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All Station/Brigade Reps – Briefing Note 02/17

RFU Circular
Position Statement – Co-Responding

The RFU has always supported firefighters providing emergency medical care since its inception over 18 years ago. This report is a welcome review of potential scope for a widespread increase in its delivery and demonstrates the positive outcomes of widening the role of firefighters within our communities. The engagement of all sections of operational staff and trade unions is also positive and well overdue.

The survival of out of hospital cardiac arrest in the UK is one of the worst in the developed world, under 10% generally and as low as 3%, meaning the loss of many thousands of preventable deaths each year. Rapid attendance and use of an automated external defibrillator (AED) greatly improves chances of survival, especially in the vital few minutes of a post arrest. The FRSs in the UK can now be seen as well placed to deliver this in a considerable number of instances.

Cardiac Arrest although the most serious type of call, is simple to train and equip firefighters to deal with as it only involves the AED protocol and standard Cardio Pulmonary Resuscitation (CPR), which most firefighters are already trained to deliver. Where a fire appliance is available and equipped with an AED, it would seem sensible that it is utilised to deliver a potentially life-saving intervention. This will be relatively easy to roll out across the UK and should be considered as a matter of priority.

Where fire appliances are utilised for this type of response, careful management and safeguards will be necessary to avoid crews being deployed to patients that are outside the strict scope of practise. Almost inevitably some inappropriate calls will get through triage and these should be thoroughly debriefed following an agreed protocol between the FRS and Ambulance NHS Trust. This protocol must be robust and on-going to ensure the strict control over mobilising criteria and the operational deployment, especially within the Ambulance Clinical Contact Centres.

Fire personnel attending a cardiac arrest call with a fire appliance need sympathetic training in how to deal with relatives at this type of incident. They are not trained in dealing with these incidents in a more domestic environment. Often with distraught family members looking to firefighters for support and explanation of the situation. Initially, this can be very stressful for firefighters usually used to dealing with more traditional fire service incidents.

Whilst sending a fire appliance to a cardiac arrest incident is incredibly worthwhile and valuable, it may be too late to help the patient who may have benefited from an earlier medical intervention, which could have prevented or delayed the onset of the cardiac arrest.

The next level of response after a fire appliance CPR response is Co-Responding as described in the NJC trial. This involves delivering earlier treatment to a much larger scope of call categories known as Medical Priority Despatch System (MPDS), more training and equipment

are necessary to deliver this. The number and type of the call categories to be attended are usually agreed between the FRS and its Ambulance NHS Trust.

This type of response has been in use for over 18 years in the UK and has been very successful and saved many thousands of lives. There are a number of operational models in use ranging from a lone responder mobilised from home to a full crew on a fire appliance mobilised from a fire station.

The RFU recommends a minimum crew of 2 in a separate vehicle to the main fire appliance, lone responders are vulnerable to accusations of inappropriate behaviour and cannot safely carry out CPR for the necessary duration until paramedic assistance arrives. Deploying in a separate vehicle usually means a faster response and maintains the availability of the fire appliance for its primary role.

The Disclosure and Barring Service (DBS) checks at an enhanced level are essential for all firefighters undertaking the Co-Responder role. The DBS checks may not be as essential for the firefighters participating in a response to a cardiac arrest with a fire appliance, as unsupervised contact with a vulnerable patient will be limited. Specific requirements are usually agreed between the FRS and Ambulance NHS Trust to provide a best fit with existing policies.

FRS involvement in medical response is an essential move forward delivering a huge improvement in community safety. Many cardiac arrests do not occur suddenly but are preceded by hours of chest pain that often go unrecognised. Early recognition of these symptoms which results in a much earlier activation of the emergency medical system, can avoid the cardiac arrest and lead to massive improvements in patient outcome and future quality of life.

FRSs already deliver effective community education and this has made a huge contribution to reduction in fire calls. Tailoring this education to include medical awareness will make the delivery of these messages more attractive to the general public. This would result in getting more people of all demographic groups to attend to receive training in awareness of serious medical problems, appropriate use of the 999 system, as well as home fire safety messages. The RFU believes this can be achieved nationally for very little additional cost utilising the existing FRS prevention initiatives. Delivery of this training will enhance the FRS's profile within the community and bring a host of benefits for the respective FRSs.

Many communities are remote from their emergency responders, these communities should have public access defibrillators (PADs) available to them, FRSs should assist and support all communities to get adequate PAD cover and train these remote communities in their deployment and use.

There is also scope for a range of other community interventions. Slips, trips and falls account for numerous emergency calls to the ambulance services, home welfare issues could also be included into home fire safety inspections, there is a lot of good work already underway in this direction and it should be encouraged and appropriately funded and resourced.

National guidance should be developed to ensure best practice and common standards are adopted. There will shortly be available a national Ambulance Service First Responder Course, containing two pathways the second of which is designed for uniformed co-responders and validated by FutureQuals. This also provides additional modules that will allow add-on skills and techniques to be adopted if needed in the future. Annual refresher training and recertification in essential skills must be mandatory for all responding firefighters.

To protect participating firefighters, appropriate inoculation standards should be adopted, these are already in use by Ambulance Trusts and should be provided by FRSs and must include Hepatitis and Influenza vaccination.

Because of the very different operational procedures and cultures existing in the Ambulance Trusts and FRSs, robust and effective local management liaison is essential, both to smoothly deliver new initiatives and to provide ongoing supervision so any operational difficulties can be dealt with swiftly before they create more serious problems.

The RFU is pleased with progress made so far and looks forward to seeing more FRSs adopt full Co-Responding service delivery, this has already been incredibly successful in many areas such as Devon and Somerset, Isle of Wight, Lincolnshire and Mid & West Wales, appropriate training equipment funding and support are all essential for successful operation and service delivery.

Tristan Ashby

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