National Policy ☒ National Procedure ☐ National Protocol ☐ National Guideline ☐
National Clinical Guideline ☐

HSE National Policy for the Establishment, Training and Operations of a NAS Affiliated Community First Responder Scheme

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Table of Contents: **Page**

1. Policy Statement 2
2. Purpose 5
3. Scope 5
4. Legislation/Other Related Policies 5
5. Glossary of Definitions 5
6. Roles and Responsibilities 6
7. Scheme Creation and Recruitment 7
8. Training and Assessment 7
9. Code of Conduct 7
10. Equipment 8
11. Use of Vehicles 8
12. Incident Response 8
13. State Claims Agency – Indemnity 8
14. Public Relations 8
15. Children and Vulnerable Adult Protection 8
16. Implementation Plan 9
17. Revision and Audit 9
18. References 9
19. Appendices 9

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1. POLICY STATEMENT

Community First Responder (CFR) Schemes comprise of volunteers who attend life-threatening and emergency calls within a defined area where they live or work, and provide basic emergency care until an emergency response vehicle arrives at the scene. A CFR Scheme may be community-based or work-based and the vast majority of CFRs are community volunteers who are trained in a range of pre-hospital skills and who respond to emergency and life-threatening incidents.

Other emergency services – most notably county fire service personnel and members of An Garda Síochána – may also act as CFRs. Additionally, staff and members of the statutory and voluntary emergency medical services may act as CFRs.

1.1. No CFR Scheme is intended to replace the NAS emergency medical services provision, but rather to complement and enhance the delivery of pre-hospital care.

1.2. The NAS operates in partnership with CFR schemes and is committed to integration of such schemes, subject to operational and clinical needs.

1.3. The responsibility for the day-to-day management and governance arrangements in the operation of each scheme rests with the scheme committee.

1.4. NAS has extended its State Claims Agency General indemnity and Clinical indemnity protections to members of a CFR Scheme, who are engaged in authorised activities within their scope of practice.

1.5. All volunteers, regardless of scheme, are required to agree to and abide by the contents of this policy before being authorised by the NAS to act as a First Responder and receive incident notification alerts. Each Scheme Committee has the authority to suspend or terminate the services of any volunteer, following any breach of this policy. The NAS may suspend the activation of any volunteer and/or scheme on its system following any breach of this policy.

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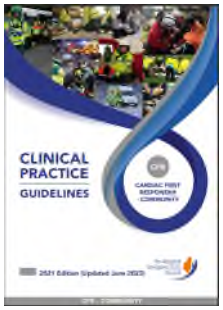
1.6. The National Ambulance Service (NAS) has fully committed to the adoption of the following publications for NAS-affiliated CFRs:

1.6.1. State Claims Agency - Use of volunteers by delegated State authorities.

The purpose of this State Indemnity Guidance (SIG) is to set out risk and general indemnity advice for delegated State authorities (DSAs) who engage volunteers to perform tasks under DSA supervision, direction, and control.

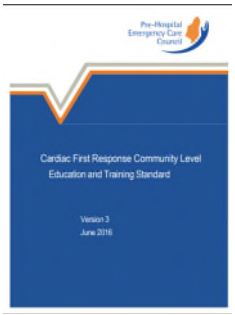
1.6.2. PHECC Clinical Practice (CPG) Guidelines.

This Handbook comprises the 2021 Edition Clinical Practice Guidelines (CPGs). These guidelines outline patient assessments and pre-hospital management for responders at: CFR-C, CFR-A, FAR and EFR.



1.6.3. **PHECC Education and Training Standard**

To ensure that the responder has fulfilled the educational and training requirements as prescribed by PHECC, thereby possessing the knowledge, skills and professionalism in line with the expectations of the public and the profession.



1.6.4. TUSLA Introduction to Children First

Tusla has worked with the Department of Children, Equality, Disability, Integration and Youth and the HSE to develop a universal e-learning programme called 'Introduction to Children First'. The programme has been written to support people of all backgrounds and experience in recognising concerns about children and reporting such concerns if they arise.

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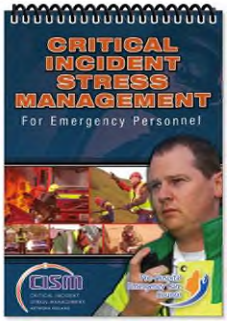
1.6.5. PHECC Critical Incident Stress Management (CISM)



This program has been developed to support emergency personnel in having an understanding of,

Nature of Stress	Normal and destructive stress
False Stress Cures	Stress Survival Skills
How to identify signs of distress	

1.6.6. HSE Standard Precautions for Infection Prevention and Control.

Infection prevention and control (IPC) is a practical, evidence-based approach to preventing patients and health workers from being harmed by avoidable infections. IPC affects all aspects of health care, both in the acute and community settings. It includes standard precautions (hand hygiene, aseptic techniques, wound infections, injection safety, antimicrobial resistance, waste management, along with cleaning of healthcare environments and equipment), along with transmission-based precautions when required.

1.6.7. HSE Garda Vetting

The CFR scheme committee will carry out Garda Vetting clearance on all new volunteers where their role is engaged in relevant work (e.g. access to, or contact with, children or vulnerable adults). New volunteers engaging in relevant work will not take up duty until the Garda Vetting clearance process has been completed and the CFR scheme committee is satisfied that such an appointment does not pose a risk to clients, service users and employees.

1.6.8. DIVERSITY STATEMENT

The National Ambulance Service is committed to creating a positive working environment whereby all employees/volunteers inclusive of race, religion, ethnicity, gender, sexual orientation, responsibilities for dependents, age, physical or mental disability, civil status, membership of the Travelling community, and geographic location are respected, valued and assisted in reaching their full potential.

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2. PURPOSE

2.1. The primary aim of this policy is to outline the NAS commitment to the adoption and implementation of the CFR policy:

2.1.1. The purpose of this policy is to ensure that a governance framework is in place to aid in the facilitation and integration of First Responder Schemes into the NAS.

2.1.2. To set out the operating procedures which are applicable to such schemes.

2.1.3. To make volunteers aware of the code of conduct and the responsibilities of the Scheme committee and its individual members.

3. SCOPE

3.1. This Policy applies to all persons participating in any way as part of a CFR Scheme that is authorised and affiliated to the NAS.

3.2. This Policy is an overarching policy and as such its contents supersedes any locally based policies or procedures developed by schemes, their affiliates, or any organisation providing support to CFR schemes linked to the National Ambulance Service. Where this policy has not provided for specific governance needs of a particular scheme, that scheme can develop their own policy and procedures to complement this policy.

3.3. It should be noted that the clinical governance and indemnity/insurance arrangements for emergency services may differ in some respects from the majority of CFR Schemes. It should also be noted that, in particular circumstances or settings, some CFRs may be privileged to respond at a higher clinical level than PHECC CFR. These exceptions to governance, indemnity and privileging will not be dealt with directly in this CFR Policy.

4. LEGISLATION/OTHER RELATED POLICIES

4.1. Children First Act 2015
4.2. Civil Liability Act (as amended)
4.3. Data Protection Act 2018
4.4. General Data Protection Regulations 2018 (6 Data Protection Principles)
4.5. General indemnity and Clinical indemnity scheme.
4.6. HSE Dignity At Work Policy
4.7. Interaction with Media Guidelines
4.8. National Vetting Bureau (Children and Vulnerable Persons) Act 2016
4.9. PHECC Education and Training Standards
4.10. PHECC EMS Priority Dispatch Standard
4.11. Road Traffic Act 1961 as amended
4.12. Rules of the Road
4.13. Trust in Care Policy
4.14. Volunteer Declaration of Confidentiality

5. GLOSSARY OF TERMS AND DEFINITIONS

5.1. A Community First Responder (CFR) refers to any and all persons linked to the NAS for the purpose of providing a community first response in Ireland. CFR schemes are made up of predominantly lay people in the community who are trained to treat life-threatening emergencies when alerted by the NAS. Other types of CFRs may include healthcare professionals, emergency service personnel and physicians.

5.2. AGM Annual General Meeting
5.3. AGS An Garda Síochána
5.4. AMPDS Advanced Medical Priority Dispatch System

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5.5. CEM	Community Engagement Manager
5.6. CEO	Community Engagement Officer
5.7. CET	Community Engagement Team
5.8. CFR	Cardiac First Response/Community First Responder
5.9. CISM	Critical Incident Stress Management
5.10. CPG	Clinical Practice Guidelines
5.11. CPR	Cardio Pulmonary Resuscitation
5.12. DFB	Dublin Fire Brigade
5.13. EGM	Extraordinary General Meeting
5.14. EMS	Emergency Medical Service
5.15. GDPR	General Data Protection Regulations
5.16. IHF	Irish Heart Foundation
5.17. NAS	National Ambulance Service
5.18. NASC	National Ambulance Service College
5.19. NEOC	National Emergency Operations Centre
5.20. ORM	Operations Resource Manager
5.21. PHECC	Pre-Hospital Emergency Care Council
5.22. PPE	Personal Protective Equipment
5.23. SCA	State Claims Agency

6. ROLES AND RESPONSIBILITIES

6.1. ROLE OF NAS MANAGEMENT

6.1.1. NAS has overall management responsibility for the integration of CFR Schemes. This responsibility is delegated on a day-to-day basis to the Community Engagement Officer (CEO) of each area.

6.1.2. CEOs are responsible for the initial and ongoing validation of all CFR Schemes and their continued adherence to both policy and educational requirements. Furthermore, CEOs recommend the integration of validated schemes into the NAS.

Policy document relating to the Roles and Responsibilities of NAS Management. Appendix: I

6.2. ROLE OF SCHEME COORDINATOR

6.2.1. Where applicable, each CFR Scheme will have a Coordinator who will liaise with the NAS area Community Engagement Officer (CEO). It is advisable that the scheme Coordinator does not also hold the scheme Chairperson Position, if membership numbers permit.

6.2.2. The Scheme Coordinator will act as the single point of contact for the scheme regarding operational and training matters and be responsible for communication between the First Responder Scheme and the NAS.

Policy document relating to the Roles and Responsibilities of a Scheme Coordinator. Appendix: II

6.3. ROLE OF SCHEME COMMITTEE

6.3.1. There must be a Scheme Committee established in each area consisting of a minimum of 4 committee members, i.e. Chairperson, Secretary, Treasurer, Garda vetting officer. Depending on the number of members in a scheme, it is advisable to have a larger committee to ensure that any decisions made reflect the wishes of the scheme. Specific situations may arise where CFR Schemes are authorised by the Community Engagement

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Manager without the need for a formal committee or to have a smaller committee, but this will be based on the operational need for CFRs in a particular locality, the geographic location to other CFR Schemes, and other NAS resources in the immediate area.

6.3.2. The Scheme Committee will support the work of the Scheme and the Scheme Coordinator.

6.3.3. It will be the responsibility of the scheme committee to seek validation and approval from NAS on an annual basis to provide a CFR resource in the community.

Policy document relating to the Roles and Responsibilities of a Scheme Committee. Appendix: III

6.4. ROLE OF THE CFR VOLUNTEER

6.4.1. CFRs respond to emergency call in their communities when notified by the NEOC an alert on their mobile phone. In order to provide an excellent level of response, CFRs are required to maintain the life-saving skills which they have been taught by ensuring that they participate in, and attend regular training sessions with either their scheme, another scheme or an approved PHECC Training Institution.

6.4.2. CFRs operate only to the Responder Level and scope of practice to which they have been authorised to operate by the NAS. This may involve a scope of practice which is limited to specific skills and differs from scope of practice covered in their Responder training or set out in the PHECC CPGs for their level.

Policy document relating to the Roles and Responsibilities of a CFR Volunteer. Appendix: IV

7. SCHEME CREATION AND RECRUITMENT

7.1. The community engagement team will have overall responsibility for assisting a community group in establishing a CFR Scheme.

7.2. Using information available, the NAS may prioritise areas which would benefit from the introduction of a CFR Scheme.

Policy document relating to the Creation and Recruitment of a scheme. Appendix: V

8. TRAINING AND ASSESSMENT

8.1. Volunteers are expected to maintain a high standard of skills competency by maintaining their required training standards and by attending regular CFR Scheme training sessions.

Policy document relating to the Training and Assessment of a Scheme. Appendix: VI

9. CODE OF CONDUCT

9.1. The purpose of the Code of Conduct is to ensure that all volunteers understand the high standard of conduct that is expected of them whilst they are performing their duties on behalf of a Scheme.

Policy document relating CFR Code of Conduct. Appendix: VII

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10. EQUIPMENT

10.1. It is the responsibility of each scheme to provide their own medical and safety equipment when acting as a CFR Scheme. The NAS can advise on equipment to be used or purchased by the Scheme for use during a response.

Policy document relating CFR Scheme Equipment. Appendix: VII

11. USE OF VEHICLES

11.1. Vehicles being operated by CFRs when responding to incidents must be maintained and driven in accordance with road traffic legislation.

Policy document relating to the Use of Vehicles. Appendix: IX

12. INCIDENT RESPONSE

12.1. All incident notifications alerts will come from the NEOC Computer Aided Dispatch (CAD) System. CFRs will be alerted if the incident is within their area of operation, and if the incident is of a type and nature that the scheme is authorised to respond to.

Policy document relating to Incident Response. Appendix: X

13. STATE CLAIMS AGENCY INDEMNITY

13.1. The NAS has extended its State Claims Agency General and Clinical indemnity scheme to cover members of approved CFR Schemes when responding to an emergency on behalf of the NAS and who operate within their scope of practice, e.g. CFR, FAR, EFR. Indemnity and insurance arrangements for CFRs from statutory and voluntary emergency services may differ and these differences will not be addressed in this policy.

Policy document relating State Claims Agency Indemnity. Appendix: XI

14. Public Relations

14.1. The use of social media platforms and engaging with members of the press can have many benefits in the promotion of CFR schemes, fundraising initiatives, and health promotion. It is important when posting on social media and engaging with the press that schemes foster positive relationships with the community and media while ensuring that the schemes primary focus is increasing the chances of survival from out of hospital cardiac arrest.

14.2. All fundraising activities by a CFR scheme must be done in accordance with the guidance from the Charity Regulator.

Policy document relating to Public Relations. Appendix: XII

15. CHILDREN AND VULNERABLE ADULT PROTECTIONS

15.1. CFRs shall promote the welfare of children and vulnerable adults, and protect them from harm. It is not okay to do nothing if you have any information that a child or vulnerable adult

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has been, is being, or is at risk of being abused or neglected. PHECC Practitioners are mandated to report any concerns to TUSLA and/or Gardaí.

Policy document relating to Children and Vulnerable Adult Protections. Appendix: XIII

16. IMPLEMENTATION PLAN

16.1. This Policy will be circulated electronically to all Managers, Supervisors and Staff. The Policy will also be circulated to all approved scheme coordinators and other key stakeholders, as appropriate.

17. REVISION AND AUDIT

17.1. This policy will be reviewed whenever necessary following changes in procedures and/or legislation and/or a relevant event.

17.2. NAS management will endeavour to review the clinical and operational effectiveness of each Scheme on a regular basis to ensure that the Scheme is providing maximum benefit to the local community and contributing to service performance.

17.3. Revision History: This captures any changes that are made to the document when it has been revised. This may be placed at the back or close to the front of the document according to local preference.

No.	Revision No.	Date	Section Amended	Approved By
1	7	03/01/2017	Policy Review	Community Engagement Officers
2	8	02/02/2024	Addendum to CFR clinical levels	General Manager, Community Engagement Manager
3	9	19/11/2025	Policy Review	General Manager, Community Engagement Manager

Policy document relating to the Revision and Audit Tool. Appendix: XVI

20. REFERENCES

1. The Task Force Report on Sudden Cardiac Death (2006)
2. Cardiac First Responder Guide (2008)
3. Out of Hospital Cardiac Arrest Register Report (2025)

21. APPENDICES

1. Appendix I Roles and Responsibilities of NAS Management
2. Appendix II Roles and Responsibilities of a Scheme Coordinator
3. Appendix III Roles and Responsibilities of a Scheme Committee
4. Appendix IV Roles and Responsibilities of a CFR Volunteer
5. Appendix V Scheme Creation and Recruitment

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6. Appendix VI Training and Assessment
7. Appendix VII Code of Conduct
8. Appendix VIII Equipment
9. Appendix IX Use of Vehicles
10. Appendix X Incident Response
11. Appendix XI State Claims Agency Indemnity
12. Appendix XII Public Relations
13. Appendix XIII Children and Vulnerable Adult Protection
14. Appendix XIV Application to become a NAS affiliated Scheme
15. Appendix XV Volunteer Declaration Form
16. Appendix XVI CFR Scheme Audit Tool
17. Appendix XVII Policy Acknowledgement Form

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Appendix: I

ROLE OF NAS MANAGEMENT

1. NAS has overall management responsibility for the integration of CFR Schemes. This responsibility is delegated on a day-to-day basis to the Community Engagement Officer (CEO) of each area.

1. CEOs are responsible for the initial and ongoing validation of all CFR Schemes. Furthermore, CEOs recommend the integration of validated schemes into the NAS.

2. The NAS Community Engagement Team is responsible for maintaining national records for all CFR Schemes as advised by the Clinical Directorate. The Community Engagement Team is responsible for liaising with NAS Informatics and the Technical team in arranging the integration and setup of validated Schemes on NAS communication and dispatch systems. The Community Engagement Team has responsibility for the provision of ongoing support to NAS Managers and CFR Schemes in the development of CFR Schemes on a national basis.

3. All managerial communications between the NAS and the various scheme coordinators/committees which fall within the remit of this policy should, where possible, be coordinated through the area Community Engagement Officer.

4. Any breach of the contents of the CFR policy by any scheme or individual may result in suspension, termination or downgrading of a scheme's response level, e.g. CFR Enhanced (Level 2) to CFR Basic (Level 1).

5. The CEOs will carry out random audits of CFR schemes and their membership to ensure full compliance with all mandatory certification and Garda Vetting requirements. Any CFR Scheme or member found to be noncompliant with the terms of the CFR policy may have their NAS affiliation suspended and/or terminated. The audit tool can be viewed in Appendix XVI.

6. NAS will provide the following support to approved and integrated CFR Schemes:

    1. Provision of expert advice and support to schemes coordinators/committees

    2. Clinical Guidance

    3. Clinical Indemnity/General Indemnity

    4. Access to an online learning platform.

    5. Access to CISM support

    6. Advice about operational policy and procedures.

Appendix II

ROLE OF SCHEME COORDINATOR

1. Where applicable, each CFR Scheme will have a Coordinator who will liaise with the NAS area Community Engagement Officer (CEO). It is advisable that the scheme Coordinator does not also hold the scheme Chairperson Position, if membership numbers permit.
2. The Scheme Coordinator will act as the single point of contact for the scheme regarding operational matters and be responsible for communication between the CFR Scheme and the NAS.
3. Wherever possible, this route should be used for general communication in the first instance.
4. The role and responsibilities of the Scheme Coordinator include:
   - 4.1. Meets the training and certification requirements of a CFR.
   - 4.2. Ensure that all members have been approved to act as a CFR by the area CEO or their designate.
   - 4.3. Ensure that each CFR has completed all the required training to act as a CFR and the required training is in date. This requirement applies equally to those members of a scheme who may be acting as an observer, trainee or student CFR. The coordinator has the sole responsibility for validating all CFR members' certifications prior to being activated as a CFR and ensure ongoing compliance for the duration of the members' service with the scheme.
   - 4.4. Hold the responsibility for the maintenance of the schemes CFR Database to ensure all members have completed the required training and recertification to remain as an active CFR with the scheme.
   - 4.5. Assist with any audit requests of the CFR Scheme.
   - 4.6. To instruct scheme members that they must not operate to a higher clinical level or scope of practice other than the level they have been authorised and privileged to do so, unless explicit approval, which is in writing, from the area CEO.
   - 4.7. Work alongside the scheme committee and perform such tasks that have been delegated by the committee.
   - 4.8. Support and motivate their team of CFRs and act as a point of contact for the scheme members.
   - 4.9. Inform the area CEO of any incidents, risks, or items relating to the safety and welfare of CFRs or patients.
   - 4.10. Ensure that any information pertaining to patient assessment, examination or treatment is either handed over to the NAS crews who arrive on scene or is destroyed immediately following the call. Also, ensure that the CFRs are aware of this obligation.
   - 4.11. Ensure all CFRs abide by their volunteer declaration of confidentiality.
   - 4.12. Routinely check on the welfare of the CFRs and/or, following a request from NEOC, a CEO or other designated NAS member.
   - 4.13. To remind and ensure CFRs follow NAS policy regarding the use of signage and lighting on vehicles, and regarding driving to and parking at calls. Appropriate action must be taken by the Scheme Committee where a CFR has breached this section of the policy.
   - 4.14. Ensure that one CFR completes the online incident report following any attendance at an incident and is aware of this obligation.
   - 4.15. Ensure that the NAS notification platform is utilised regarding going "Mobile", "At Scene", and "Going Clear" and is strictly adhered to.
   - 4.16. Ensure that at least one member of the scheme speaks to NEOC for updated information on the call they are attending.

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4.17. Ensure that all members of the scheme act in an empathic, compassionate and professional manner towards any patient or member of the public whom they encounter in the process of an incident.
4.18. Ensure that the other members of the scheme abide by the scheme's policy and procedures, constitution and code of conduct, where applicable.
4.19. To communicate to the CEO the removal of a member, for whatever reason, from the incident notification platform in a timely manner.
4.20. On behalf of the committee, to stand down any CFR, where required, for the CFR's personal wellbeing or safety, or where there is a concern about the CFR's conduct, actions or abilities to respond. Such a stand down must be notified, in writing, to the area CEO as soon as reasonably practicable.
4.21. To highlight to the CEO any issues or disputes that are occurring within the scheme and which might ultimately affect patient safety or the safety of a scheme member.
4.22. To engage with the CEO regarding requests for briefings, meetings, online meetings, or to nominate a designate in their absence.

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Appendix III

ROLE OF SCHEME COMMITTEE

1. There must be a Scheme Committee established in each area consisting of a minimum of 4 committee members, i.e. Chairperson, Secretary, Treasurer, Garda vetting officer. Depending on the number of members in a scheme, it is advisable to have a larger committee to ensure that any decisions made reflect the wishes of the scheme. Specific situations may arise where CFR Schemes are authorised by the Community Engagement Manager without the need for a formal committee or to have a smaller committee, but this will be based on the operational need for CFR in a particular locality, the geographic location to other CFR Schemes, and other NAS resources in the immediate area.
2. The Scheme Committee will support the work of the Scheme and the Scheme Coordinator.
3. It will be the responsibility of the scheme committee to seek validation and approval from NAS on an annual basis to provide a First Response resource in the community.
4. The role and responsibilities of the Scheme Committee include:
   - 4.1. Assist in raising the profile of the CFR Scheme within the community.
   - 4.2. Support the scheme coordinator in ensuring there is an adequate level of training, health and safety awareness and equipment for the scheme to safely and effectively attend incidents which they are likely to attend.
   - 4.3. Support the scheme coordinator to oversee and assist in the provision of training for CFR members and to ensure that no member acts as a CFR, observer, trainee or student without the prior and explicit consent of the area CEO or their designate.
   - 4.4. To arrange for Garda Vetting of all CFRs under the auspices of the National Vetting Bureau (Children and Vulnerable Persons) Act 2016 and document the confirmation of vetting for each CFR on the scheme database.
   - 4.5. Support the scheme coordinator in overseeing and assisting in the provision of ongoing training and recertification, as necessary for all CFRs.
   - 4.6. Support the scheme coordinator in ensuring the maintenance and updating of scheme records for all group members, regardless of position within the group.
   - 4.7. To support and motivate their team of CFRs and act as a forum for members to raise concerns.
   - 4.8. Arrange regular scheme meetings, at least once per quarter, so that the committee can provide updates, support, and any feedback relating to calls that may have been attended to by the scheme members. Ensure patient confidentiality is maintained where appropriate at these meetings.
   - 4.9. Maintain minutes and attendance records of those present at scheme committee meetings.
   - 4.10. Host an Annual General Meeting (AGM) each year to elect a new committee and/or scheme Co-coordinator. It is encouraged that the scheme committee and the scheme coordinator roles are rotated annually. Attendance at the AGM shall be open to all scheme members and not solely the scheme committee for the purposes of electing a new committee and/or a new Coordinator.
   - 4.11. Have a scheme constitution in place to provide for the format, composition, voting rights, and frequency of scheme meetings, Annual General Meetings (AGMs) and Extra-Ordinary General Meetings (EGMs).
   - 4.12. To host an EGM in the event that there is a request to change a member(s) of the scheme committee or the scheme coordinator before an AGM can be held.

4.13. All changes to the scheme committee or coordinator are to be communicated to the area CEO as soon as practicable. A signed declaration from the scheme committee should be forwarded to the area CEO confirming that the changes have occurred in line with the scheme constitution.
4.14. Ensure the conduct of all members is of a high standard when conducting any group activities, including but not limited to operational callouts, group training, community training activities, interaction with National Ambulance Service or other Emergency Services and the general public.
4.15. To promote road safety within the scheme and remind scheme members that they must abide by the Road Traffic Acts (as amended) and they have no special exemption to breach the Rules of the Road.
4.16. Ensure that all members have access to the NAS Community Engagement Platform (Moodle) and advise scheme members that they must log in regularly for updates and safety information.
4.17. Ensure there are sufficient policies and procedures in place for the governance of the scheme. A scheme will be expected, as a minimum, to have a code of conduct, a complaints policy, a disciplinary policy, child safeguarding statement, and a medication/adverse incident policy. It is strongly advised that other policies for the day-to-day management of the scheme are adopted.
4.18. Ensure that CFRs are familiar with and provided with copies of the Scheme's own policies and procedures.
4.19. Ensure that CFRs are familiar with and are provided with copies of the NAS CFR Policy.
4.20. Assist the NAS with any audit requests of the CFR Scheme.
4.21. Ensure all members have signed the Volunteer Declaration of Confidentiality Form.
4.22. Oversee and manage the CFR Instructors within the scheme, including the maintenance of their instructor certification.
4.23. Report any concerns regarding the safety and welfare of responders or patients to the area CEO or their designate immediately e.g. NEOC, if out of hours.
4.24. Ensure that any child welfare or vulnerable adult welfare concerns have been reported to the Gardaí, and TUSLA.

Appendix IV

Roles and Responsibilities of the CFR Volunteer

1. Be certified as a PHECC Responder to the minimum level of Cardiac First Response-Community level, higher qualifications are subject to specific authorisation.
2. CFRs are required to maintain the life-saving skills which they have been taught by ensuring that they participate in, and attend regular training sessions with either their scheme, another scheme or an approved PHECC Training Institution. It will be for each scheme to determine the frequency of CFR training based on operational needs, but as a minimum, a CFR must avail of training at least once every 90 days with their scheme or another approved PHECC Training Institution. Training records for these events should be maintained by the scheme committee.
3. All CFRs must ensure they participate in and attend any upskilling requirements for their clinical level as provided for by the PHECC and their respective CPG's or by their regulatory body.
4. All CFR members must hold an account on the NAS Community Operations Moodle education platform and must log in regularly to access education and informational materials. Moodle is monitored by the CEOs to ensure compliance.
5. Operate only to the Responder Level and scope of practice to which they have been authorised to operate to by the NAS. This may involve a scope of practice which is limited to specific skills and differs from scope of practice covered in their CFR training or set out in the PHECC CPGs for their level.
6. To maintain competence to practice at the First Responder level at which they are operating, and to ensure compliance with recertification requirements for their respective responder level as per the PHECC Education and Training Standards or those set by their regulatory body.
7. To provide the CFR Scheme coordinator with a copy of all required certifications.
8. To utilise the NAS Community Engagement Moodle system to avail of educational and informational materials and to upload certificates to the CFR member's account.
9. To carry a recognised form of identification (ID) whenever attending any calls, e.g. NAS ID, Driving license, Affiliated Organisation Identification, etc.
10. To take all reasonable steps to safeguard their own health and safety and that of others who may be affected by their acts or omissions.
11. Only attend emergency incidents on behalf of the NAS, as an authorised member of an approved CFR Scheme.
12. While caring for a patient, not to utilise any invasive / non-invasive techniques or procedures, including the administration of medication with the exception of Aspirin 300mg tablet form, unless specifically authorised to do so by the NAS.
13. CFRs must be prepared to hand over care once more highly qualified help arrives, e.g. Ambulance Practitioner or General Practitioner (GP). Where required, CFRs should provide continuing care and assistance under the direction of the higher clinical level in attendance. A clear handover to the higher clinical level on scene should be performed and acknowledged.
14. To have a calm and confident approach. This will provide reassurance both to the patient and any family members present.

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15. To avoid any confrontational, aggressive or unprofessional conduct towards a patient, their family members, the public, other CFRs, or NAS staff.

16. To seek consent from the patient for the purpose of any examination, treatment, or assessment of the patient. All such actions and their rationale must be clearly explained to the patient to constitute part of a valid consent process. All adults are deemed to have a capacity to give consent unless evidence of incapacity exists. Adult patients may already have set out their consent or refusal of care through an advanced health care directive including in the form of e.g. a DNACPR (Do Not Attempt CPR), future care plan, and other adults without capacity to consent may have a decision making representative appointed in accordance with legislation to support them.

17. In the case of a young person (16/17 years) their consent should always be sought and it is not necessary to obtain consent from a parent / Guardian though they should be involved in the process. The young person can request that their parent / guardian make the decision but can also request them not be involved. If the patient is under the age of 16yrs parental or guardian consent should be sought though the child with sufficient maturity should be involved in the discussion. In the case of refusal of consent by a young person the intervention should not proceed. The only exception to this is in an emergency situation where there is an immediate risk of death or serious injury to the young person and in such a situation, the intervention should be the minimum possible in order to preserve life/prevent serious injury. Ensure that these interactions are documented by the ambulance crew on their PCR/ePCR on your behalf.

18. To comply with the additional requirements associated with becoming a CFR e.g. Garda Vetting, Children First Training, relevant online training courses, completion of volunteer confidentiality declaration, and any other requirements requested by the NAS. Failure to maintain certification in the required training may result in a CFR being suspended from receiving incident notification alerts until certification is regained.

19. CFRs should be conscious of the needs of the patient regarding their anxiety, privacy, and dignity. Therefore, it is recommended that no more than three CFRs attend any Non-Cardiac Arrest calls, and no more than five CFRs attend Purple (Cardiac Arrest) calls.

20. To follow the guidelines issued by the NAS for alerting NEOC that you are “Mobile” on a call, “At scene”, and “Going Clear” from a call.

21. To “Stand down” from a call when requested to do so by NEOC or other NAS representative, or via the incident notification platform e.g. CEO, NAS Ambulance Officer, Text, CFR App etc. Contact should be made with NEOC if there is any doubt with the request to “Stand down” prior to a volunteer proceeding to the scene. “Stand down” requests may be issued for a varied of reasons including whether the scene is unsafe, the patient has left the scene or a CFR’s attendance at the scene is inappropriate due to the patient being deceased for an extended period.

22. Once clear or stood down from a scene, a CFR must leave the scene as soon as reasonably possible.

23. To ensure that a responding CFR makes telephone contact with NEOC prior to the arrival on scene to ascertain further information about the incident, or to ascertain if it is safe to proceed to the incident.

24. To update NEOC on the condition of the patient once on scene. If the patients’ condition deteriorates, this should also be updated to NEOC.

25. To maintain the utmost confidentiality regarding the incident, the patient and any treatment provided.

26. Report any concerns regarding the safety and welfare of CFRs or patients to the CFR scheme coordinator or in exceptional circumstance to the area CEO or their designate immediately e.g. NEOC, if out of hours.
27. Report any child welfare or vulnerable adult welfare concerns to NEOC, NAS crew, the Gardaí, and TUSLA as soon as practicable.
28. Abide by the scheme's own policy and procedures, code of conduct, and constitution, where applicable.
29. Provide name and contact details, if requested, to members of the Gardaí, NAS crew or CEO.
30. Have agreed to and accepted the Volunteer Declaration of Confidentiality.
31. Personal information provided by a CFR for the purpose of CFR activities will be used to set the CFR up on the NAS response platform. The information provided may also be used by the Community Engagement Team to contact CFRs on operational, training or other CFR matters. Information may also be required to be shared with members of An Garda Síochána or other appropriate state bodies investigating an incident where the CFR attended. The CFR must consent to the use and sharing of this information in order to act as a NAS-affiliated CFR.

Appendix: V

SCHEME CREATION /RECRUITMENT

1. Using information available, the NAS may prioritise areas which would benefit from the introduction of a CFR Scheme.

2. The first step in establishing a CFR scheme is setting up a scheme committee comprising of several committee members and a scheme coordinator. The committee should setup an email address which is easily identifiable and which the scheme committee and scheme coordinator all have access to e.g. oakgrovecfr@gmail.com, oakgrovecfr@hotmail.com etc. This email address will be the primary email address used to communicate with the NAS and the CEO.

3. If not already commenced, the scheme should begin to recruit members into the scheme who are willing to act as CFRs in their area. This can be achieved by hosting information sessions or advertising in local papers, or posting on social media, etc.

4. CFRs must be over 18 years of age, and at all times have the physical ability which permits them to perform the functions and duties expected of them as a CFR. This includes performing CPR and carrying CFR equipment. CFRs are advised to consult with their General Practitioner regarding any existing medical conditions they think may prevent them from performing the duties of a CFR.

5. Once recruited through a scheme, CFR recruits will undertake a number of training programs which are both online and practical in nature. These training programs are intended to prepare the CFR for situations and incidents which they may encounter if they respond to an emergency. The following programs – at a minimum – must be completed before a member can act as a CFR:

    - Children First
    - Critical Incident Stress Management
    - Infection prevention and control
    - Personal Protective Equipment
    - PHECC Cardiac First Response

    This is not intended to be an exhaustive list, and the training programs are subject to change by the NAS based on operational needs and prevailing circumstances at the time e.g. public health and safety considerations.

6. In addition to the above, all volunteers must go through a Garda Vetting process before acting as a CFR. This Garda vetting process must be renewed at least once every three years. It is important that only a select number of the committee or a designated Garda vetting officer has access to the Garda vetting disclosures which are made. This ensures the privacy of those being Garda vetted. Should a CFR have a previous criminal conviction or convictions which has/have been returned on their vetting disclosure, it is for the committee to decide based on the nature and seriousness of the offence, how long ago the offence occurred, and whether the offence is of such a nature that the individual concerned cannot act as a CFR. Consideration should be given to other roles within the scheme that might be more suited to the individual concerned and which do not involve responding to emergencies or requiring patient contact e.g. fundraising, administrative tasks etc.

7. Each scheme will be asked to supply the mobile telephone numbers and email addresses of each CFR. The reason for this is that each member can be set up on the NAS Community Operations (Moodle) platform. In addition, it indicates the telephone numbers to whom the incident notification alerts will be sent to, and from which responses will be received. If a CFR's mobile telephone number is not provided, they will not be alerted to an incident within their area of operation.

8. All information pertaining to a CFR's mobile number, email address and training programs completed should be recorded in the NAS CFR Database by the scheme coordinator or the scheme committee. This database will be used for the verification of a member to act as a CFR and to integrate the scheme or the member into the NAS.

9. Following initial contact and training, a CFR Scheme will be asked to define an area of operation within which their scheme will receive incident notification alerts. There are 2 ways in which the area of operation may be defined.

    - An Eircode of a specific location can be provided. This Eircode will act as the centre point of the scheme's area of operation. An agreed radius e.g. 5km, from this centre point, will define the area of operation of the CFR scheme. Notification alerts will only come from incidents within this area.
    - A second method of defining the area of operation is by geo-fencing. This means that a scheme can define an area using a number of points/features on a map within which their scheme will respond and within which they will receive incident notification alerts. Geo Fencing is particularly beneficial for schemes that are near large water features, e.g. lakes, or that are situated along the coastline.

10. The proposed area of operation of a scheme may need to consider the existence or emergence of other schemes within the locality to ensure operational effectiveness. Areas of operation are subject to change based on the emergence of new schemes and/or the re-emergence of older schemes. Situations may arise where multiple schemes will operate in the same geographical area.

11. As a national service, NAS respond with a patient-centred focus at all times, and we always endeavour to send the closest, most appropriate resource to a scene. This is also the case for CFR Schemes, where a number of schemes overlap or co-exist in one area. No single CFR scheme has the right to any given area; the NAS will have discretion on the appropriateness of overlapping or co-existing schemes in a particular area.

12. Although CFRs may volunteer to respond within their area of operation, they must not respond to incidents in locations which would pose a threat to their own safety and welfare, i.e. mountainous terrain, lakes, rivers, motorways, or any location considered to be inhospitable.

13. In the interest of personal health and safety, all CFRs are advised to be inoculated against Hepatitis B and to have their vaccinations up to date. This can be arranged through their own GP (at their own expense). Advice on other appropriate inoculations and vaccinations may be provided by the GP.

14. Once all training, Garda vetting, and documentation have been completed, the area CEO will conduct an audit of the scheme's CFR database. This audit may include a review of all or some of the members' documentation and training records. It may also involve an assessment of skills prior to the scheme "going live". The same procedure will apply whenever new members join the scheme, if a scheme is considering moving to a higher clinical level of response e.g. CFR – FAR or for revalidation of a scheme.

15. When all the requirements of the validation process have been completed, the area CEO will submit the schemes CFR database for integration into the NAS system. Prior to the submission, the area CEO may seek additional information of a CFR's suitability to respond to incidents.

16. If a CFR wishes to leave a scheme, they must inform the Scheme Coordinator or scheme committee of their intention to do so. It will be the responsibility of the scheme coordinator or the scheme committee to inform the CEO that the member will no longer be acting as a CFR. This will allow the CEO to update NEOC so that the member does not receive any further incident notification alerts.

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Appendix: VI

TRAINING AND ASSESSMENT

1. CFRs are expected to provide care up to the First Responder level, to which they have been authorised and approved e.g. CFR, FAR, EFR.
2. Training records for CFRs should be maintained by the Scheme committee. On-going training is essential therefore, the following records should be completed as a minimum:
   2.1. Training notifications and risk assessments must be completed for each training session to ensure General Indemnity cover will apply. This submission document can be found at https://surveys.hse.ie/s/cfrtrainingriskassessment/
   2.2. Sign-in sheets for all training sessions should be maintained by the CFR Scheme Committee.
3. CFR Refresher training is recommended once per month to maintain a high quality of skills. The frequency of training will be governed by the scheme committee, which should take into consideration how active the scheme is at responding to incidents. As a minimum, each CFR within a scheme must attend one practical training session every 90 days.
4. The following courses must be completed prior to being activated as a CFR and then refreshed at the outlined frequency.

   PHECC CFR - every 2 years
   Children First - every 3 years.
   Garda Vetting - every 3 years.
   Critical Incident Stress Management - every 3 years.

5. All healthcare professionals, with the exception of Registered Doctors, who are not NAS practitioners (including practitioners from other services, nurses and other allied healthcare professionals) are obliged to complete the mandatory training including the PHECC CFR Community course. Non PHECC Certification (e.g. standalone IHF BLS) is not sufficient.
6. It is the responsibility of all CFRs to ensure that they meet the training requirements and refresher deadlines in order to continue to respond to calls and avail of General and Clinical Indemnity. It is the sole responsibility of the CFR Scheme Coordinator to ensure that all CFR members are in compliance with these requirements. Failure to adhere to full compliance will result in General and Clinical indemnity being unavailable to CFRs should an adverse incident occur.
7. NAS maintains no responsibility in providing CFR Instructor Grade training to groups or individual members. Notwithstanding this, any instructor who is affiliated to the NAS community engagement training site agrees to the Community Engagement Team conducting monitoring audits of training programs delivered by those affiliated instructors on behalf of the community engagement team. The monitoring audits may consist of a desktop audit of course paperwork and/or an unannounced visit to the planned training session, whereby the instructor will be monitored delivering the training. These audits are to ensure compliance with the community engagement team's training standards and the maintenance of its training site status with third-party organisations i.e. PHECC, IHF.

All CFRs must hold an account on the NAS Community Operations Moodle education platform and must login regularly to access education and informational materials. Moodle is monitored by the CEOs to ensure compliance.

Appendix: VII

CODE OF CONDUCT

The purpose of the Code of Conduct is to ensure that all volunteers understand the high standard of conduct that is expected of them whilst they are performing their duties on behalf of a Scheme.

1. INTEGRITY AND RELIABILITY

1.1. Must be dependable and can be trusted to work efficiently alone without supervision.

2. HYGIENE AND CLEANLINESS

2.1. CFRs must have high levels of personal hygiene and cleanliness as they are in close contact with others, especially patients.

3. APPEARANCE

3.1. CFRs are expected to have a clean, smart appearance at all times. Each member must have High-Visibility clothing which identifies them as a CFR, and this should be worn at all times while at an incident.

3.2. CFRs should also carry an approved form of identification e.g. NAS CFR ID card, Driving license, affiliated organisation ID card etc. Should a scheme or a member be unsure of what is classed as an approved form of identification, they should contact the area CEO.

4. Conduct towards Patients

4.1. Clearly identify themselves as CFRs on arrival at a scene.

4.2. Be tactful, reassuring, understanding, and sympathetic. Avoid over-familiarity and be respectful of different customs, values and beliefs.

4.3. Be aware of the needs of the patient's relatives, friends or others. Do not be drawn into arguments or disagreements with the patient's relatives, friends or others.

5. Conduct towards Emergency Services personnel (i.e. AGS/Fire/NAS/GP)

5.1. Clearly identify themselves as CFRs on arrival at a scene.

5.2. CFRs may be viewed by others as representatives of the National Ambulance Service, and as such, their actions can be considered by others to reflect that of the NAS. CFRs are required, at all times, to be tactful, reassuring and understanding of all personnel at the scene. This requirement extends to CFR behaviour towards members of the NAS Community Engagement Team.

5.3. Be respectful to all personnel. Follow the directions of the Emergency Services personnel at the scene. The clinical lead will be the person who has the highest clinical level of training and who is on scene. The clinical lead should make themselves known on each call and be appropriately privileged to act in their capacity at scene.

5.4. In situations where several schemes respond to the same incident, CFRs must work together with a patient-focused approach.

6. CONFIDENTIALITY

6.1. Always respect patients' privacy and dignity. All details regarding patients, including their condition and treatment, are strictly confidential.

6.2. Breaches in confidentiality may result in immediate termination, suspension or downgrading of a scheme and may result in civil legal action being brought against the individual concerned and/or the scheme.

6.3. Scheme members must not discuss incidents in a manner where patients may be identified, or confidentiality could be breached or where bystanders may get the perception that the CFR is disclosing confidential information

7. HONESTY

7.1. CFRs may be required on occasion to enter private homes and dwellings alone and are therefore in a position of great trust so honesty is paramount.

8. SELF DISCIPLINE AND LOYALTY

8.1. A high degree of self-discipline and loyalty is required. All members with the qualification of CFR-Community and above, must agree to comply with the NAS protocols within this policy.

8.2. CFRs may be viewed as agents of the NAS. Therefore, they must conduct themselves in a responsible and dignified manner at all times when attending calls or while wearing CFR attire. This includes the use of dignified and professional language and maintaining appropriate decorum post incident, particularly where a patient has passed away.

9. COMPLAINTS

9.1. Complaints should, in the first instance, be dealt with by the CFR Scheme committee.

9.2. Should the NAS receive a complaint regarding a CFR or CFR Scheme, the complaint will be assessed by the CEO. All complaints are thoroughly and fairly investigated. Scheme committees, coordinators and CFRs will be required to cooperate with any investigation into a complaint, adverse incident or legal claim.

9.3. Depending on the seriousness and nature of the complaint, the Community Engagement Team may decide to stand down or downgrade the response level of the CFR and/or scheme without prejudice until an assessment of the complaint has been completed. Alternatively, if no patient safety concerns have been identified, the Community Engagement Team may deem that the complaint is better dealt with by the scheme committee.

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9.2. Should the NAS receive a complaint regarding a CFR or CFR Scheme, the complaint will be assessed by the CEO. All complaints are thoroughly and fairly investigated. Scheme committees, coordinators and CFRs will be required to cooperate with any investigation into a complaint, adverse incident or legal claim.

9.3. Depending on the seriousness and nature of the complaint, the Community Engagement Team may decide to stand down or downgrade the response level of the CFR and/or scheme without prejudice until an assessment of the complaint has been completed. Alternatively, if no patient safety concerns have been identified, the Community Engagement Team may deem that the complaint is better dealt with by the scheme committee.

Appendix: VIII

EQUIPMENT

1. CFRs are required to carry some form of official Identity (ID) card issued by their scheme or NAS, complete with a photograph, which should be carried at all times when responding to a call. On leaving the Scheme, CFRs are required to return their ID cards and any other property supplied by the Scheme or by NAS.
2. It is the responsibility of each scheme to provide its own medical and safety equipment when providing a CFR response. The NAS can advise on equipment to be used or purchased by the Scheme for use during a response. The responder kit may consist of the following:
    - AED (Semi-Automatic is recommended)
    - Disposable pocket face mask
    - Gloves
    - PPE gown or apron (as/if indicated suspected infection like a respiratory virus).
    - A CFR high-visibility jacket /vest
    - Appropriate basic first aid equipment based on authorised response
    - Torch/map of area
    - Clinical Waste Bag
    - Cutting Shears
    - Hand Sanitising Gel
    - Surgical Mask/FFP2 Mask
    - Eye protection

3. Only equipment listed in this policy may be used when responding to an incident unless prior written approval has been obtained from the area CEO. Equipment may be requested to be withdrawn by the NAS at any stage based on a quality/patient safety concern.
4. Equipment outside the authorised scope of the CFR - e.g. advanced airways- must not be carried other than where specifically authorised by the CEO in writing.
5. Each CFR is responsible for ensuring that any medical equipment in their possession is fit for operation at the beginning of their period of availability, that it is cleaned after use and then stored correctly. This includes the checking of expiry dates on consumable items of equipment.
6. Any defective or unserviceable equipment must be withdrawn from use and reported as soon as possible to the Scheme Co-coordinator, who will arrange for the collection of faulty equipment and the provision of a replacement.
7. Consumables can be replaced by advising the local Scheme Committee that you have attended a call.
8. Each CFR Scheme is responsible for ensuring that the AED is maintained as per the manufacturer's instructions. Any AED-associated problems should be brought to the attention of the Scheme Coordinator.

9. CLINICAL WASTE

9.1. Healthcare risk waste is blood and body fluid-stained or contaminated items, including gloves, PPE, used disposable pocket face masks and cleaning wipes used on AED.

9.2. It should be collected in a yellow plastic bag and given to a member of NAS to dispose of. In exceptional cases where this has not been possible, the bag should be sealed and taken to the nearest NAS Base (office hours) where staff will dispose of it for you.

9.3. Where full PPE is used at the scene where there is a suspicion of an aerosol-transmitted virus, disposal of equipment should be done in accordance with the doffing procedures for PPE.

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Appendix: IX

USE OF VEHICLES FOR CFR RESPONSE

1. CFRs must ensure that they have adequate insurance for the vehicle being used. Each CFR must ensure that they have informed their insurer of their CFR activity. Affiliated services that wish to use service vehicles must have written approval from their organisation's management and approval from the NAS Community Engagement Team.
2. It is the responsibility of each CFR to ensure that the vehicle they intend to use is in a safe and roadworthy condition. The NAS will not be held responsible under any circumstances for vehicles which are not roadworthy. Transport of patients in a CFR vehicle is not permitted under any circumstances.
3. The NAS will not be held responsible under any circumstances for any vehicle damage, vehicle excise duty, NCT, insurance premiums or any other sum payable in respect of the vehicle. (Including any hire purchase or loan repayments in respect of the vehicle)
4. The vehicle must not under any circumstances be fitted with any permanent or temporary emergency warning devices, including but not limited to flashing lights (other than the factory fitted hazard lights), sirens and headlamp flash units. The vehicle must not be fitted with any reflective / non-reflection stripes, badges or other signage unless explicitly approved by the area CEO and is in writing.
5. En route to an incident, the CFR has no priority over any other motorist. The manual flashing of headlamps is misleading to other motorists and should be performed only in accordance with the Rules of the Road. For your own safety, all equipment must be stored and transported in the boot or other suitable compartment of the vehicle. Whilst driving to an incident, you must concentrate on the standard of your driving and be aware of the safety of other road users.
6. You must stop in a safe location to undertake other activities, such as using the mobile phone or reading a map. You must ensure you park safely and in accordance with the Road Traffic Acts and any applicable local parking bylaws. Should you need to park in a position that may be considered hazardous, you may display the vehicles factory fitted hazard lights to warn other road users of your presence. These hazard lights should only be used whilst stationary.
7. Should you be involved in any accident whilst en route to an incident, you must stop and provide details in accordance with the Rules of the Road. The accident should be communicated to the NAS/Scheme Coordinator as soon as possible. <u>You do not have authorisation to leave the scene of an accident because you are responding to an incident.</u>
8. Should you have any concerns as to your safety at the scene of an incident, remain in your vehicle and, if it is safe to do so, leave the scene. You must advise NEOC as soon as is practicable if you have departed the scene for safety reasons. This will allow NEOC to advise other resources who are responding to the scene of a safety concern.
9. There may be occasions when en route to an incident, traffic congestion and the actions of other road users will increase stress and anxiety. You must learn to recognise this natural heightened response of the body and maintain control of your actions. Under no circumstances are you permitted to breach the Rules of the Road or the Road Traffic Acts, which are in force at the time.

Appendix: X

INCIDENT RESPONSE

1. All incident notification alerts will come from the NEOC. CFRs will be alerted if the incident is within their area of operation, and if the incident is of a type and nature that the scheme is authorised to respond to.

    1.1. The following is an overview of the incident alert process:

        1.1.1. An incident notification will be sent to the CFR's mobile phone.
        1.1.2. The CFR, if responding, must inform NEOC that they are responding by sending the "mobile" status message.
        1.1.3. If not responding, do nothing and delete the message.

    1.2. Whilst responding to the incident address, a CFR must obey all speed limits and in accordance with the current Road Traffic Act and the Rules of the Road. No exemptions are available for CFR.

    1.3. When the CFR arrives on scene, they must park safely and sensibly, allowing access for the ambulance when it arrives.

    1.4. On arrival at the incident address, the CFR must confirm their arrival on scene using the notification system, identify themselves to the patient/family by showing them some form of identification e.g. CFR ID card , explain that the ambulance is en route, and that they will provide emergency care until it arrives. The patient's condition is then assessed, and appropriate treatment commenced. If necessary and/or appropriate, update NEOC by telephone (to the NEOC number) or 112/999 on the patient's condition.

    1.5. If CFRs find appropriate help is already at the scene upon arrival i.e. EMS resources or off-duty practitioners, they should make themselves known and offer assistance. If no further assistance is required, they should leave the scene. Under no circumstances should CFRs congregate outside of the scene.

    1.6. CFRs are not authorised to stand-down an emergency response vehicle which has been allocated to the call. When the emergency response vehicle arrives, the CFR must give a concise verbal handover and offer assistance if necessary.

    1.7. If it later becomes apparent that the patient no longer requires an Emergency Ambulance the patient or the original caller who rang 999/112 should contact NEOC on 112/999 and advise the call taker of same. A CFR should in no way attempt to coax or persuade the patient or original caller to stand down the emergency ambulance.

    1.8. Only in exceptional circumstances should a CFR travel in the back of an ambulance with a patient to hospital and only at the request of the Ambulance crew. It is important to note that the ambulance crew will not be in a position to return the CFR to the scene of the call.

    1.9. If a CFR discovers they have entered a violent or aggressive situation, leave the incident immediately and inform NEOC. Do not return to collect equipment until it is safe to do so.

    1.10. Once finished at a call, the CFR will inform NEOC by using the incident notification system that they are clear of the call. There is no need to telephone NEOC and inform them that

you are clear of the call unless there is an urgent need to log a concern encountered at the scene.

1.11. CFRs must delete all incident alerts relating to any incident from their mobile phone, other messaging apps and other devices at the earliest opportunity after an incident. Failure to do so may be considered a breach of this policy.

1.12. CFRs must inform their Scheme Coordinator of any untoward incident or driving offence committed whilst responding to a call or as soon as is practicable following the call. The CFR Scheme Coordinator should then inform the CEO.

1.13. CFRs who receive an incident notification alert may be stood down at any point during the incident. If a notification or request to stand down is received on your phone, or by a phone call from NEOC/DFB, or from NAS Practitioners/Managers at the scene, then the CFR must stand down and move away from the scene. Under no circumstance should CFRs congregate outside of the scene.

1.14. If a CFR comes across an incident or is informed by a third party of an incident that requires their assistance, they should respond appropriately and at the earliest opportunity contact the emergency services by dialling 112/999 requesting the Ambulance Service, giving the incident address and Eircode, if known. Answer any question required by the NAS call taker and render assistance, within your respective scope of practice until the arrival of an emergency response vehicle.

1.15. Should a CFR sustain any injury whilst at an incident, they should report it to the attending NAS practitioner(s) if assessment/treatment is required. All incidents should be reported to the scheme coordinator, who must then inform the Community Engagement Officer. Where such an incident occurs, the Community Engagement Officer may require a recollection of events (ROE) from the CFR.

1.16. While the risk is very low in the event that a CFR sustains a needle stick injury or blood/body fluid splash to their eyes or mouth, they should

1. Wash and rinse the area.
2. Report to the Emergency Department for a medical assessment.
3. Report it to your coordinator.

2. DOCUMENTATION AND DATA PROTECTION

2.1. As outlined in the process above and in line with data protection guidelines, all alerts and information on mobile phones and other devices relating to the incident must be deleted.

2.2. Online Incident Report/Call Log

2.2.1. The online “Incident Report/Call Log” should be completed by one person who attended the scene. It is the responsibility of the scheme coordinator to ensure this has been completed.

2.3. Personal Call Logs

2.3.1. It is acceptable to maintain personal notes after attending a call, but no patient-identifiable data should be recorded. Patient identifiable data relates to a person’s name, date of birth, address, email address, phone number, ambulance incident number etc.

3. CRITICAL INCIDENT STRESS MANAGEMENT

3.1. The National Ambulance Service is committed to protecting and supporting its staff and volunteers in the course of their duties.

3.2. All CFRs must complete an online e-learning training course aimed at enabling members to identify stressors in themselves, in others, and also identify ways of mitigating these stressors.

3.3. Due to the nature of the calls, CFRs can be exposed to stressful and challenging situations. Informal debriefing by talking to other CFRs, the Scheme Coordinator or NAS peer support staff may be sufficient support to members post incident.

3.4. The NAS has developed, and implemented, a structure of supporting CFR Peer Support volunteers whom remain available to support community volunteers should they require psychological support post incident.

INCIDENT NOTIFICATION AND RESPONSE PROCEDURE – TEXT NOTIFICATION

The scheme will receive an automated text notification from the NAS Computer-Aided Dispatch (CAD) System. This is generated when the system identifies a CFR incident response, based on the call type and its proximity to the CFR scheme centre point.

An incident notification is intended to make a CFR aware that an incident has occurred nearby; it is not a dispatch instruction; it is at the discretion of the respective CFR volunteer to attend or not.

The CAD utilises a number of different mobile phone numbers to send out notifications; a list of these numbers can be obtained from the community engagement officer.

The following procedure is **MANDATORY** for all CFRs when in receipt of an incident notification. The CAD will associate each reply sent with the CFR scheme.

1. If you require further information before responding to an incident, NEOC can be contacted on the dedicated CFR line **01-4633475**. If the scheme is not responding, the notification **MUST** be deleted from all devices immediately to ensure that there are no GDPR risks.
2. Open the text notification and, if responding to the incident, reply to the notification by entering **01**, leave a space and enter the last three digits of the incident number displayed in the notification.
    a. I.e. Incident No. 123456 – enter 01 456 > send.
    b. **DO NOT** enter any other digits/text as this will affect the information received by CAD.
    c. If the scheme is not responding to the incident, do nothing and **DELETE** the notification.
3. If a stand-down notification is received while mobile to an incident, you **MUST** stand down immediately and contact NEOC for further information. If the scheme is standing down en route, the notification must be **DELETED** from all devices immediately to ensure that there are no GDPR risks.
4. On arrival at the scene, reply to any NEOC notification by entering **04** > send. You do not need to enter the last three digits of the incident number, as the scheme will already have been tagged to the call when going mobile.
5. Once at the patient, you can call NEOC on the CFR line to update or request further information.
6. When clear from an incident, reply to any NEOC notification by entering **19** > send.
7. On completion of the call, the notification must be **DELETED** from all devices immediately to ensure that there are no GDPR risks.
8. The sequence of Mobile (01 XXX), At Scene (04) and Clear (19) must be followed in order; it is not possible to go at scene if the mobile code has not been sent, it is also not possible to go clear if the at scene code has not been sent.
    a. If a scheme is standing down form an incident prior to arriving at scene, NEOC must be contacted by phone to inform them that a stand down has been decided upon and request that they stand the group down from the system. This will generate a stand down notification to all CFRs within the scheme.
9. The incident number and scheme name must be provided during all phone calls with NEOC.

The direction of NEOC **MUST** be adhered to at all times regardless of the situation, safety is of the upmost importance for all CFRs. The community engagement officer can be contacted for any queries relating to incidents attended, stand downs received or any other incident related issues.

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Appendix: XI

State Claims Agency Indemnity

1. The NAS General and Clinical indemnity cover (not insurance) is provided by the State Claims Agency.
2. CFRs who have been requested by the NAS to respond to an emergency or life-threatening incident, are classed as agents of the NAS.
3. The NAS has extended its State Claims Agency General and Clinical indemnity scheme to cover members of approved CFR Schemes when responding to an emergency on behalf of the NAS and who operate within their scope of practice, e.g. CFR, FAR, EFR.
4. In the event of a clinical malpractice claim relating to an authorised call, CFRs will be supported by the State Claims Agency during the assessment of the claim
5. The State Claims Agency General liability cover will not extend to situations whereby a CFR is injured as a result of their own negligence or by the negligence of a land or property owner. For this reason, it is strongly advised that CFR schemes source additional insurance protections to provide for such situations.
6. In the event of any claim being made to the State Claims Agency, they will investigate it to ascertain if negligence occurred on the part of HSE. Where it is deemed that a claim arising from an incident is found to have not arisen from negligence on the part of the HSE, it will not be progressed any further.
7. Public fundraising initiatives and other scheme activities are not covered under the State Claims Agency Indemnity Schemes. Groups are strongly advised to obtain their own Public Liability insurance cover for these events.
8. CFR Schemes are considered third party organisations and as such should have the following recommended insurance cover in the event there is a claim arising from the negligence of their members.
    8.1. Public Liability with a recommended limit of indemnity of €6.5m for any one claim or series of claims arising out of a single occurrence. Lower limits may be acceptable where risk-assessed.
    8.2. Employers' Liability with a recommended limit of indemnity of €12.7m for any one claim or series of claims arising out of a single occurrence.
9. CFRs must have sufficient car insurance for the purposes of the Scheme. Each member is advised to ensure that by operating as a CFR, you do not invalidate any personal insurance arrangements that you may have, including life or critical illness cover.

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Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta
National Treasury Management Agency

An Ghníomhaireacht um Éilimh ar an Stát
State Claims Agency

State Indemnity Guidance

SIG 18: Use of volunteers by delegated State authorities

a) Introduction and scope

The purpose of this State Indemnity Guidance (SIG) is to set out risk and general indemnity[1] advice for delegated State authorities (DSAs)[2] who engage volunteers to perform tasks under DSA supervision, direction, and control[3]. The scope of this SIG **excludes**:

- Persons who provide specialist volunteer services on behalf of the State such as the Irish Coast Guard, Garda Reserve and Reserve Defence Forces.
- Persons engaged by DSAs as part of a work placement/work experience programme[4].
- Volunteer activities relating to the provision of professional medical services, as relevant to the Clinical Indemnity Scheme[5].

b) Who are volunteers?

A volunteer is any person engaged in a voluntary capacity[6] to carry out DSA activities on behalf of the DSA, whilst acting under DSA supervision, direction, and control. Volunteers are intended to support and supplement existing activities of the organisation and are not intended to act as a replacement for full time staff.

c) Does the General Indemnity Scheme cover volunteers engaged by delegated State authorities?

Yes, the General Indemnity Scheme (GIS) applies to volunteers engaged by DSAs when working under DSA **supervision, direction and control.** The cover provided under the GIS is for personal injury and/or third party property damage claims, arising from the negligence of the DSA and/or its volunteers.

Scenario 1

A DSA is planning to engage a number of volunteers to support an upcoming sports day for its service users. These volunteers will be engaged on an individual basis and will work under the supervision, direction and control of the local manager.

The GIS will extend to cover these volunteers and will respond to any personal injury and/or third-party property damage claim that may arise from the negligence of the DSA. The duty of care owed to the volunteers is the same as if the volunteers were DSA employees. The DSA should ensure that any risk controls in place for its staff, are also applied to the volunteers for the duration of the engagement.

d) A third party organisation wishes to volunteer their employees/volunteers as part of supporting a delegated State authority initiative. Does the General Indemnity Scheme apply in the same manner?

Yes, the GIS will apply. However, the third-party organisation should also hold appropriate insurance for potential claims arising from its negligence, as follows:

- Public Liability with a recommended limit of indemnity of €6.5m for any one claim or series of claims arising out of a single occurrence. Lower limits may be acceptable where risk-assessed[7].
- Employers Liability with a recommended limit of indemnity of €12.7m for any one claim or series of claims arising out of a single occurrence.

1 **General Indemnity Scheme (GIS)**: Under the GIS, the SCA manages personal injury and third-party property damage claims taken against State bodies covered by the scheme.
2 delegated State authority (DSA): Refers to all bodies where management of personal injury and third-party property damage claims against the body is delegated to the SCA. This includes healthcare enterprises, community and comprehensive schools and prisons.
3 Supervision, direction, and control: Full oversight of the assigned duties including providing instruction, guidance and advice on how the work must be done.
4 Work placement/experience programmes: Please refer to *SIG-12 Work placement and work experience programmes hosted by DSAs.*
5 Clinical Indemnity Scheme (CIS): Under the CIS, the SCA manages clinical negligence claims taken against healthcare enterprise, hospitals and clinical, nursing and allied healthcare practitioners covered by the scheme.
6 Voluntary capacity: Acting in a specified capacity without payment.
7 Please refer to *SIG -Guidance on Indemnity and Insurance* for additional information.

Scenario 2
A local gardening company has volunteered to carry out upgrade works to the open garden spaces at a DSA site. They will have a team of five staff and will use their own equipment and supplies for the works.

As the gardening company will operate independently and not under the **supervision, direction and control** of the DSA, it is obliged to carry its own insurance for its staff and any equipment/supplies that it intends to use. The GIS will only respond to negligent acts or omissions that are the responsibility of the DSA, for example, state of premises issues such as a slip, trip or fall on a defective surface at the DSA site.

A formal agreement should be put in place setting out the responsibilities of all involved. The DSA and gardening company should conduct a risk assessment to identify any control measures which may be required for the volunteering activity.

e) What do delegated State authorities need to consider when engaging volunteers?

In the first instance, local management should formally approve volunteers engaged on behalf of the organisation. A suitability assessment of the volunteer should be carried out to include appropriate vetting and competence checks in accordance with local policies and procedures.

A documented risk assessment should be carried out and risk control measures implemented. Please refer to section i) for additional information.

f) Are there any age-related restrictions, which should be considered for volunteers?

There are no specific age-related restrictions associated with the GIS. However, the State Claims Agency (SCA) recommends that individuals aged 14 years and upwards only should be engaged as volunteers. The DSA should also ensure that it is aware of its responsibilities under legislation such as 'The Protection of Young Persons (Employment) Act, 1996', 'Schedule 7 of the Safety, Health and Welfare (General Application) Regulations 2007' and Child Protection legislation, etc.

g) What duties are volunteers permitted to carry out?

There are no duties that are specifically excluded from GIS cover. However, tasks should be assigned following a risk assessment which takes into consideration the volunteer's competencies and physical limitations etc.

h) Can volunteers drive vehicles as part of their volunteer duties?

There are two scenarios which may arise in relation to driving:

Use of DSA vehicle – it is not advised that volunteers be permitted to drive DSA vehicles. This is because where a driver is not an employee of the DSA, there can be a reduced ability to manage the volunteer and the driving activity therefore constitutes a higher risk to the DSA. Volunteer drivers can be used in certain exceptional scenarios, typically for long term volunteer arrangements and in specialist circumstances arising in health and social care settings, for example, in situations where a DSA employee is absent from work or unavailable. Where volunteer drivers are used, the GIS will apply provided a formal risk assessment has been carried out, the correct driving licence is in place and local management approval has been granted. Please contact the SCA for further information.

Use of private/company vehicle – if it is intended that volunteers use their own private vehicle for volunteering purposes, they must first contact their motor insurance provider and inform them of this planned use as it is the volunteers' own private insurance which will primarily respond. The volunteers should formally confirm this is in place before proceeding.

It is **not** advised that volunteers transport service users/clients unaccompanied in DSA and/or private vehicles. Further information is available on the SCA website at ***State Indemnity Guidance - Use of Motor Vehicles***

i) What are the risk management considerations when engaging volunteers?

The SCA advise that all DSAs consider the following risk management considerations prior to engaging volunteers (non-exhaustive list).

- **Approval, Procedure and Agreement –** A policy and procedure should be developed by all DSAs who engage volunteers. Details of the volunteer arrangement should be documented including the intended duties, duration of the engagement, reporting arrangements, etc.
- **Risk Assessment –** A risk assessment must be completed prior to engagement of the volunteer(s) and identified control measures implemented. Risk control measures should be directly related to the individual's level of competence and the activities they shall undertake.
- **Garda Clearance/Vetting –** Volunteers should be vetted in accordance with local policies and procedures. If the volunteers will be working directly with service users/students, this will require special consideration.
- **Data Protection/Confidentiality –** this should be managed in accordance with the DSA's local policies and procedures.
- **Supervision –** Supervision arrangements should be subject to the outcome of the risk assessment and the assigned tasks.
- **Training –** Volunteers must receive appropriate induction training. Additional training may be required for certain assigned tasks e.g., manual and handling.
- **Driving –** Please refer to **State Indemnity Guidance: Use of motor vehicles** for specific risk management controls relating to driving.
- **Incident reporting and review/investigation –** All incidents involving volunteers should be reported and investigated/reviewed using the National Incident Management System (NIMS) in accordance with local procedures. If DSAs do not have access to NIMS, the incident report form should be emailed to stateclaims@ntma.ie

j) When do I need to contact the SCA?

If there is uncertainty as to whether the GIS would apply and/or risk management guidance is required, please contact the SCA or your local risk/insurance manager.

This State Indemnity Guidance is solely for the use of members of the State indemnity schemes managed by the State Claims Agency, in accordance with its mandate under the National Treasury Management Agency (Amendment) Act, 2000. The SCA does not bear responsibility for use of or reliance on the guidance by any party other than a delegated State authority.

Appendix XII

PUBLIC RELATIONS

1. MEDIA INTERACTION

1.1. The use of social media platforms and engaging with members of the press can have many benefits in the promotion of CFR schemes, fundraising initiatives, and health promotion. It is important when posting on social media and engaging with the press that schemes foster positive relationships with the community and media while ensuring that the scheme's primary focus is increasing the chances of survival from out-of-hospital cardiac arrest.

1.2. Each scheme should represent itself and the National Ambulance Service in a professional and respectful manner when engaged in any media coverage.

1.3. Confidentiality and the protection of a patient's privacy is of utmost priority when posting on social media platforms or when speaking to the press. At no time should any CFR or scheme member be posting directly from or live from the scene of an incident.

1.4. The sharing of general information pertaining to a specific scheme, training opportunities, and community engagement events are acceptable example of what schemes can post on social media or discuss with members of the press.

1.5. In the event of a critical incident, no scheme or CFR should post information on social media or speak to a member of the press until official NAS or HSE statements are released. All queries are to be directed to the NAS.

1.6. It is important that if approached by members of the press, you direct them to the appropriate spokesperson within the NAS regarding a specific incident. At no point should you portray that you are speaking on behalf of the NAS.

1.7. It is advisable that CFR schemes have an appointed Public Relations person to deal with queries from the media and press regarding CFR activities.

1.8. If your scheme has achieved a particular milestone or has been recognised for its contribution to the community, consider drafting a press release. The press release can be sent to the area CEO for guidance and approval. If time does not permit the drafting of a press release, ensure that you provide accurate information. Under no circumstances speculate about or discuss specific incidents.

1.9. If you are invited to participate in a radio or television interview, be clear about the role of a CFR and the benefits of having trained volunteers in the community. Avoid speaking on NAS operational matters that are outside of your knowledge and reiterate that you are not representing the NAS. Please advise the area CEO, if time permits, prior to any radio or television interviews taking place.

1.10. Any social media posts or interviews that brings the NAS into disrepute or breaches confidentiality of a patient will be a breach of this policy.

COMMUNITY FIRST RESPONDER MEDIA GUIDANCE DOCUMENT

As CFRs, your commitment to serving the community is invaluable. While the autonomy of CFR schemes allows for flexibility in operations, it's essential to maintain a professional and responsible presence in media and social media.

This document provides guidance on best practices for engaging with media outlets and utilising social media effectively.

1. General Principles

Professionalism: Always represent the CFR scheme and the National Ambulance Service with professionalism and respect.

Confidentiality: Protect the privacy of patients and their families. DO NOT share any identifiable information related to incidents or individuals.

Accuracy: Ensure that any information shared is accurate and reflective of the organisation's values and mission.

Awareness: Stay updated on any changes to the media policy of the National Ambulance Service and the HSE.

Use the Support Network: Connect with other CFR schemes to share experiences and learn from one another's media interactions.

2. Social Media Guidelines

Pre-Posting Considerations:

DO NOT post directly or 'live' from call-outs. Take time to reflect and ensure content is appropriate and aligns with the CFR's mission, as well as respecting patient privacy.

Consider the potential impact of your post on the community and the reputation of the CFR scheme.

3. Content Creation:

Share general information about the CFR scheme, training opportunities, and community engagement events.
Highlight success stories and positive interactions, ensuring that consent is obtained where applicable.
Feel free to share content from the NAS and NAS Community social media pages.

4. Engagement:

Interact respectfully with community members. Acknowledge positive feedback and address questions or concerns in a professional manner.
Monitor your posts for comments or inquiries, and respond in a timely and respectful manner.

5. Crisis Communication:

In the event of a critical incident, refrain from posting on social media until official NAS or HSE statements are released. Direct any inquiries to press@hse.ie or if in any doubt, contact the NAS Community Engagement Team.

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6. **Engaging with Media Outlets**

   Media Interaction Protocol:

   If approached by media on matters relating to the NAS and not directly relating to your CFR scheme, direct them to press@hse.ie or if in any doubt, contact the NAS Community Engagement Team.

   Provide accurate information but avoid speculating or discussing ongoing incidents.

7. **Press Releases:**

   If your CFR scheme has a significant event or achievement, consider drafting a press release. Ensure it is reviewed by the NAS Community Engagement Team before distribution.

   The Community Engagement Team can assist in reaching out to media outlets on your behalf via the national press office.

8. **Interviews and Coverage:**

   If you are invited to participate in an interview, prepare by reviewing key messages. Be clear about your role as a CFR and the overall mission of the service.

   Your Community Engagement Officer is available to provide advice and tips

Maintaining a responsible media presence is essential for the integrity and trustworthiness of the CFR scheme. By following these guidelines, you can help foster positive relationships with the community and the media while ensuring that your primary focus remains on providing exceptional care.

9. **Fundraising:**

   Any fundraising activity, which involves the use of the NAS's name or crest, must be approved by the Community Engagement Team and HSE Communications prior to its launch. This is to ensure that funds raised are used in a positive and beneficial way to either promote health awareness or to provide equipment such as AEDs for use in the local community.

   All funds raised as part of a scheme's fundraising activities must be accounted for and records kept by the scheme committee. The NAS accepts no liability for misappropriation or loss of funds. The scheme committee is responsible for the management and accounting of monies, which should be in line with current legislation.

   It is advisable that an account in a financial institution such as a bank or post office is setup in the name of the scheme to aid in the management of scheme funds.

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Appendix XIII

CHILDREN AND VULNERABLE ADULT PROTECTIONS

1. CFRs shall promote the welfare of children and vulnerable adults, and protect them from harm. It is not okay to do nothing if you have any information that a child or vulnerable adult has been, is being, or is at risk of being abused or neglected.
2. PHECC Practitioners are mandated to report any concerns to TUSLA and/or Gardaí. Other responders, including CFRs, by virtue of their specification in the second schedule of the Children First Act 2015 will also be legally mandated reporters and these are not changed by the act of being a voluntary responder.
3. 'Children First' applies to everyone. The HSE is the largest employer in the State and all HSE staff, staff in HSE funded services, HSE contractors and HSE volunteers have responsibilities under the Children First Act and the Trust in Care Policy to keep children safe and to promote their welfare.
4. All CFRs, authorised by the NAS, are expected to complete the online 'Children First' training course. www.childrenfirst.hseland.ie
5. Each CFR scheme shall develop its own Child Protection policy and Child safety statement. CFRs should take note of the National Ambulance Service Child Safety Statement (see below).
6. Should a situation arise where a patient is the sole caregiver of children or other vulnerable adults, and the patient requires urgent transportation to hospital, CFRs should not assume care of the patient's family and should only remain at the scene, in the presence of, and at the request of Gardaí, or other appropriate personnel on scene, except in exceptional circumstances.
7. Adult safeguarding concerns should be discretely disclosed to NAS practitioners on their arrival.

Child Safeguarding Statement – NAS

The National Ambulance Service (NAS) provides pre-hospital care services to children and across the country. The NAS employs approximately over 1,900 staff and utilises approximately over 5,000 volunteers who respond to a variety of settings and locations in which they may become aware of child safeguarding issues. The safety, welfare and development of children and young people are core objectives and key priorities for the HSE and NAS. Every NAS affiliated volunteer has a responsibility and duty of care to ensure that every child/young person availing of and/or attending our service is safe and protected from harm. NAS policies and procedures have been developed to promote safe environments for children and young people; to mitigate the potential for risk to arise, and to manage it safely where it does. The policies and procedures outlined in this Child Safeguarding Statement apply to all NAS staff (employees, students, trainees, volunteers, contractors and any other person) performing any role of function in, or on behalf of this service.

1	Risk of harm to a child from a member of staff/volunteer	• Pre-employment/volunteering checks • Professional standards for all Pre-Hospital care providers – EMTs, Paramedics and Advanced Paramedics. • Professional registration for all Pre-Hospital care providers. • Certification for all responder-level volunteers. • Code of behaviour for staff/volunteers • Trust in care policy • HSE Child protection & welfare policy

		• PPPGs regarding safe practice and service delivery • HSE National Consent Policy
2	Risk of harm to a child from a service user (adult or child), visitor or member of the public	• Supervision/accompaniment/admission/public access polices as relevant to the service area • Staff supervision & training • Reporting Procedures • Not applicable to CFR volunteers.
3	Risk of non-compliance with the Children First Act and National Guidance	• Children First Governance Structure • HSE Controls Assurance Process • Children's First Checklist • Compliance monitoring and auditing
4	Risk of harm or concern not being recognised or reported	• Staff/volunteer information, supervision and training. • Reporting procedure • Legal and administrative consequences for non-reporting • "An introduction to children first" mandatory eLearning for all NAS staff regardless of function. • Consultation / experience surveying of service users & your service your say

Where necessary, risks are managed in line with the HSE Integrated Risk Management Policy. Queries regarding the Child Safeguarding Risk Assessment(s) carried out by this service for the purpose of developing this Child Safeguarding Statement should be directed to the named relevant person. **Procedures - (All HSE National PPPGs are available at www.hse.ie).**
This Child Safeguarding Statement has been developed with due regard to, and in accordance with, the Children First Act 2015, Children First National Guidance for the Protection and Welfare of Children (2017), HSE Guidance on Developing a Child Safeguarding Statement and Guidance issued by Tusla – Child and Family Agency. The following HSE policies and procedures support our intention to safeguard children availing of this HSE service:

- Integrated Risk Management Policy to assess and manage any risk of harm;
- HSE Incident Management Framework 2020 to inform HSE management of any incident where a child has been harmed while availing of the service;
- Trust in Care Policy and related procedures to investigate an allegation made against a staff member;
- Recruitment policies to ensure the selection and recruitment of staff/volunteers who are suitable to work with children (includes Garda Clearance of New Employees Policy 2007);
- "An Introduction to Children First" mandatory eLearning training for all HSE staff/volunteers;
- HSE Child Protection and Welfare Reporting Procedure (HSE Child Protection and Welfare Policy 2019);
- HSE National I.T. Policies & Standards to ensure online safety (includes Electronic Communications Policy 2019 and Internet Content Filter Standard 2011);
- HSE Code of Standards and Behaviour 2009.
- Procedure for maintaining a list of Mandated Persons within NAS, which is the list of all EMT's, Paramedics and Advanced Paramedics.
- Procedure for appointing a Relevant Person (See named person below)

Governance

National Ambulance Service Operations Managers have responsibility for ensuring Child Safeguarding Risk Assessments and Child Safeguarding Statements are completed under their designated areas of responsibility and for the support and supervision of staff in compliance. Governance is supported through the HSE Children First Governance Structures.
National Ambulance Service Community Engagement Team have responsibility for ensuring Child Safeguarding Risk Assessments and Child Safeguarding Statements (where necessary) are completed under their designated areas of responsibility and for the support and supervision of volunteers in compliance.

Implementation
All Service Managers are responsible for ensuring that the policies and procedures outlined in this Child Safeguarding Statement are in place and operating effectively.

Relevant Person
Ciaran McCullagh, National Quality and Patient Safety Manager NAS. Ciaran.mccullagh@hse.ie 01 4631621

Appendix: XIV Application for integration as a NAS-affiliated CFR Scheme

We are: Applying ☐ Reapplying ☐ to be a NAS-affiliated CFR Scheme.

We understand that:

1. We must reapply annually (between the **1st** and **31st of January** each year).
    a. **Schemes will be removed from the system if the submission timeframe is missed.**
2. We must have a committee in place to run the scheme.
3. We must hold an annual general meeting.
4. An up-to-date scheme database form must be submitted with this form.
5. We must ensure that all scheme members abide by the NAS CFR policy.
6. We must engage with all investigations/audits as requested by the NAS.
7. We must train on a monthly basis and maintain training records for all volunteers.
8. We are responsible for the management of the scheme and all volunteers.
9. We must utilise the communication systems in place to communicate with the NAS National Emergency Operations Centre at all times when active on a CFR call out.
10. We will ensure that all volunteers operate within the scope of practice authorised by the NAS.
11. We must report any adverse incidents to the community engagement officer in a timely manner.
12. We must ensure that all CFR equipment is rescue-ready and fit for purpose.
13. The NAS is not responsible for lost, stolen or damaged equipment owned by the scheme.
14. The NAS is not responsible for providing state indemnity for personal vehicles or any vehicle not operated by the NAS.

Scheme Name _____

Scheme Address: _____

_____

_____

_____

Scheme Eircode (centre point): _____

Scheme Radius: _____KM

*if utilising a Geofenced area, please provide a map.

Coordinator Name (Print): _____ Signature: _____

Coordinator Phone (Print): _____ Email (Print) :_____

Date of submission: _____

Community Engagement Officer Name (Print): _____

Community Engagement Officer Signature: _____

Date of authorisation: _____

CFR Scheme Coordinator Checklist

Required Action	Tick
Committee in place	
All members have been provided with a Moodle account	
All members are trained to the level of PHECC CFR-Community	
All members are trained in PHECC Critical Incident Stress Management (CISM)	
All members are trained in NAS Infection Prevention Control (IPC)	
All members have completed at least three scenario-based training sessions	
Existing scheme instructors added to the NAS training site	
All members have been Garda Vetted via a Volunteer Centre	
The Scheme database form has been completed	
All members have been submitted on Moodle for NAS CFR ID Cards	
All members have signed the Volunteer Declaration form	
All members have read and understood the NAS CFR Policy. Policy acknowledgement form signed and kept on file locally	
All members are aware and are proficient in using the communication system when responding to an incident	
Aware of call log / Course Notifications / Training Risk Assessment Forms	

Controlled Document: Please check that you are viewing the most recent version", in the absence of this information seekers must determine which of the multiple document versions that exist is the newest, best, or correct one.

Appendix: XV

National Ambulance Service

Community First Response Scheme

Volunteer Declaration of Confidentiality, Policy and Procedures Agreement.

- Your attention is drawn to the confidentiality aspects of assisting patients in the pre-hospital environment.
- In the course of pre-hospital service, volunteers may see or hear things of a sensitive and confidential nature, including information relating to the diagnosis and/or treatment of a patient(s).
- This information must not be divulged to, or discussed with any person other than the relevant ambulance service staff. Breaches of confidence will result in the termination of your voluntary work with the scheme.
- The NAS, under the auspices of the State Claims Agency, cannot support any incident or claim arising from the use of a motor/electric vehicle whilst undertaking CFR activities. It is wholly the responsibility of the person operating the vehicle to ensure that they have adequate personal vehicle insurance in place for the use of the vehicle while undertaking CFR activities.
- By signing this acknowledgement, I confirm that I have notified my personal vehicle insurers of my involvement in a Community First Response Scheme.

I confirm that I have read and understood the above information and agree to abide by the NAS Community First Response Scheme Policies and Procedures.

I consent to the use and sharing of my personal information as set out in Appendix IV of the CFR Policy. Tick this box to indicate consent ☐

Name of Volunteer (Print): _____

Volunteer Signature: _____ Date:_____

Scheme Coordinator (Print):_____

Scheme Coordinator Signature:_____ Date:_____

Records of acknowledgements must be maintained by the scheme and be made available to the NAS for audit purposes.

Appendix: XVI

Community First Response Scheme Audit Tool

Name of CFR Scheme:_____ Date of audit:_____

Policy Compliance Area	Compliant ?		Reason for non-compliance	Actions to be taken by the coordinator	Action Plan	Review Date
	Yes	No				
Copy of all CFR scheme members' policy acknowledgement form						
Evidence that all CFR members have valid PHECC certification						
Evidence that all CFR members have completed all online courses						
Evidence that all CFR members have completed Garda Vetting						
Evidence that all CFR members have signed the confidentiality agreement						
Evidence that the scheme comply with NEOC communication procedures						
Evidence that the CFR scheme has a committee in place						
Evidence that the CFR scheme has held an AGM						
Scheme has submitted annual reapplication						

NAS CEO Signature:_____ Coordinator Signature:_____ Date:_____

Appendix: XVII

POLICY ACKNOWLEDGEMENT FORM

1.0 Purpose

This policy ensures that a robust governance framework is in place for every individual/scheme that affiliates to the National Ambulance Service as a community first response resource.

2.0 Policy

The Community First Response Scheme coordinator has the responsibility for ensuring that all potential and active volunteers have read, understood and will comply with the contents of this policy.

I _____ Scheme Coordinator (deputy) of _____

Have circulated the Community First Response Policy to all volunteers within the scheme.

Signed _____ Scheme Coordinator (or Deputy)

Date: _____

Records of acknowledgements must be maintained by the scheme and be made available to the NAS for audit purposes.

I confirm that I have read and fully understood the NAS CFR Policy		
Name (Print)	Signature	Date

Records of acknowledgements must be maintained by the scheme and be made available to the NAS for audit purposes.