

Community First Responder



PARTNERSHIP:



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



NHS
London Ambulance Service
NHS Trust

St John
Ambulance 

First Responders In Havering

The scheme runs pan London, but we respond and serve the community across Havering and Adjoining Boroughs



First Responders

Comprised of volunteer members of the community including Military, Fire and Police Co-responders, all selected, trained and dispatched by the Ambulance Service to attend life-threatening emergencies.



The role of the first responder



- Assess the situation quickly and calmly
- Protect yourself and others from harm
- Treat the casualty
- Arrange the necessary help (999, 112 or 111), or update the EOC
- Deal with the aftermath

The Role of a First Responder

- ▶ Attend cases of **cardiac, respiratory and medical illnesses** such as
 - ▶ Stroke
 - ▶ Diabetic emergency
 - ▶ Epileptic seizure
 - ▶ Choking
 - ▶ Angina and Myocardial Infarction, as directed by the emergency operations centre (EOC)
- ▶ Treat **life-threatening conditions** prior to DCA (Ambulance) or RRV (Car) arrival
- ▶ Act as **liaison** between the patient, the patient's family and the ambulance staff.
- ▶ Reporting process and actions regarding duty of care in respect of **safeguarding** responsibilities.



The Responsibilities of a First Responder

- Ensure equipment is well maintained
- Attend observation shifts with emergency ambulance crews
- Attend regular training sessions
- Conduct yourself only within the limits of your training
- Maintain confidentiality (Information Governance)
- Uphold the values of your Trust
- Understand your Trust's incident or near miss reporting processes
- Duty of candour (be open and honest)
- Structured and methodical approach
- Scene, Safety, Situation & STEPS 123+
- Identify life threatening conditions
- Include primary and secondary surveys
- Must communicate clearly and slowly
- Remember your approach when dealing with children

Chain of Survival



Providing good quality CPR and Defibrillating in the first 3-5 mins of a SCA can produce a survival rate of 50-70% (Perkins 2015)

- Community Response
- Front Line Ambulance Support
- LAS Home Testing
- Hospital Covid Testing
- Hospital Equipment Support
- Refreshment Trucks
- Strategic Support
- Additional Training



Hospital and Community Support

Providing additional PPE

Members made :

Scrubs

Scrubs bags

Knitted Partnering Hearts (for patients and their families)

Made children's cushions for local Hospices

Coordinated additional PPE donations for Havering Companies



Support for Ambulance Crews

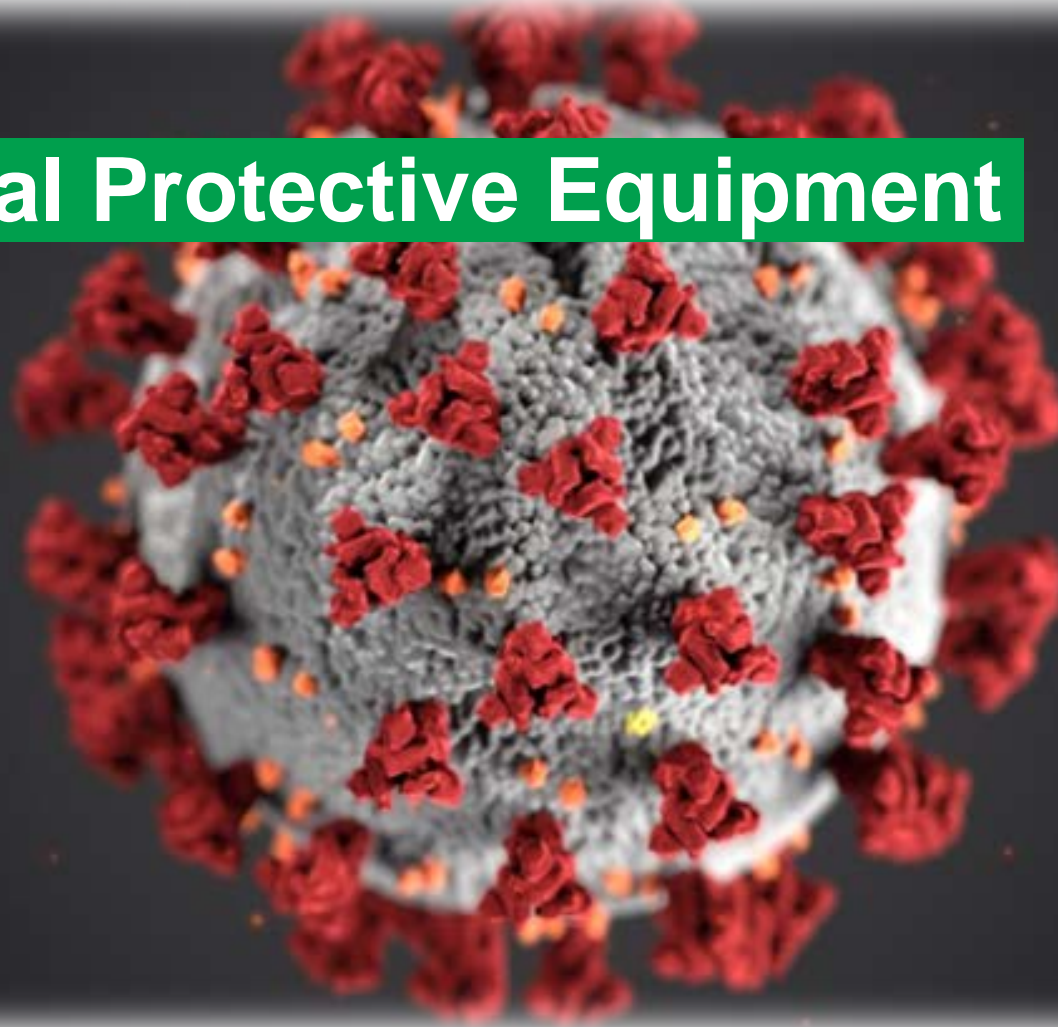
Refreshment Trucks

Providing food and drinks at various hospitals including Queens, Romford and King George Hospital.

This assisted Ambulance Crews delivering patients and allowed them to access refreshments throughout the day



Personal Protective Equipment



COVID-19 PPE



Public Health
England



Prepare & Protect

Guidance for healthcare staff on personal protective equipment

PUTTING ON personal protective equipment (PPE)

The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is: **APRON, SURGICAL MASK, EYE PROTECTION and GLOVES.**



APRON (OR GOWN)

- Pull over head and fasten at back of waist



SURGICAL MASK (OR RESPIRATOR)

- Secure ties or elastic bands at middle of head and neck
- Fill flexible band to nose bridge
- Fit snug to face and below chin
- Fill check respirator



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Place over face and eyes and adjust to fit



GLOVES

- Extend to cover wrist

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF INFECTION

- Keep hands away from face
- Limit surfaces touched in the patient environment
- Change gloves if they became torn or heavily contaminated
- Regularly perform hand hygiene
- Always clean hands after removing gloves

REMOVING personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross-contamination.

The order for removing PPE is **GLOVES, APRON, EYE PROTECTION and SURGICAL MASK.**



GLOVES

- Grasp the outside of the glove with the opposite gloved hand; peel off
- Hold the removed glove in the gloved hand
- Slide the fingers of the ungloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove
- Discard in a lined waste bin



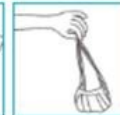
APRON (OR GOWN)

- Untasten or break ties
- Pull apron away from neck and shoulders, touching inside only
- Fold or roll into a bundle
- Discard in a lined waste bin



EYE PROTECTION (GOGGLES/FACE SHIELD)

- Handle only by the headband or the sides
- Discard in a lined waste bin



SURGICAL MASK (OR RESPIRATOR)

- Untasten the ties – first the bottom, then the top
- Pull away from the face without touching front of mask/respirator
- Discard in a lined waste bin

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

All PPE should be removed before leaving the area and disposed of as healthcare waste.

FOR MORE INFORMATION CONTACT:



© Crown copyright 2014. 2020/04/01/2014. In part copyright © CDC 2009. NHS ENGL AND GAVE WHO REFERENCE 0049. Produced by Writers Ltd for the Department of Health, NHS England and Public Health England in collaboration with HSE.

These images are for illustrative purposes only. Always follow the manufacturer's instructions.

St John
Ambulance



Purpose of the Falls Programme

- **Background to the Falls CFR programme**
- **CFR's key statistics around falls in the ambulance setting, and the benefits of falls responders**
- **The Bexley falls team have found that 86% of responses to non-injury falls do not need an ambulance**
- **LAS recently found that 78% of patients triaged as requiring a 'public assist' with no injury or illness did not need to be conveyed to ED after a face-to-face assessment.**
- **LAS also found that only 3% of those patients receiving a face-to-face response required a blue light journey into ED, highlighting the importance of early assessment.**

Introduction to Falls and the Role of Falls CFR

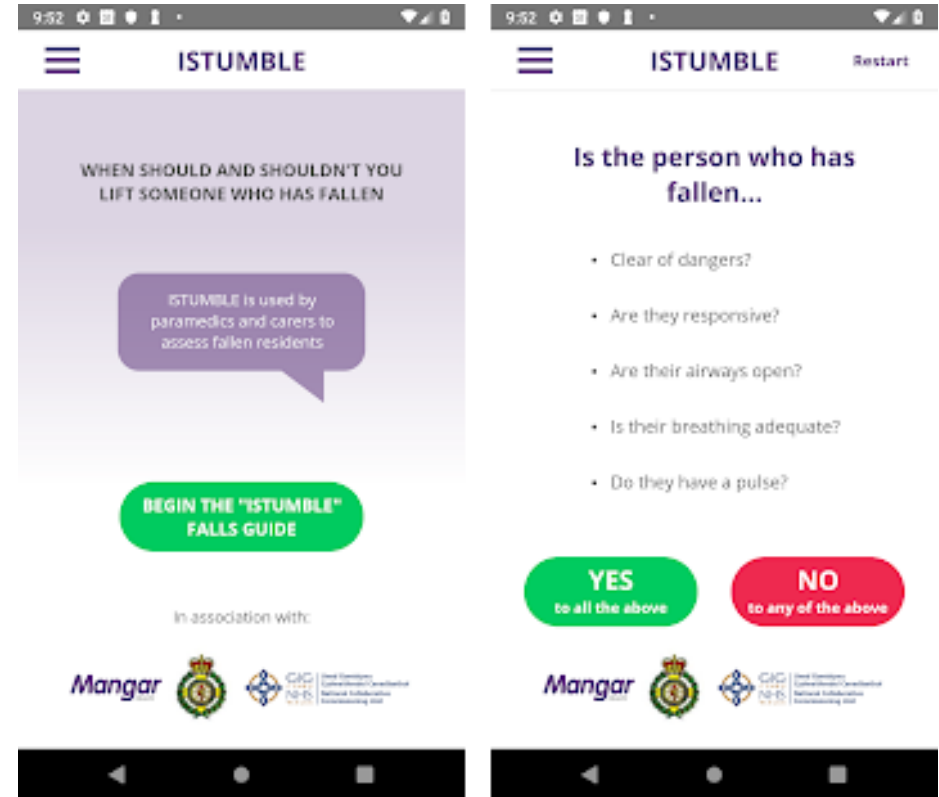
Key Learning Outcomes of Falls Training

- Have a detailed awareness of the roles and responsibilities of a Falls CFR.
- Application of iSTUMBLE
- Understand and be able to complete all the relevant documentation and a detailed understanding of the procedures required to be followed when attending a patient who has fallen
- Use of IT required for Falls programme and update on shift record form

The screenshot shows the iSTUMBLE app interface. At the top, it displays 'No SIM', signal strength, '09:10', and battery level. Below the status bar is a hamburger menu icon, the text 'iSTUMBLE', and a 'Restart' button. The main question is 'Is the person who has fallen F.A.S.T. test normal?'. Below this is a list of test components: 'F Facial Movements' (minus sign), 'A Arm Movements' (plus sign), 'S Speech' (plus sign), and 'T Time' (plus sign). Under 'F Facial Movements', there is a sub-question: '• Has their face fallen on one side? Can they smile?'. At the bottom, there are two large buttons: a green 'YES' button and a red 'NO' button. Logos for 'Mangar', the Royal Coat of Arms, and 'GIG NHS National Collaborative Commissioning Unit' are visible at the bottom of the app interface.

Procedures for a Patient Who Has Fallen

- Assess the patient using the Primary and Secondary Survey
- Note the time of the fall
- Use of iSTUMBLE



Falls and injuries

- **Causes of falls**
- **Potential injuries and hidden injuries**
- **Understand how older patients perceive pain differently**
- **Older people's independence, fear of hospital and wanting to stay in a familiar environment**



Patient Interaction in their own Environment

- Occupational therapy and aids available – budgets and what is in your area?
- Safe mobility in the home – brief risk assessment
- Movement or restricted movement in their own home
- Pendant alarm understanding – cost and implications
- Appropriateness of onward referrals
- Appropriate clothing and furniture placement



Welfare

- Ability of the patient to get a hot drink and something to eat
- Access to medication
- Access to glasses/hearing aid if applicable
- Access to call for help
- Able to identify NOK for emergencies and have an awareness of NOK conflict
- Other conditions that affect living



Safeguarding

- Are the premises secure?
- Vulnerable from strangers/ fraudulent callers?
- Does the patient have learning difficulties?
- Are there any fire risks?



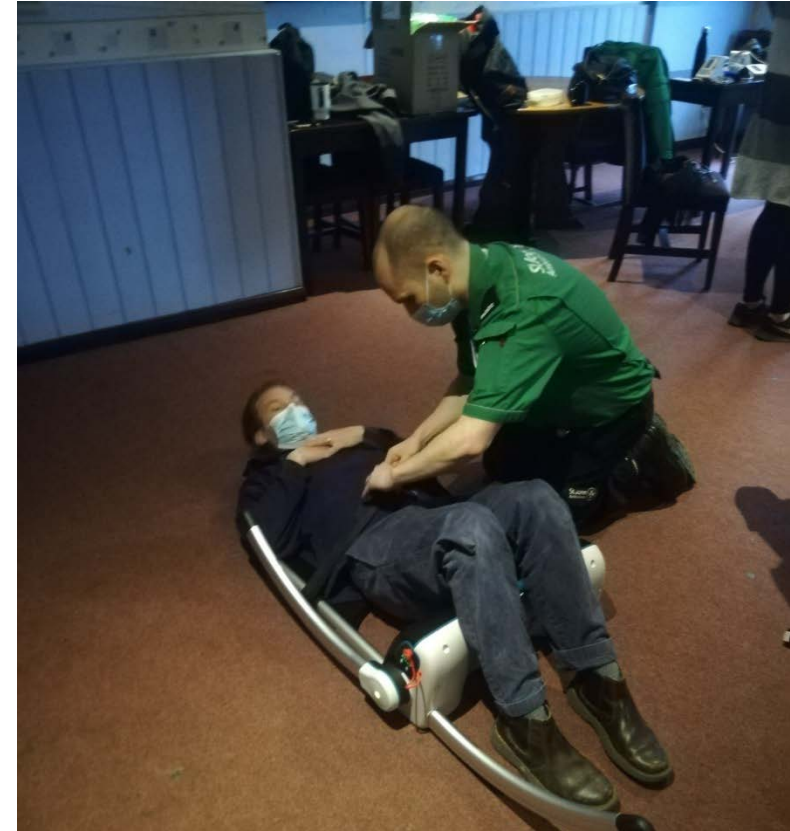
Equipment Available

- Manger Elk
- Raizer Chair
- Additional Equipment
- Ambulance handing equipment used
- Safe moving and handling whilst focusing on patient experience



Raizer Chair

Raizer Chair can be utilised by one person to get people off the floor in an easy operation



Safe Discharge From Care

Learning Outcomes

- Understand and develop safe working practice when supporting CHUB Clinicians in discharging a patient who has fallen.
- Understand the procedure for safe discharge including the role and responsibilities of the Clinical Hub and CFRs
- Safeguarding referrals



Post Discharge Actions

- Leave hard copy of documentation/ ePCR access card on scene
- Safeguarding referrals LAS /SJA
- OT referrals
- Local protocol

