

MOU

1. There appears to be nothing mentioned about transitioning paid brigades into first responder capability
2. There does not appear to be any trigger points for changing from co response to first response, e.g. deprivation, call rates, population rates and growth, sub-par response standards
3. There is no requirement to alter response strings upon notification of co or first response changes within the comcen's
4. There doesn't appear to be any mention of sharing information in terms of workplace hazards including infectious disease notification to Fire Service personnel
5. This MOU doesn't appear to reference any overseas, or in fact, onshore response to medical calls; this could create some sort of validity and at least provide a minimum of research to support this MOU
6. Attached to the MOU is a consultation plan, this mentions consultation by St Johns with ambulance Unions, we note to date this hasn't happened
7. Little or no work appears to have been done comparing response times between NZFS station locations, time of arrival differences and potential difference made to patient outcomes using intervention data
8. MOU doesn't appear to mention or even reflect either organisations strategic goals or values
9. When deciding whether to request medical support response from the NZFS, it would appear that the first bullet point (likely benefits for the patient) should be the key driver in this whole process. Clearly, St Johns believe that the NZFS can provide benefits for purple calls (calls which are Cardiac arrest confirmed) but not for Red calls (Life threatening, time critical calls)

This leads us nicely into some questions.

1. Why aren't paid Brigades/stations/fire-fighters being considered to be trained as first responders as part of this MOU?
2. Why hasn't a trial of the above question been sought, in order to assess "likely benefits for the patient(s)"?
3. Has a further breakdown of Red calls (subsets) been done to improve and or increase NZFS responses to life threatening time critical calls?
4. What will happen on composite NZFS stations?
5. What payment for increased services will the NZFS get undertaking this role?
6. What incentives or rewards would be given to fire-fighters under this MOU?
7. What will success or failure look like during and at the conclusion of this MOU?
8. How will we get regular and accurate updates on call rates, response times, outcomes under this MOU?

9. What percentage of Red calls turned into Purple calls, or confirmed Cardiac arrest calls upon ambulance arrival?
10. What safeguards are there around increasing call rates, or St John changing their response types?
11. What guarantee can be given that NZFS will not be used to cover any degradation of ambulance staffing; either FTE's and or Overtime replacement?
12. What are the issues, both NZFS and St John that are stopping Career Districts/stations and Fire-fighters becoming trained to first responder?