

Kings Sutton Community First Responders



Kings Sutton Community First Responders South Northamptonshire



Welcome!

We are a group of volunteer Community First Responders who live or work in Kings Sutton and surrounding areas in South Northamptonshire.



Working in partnership with East Midlands Ambulance Service (EMAS) we will respond to life threatening emergency medical calls within our area and provide vital assistance to people who are ill or injured prior to the arrival of the Emergency Ambulance.

This presentation provides information about CFR Schemes, how they work, how they are run, and how they can make a real difference in local communities.

What we do – an overview:

When a "999" call is made within our local area, the Ambulance Service dispatch an Emergency Ambulance as normal to the scene, but at the same time will also contact the Community First Responder (CFR) who is on-duty.

In a similar way to how retained firefighters or volunteer RNLI crews attend incidents from their home or workplace, the Community First Responder will attend the call, and because they will already be in the local area can often arrive first and begin to treat the patient before the ambulance arrives by:

- Giving oxygen therapy
- Clearing and controlling the airway of an unconscious patient
- Providing bag-valve mask resuscitation and heart defibrillation
- Controlling any bleeding
- Taking basic observations
- Reassuring worried family and friends and taking charge of the situation



Kings Sutton Community First Responders - Mission Statement

Our Mission Statement

Kings Sutton Community First Responders aim to provide a quality, reliable and professional volunteer Community First Responder Scheme in support of East Midlands Ambulance Service, to members of our local community within Kings Sutton and the surrounding villages.

Our Aims and Objectives

- To provide the maximum amount of cover possible using a rota system to give a "First Response" to life threatening and serious emergency calls within our coverage area in support of East Midlands Ambulance Service
- To promote the development of the volunteer Community First Responder Scheme within the local community to gain continued interest and support
- To recruit new volunteer members to maintain and enhance the service offered to the local community
- To continually develop the knowledge and experience of volunteers within the Scheme through appropriate training, hands on experience and observation opportunities in partnership with East Midlands Ambulance Service, allowing the provision of high quality care to patients
- To work as an effective team and to provide care and post incident support to other volunteer team members whenever required
- To take part in fund raising activities and publicity to attract funding to ensure that the Scheme is suitably funded to enable it's continuing operational viability, and to manage all funding appropriately
- To develop and maintain quality operational relationships with East Midlands Ambulance Service, other Emergency Services and other local organisations, business and individuals within the local area
- To promote where possible awareness of basic life support and CPR to members of the public

The Chain of Survival

Thirty years ago it was discovered that if a series of events took place in a set sequence, a patient suffering from a sudden cardiac arrest stood a greater chance of survival.

These events are now known as 'The Chain of Survival'

The First Link in the Chain of Survival – Early Access to Emergency Care



When sudden cardiac arrest (SCA) strikes an immediate 999 call is crucial – a delay of just a few minutes could prove fatal. By quickly recognising a medical emergency, a bystander can help save a life.

Could you recognise the symptoms of sudden cardiac arrest?

They are

- unresponsiveness
- loss of consciousness
- lack of pulse
- cessation of breathing

Sudden cardiac arrest is not the same as a heart attack but a victim of either condition requires an immediate 999 call.

The Second Link in the Chain of Survival – Early CPR



CPR or cardio-pulmonary resuscitation is the second link in the Chain of Survival, and can buy vital life-saving time between the first link (Early Access to Emergency Care) and the third link (Early Defibrillation).

During sudden cardiac arrest the heart twitches irregularly due to a disruption of the electrical signals within the heart muscle that keep it pumping normally. This 'twitching' is usually due to ventricular fibrillation (VF), and means that the heart cannot pump oxygenated blood to the brain, lungs and other organs. The victim quickly stops breathing and loses consciousness.

The person who has dialled 999 will be talked through how to deliver CPR by the Ambulance call taker, until more help arrives, as prompt CPR can help sustain life

during VF. The chest compressions and mouth to mouth breathing help oxygenated blood flow to the patient's brain and organs until defibrillation can attempt to restore normal heart rhythm. When Responders deliver CPR, instead of the 'mouth-to-mouth' they use a bag-valve mask connected to an oxygen cylinder to deliver pure oxygen to the patients lungs.

The Third Link in the Chain of Survival – Early Defibrillation



Although it is an important link in the Chain of Survival, CPR alone cannot fully resuscitate a person in cardiac arrest. Early defibrillation is the third, and perhaps most significant link. Defibrillation – the delivery of an electric shock to the heart muscle – can restore normal heart function by 'resetting' the heart's own electrical impulses, bringing it out of VF and back into normal heart rhythm.

When CPR and defibrillation are provided within eight minutes of a cardiac arrest occurring, a person's chance of survival increases to 20%. When CPR and defibrillation occur within four minutes of the episode, the chance of survival increases to over 40%.

Community First Responders are trained to use, and carry in their kit an Automated External Defibrillator (AED).

The Fourth Link in the Chain of Survival – Early Advanced Care



The fourth link in the Chain of Survival is early advanced care. Paramedics and other highly trained emergency ambulance personnel provide this care, which can include basic life support, defibrillation, the administration of cardiac drugs and insertion of endo-tracheal breathing tubes. This type of advanced care can help the heart in VF respond to defibrillation, and maintain a normal rhythm after defibrillation has been performed.

The trained ambulance personnel monitor the patient closely on the way to hospital, where more definitive diagnostic evaluation can occur.

What are Community First Responders?

Community First Responders (CFR's) are volunteers who are trained to respond to emergency calls through the 999 system, in conjunction with the ambulance service.

CFR's provide immediate care to patients in rural areas where distance may delay the prompt arrival of an ambulance.

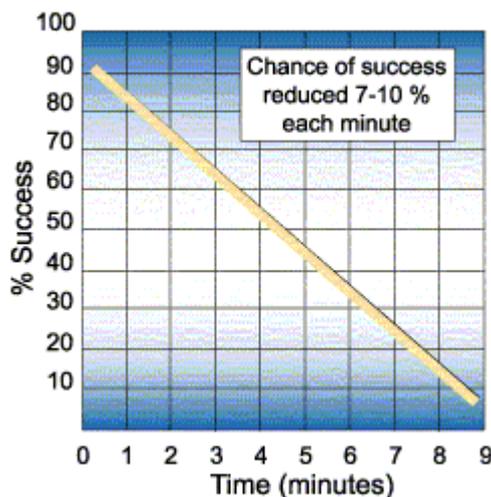


What do Community First Responders do?

Community First Responders are trained to deliver Basic Life Support, oxygen therapy, resuscitation & heart defibrillation, and basic first aid. They are primarily called to attend 'Category A' emergency calls, which are 999 calls that the Ambulance Service consider 'very serious and/or life threatening' and by their very nature need medical help to arrive as quickly as possible.

These types of calls are classed as medical emergencies, and can happen at home, at work or in public places and often involve the patient suffering one of the following illnesses or symptoms

- cardiac arrest
- unconscious or collapsed
- chest pains (eg heart attack or acute angina)
- breathing difficulties (eg asthma, acute on-set bronchitis, emphysema)
- diabetic emergencies (eg hypoglycaemia, hyperglycaemia)
- fitting or convulsions (eg epilepsy)
- stroke (CVA or TIA)
- anaphylaxis (severe allergic reaction)
- choking



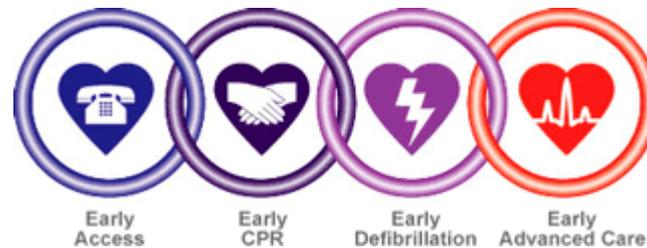
Because the CFR already lives or works in the local community they are often able to reach the patient first, and administer appropriate care until the ambulance arrives.

This could mean that a patient suffering from breathing problems could be put on oxygen that bit sooner, someone who is choking could be treated that bit earlier, or, if you consider the fact that for every minute a patient is in cardiac arrest, with no treatment their chance of survival decreases by 7-10%, even if a responder arrives only 3 or 4 minutes in front of the ambulance crew and begins resuscitation and defibrillation, the patient's chances of survival could be increased by 30-40%.

By being in the community with the right equipment, Community First Responders can and do make a real difference where early treatment is vital.

Why Community First Responder Schemes are so important

The Chain of Survival...



...and how CFR's fit into it

We know that in many medical emergencies and after accidents, people can die within the first few minutes. We also know that if certain simple but critical interventions can be performed within those first few minutes, that life can be saved and disability reduced. This is especially the case for cardiac arrests, choking and injuries that have caused someone to lose consciousness.

Community First Responder Schemes started in conjunction with the British Heart Foundation and the Government's white paper 'Saving Lives – Our Healthier Nation' which stressed the importance of early public access to defibrillation. It was decided that having defibrillators, and people trained to use them, in rural areas that are harder or further to reach by land ambulance, could help save lives.

The Resuscitation Council (UK) "...strongly recommends the implementation of early defibrillation. Increased provision of early defibrillation through the widespread deployment of AED's (automatic external defibrillators) is now considered to be a realistic strategy for reducing mortality from cardiac arrest due to ischaemic heart disease."

Community First Responders can provide the second and third links of the Chain of Survival in the vital few minutes between the 999 call being made and the ambulance arriving at the scene. This early intervention could mean the difference between life and death for the patient.

Prognosis

People who survive sudden cardiac arrest have an excellent prognosis

- 83% survive for at least one year
- 57% survive for five years or longer

How the AED works

Defibrillator pads are attached to the patient's chest, and to the AED. The AED analyses the patient's heart rhythm, and if the heart is in ventricular fibrillation (VF) the AED will advise by way of a voice prompt that a shock should be delivered, and will charge the pads. The shock is delivered by the Responder pressing a button on the AED. The Responder will then perform CPR for 2 minutes, until prompted again by the machine to allow it to analyse the heart rhythm, after which the AED will advise that either another shock is delivered, or that CPR is continued. This cycle of CPR / analysis / shock / CPR continues until professional help arrives.

A shock could not be delivered inappropriately as the pads will only charge if the machine detects that the patient's heart is in VF, so it is completely safe for the patient.



How It All Works

A 999 call is made

When a 999 call is made, the caller will firstly speak to the telephone operator, who will say "Emergency, which service do you require?".

If the caller asks for the ambulance service, the operator asks for the telephone number they are calling from (in case the call gets disconnected) and transfers the call to the Ambulance Control Room. If the 999 call is made within the East Midlands Ambulance Service area, which is the entire counties of Nottinghamshire, Derbyshire, Leicestershire, Rutland, Lincolnshire or Northamptonshire, the call will be routed to one of the state of the art EMAS Control Rooms in Nottingham or Lincoln.

The call is prioritised and help is sent

Help starts as soon as the 999 call is answered by the Ambulance Control Room. The first question that is asked is the address where the ambulance is required. As soon as this information is given, a Control Dispatcher will immediately start an ambulance en-route. At this point the Dispatcher also checks to see if there is a Community First Responder on duty in the area, and if there is will alert them by pager message or mobile phone.



The dispatcher has various resources available, including accident and emergency ambulances, FRV's (single crewed Paramedic Fast Response Vehicles), Community First Responders (CFR's), or even the Warwickshire & Northamptonshire Air Ambulance.

The Ambulance Control Room manages all A&E vehicles through a satellite tracking system. This means that staff can identify the nearest vehicle by looking on a computerised mapping system, which shows where the help is needed, and where the nearest vehicle is. CFR's show on this system as a static resource when on duty, so the dispatcher can quickly see how near to the incident the CFR is, and how long it should take them to get there along with the ambulance.

While this is all going on in the background, the call taker continues to obtain other important information such as the nature of the illness / accident, the patient's age and condition. They can also talk the caller through ways to help the patient, such as how to curb blood loss, how to look after an unconscious patient, or how to perform CPR.

The Government target for UK ambulance services is to reach 75% of Category A calls (immediately life threatening) within 8 minutes, and 95% of Category B calls (urgent, but not thought to be immediately life threatening) within 19 minutes. The category of the call is automatically worked out by the computer system in Control, based on the responses the caller gives to the structured questions asked by the call-taker.

The phone rings and the CFR goes into action

If Ambulance Control need a Responder to attend a call, they will alert them by a direct phone call. The CFR will be told the address of the incident and brief details of the patient's condition, and will proceed to the address, usually in their own car, with their Kit, phone, and high visibility jacket. All driving must be under the rules of the Highway Code, and the Responder must comply with the law at all times whilst driving to a call.

The kit mobile phone allows the CFR to contact the Control Room directly once they have arrived on scene, and to relay the condition of the patient. This information can then be passed on to the crew of the ambulance vehicle who will also be mobile to the scene using blue lights and sirens.



On arrival the Responder will have all the training and equipment necessary to manage the patient in those first few critical minutes before the ambulance arrives. In some cases the Responder may only be required to reassure the patient, in others oxygen therapy may be needed, and in some the Responder could save a life as a result of a simple airway opening manoeuvre, treating choking, or using their defibrillator on a person in cardiac arrest.

Will an Ambulance still be sent too?

YES - It is important to stress that the Community First Responder will **always** be backed up by an emergency ambulance or FRV as soon as possible, and the crew will take over from the Responder when they arrive. Responders do not take the place of the Ambulance Service, they supplement it.

What happens after the incident?

Support for the volunteers and analysis of the impact of the Scheme in the community are extremely important aspects. There may be times when, despite all efforts a patient dies, or has already died before help arrived. This can be distressing for everyone involved, and the Trust has experience with helping people cope in these circumstances.

Dealing with emergency situations can be stressful, particularly if the patient is known to the Responder. There will always be someone available who can talk through the incidents and the emotions evoked.

If the defibrillator is needed the Responder will record information about the interventions they performed, and their efforts. An EMAS officer will also download information from the AED itself, and all of this information will be analysed by the Trust to ensure that the best possible service is provided to the community.

Do Community Responders attend all 999 calls?

No - Community First Responders are not called to "trauma" incidents (such as road traffic accidents), emergencies involving very young children, pregnant women, or calls that may involve violence or disorder.

How many Community First Responder Schemes are there?

In the East Midlands Ambulance Service area there are currently more than 80 Community First Responders Schemes operating, eleven of these are in Northamptonshire. Across the UK there are over 1000 operational Schemes.

Community First Responder Training & Skills

Training

All members of the Kings Sutton Community First Responder team will undergo intensive training and assessment with Paramedic Training Officers from East Midlands Ambulance Service NHS Trust. The training will enable each volunteer to deliver the following level of skills and care:

- use of Automated External Defibrillator (AED)
- oxygen therapy
- bag-valve mask resuscitation and use of airways
- CPR (Cardio Pulmonary Resuscitation)
- first aid
- patient care and assessment
- recognition of cause and type of illness/injury

Other factors such as Patient Confidentiality, Infection Control and Scene Safety & Incident Management are also covered.

Types of medical emergencies that First Responders are trained for:

- Category "A" calls - (serious/life threatening)
- cardiac arrest
- unconscious and collapsed patients
- chest pains (eg heart attacks, acute angina)
- breathing difficulties (eg asthma, acute on-set bronchitis, emphysema)
- diabetic emergencies (eg hypoglycaemia, hyperglycaemia)
- fitting or convulsions (eg epilepsy)
- stroke (CVA or TIA)
- anaphylaxis (allergic reaction)
- choking

On-going

Community First Responders will also undergo re-training and testing by East Midlands Ambulance Service to ensure that all team members can give the best possible standards of care to our community.

Regular team meetings and training exercises also take place, usually with our neighbouring group, Brackley CFR.

Community First Responder Equipment

Automated external defibrillator

In cases where the patient has suffered a cardiac arrest, the most vital piece of equipment the CFR carries, the defibrillator or AED, is used to deliver a controlled shock to attempt to put the patient's heart back into a normal rhythm.

An AED costs approximately £1,200 but this piece of equipment can mean the difference between life and death for some people.



Responder kit bag

The Responder kit bag contains everything the Responder needs in those first few vital minutes. Items such as oxygen, masks, gloves and airways are provided and replaced by the ambulance service.

Items that must be purchased by the group include the bag itself (£80.00 approx)
pulse oximeter - a device placed on the finger to measure heart rate and how much oxygen is in the blood (£50.00 approx)
suction unit (£120.00 approx), map book (£12.00 approx)
defib pads & battery (£75.00 approx)

A lightweight high visibility jacket is provided by EMAS



Item contents may vary from those illustrated

Responding in Kings Sutton – the practicalities

Recruitment

We are still looking to recruit volunteers from Kings Sutton and the surrounding area to join our team of Community First Responders, to enhance the level of CFR cover in the area. If you think you could dedicate some time to this worthwhile cause, please contact us for an informal chat.

CRB Checks

All volunteers will be required to undergo an Enhanced CRB Check, which will be carried out by East Midlands Ambulance Service.

Training

All volunteers will be required to attend a 4 day training course and assessment run by East Midlands Ambulance Service. It is likely that the volunteers will have to travel to training centres in Leicester or Nottingham.

The course covers all aspects of what is required to become a Community First Responder, and includes both theoretical and practical learning. A written exam and a practical assessment must both be passed with satisfactory grades to pass the course as a whole.

Driving

Responders must have held a full driving licence for at least a year, and their vehicle must be taxed, MoT'd and insured for business use. All driving must be strictly in accordance with The Highway Code and Road Traffic Law. No flashing lights, audible sirens or any other alteration to the Responder's vehicle are allowed, and they do not have priority over other road users.

Availability

East Midlands Ambulance Service has identified the fact that evenings and weekends are statistically peak times for an ambulance to be required, and initially the aim is that all evenings and weekends will be covered by an on-duty Responder.

The dedicated CFR dispatch desk in EMAS Control is manned 24 hours a day, 365 days a year. Some groups do have a '24/7' cover, and if this was something members of the group were prepared to do it is certainly a viable option.

Area covered

Generally a Responder would travel within a 4 to 5 mile radius of their location if sent to an emergency call whilst on duty.

Storage of the Kit

The Kit is kept at the address of the on-call Responder, and is passed between Responders as they go on and off duty. It is the responsibility of each responder as they go on duty to ensure that the Kit is complete, clean, and that all equipment is in correct working order.

Uniform

Kings Sutton CFR has purchased polo shirts for use while on duty, and East Midlands Ambulance Service provides a lightweight high visibility jacket. An EMAS ID card is also issued, and should be carried by the Responder whilst they are on duty and attending emergency calls.

Logging 'on-duty'

At the start of a 'shift' the Responder either calls or texts into Control using the Kit mobile phone, to let them know they are on duty. While a responder is on call they can continue with their normal day-to-day activities at home or work, but must be ready to drop everything and attend a call should one arise while they are on duty.

At the end of a shift, the kit is collected by the next 'on-call' Responder, who again calls or texts in to Control to inform them of the new person on duty, and the process starts again.

When the phone rings...

If the Responder on duty is required to attend a 999 call, s/he will be alerted by a phone call from Ambulance Control. This is the ambulance equivalent to how retained fire fighters or volunteer RNLI crews are alerted when they are needed to attend an emergency call. Sometimes calls are preceded by 'pre alert' texts that a call has been received from the area, but the Responder does not go out until dispatched by phone.

The Responder will be given the address of the emergency and brief details of the patient's condition and will then make their way to the address with their Kit, the phone and their high visibility CFR jacket. They will provide appropriate care to the patient as per their training, until the ambulance or fast response vehicle arrives, when the Responder will hand over to the crew.

What happens next?

On leaving the address the Responder will replace any consumables (ie oxygen or masks) with the crew from the ambulance. Any equipment used will be cleaned with disinfectant as per protocols, and the responder will let Control know they are 'clear' from the incident, and ready to go back on call.

Support

It will be possible for new Responders to 'buddy up' with a more experienced Responder during their first few shifts to give confidence, and guidance if required. In group mentoring is available to offer on-going support for group members, and the co-ordinator arranges meetings and training to ensure that skills are kept up to date.

EMAS has experience in dealing personnel who have been particularly affected by distressing incidents, and there is always someone for Responders to talk to in confidence if more structured or professional support is needed.

Patient confidentiality

Responders must not discuss or otherwise disclose patient information to anyone, including other Responders. They must not keep any patient identifying material at their home address (ie must not keep a record of names and/or addresses of patients they have attended) and are strictly prohibited from telling anyone, including spouses or family members the names, addresses or any other identifying feature of patients they have been called to.

Hygiene

Responders will be expected to maintain an excellent standard of personal hygiene, and will also receive training regarding infection control during their course. Latex free gloves are provided by the Ambulance Service and must be worn whilst attending a patient.

Group meetings

Regular group meetings will be held where members will receive training updates, discuss fund raising, and any other issues that may arise.

Funding

Community First Responders Schemes are totally self-funded and therefore rely on fund raising and kind donations from local individuals, businesses and organisations, to help purchase equipment and keep the schemes operational.

A suitable bank account has been opened for donations to be paid into.

Charity Status

Groups expecting to raise less than £5000 in a financial year are not required to register with the Charity Commission, but can still register with Her Majesties Revenue & Customs for tax relief.

We are planning to continue to fund raise for the group, and if the amount raised exceeds £5000 we will contact the Commission for further guidance on registering as a charity.

The Future

Projects to be considered in the future for Kings Sutton Community First Responders include:

- raising awareness of the Scheme in the local community
- continued fund raising
- recruitment of more volunteers

Our aim is to purchase a number of Responder Kits for Kings Sutton and the surrounding area to provide the best support possible for the Ambulance Service and the local community.

Thank you for taking the time to read through this presentation.

If you have any further questions please contact Elaine Cross on
01295 816597 or kingsuttoncfr@gmail.com

