SJA/LAS Call record form handling	
Unit Procedure for Fatal incident Reporting	
Unit Procedure for AED event form	

Appendix 5

Solo Response Desk Dispatch Regime

1. Introduction

Dispatch of a resource in response to an emergency, urgent or non urgent call from any source, is dependent upon a number of processes and actions by control, operational ambulance staff and staff of other emergency services / agencies. This procedure summarises the dispatch regime for the various responders managed on a regular, daily basis by the Solo Response Desk. The resources managed by the Solo Response Desk, are primarily those resources that operate outside the conventional "Emergency Operations Centre' dispatch process that utilises a Mobile Data Terminal.

a) Core Trust resources; MRU, CRU (excluding Heathrow), and Alternative Transport Vehicles (commonly known as Booze Buses and Amber Cars)
b) Voluntary resources: Community First Responder (CfR), Co-Responders (CR), Establishment Based Responders (EBR).

2. Objective

The remit of the desk is simple; *dispatch as quickly as possible to emergency calls within the relevant resource footprints enabling high levels of performance and clinical care.*

3. Dispatch Regime for Core Trust Resources:

As soon as the location of an incident is entered and identified by the Call Taking system (CTAK) the incident receipt form for Red and Amber calls simultaneously appears on the relevant Allocator's visual display screen (VDU). With regards to the Solo Response Desk all identified non-MDT Resources will appear on the Allocators VDU. In the first instance emergency calls will be dispatched to the relevant resource by the CAD via either TAG WORDS or determinant. This is were the call will automatically show against the call sign of the nearest resource(s).It is the Allocators responsibility to Quality Assure the automated dispatch and satisfies themselves that the dispatch is appropriate. It is the Allocators responsibility, based on the category and type of incident, to assign

and ensure that the most appropriate resource is dispatched to the incident via landline, radio or mobile phone transmission. If a call has not been automatically dispatched or a closer resource is available, such as on station, the allocator must ensure the right response is being tasked.

It is the Allocators responsibility to ensure that the resource is updated with any new relevant information prior to their arrival on scene.

4. Dispatch Regime for Voluntary Resources:

As soon as the location of an incident is entered and identified by the Call Taking system (CTAK) the incident receipt form for Red and Amber calls simultaneously appears on the relevant Allocator's visual display screen (VDU). With regards to the Solo Response Desk all identified non-MDT Resources will appear on the Allocators VDU. In the first instance emergency calls to CfR and CR will be shown as the nearest appropriate resource by the CAD via either TAG WORDS or determinant. It is the Allocators responsibility to Quality Assure the this suggested dispatch and satisfies themselves that the dispatch is appropriate. It is the Allocators responsibility, based on the category and type of incident, to assign and ensure that the most appropriate resource is dispatched to the incident via landline, radio or mobile phone transmission. If a call has not been automatically dispatched or a closer resource is available, such as on station, the allocator must ensure the right response is being tasked.

It is the Allocators responsibility to ensure that the resource is updated with any new relevant information prior to their arrival on scene.

The CfR or CR must then be contacted by the means of communication in use (be that mobile telephone or Airwave handset) after checking the safety and risk of the call i.e locality information or assault and checking the type of call is suitable for a CfR, CR or EBR.

EBR will be dispatched to the site of their establishment where the Trust holds a record within the CAD database that they are an EBR. The Solo Response Desk will call the identified number, inform them of a call at their location and document this dispatch within the CAD log.