

report

meeting	NOTTINGHAMSHIRE AND CITY OF NOTTINGHAM FIRE AUTHORITY	
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REPORT OF THE CHIEF FIRE OFFICER

PILOT CO-RESPONDER SCHEME INTERIM MEMORANDUM OF UNDERSTANDING

1. PURPOSE OF REPORT

The purpose of this report is to present, for Fire Authority Members approval, the Pilot Co-Responder Scheme interim Memorandum of Understanding between Nottinghamshire Fire and Rescue Service and East Midlands Ambulance Service (EMAS).

2. BACKGROUND

- 2.1. Members will recall that the "Independent Review of the Fire Service" by Sir George Bain recommended "some firefighters should be trained as first-on-scene co-responders which would give them basic life support skills, including training in the use of defibrillators".
- 2.2. Nottinghamshire Fire and Rescue Service adopted the sentiments of Professor Bain's report by including in the inaugural Integrated Risk Management Plan (IRMP), an intention to "develop and introduce a co-responder partnership scheme with East Midlands Ambulance Service".
- 2.3. The recently released Fire and Rescue Service National Framework endorses Professor Bain's recommendations and confirms that "Fire and Rescue Authorities should explore the benefits of implementing co-responder schemes in partnership with other agencies". This supported the Authority's position within the IRMP that was formally adopted in April 2004.

3. REPORT

- 3.1 Within the IRMP the Fire Authority, in confirming its support for such a scheme also took steps to ensure that the scheme would be resilient and support communities' needs. The IRMP stated that "The Authority considers it to be vital that the partnership needs to be properly constituted and arranged with effective protocols, procedures and safeguards built in. It accepts that this may take time to achieve, but would want to see a system in place that provides a defibrillator to heart attack victims as soon as possible. The Authority also accepts that it would want to bring the system in, on a phased basis, in areas where there is genuine need."

- 3.2 As a result of the IRMP and the Authority's recommendations, two task groups were set up, in conjunction with East Midlands Ambulance Service, to look at the strategic and tactical implications of such a scheme. The Strategic Group focused on the production of the Memorandum of Understanding that would detail the protocols by which such a scheme would operate, whilst the Tactical Group focused on the training, equipment and implementation aspects. The tactical work is now completed and a training and equipment framework is ready for implementation.
- 3.3 As well as Nottinghamshire, Leicestershire and Derbyshire Fire and Rescue Services were also included within the working groups, thus endorsing the Fire and Rescue Service National Framework which encourages regional working.
- 3.4 In researching the Interim Memorandum of Understanding, the Strategic Team researched "best practice" schemes, as practised by Devon and Lincolnshire Fire and Rescue Services, relevant guidance such as that issued by CFOA Operations Committee, and statistical evidence. The Strategic Group found that such a scheme would offer improved survival from cardiac arrest. The following figures supported this :-

Cardiac Arrest Survival Rates

• Ambulance Response only.....	3%
• Bystander CPR and Ambulance Response.....	14%
• Community first responder with AED.....	35%
• AED on site.....	65%

- 3.5 This interim Memorandum of Understanding between East Midlands Ambulance Service NHS Trust and Nottinghamshire Fire and Rescue Service forms the basis of a combined commitment from the principal managers of the represented organisations, to a pilot co-responders scheme which will lay the foundation for an established scheme following the outcomes of the pilot phase. Its intention is to provide an integrated approach to patient care, within identified communities, and to ensure that each organisation's commitment to the scheme will continue to be honoured. It also provides the necessary guidance to those responsible for the delivery of the scheme.
- 3.6 Under this Interim Memorandum of Understanding, the pilot scheme will offer the Authority the opportunity to assess the benefits to the community of a co-responder scheme within Nottinghamshire.

4. FINANCIAL IMPLICATIONS

- 4.1 There will be some financial implications arising from this report. This will depend on the number and location of the schemes implemented. As the scheme is to be implemented on a phased basis an assessment of the financial impact, through this pilot, can be made.
- 4.2 Initial training and equipment costs have already been met through EMAS contribution and existing contingencies.
- 4.3 The pilot scheme is proposed to be run at a wholetime station. Estimated demands from EMAS predict five calls/week. This would have limited financial impact.

5. PERSONNEL IMPLICATIONS

Personnel undertaking co-responder duties will need to be trained to the requisite standard before the scheme can commence.

6. EQUAL OPPORTUNITIES IMPLICATIONS

There are no equal opportunities implications arising from this report.

7. RISK MANAGEMENT IMPLICATIONS

Failure to implement a co-responder scheme will be contrary to the intentions of the Nottinghamshire Local (Integrated) Risk Management Plan and the Fire and Rescue Services National Framework. Failure to implement a co-responder scheme would also result in a failure to the number of avoidable deaths within Nottinghamshire.

8. RECOMMENDATIONS

That Members approve the Interim Memorandum of Understanding with East Midlands Ambulance Service NHS Trust as the basis on which Nottinghamshire Fire and Rescue Service will implement a pilot co-responder scheme.

9. BACKGROUND PAPERS FOR INSPECTION

- The Fire Authority Local (Integrated) Risk Management Plan
- The Fire and Rescue Services National Framework 2004/2005

Paul Woods
CHIEF FIRE OFFICER

Pilot “Co-Responder” scheme

Interim Memorandum of Understanding

Between

**East Midlands Ambulance Service, NHS
Trust**

And

Nottinghamshire Fire and Rescue Service

September 2004

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Co-responder Scheme Agreement

This Memorandum of Understanding represents a joint commitment between East Midlands Ambulance Service trust and the Fire Authorities of Derbyshire, Leicestershire and Nottinghamshire, to collaborate in the provision of life saving medical care within the community.

This is to certify agreement to honour the commitment to the Co-Responder scheme, as detailed in this memorandum, from this day forward, and, to further agree that any of the named services may withdraw from this commitment only after notification to the other services, in writing, of at least six months notice.

Signed.....Chief Executive East Midlands Ambulance
Service NHS Trust

Print Name.....

Date.....

Signed.....Nottinghamshire Fire and Rescue Service

Print Name.....

Date.....

Introduction

This memorandum forms the basis of a combined commitment from all of the principle managers of the represented organisations, to a combined co-responder scheme.

Its intention is to provide an integrated approach to patient care, and to ensure that the requirements of this approach, and each organisations commitment to the scheme, continue to be honoured.

It is not the intention of this scheme to supplant or undermine existing patient care provision. The intention is to provide a single cohesive team working in the best interests of the patient and patient care.

The chances of survival following cardiac arrest are considerably improved if appropriate and timely steps are taken to deal with any emergency situation. These steps include:

- Recognition of cardiac arrest
- Early activation of appropriate emergency services
 - Early basic life support
 - Early defibrillation
- Early advanced life support

Increased provision of early defibrillation, through widespread deployment of Co-Responder schemes incorporating Automated External Defibrillators (AED's) is now considered a realistic strategy for reducing mortality from cardiac arrest.

This Memorandum of Understanding is to provide the necessary guidance to those responsible for the delivery of this element of the East Midlands Co-responder scheme.

The Scheme

Co-Responders are persons who form part of the Emergency Medical system (EMS), and are trained to provide high standards of First Aid. They are called upon to support the primary medical providers in the event of time critical medical emergencies, to administer life saving First Aid and stabilise a situation until advanced medical care arrives.

The intention of this scheme is to provide assistance to local communities where there is a co-responder scheme operating and where geography and workload have the potential to affect patient care.

Within the auspices of this understanding the Nottinghamshire Fire and Rescue Service will act as agents for the East Midlands Ambulance Service Trust in pre-agreed areas, deploying on request, and where provisions allow, resources from existing risk based Fire Service cover.

The scheme will operate within the Terms of Reference and protocols given in this Memorandum and will only be subject to change following full agreement by all parties concerned.

Terms of Reference

Working in partnership, East Midlands Ambulance Service NHS Trust and Nottinghamshire Fire and Rescue Service will:-

1. Identify communities within the contributing Authorities areas that are suitable for the provision of a Co-Responder team,
2. Provide suitable and sufficient training, relevant Co-Responder equipment, and any additional personal protective equipment that may be required for Fire Service personnel to meet the requirements of the scheme.
3. Create an infrastructure of support to ensure that the scheme evolves and that the welfare of all members is maintained.
4. Take every opportunity to jointly publicise and communicate the existence and benefits of the scheme to the public concerned.
5. Where possible and where appropriate, recognise the availability of funding support within the represented community groups and registered charities to help support the scheme.
6. Through Audit and review processes, and regularly scheduled meetings between the parties concerned, assess outcomes from the scheme with a view to measuring its effectiveness in terms of performance and results. This is to ensure that the principles of the scheme continue to meet the wider government agenda of a healthier community.

Legal Considerations

This Memorandum of Understanding has been produced paying due cognisance to the potential legal implications that may address any such scheme. These implications include, amongst others, some of the issues given below. By addressing these issues the risk arising from the implication of the scheme are greatly reduced.

Clinical Governance

Clinical Governance is the responsibility of the Ambulance Service. It encompasses the following principles and practices to ensure clinical effectiveness in doing the right thing at the right time for the right patient:

- Risk Management, inclusive of risk assessment and monitoring (this does not remove the Fire Authorities responsibility in this area)
- Review of evidence for service development and investment or dis-investment decisions
- Systems to monitor and action complaints
- The development, implementation and maintenance of quality systems including patient feedback
- A clinical audit and evidence based practice
- A system to monitor and review adverse events

Legal Status

There are no statutory duties relating to the field of resuscitation, but potential liability can arise at common law. A claim might therefore, in theory, be brought against a rescuer either in the law of trespass on the grounds that the intervention constituted an assault on the casualty, and/or in the law of negligence for a breach of statutory duty of care towards the casualty.

Consent

Before any form of contact or treatment takes place between the carer and the patient, consent must first be obtained. Failure to do so may result in a claim being brought against a rescuer for what is commonly known as assault, but more accurately described as battery.

Battery is a form of trespass against the person that is actionable in itself. In other words, in order to succeed in a claim, the victim does not have to show that they have suffered any actual harm, although it would be necessary for them to show this if any compensation is to be awarded.

Battery is the “infliction of unlawful personal force upon another”. Force, which can include even light touching, is unlawful if the person upon whom it is exerted has not given their lawful consent to it. Thus, it can be seen that the contact in performing Co-responder duties could clearly constitute battery. **However, there are two important principles that apply to the rescuer.**

Implied Consent

If the patient is conscious and able to make a decision, they should be given the option to consent, providing that sufficient explanation has been provided by the rescuer.

Necessity

Treatment without consent can be considered lawful if it is given in the best interests of the patient; in other words if it is necessary to save their life or to improve or prevent the deterioration of their condition.

Thus placing an unconscious patient in a recovery position or defibrillating a patient in cardiac arrest, may be considered to be a “necessity” or “reasonable”.

Negligence

In order for a claim for negligence to succeed, a patient would have to show that the rescuer owed them a duty of care which was breached, thereby causing suffering.

A Co-Responder who attempts to resuscitate someone will not be expected to employ the same standards of care as a health care professional. Liability is only a potential if the standard of care falls below the expected level. If procedures are followed by personnel, it is unlikely that a successful claim can be brought.

Liability

There are two means by which the risk of personal liability may be minimised. The first is by “good practice” and the second is by taking out adequate indemnity insurance.

Good practice, for the purpose of this memorandum, means following the guidelines recommended by authoritative bodies such as the Joint Royal College Ambulance Liaison Committee (Clinical Guidelines) (JRCALC)

“ Fire Service personnel acting as Co-Responders will be deemed to be “agents of the health trust” and therefore covered by NHS Indemnity through the Clinical Negligence Scheme for Trusts.

The Authorities involved in this partnership have accepted Co-Responding as an extended role of the Fire Authority and as such those engaging in the scheme are covered by existing Indemnity Insurance’s and Pension entitlements”.

Police Checks

The Rehabilitation of Offenders Act 1974 is the main statute concerning the employment of people with a criminal record. Within this Act are given criteria whereby even if an offence is deemed to have been “spent”, disclosure of that offence must be given.

These areas are;

- Work that involves national security
- Work that brings the person into contact with vulnerable groups
- Legal professions

For the purposes of this scheme those personnel who are employed by Nottinghamshire Fire and Rescue Service who will be engaging in response on behalf of East Midlands Ambulance Service will be deemed to have satisfied the requirements of the Police Check.

Operating Practices

Team Structure

For the scheme to be successful a structured management process has to be established. To ensure consistency of approach a structure has been established bringing EMAS and its related Fire and Rescue Services together. The structure for EMAS and other Fire Authorities operating schemes within their area will be based on a two tier criteria.

This will be as follows;

- Strategic Liaison Group, setting policy and framework,
- Practitioner Liaison Group, establishing protocols for training and implementation.

All proposals for the setting up of Co-Responder teams must be considered by the Strategic Panel, who will consider and agree to the setting up of any teams. Only following this process will any extension to the scheme be approved.

All new/additional teams must be approved and any proposals forwarded in writing to the following representatives:

Strategic Liaison Group

The Strategic Liaison Group will consist of the lead officers from each organisation. These will be senior post holders who will be able to make strategic decisions by virtue of their position within their respective organisations.

East Midlands Ambulance Service – Assistant Director of Operations EMAS NHS Trust

Derbyshire Fire and Rescue Service – Deputy Chief Fire Officer (Service Delivery)

Leicestershire Fire and Rescue Service – Assistant Chief Fire Officer –Director of Community
Safety

Nottinghamshire Fire and Rescue Service – Assistant Chief Fire Officer (Information Services)

The strategic group will assess the potential benefits to the community from the setting up of Co-Responder Units. This stage is vital in establishing the relationship between areas of highest probability in terms of need and response targets. There are many factors that the Strategic team must consider, and the list is likely to include such factors as:-

- Analysis of existing Ambulance Service cover arrangements
- Analysis of existing Fire Service Cover arrangements
- Potential call volume
- Expenditure associated with the scheme
- Health, Safety and Welfare considerations
- Local community support and need
- Implications on existing Fire Service Statutory provisions,
- Firefighter support for the scheme
- Ambulance staff perceptions and their support for the scheme

Following confirmation of the above the proposal will be forwarded to the relevant Authorities for final approval.

ALL NEW CO-RESPONDER UNITS MUST BE APPROVED BY THE RESPECTIVE AUTHORITIES.

Once considered by the strategic group and formal approval has been reached the decision will be passed on to the practitioner group for logistical consideration, training and implementation.

The practitioner liaison group is constituted as thus:

Practitioner Liaison Group

East Midlands Ambulance Service – Response Manager

Derbyshire Fire and Rescue Service – First Aid Training Co-ordinator

Leicestershire Fire and Rescue Service – Station Manager – Oakham Station

Nottinghamshire Fire and Rescue Service – Service Training Officer.

It will be the responsibility of the Fire Service practitioners to assess the ability of a Fire Station to sustain a team. Considerations will include:-

- Ensuring that sufficiently trained personnel are available to respond
- Ensuring that all personnel are trained to the agreed standards
- Ensuring that all personnel who will be responding are vaccinated against Hep. B.
- Ensuring that the nominated trainers within the respective organisations are maintaining their training competence.
- Ensuring those personnel undertaking Co-Responder duties are of suitable character and motivation
- Ensuring that all relevant personnel undergo the appropriate police checks
- Ensuring that equipment provision and maintenance is appropriate and adequate to meet the demands of the scheme
- Ensuring that ongoing issues are resolved between all parties without detriment to the operational efficiency of the scheme.

It will be the responsibility of the Ambulance Practitioners to assess the potential benefit of new teams, and to liaise between the Fire Service personnel and Ambulance personnel within the respective communities. In particular :-

- By analysing available data to establish where there will be maximum patient benefit.
- By analysing the type and frequency of medical assistance calls
- By identifying and implementing suitable Ambulance personnel for “train the trainers” role.
- By ensuring, through liaison that trainers qualifications are current, and through sampling, are effective

The criteria given is presented as a guide for personnel operating within the auspices of the scheme and is not presented as a definitive list.

Training & Development

All training and development programmes associated with this Co-Responder scheme will be in accordance with national guidelines and strictly controlled by the East Midlands Ambulance Service.

All training events will be properly pre-planned and adequately resourced.

A basic outline of the programme is given below:-

Pre-Learning

A ½ day course which will ensure CPR Refresher Training

Initial Training

A one day course for Work Based Trainers conducted by paramedic trainers. This would ensure CPR is at an acceptable standard and give ½ day defibrillator training. This will be cascaded via the work place trainers in a one-day course for station/watch personnel

Continuation Training

Refresher training for work place trainers will take place every six months. This fulfils the legal requirement for those trainers to deliver the input to other watch/station personnel

Mobilising of Resources

Call Handling

Calls will normally be handled by Ambulance Control through the 999 system. Ambulance Service Control will take all necessary action to ensure that operators are aware of the availability of Fire Service Co-Responders and that the mobilising procedure includes them as a response option at the time of call.

As soon as the call details have been established, and a co-response deemed appropriate, the calls will be passed to Fire Control via the 999 system.

The Ambulance Operator will pre-fix the call “co-responder required” and pass the following details:

- Co-Responders required for.....
- Description of the medical emergency
- The address of the incident, supported by any additional information
- The type of response from East Midlands Ambulance Service
- Any relevant information deemed appropriate.

Fire Control will mobilise the nearest available co-responder unit using the appropriate turnout mechanism. If the chosen team is not available due recourse must be given to an alternative provision. If this option is taken Ambulance Control must be informed and updated.

Any teams that are not available for co-responder duties for whatever reason for any period, must be advised to Ambulance Control.

Co-responder calls will be classed as emergency Special Service calls and as such the appliances will respond accordingly. Once committed to the incident the appliance will not be available until indicated by the Crew Manager.

A viable crew for co-responder duties will consist of the vehicle standard minimum. This for the East Midlands Services will be four persons. It is not expected that crew members will travel in the Ambulance under normal circumstances. This means that the responding vehicle can maintain

operational availability following treatment and despatch of the casualty. Under exceptional circumstances, where Fire Service personnel do accompany the Ambulance crew, the Fire Service Crew Manager must inform Fire Control of the crewing implications.

Response Criteria

Co-Responders will be despatched to assist all immediately life-threatening situations requiring an urgent life saving response and paramedic assistance, i.e. nearest Basic Life Support (BLS) and nearest Advanced Life Support (ALS).

These should consist of the more pressing emergency medical conditions which are, or may be, immediately life-threatening within 10 minutes of recognition, but are never the less amenable to effective treatment by front line medical staff, including:

- Chest Pain

Adults with chest pain associated with any of the following, pallor, cyanosis, shortness of breath, sweating, nausea or vomiting.

These criteria may select patients with cardiac pain. Nearly half of all patients with myocardial infarction will die and many of these develop a cardiac arrest within an hour of the onset of pain- with the risk highest at the onset of symptoms and decreasing almost exponentially. This situation can only be improved with appropriate public education in cardiopulmonary resuscitation and very prompt response times.

- Unconscious, fitting or unresponsive for any cause

This group includes patients who have already suffered cardiac arrest but may survive if basic life support is being administered. There will also be victims of stroke, head injuries and other conditions that might not be immediately life-threatening in themselves, but that result in compromise of the airway so that patients frequently die of hypoxia

- Severe breathing problems (patients unable to speak whole sentences)

These individuals may have acute left heart failure (which frequently kills from hypoxia unless rapidly treated), life threatening asthma, tension pneumothorax or respiratory obstruction. Other conditions include choking, toxic inhalation, some insect bites in the airway, severe asthma and allergies.

- Trauma with penetrating injuries to the head or trunk

These will include wounds from impaling and falling object injuries. Bystanders would not be in a position to judge whether or not they are immediately life-threatening.

- Reaching the patient in time to make a difference

Signs and symptoms indicating potential or actual cardiac arrest will form the largest single proportion of calls. The benefits of a more rapid response for this group are easiest to measure. There is no comparable data to support a specific time for other conditions in this category but there is plenty of evidence that these conditions, in which the length of interruption of oxygen to vital tissues is also critical, need very rapid help within minutes. Patients in cardiac arrest need to be reached as soon as possible by a trained defibrillator operator. If this is not achieved the intervention is unlikely to save life.

Messages

All standard messages must be transmitted to control as per normal Fire Service incidents. This should include tactical mode.

It is essential that the “in attendance” message is transmitted as soon as the appliance arrives at the scene.

Informative message must be transmitted regularly as per each of the Fire and Rescue Services standard protocols.

Stop Messages must include:

- Age and gender of casualty
- Location of casualty
- Equipment in use/used & medical care administered
- Method of casualty removal

Fire Control will also pass/relay messages to ambulance control immediately upon receipt or as soon as local conditions dictate. Essential messages that will affect the Ambulance Service statistics are:

- Time mobilised
- Time in attendance – Fire Crew

- Time in attendance – Ambulance
- Time of stop

Useful messages which will help in formulating these details are;

- Informative messages
- Assistance messages.

Any additional information should be passed upon return to station.

Scene Protocols

The attendance of the Fire Service at a medical emergency is upon the request of the Ambulance Service.

Where the Fire Service arrive on scene and there is no Ambulance attendance or no immediate acceptance of attendance then the Fire Service “Incident Commander” is responsible for scene management. On arrival the Ambulance crew/officer will assume control.

Where the Ambulance officer/crew arrive on scene prior to the arrival of the Fire Service, the officer must pay due regard to notification that the Fire Service are not required so crews can be freed up for other incidents.

At any incident of a medical co-responding nature, where both Fire and Ambulance crews are in attendance, then the Ambulance Officer will be responsible for the scene management. Fire Service crews should comply with his request when considered safe to do so.

When conditions at an incident are such that additional PPE or the usage of specialist Fire Service equipment is required, that were not evident on the original call, then the management of the incident will be the responsibility of the Fire Service “Incident Commander”. Ambulance personnel must pay due regard to advice and decisions made when this situation occurs. The Fire Service Crew Manager will advise Ambulance personnel of Health and Safety implications accordingly.

Where the nature of an incident is redefined following attendance the relevant information must be passed to control at the earliest opportunity to alert additional resources mobile to the incident. E.g. Following a call to a co-responder category incident the Fire Service arrive and find that the conditions are due to an RTA where persons are still trapped.

As soon as Fire Services are no longer required at any incident they must be immediately released from cover. The appropriate message must be sent. This decision will be made jointly by the Fire Service Crew Manager and the Senior Ambulance Officer.

When Fire Service resources are used to provide both Co-response and Fire Service duties, then the crews will function at the scene as per mobilising orders. Scene management will be as if the Fire Service co-response crew is an ambulance in accordance with the given criteria.

Health and Safety

Personal Protective Equipment

Fire Service Personnel will respond using the normal PPE provision.

Latex Free and powder free gloves must be worn at all times when handling casualties.

On arrival at any incident the Incident Commander will be responsible for assessing the need for additional protection and ordering the appropriate actions. Considerations must be given to the use of personal safety glasses, hi-viz clothing, debris gloves, BA and CPS.

The Fire Service Incident Commander is responsible for the health safety and welfare of all personnel where a higher degree of PPE has been identified.

Personnel must not eat, drink or smoke at the scene until advice on possible pathogen contamination has been received from Ambulance personnel and any relevant decontamination has taken place.

It is advised that all Fire Service Co-Responders must be up to date with Tetanus and Hepatitis B vaccinations. Liaison between Nottinghamshire Fire and Rescue Service and the PCT's will hope to establish a free vaccination scheme as Co-Responders will be classed as NHS workers. This will be in force prior to the commencement of the pilot scheme.

Stress

Emergency Services Personnel are exposed to an uncommon view of society. They are exposed to people in panic, shock, difficulties and distress. This memorandum recognises these implications and the potential it can have on staff.

In general the exposure to all personnel should present no greater risk other than those to which personnel are already exposed. However the type of incidents and injuries may vary.

Where required the local support arrangements of all partners should be employed to offer the relevant level of staff support.

Information Sharing

Records/Statistics

East Midlands ambulance patient report forms will be carried by Co-Responder Teams. This patient report form must be completed at every incident as soon as practicable.

On handing over the patient the relevant part of the form should be given to the Ambulance Officer.

The Fire Service Copy should be held on the relevant station within a secure file in order to meet the requirements of patient confidentiality. These records must be kept for seven years for adults, 21 years for children and indefinitely for mental health patients.

Mobilising Statistics

Fire Service Control must log all Co-Responder calls. Returns may then be given to East Midlands Ambulance Service and any “interested” parties should requests be made.

There is not a definitive list but the following data is considered useful for Controls to gather;

- Fire Station identity
- Incident no.
- Date of incident
- Time of call to the Fire Service
- In attendance time
- Home station return time
- Officer in charge
- Location of incident
- Equipment used
- Method of casualty transport
- Fatal/non-fatal
- Male/female, adult/child

East Midlands Ambulance Service will be able to provide a call transfer time where required.

Information Exchange

The sharing of information and experience will ensure that the scheme will develop through time.

The sharing of information must follow a structured process.

Any comments observed or made by Fire Service Personnel should be passed via the appropriate internal mechanism to the lead practitioner for the relevant Fire Service. (Lead practitioners are identified at the beginning of this memorandum). This information will then be shared during a practitioners forum and any necessary adjustments made.

Likewise Ambulance personnel will utilise their internal communication process to forward information to the Ambulance lead practitioner on Co-Responding, who will meet with the Fire Service counterparts on a regular basis.

The recommended meeting schedule for the practitioners forum will be quarterly.

Any information that is of a strategic nature and can not be addressed by the practitioners forum must be forwarded to the strategic group. This group will meet six monthly and will assess such information as well as the progress and potential extension of the scheme.

Funding Arrangements

Once the establishing of the Co-responding Teams has been agreed the following funding arrangements are to apply;

East Midlands Ambulance Service

East Midlands Ambulance Service will meet the cost of:-

- Training for Trainers to carry out internal Fire Service Training requirements
- Initial Assessment of trainers to ensure competence
- Ongoing assessment of trainers on a regular basis to ensure competence
- Assessment of crews responding to ensure competence of operational response

Fire and Rescue Services

Nottinghamshire Fire and Rescue Service will meet the costs of:-

- Payment for team members and Instructors to attend initial training courses whether internally or externally provided
- Payment for “in-house” continuation training
- Payment and allowances for meals etc associated with the training for the scheme
- Reasonable requests for responding to medical emergencies at the request of East Midlands Ambulance Service
- The procurement of necessary equipment for the training and implementation of the co-responding scheme
- The maintenance of equipment and the provision of spares

Charitable Donations

Where appropriate charitable donations are made towards the scheme, via community or other networks, the primary purpose for these funds will be to offset some of the costs of equipment.

Under these circumstances the relevant donors will retain ownership of the equipment but will be advised as to which Fire Station has the equipment in its employ. The relevant Fire and Rescue Service would then cover the costs of maintenance of the equipment.

Large donations of equipment from recognised bodies, (British Heart Foundation) would be informed of how the equipment had been distributed for the scheme.

Publicity

Publicity for the scheme will rest primarily with the relevant Fire Authorities implementing the scheme within the appropriate areas, in conjunction with East Midlands Ambulance Service.

It is agreed that maximum positive publicity should be given to the scheme particularly when establishing a new location.

Any statement should seek to give maximum assurances to the public and other stakeholders on the quality and reliability of the scheme.

In order to engender widespread support it is essential that any releases are jointly agreed by all parties affected or involved in the particular area.

Nottinghamshire Fire and Rescue Service will take on the lead responsibility for PR work within the East Midlands Co-Responder agreement area.

All press releases must be in line with the Caldicott guidelines.