

TYNE AND WEAR FIRE AND RESCUE AUTHORITY

Item No 6

MEETING:

SUBJECT: EMERGENCY MEDICAL RESPONSE (EMR) REGIONAL PILOT SCHEME

**REPORT OF THE CHIEF FIRE OFFICER, CHIEF EXECUTIVE AND CLERK TO THE
AUTHORITY**

1 INTRODUCTION

- 1.1 This report provides Members with information regarding the authority's commitment to the National Emergency Medical Response (EMR) pilot scheme.
- 1.2 The report provides a progress update on the first 6 weeks of this trial (Monday 11th January to Sun 21st Feb).

2 BACKGROUND

- 2.1 As a result of NJC Circulars 7/15 and 13/15, and after detailed discussion with local and regional FBU officials, Tyne and Wear Fire and Rescue Service (TWFRS), along with Durham and Darlington Fire and Rescue Service (DDFRS), Northumberland Fire and Rescue Service (NFRS) and Cleveland Fire Brigade (CFB), are co-responding to medical emergencies along with North East Ambulance Service (NEAS) for a six month period between January and June 2016.
- 2.2 The EMR trial is intended to gain a better understanding of the impact the Fire and Rescue Service can have when responding to patients who are experiencing life threatening medical emergencies. It will also provide the opportunity to assess what effect responding to emergency medical incidents has internally within TWFRS.
- 2.3 There are differing response arrangements within the four FRS within the region including cover from whole time, retained and day crewing stations to test the efficiency and logistics of response in order to shape the best crewing options for the future.
- 2.4 After analysis of both NEAS and TWFRS incident data, West Denton Fire Station was selected as the initial pilot station of the duration of the trial. During the project planning stages TWFRS have decided to use both of the whole time crews/appliances for the pilot scheme.

2.5 In preparation for the trial crews received enhanced medical training which improved specific skill sets and were required to have Disclosure Barring Service (DBS) checks to enable them to respond legally on behalf of NEAS.

2.6 Fire crews respond to incidents within two NEAS categories:

- **Red 1** (Respiratory/cardiac arrest) - presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes. Two resources to be despatched to these incidents where possible.
- **Red 2** – All other life threatening emergencies and which should receive an emergency response within 8 minutes.

2.6 There are a number of exemptions that NEAS despatch operators will not currently deploy a fire service EMR response to on the grounds of skill requirements. These are incidents where there are:

- Suspected spinal injuries
- Road traffic collisions
- Industrial accidents
- Maternity/gynaecological emergencies
- Patients under 16 years old
- Confirmed pandemic influenza
- Meningitis

3. PROGRESS UPDATE

3.1 During the first 6 weeks of the trial (Monday 11th January to Sun 21st Feb):

3.1.1 TWFRS received 124 calls from NEAS to attend a Red 1 or Red 2 incident. Fig 1 provides a breakdown of requests by district.

Figure 1: EMR incident requests by district

Area	Total Calls
Gateshead	8
Newcastle	111
Sunderland	3
NFRS	2
Total	124

3.1.2 During the first six weeks, crews were requested to attend three incidents outside of the Newcastle and surrounding area: Houghton, Sunderland and Washington. A02 accepted and attended an incident in Houghton whilst on stand-by at Stn H; Control declined the request to attend the incident in

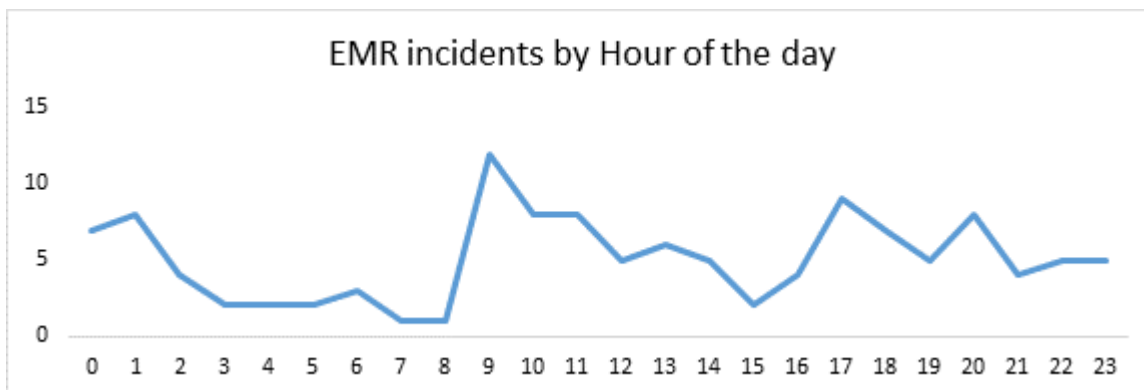
Sunderland due to location / travel time from Newcastle and crews were stood down en-route to an R1 incident in Washington.

- 3.1.3 TWFRS have attended 2 'Over the Border' incidents in NFRS area (both Ponteland)
- 3.1.4 Of the 124 requests, TWFRS attended 84 incidents. We declined to attend 3 incidents (two occasions where A01 or A02 were already at EMR incident and one request declined due to location). There were 37 occasions where the crew was stood down (either on route or upon arrival) or there was no service rendered.
- 3.1.5 Of these requests 11% were categorised as Red 1 and 89% as Red 2. This difference can be explained due to the number and location of NEAS resources in and around the Newcastle area that are prioritised to attended Red 1 incidents.
- 3.1.6 Figure 2 shows response times to EMR incidents.

Figure 2: Response and attendance times at EMR incidents

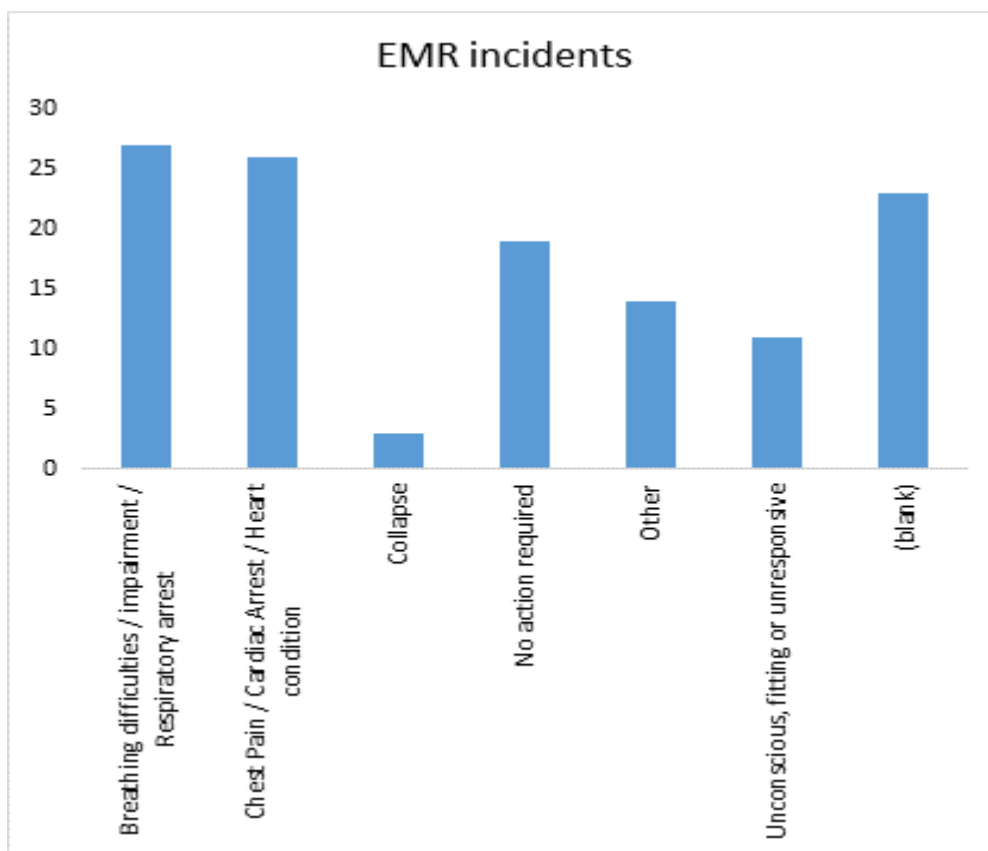
	Min	Max	Avg
Time call received by TWFRS to 'Send'	00:00:41	00:03:26	00:01:28
'Send' to TWFRS booked in attendance at incident	00:01:47	00:17:48	00:05:53
Time call received by TWFRS to IA	00:03:18	00:19:08	00:07:21
Time spent at scene	00:00:03	01:20:32	00:18:59
TWFRS IA to NEAS IA	00:01:39	00:47:35	00:12:04

- 3.1.7 Analysis of the first 6 weeks of the trial shows that requests for TWFRS attendance are more frequent during daytime hours, with a peak between 0900 and 1000 hours. We will continue to monitor this pattern over the period of the trial.



3.1.8 The majority of incidents attended involved patients with breathing difficulties / impairment or respiratory arrest. Figure 3 provides a breakdown of types of medical emergency attended.

Figure 3: types of medical emergency incident attended



3.1.8 An example of the impact of the EMR trial on the community is highlighted by a narrative report of the West Denton Station Manager;

“White Watch Station A were mobilised to a Red 1 call on 23/2/16. On arrival they found an elderly female (70’s) unconscious with laboured noisy breathing. She

was unresponsive. FRS personnel removed her from the chair and managed her airway, and applied oxygen in line with training received. When a rapid response paramedic arrived, FRS EMR Firefighters assisted him by applying ECG probes, blood pressure cuff, securing IV lines and cannulation. He established that she had a blood sugar level of 1 (very low) and administered glucose to improve her levels. Once this was carried out the lady began to regain consciousness. A really good outcome for this lady, and a positive combined effort from both services to achieve this.”

4 LEGISLATIVE IMPACTS

4.1 There are no legislative implications associated with this report.

5 FINANCIAL IMPLICATIONS

5.1 The cost of training staff to the level required by NEAS to participate in this pilot was £13,600.

5.2 The cost of Disclosure and Barring Service (DBS) checks was £1549.76 (32 x £48.43).

5.3 Full financial implications associated with the pilot will be included in the final evaluation and will need to be considered as part of any decision regarding the future of any co-responding schemes.

6 EQUALITY AND FAIRNESS IMPLICATIONS

6.1 There are no equality and fairness implications associated with this update report.

7 HEALTH AND SAFETY IMPLICATIONS

7.1 There are no health and safety implications in respect of this report.

8 RECOMMENDATIONS

8.1 The Authority is recommended to:

- a) Note the content of this update report;
- b) Support ongoing participation in the pilot;
- c) Receive further reports as appropriate.

**Tyne and Wear Fire
and Rescue Authority**
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