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<b>Policy Title: First Responders Alert Systems &amp; Procedures</b>		
<b>1<sup>st</sup> Draft by:</b>	<b>Gearóid Oman</b>	<b>Title: Training and Development Officer</b>
<b>Reviewed by:</b>	<b>Pat Mooney</b>	<b>Title: Communications Officer</b>
<b>Approved by:</b>	<b>Gerry Clarke</b>	<b>Title: Assistant Chief Ambulance Officer</b>

## POLICY STATEMENT:

The activation of emergency calls to First Responders is an important aspect of Community Responder Programme. Timely activation increases the chance of a local First Responders attending a patient while an Ambulance is en route.

### 1.0 PURPOSE

1.1 This policy sets out the operating procedures and use of paging systems for First Responders, developed by the National Ambulance Service to be adopted by those participating in various programmes.

### 2.0 PAGERS

2.1 Pagers may consist of mobile phones on paging devices.  
2.1 The pagers are the property of the NAS.


### 3.0 DEFINITIONS AND ABBREVIATIONS

C.F.R. – Cardiac First Responder  
E.F.R. – Emergency First Responder  
E.M.T. - Emergency Medical Technician  
N.A.S. – National Ambulance Service  
PAD – Public Access Defibrillation  
Advanced Paging – Computerised paging used by Ambulance Control Centre

<b>Document Routing</b>			
<b>1<sup>st</sup> Draft</b>	<b>Reviewed</b>	<b>Approved</b>	<b>Distribution</b>
Sign: G. Oman Date: May 2008	Sign: P. Mooney Date: May 2008	Sign: G. Clarke Date: June 2008	Sign: G. Oman Date: June 2008

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This is a controlled document and may be subject to change at any time.

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## **4.0 POLICY/PROCEDURES**

### **4.1 Alerting:**

- 4.1.1 For Cardiac First Responders Programmes
  - a. Check the text to rule out a 'Test' Call
  - b. Note the time of call received.
  - c. Note the time that you arrived at the patient.
  
- 4.1.2 Public Access Defibrillator (PAD) Programmes
  - a. Check the text to rule out a 'Test' Call
  - b. Contact a responder to collect the AED bring it to the incident
  
- 4.1.3 Single Responder (not part of specific scheme)
  - a. Check the text to rule out a 'Test' Call
  - b. Note the time of call received.
  - c. Note the time that you arrived at the patient.

NOTE: The NAS is not activating the responder but aiding the community but advising them of an incident by which they maybe able to administer emergency aid. The NAS has no further commitment or liability to the responder or the scheme.

### **4.2 Recommended alerting area**

- 4.2.1 For Cardiac First Responders Programmes: 8KM
- 4.2.2 Public Access Defibrillator (PAD) Programmes: 2KM

### **4.3 Loss, damage or change of a Phone or Pager**

- 4.3.1 Loss, damage or change of phone or pager should be reported to the Control Team Leader at 057 9385165 who will in turn notify the relevant Communications and Training Officers.
  - a. Gearóid Oman
  - b. Pat Mooney

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#### **4.4 Messaging Period**

- 4.4.1 The period of messaging will be for a period of no more than 12 months.
- 4.4.2 The system after this period will automatically cease alerting.
- 4.4.3 It is the responsibility of the individual or scheme co-coordinator to re-apply to re-activate the alerting system.

#### **5.0 FREQUENCY OF REVIEW**

This policy and procedure will be reviewed informally on an ongoing basis and formally every two years or when necessary following changes in procedures and/or legislation.

#### **6.0 METHOD USED TO MONITOR COMPLIANCE**

NAS Training and Development department along with Ambulance Control Centre management will continue to review the use of the Paging system.

#### **7.0 REFERENCES**


- Community First Responder Handbook

#### **8.0 APPENDICES**


**Appendix A** – Policy Acknowledgement Form

**Appendix B** – Pager Instructions

**Appendix C** – Pager Application

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## **Appendix B – [Pager Instructions](#)**

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## Paging Application

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PPS number \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternative Phone number \_\_\_\_\_

e-mail \_\_\_\_\_

Address or GPS co ordinance of centre of coverage  
 \_\_\_\_\_

I am applying to the NAS for inclusion in the CFR Paging activation system.

I agree to the Conditions of the policy

I understand that

- the paging of activation will be for a maximum of 12 months
- that I must report a change, loss or stolen phone to the NAS.
- is no liability on the NAS
- I must register my AED with the NAS Midland Division

Signature of responsible person: \_\_\_\_\_ Date: \_\_\_\_\_

### **Check List (office Use)**


Certification

- |   |   |
|---|---|
| <input type="checkbox"/> CFR<br><input type="checkbox"/> EFR<br><input type="checkbox"/> Heartsaver AED<br><input type="checkbox"/> OFA | <input type="checkbox"/> EMT<br><input type="checkbox"/> Paramedic<br><input type="checkbox"/> Advanced Paramedic |
|---|---|

Date of AED Registration:

Address of Centre if radius cover

Radius Covered: \_\_\_\_\_ KM

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Feidhmeannacht na Seirbhíse Sláinte  
 Health Service Executive

National Ambulance Service  
 Midland Headquarters  
 Midland Regional Hospital  
 Tullamore  
 Co. Offaly

Phone: 00353 57

### **Confirmation Letter**

\_\_\_\_\_ has been entered onto the NAS Paging system

Phone numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Call Types:

- |   |   |
|---|---|
| <input type="checkbox"/> Cardiac Arrest<br><input type="checkbox"/> Choking<br><input type="checkbox"/> Stroke<br><input type="checkbox"/> Chest Pain | Other: _____<br>_____<br>_____<br>_____ |
|---|---|

Area Covered: \_\_\_\_\_

Expiry Date: (max 1 year) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Training Officer NAS