

Community First Responder Support Desk Trial



1 Introduction

- 1.1. The Trust has approximately 750 Community First Responders (CFR) that are available to respond to incidents across SECAmb.
- 1.2. Management of the resources has varied across EOC locations and provided an inconsistent support to this vital resource.
- 1.3. The Trust has decided to provide a new way of managing and deploying CFR's when on duty which will be trialled over the next 3 months through the setting up of a CFR Support Desk (CFRSD).
- 1.4. The CFRSD will go live on Monday 20th October at 07:00 with go live support from volunteer leads and EOC management.
- 1.5. The CFRSD will initially support CFR's in the Sussex and Surrey area with an option to include Kent CFR's following initial assessment of the trial.
- 1.6. The CFR SD will not undertake any other roles, Call Taking, Hospital Delays, ASHICE passing, but can be used to support dispatch teams during an emergency situations. The desk must remain focused on supporting CFR's

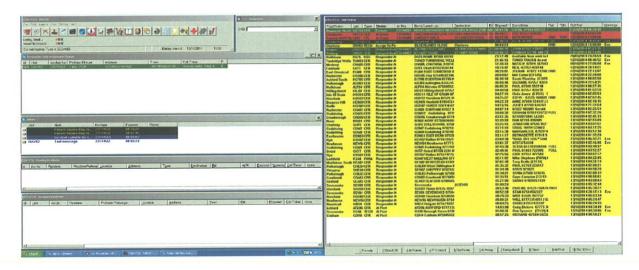
2 Arrangements

- 2.1. From the start date Resource Dispatcher (RD) will be expected to include Responder at Post in their filters and ensure due consideration of CFR availability is made in their deployment decision making.
- 2.2. CFR's will book on duty via SMS message and then contact the CFRSD by phone to confirm shift time end (This will not be left open ended)
- 2.3. All initial dispatch functions will be carried out by the RD as the accountable person. This is purely the process of assigning the call sign to incident in line with CFR scope of practice.
- 2.4. CFRSD will then take accountability for the CFR for all further notifications, updates, welfare and post incident support, before returning the CFR to available status ready for next deployment.

- 2.5. A CFRS Action card has been produced to manage all the actions expected of the CFRSD. Appendix 1
- 2.6. CFR tasking criteria is detailed in appendix 2
- 2.7. CFR welfare consideration are detailed in appendix 3

3 CFRSD CAD functionality

- 3.1. It is recommended that CFRSD setup up screens on CAD in the following way. This the operator is not overloaded with information, and under pins the role is a post allocation role.
- 3.2. Screens suggestion:



3.3. CAD functionality is not ideal but operators may find better setups with experience, and we may to be able enhance setup in the future.

4 CFRSD Telephony

- 4.1. The primary contact number for the CFRSD is 0208 786 1082.
- 4.2. In the event of being busy this number will overflow to the Dispatch Team leaders and then the EMA call queue.
- 4.3. CFR's will be expected announce their call by stating their call sign, status and requirement.

- 4.4. The CFRSD will announce their selves as "Support Desk", this will allow the CFR to differentiate who has answered their call and adjust their request accordingly.
- 4.5. A dedicated RED critical contact phone will be installed, for emergency situations.

5 Future developments

5.1. This document is a working draft and will be amended in light of operational experience and feedback from field and EOC staff.

Appendix 1



South East Coast Ambulance Service ACTION CARD NHS Foundation Trust

CFR Support Desk (CFRSD)

Overview

This action card details the requirements for managing the CFR support desk.

On Duty

- CFR will text on duty and follow up with a phone call to CFRSD to confirm receipt
- CFRSD will confirm CFR showing on duty and confirm end shift estimate, and Edit Roster. This can be amended later if CFR extends shift

Incident allocation

- . CFRSD will not allocate CFR's -This is a Resource Dispatcher Function
- When CFR shows Alerted, monitor and check status, if >30 second warnings displays call CFR to confirm details received
- Monitor call and update CFR of any new or relevant information and monitor for CFR safety.
- · Monitor Assignment Queue to ensure back up is on way
- · Monitor until safe arrival at scene

CFR on Scene

- · Continue to monitor incident until safe arrival of back up
- Notify crew of any updates from CFR
- . If backup stood down contact CFR with update
- . If CFR on scene for 30 minutes without back up, complete welfare call
- · Reset Assigned Incidents Timer to enable a re-check in another 30 minutes
- Note welfare call /CFRW

CFR Clear from Scene

- · On receipt of delayed available contact CFR
- · Confirm receipt of all progress times
- · Check for welfare needs
- · Escalate welfare needs if required

MB / CFRSD 10/14

RESTRICTED (to EOC)



Update status & monitor until Responder at Post is received

Monitor CFR Availability

- Where CFR not used for 4 Hours check area for calls to ensure no calls missed, escalate as required
- · Contact CFR to confirm all systems normal, just quiet in their area

Other Responsibilities

- Inform RD/EOCM of any issues from CFR regarding incident
- Escalate any welfare issues immediately, and inform Volunteer Services Lead
- Consider contact of known CFR's that will book on when response system under pressure
- Ensure CAD notes are filled in with any CFR updates and problems
- Ensure desk is covered for breaks etc use Meal Break RD or DTL

End of Shift Arrangements

- . CFR's will text off at the end of their allotted shift time
- . The CFR will contact CFRSD by phone to confirm sign off
- · If no off duty is received, end shift manually
- Shift extension will only be excepted following voice contact with CFRSD

CFR-APPROPRIATE INCIDENTS:

- Chest Pain/Cardiac Brob Breathing/ENT Problems
- ✓ Stroke/Neurological

- Diabetic Problems

FR-EXCLUSIONS:

- Abuse/violence or aggression

INCIDENTS REQUIRING WELFARE CHECK/ESCALATION:

- √ Cardiac/Respiratory Arrest –
- ✓ Prolonged on scene time >60 minutes without backup
- ✓ Incident involving CFR family
 ✓ Incident involving threats of violence or abuse —
- Incidents involving HEMS

RESTRICTED (to EOC)

- debrief/welfare reasons
- subsequently declared major
- ✓ Any other incident that may have an adverse effect on a CFR's psychological welfare

Appendix 2

CFR-APPROPRIATE INCIDENTS:

- ✓ Cardiac/Respiratory Arrest
- ✓ Choking
- ✓ Chest Pain/Cardiac Prob
- ✓ Breathing/ENT Problems
- ✓ Stroke/Neurological
- ✓ Unconscious/Faint
- ✓ Allergic Reaction
- ✓ Bleeding
- ✓ Diabetic Problems
- ✓ Fitting

CFR-EXCLUSIONS:

- ✓ Fire
- ✓ Severe Trauma
- ✓ Spinal Injuries
- ✓ RTC
- ✓ Industrial Accident
- ✓ Abuse/violence or aggression
- Alcohol/drug or overdoses except unintentional or minor
- ✓ Maternity or Gynae

Appendix 3

INCIDENTS REQUIRING WELFARE CHECK/ESCALATION:

- ✓ Cardiac/Respiratory Arrest (in case of paediatrics inform CPL immediately AND duty bronze when out of hours)
- ✓ Prolonged on scene time >60 minutes without backup
- ✓ Incident involving CFR family
- ✓ Incident involving threats of violence or abuse − (in case of actual violence inform CPL immediately AND duty bronze when out of hours)
- ✓ RTC involving CFR (inform CPL immediately AND duty bronze when out of hours)
- ✓ Incidents involving HEMS attendance
- ✓ Any incident where a crew have been stood down for debrief/welfare reasons
- ✓ Incidents that are subsequently declared major or serious
- ✓ Any other incident that may have an adverse effect on a CFR's psychological welfare