St John & FENZ MOU feedback

MOU Content

The draft 2018 MOU is fundamentally a continuation of the previous MOU and supports the continuing working relationship between the two organisations. The newer and in some places, more detailed content of the 2018 MOU has more significance to Fire First Responder (FFR) Brigades (all Volunteer, excluding Silverdale), compared to Co-Responder (FCR) Brigades (career and volunteer). This is due to the more complex provisions in the FFR medical role. However there are some direct impacts on FCR, of which all career brigades respond as (excluding Silverdale FFR).

Requirements for support requests 2 all support requests should, where possible, provide age and gender information so crews can be made aware prior to arrival for mental preparation, and so they know they have located the correct patient. This will also assist FireComm with the current SOP notification/CIPSS process.

Deciding whether to provide a medical support response 2.2 Ambulance should provide an eta where possible, or a response location. Currently get a town/city name – e.g. Ambulance responding from New Plymouth.

- ***Providing Services 2.2 & 2.3*** This section eliminates either organisation doing "event type" work in competition to, or in replacement of the other (ie: FENZ won't do medical coverage type roles at public or private events). This is a new addition and provides clarification around this issue, if an issue was ever to rise.

- ***Safety and Health 5.3***
  Advice to responding crews should not be limited to response function but advice asap over any and all hazards on any health issues that could adversely affect firefighters i.e. if hazardous health issues are identified after the call has been completed, firefighters must be advised.

- ***Safety Health & Wellbeing 5.5*** Being a new addition to the MOU this section 5.5 specifically allows for the provision of debriefings (hot or cold) after significant incidents, which can be beneficial. It also allows for the ability to conduct combined reviews of incidents. However, some more detail around who has the authority to request these debriefs and more importantly the reviews, would be beneficial. Also, how the combined reviews will be conducted (make up of review teams, authority, scope, terms of reference, process, etc). More clarification on what is a review vs a debrief? Form and informal? What happens with that information? Are operational debriefs the same as well being debriefs?
  The Union believes it is critical to include references to both organisations understanding the effects of responding to medical calls and that these responses can result in psychological harm to firefighters.

- ***Sharing information 8*** Any information passed to another agency, whether deemed critical or not, should be passed to all agencies involved in the incident.

- ***Sharing information 8.2*** A date should be added to addressing the new technologies that will assist sharing of communications, we suggest the 1st anniversary of this document.

- ***Resolving issues & disputes 13.1*** The previous time requirement of "14 days" in the old MOU for senior managers to meet over disputes that have been escalated to their level has been removed from the draft 2018 MOU. Also, the requirement for these escalated disputes to be in writing and any resolution to them to be in writing has also been removed. Any dispute that has been worthy of being escalated to a senior managers level (ie this is region level or above – this is not referring to a local area manager or volunteer chief) should always be in writing and a written/recorded outcome documented and provided to all the parties involved. The Union takes issue with the modification and removal of these parts in this section. We want reinstatement of the 14 days of the formal raising of concerns. We want the original wording in the previous version of the MOU.

- ***Review of Memorandum of Understanding 14.1*** regarding any amendments, variations and alterations to the MOU, the parties will be given time to consult with their Unions and Associations and co-owners before anything is finalised.
- ***Rationale for schedule18.1.5*** The fact that Fire and Emergency will provide a support response to St John will not impact any decision to adjust emergency ambulance resourcing in a given location.

- ***Response Types 18.4.2*** "*Other incidents by exception*", the addition of this new phrase now adds the ability for St John to respond FCR to calls other than just Purple Calls alone. While this inclusion in itself seems harmless and is possibly beneficial to patient outcomes, there needs to be clarity over who makes this decision and who has the authority to make this request (ie: is it to be approved by Ambo Comms Duty Centre Manager or Clinical Advisor first?). This additional response provision will allow for the extension of FCR crews to go beyond purple calls alone and now attend red calls, where it's deemed a FENZ response will "add value to patient outcome or value maybe reduced if FENZ don't attend". The interpretation of adding value or reducing value to a patient can be seen quite differently by individuals within St Johns or FENZ. The Union raises issue over this and suggest that robust discussion be conducted about this clause. We suggest that the 2 ambulance positions above make the decision together on appropriate response. These decisions are to be made only for red 1 calls.

  We need St Johns to report on a monthly basis on when this clause is enforced/operated and how many red calls change to purple calls from time of call receipt and arrival. This is to enable us to analyse the extra responses and associated training and welfare issues.

- ***Deciding whether to provide a medical support response (2.2)2.2.2*** Remove bullet point marker for the arrival time of closest ambulance resource. Confuses the issue and looks like a standalone decision point for Comcens.

- ***Stand down protocol (2.4)2.4.1*** clarity around what constitutes a "health practitioner" and, "responder's safety may be impacted or under threat." We would suggest including giving a Safe Forward Point instead of stand down. Stand down should be done as soon as possible.

- ***Liability (2.5)*** In the event of an unforeseen adverse clinical incident, FENZ responders will get the full support of St John if they have operated in accordance with St John training, clinical direction and **procedures**. What are St John's procedures? Can staff have access to them so they know what to follow (**note**: procedures (SOP's) are different to the training one receives, training notes and the clinical direction from ambulance officers on scene or from the clinical desk over the phone). These things (Ambulance SOP's) are referred to separately in the MOU. FENZ FF's

should have access to them to read, digest and follow as required. What is the "support" St John refer to?

- ***Co-response (3.1) and 3.1.1*** Stations should be changed to Brigades.

- ***Fire and Emergency response (3.2)*** re order sequence of bullet points so that bullet 4 is first.

- ***Record of First Response Units and resources available for First response (4.5)*** Co-response resources / Brigades should be marked on Ambulance mapping (i.e. at the equivalent level of public AED's).

- ***Compliance (4.6).2*** steps to be taken to align policies, procedures and instructions between the two organisations. If there is a misalignment between policies then the FENZ policy etc is the overriding policy.

- ***Non-medical assistance (4.8)1.4*** Patient transfer to their homes will not normally be supported by Fire and Emergency assistance. Any arrangements of this nature need to be made in advance at a local level and will not require the activation of station alarms or pagers. This clause is to be removed. The clause enables non emergency response/lifting assist which is contrary to this MOU and is core business for Ambulance and is directly funded (private hire) situation.
  It will be a prime requirement of St Johns to provide Bariatric patient handling / safety issue training programs to all FENZ co and first responders, within the 1st anniversary of this MOU. We are not mandated to provide non emergency medical assistance.

  Performance review (5.0) 1 review outcomes report to be provided to each organisation and to all Union's and Associations annually.

- ***Training requirements*** By in large the biggest compliant is around training. The quality of training provided has been repeatedly questioned. Some of these issues are around the quality of the trainer and some around the training material/content.
  - Often St John First Aid trainers are just that, First Aid Trainers. We know FF's regularly attend medical co-response calls with and alongside metro Paramedics or Intensive Care Paramedics. This environment is totally different from the public based first aid environment (*paramedics generally aren't first aid trainers*). While the course content has evolved over time it is no where near the level or nature of the training required by FF's that work alongside Paramedics. It is difficult for a St John Trainer who have never crewed an ambulance or only ridden one as a volunteer form somewhere like Blackball, to train career FF's who sometimes have been to and worked at 8 cardiac arrest in 8 weeks, when the ST John FA trainer/Volunteer Ambulance officer hasn't been to a cardiac arrest in 8 years! **The minimum requirement for a FA trainer of FF's undertaking training for Career firefighters should be operational Paramedic only** (**or possibly EMT in a busy metro area**). This is a contractual issue with the FA training contract and was raised as an issue by the FATAG when NZFS first wanted to contract out FA training to ST John. It is still obviously an issue 9 years later.
  - The Co-Response training package has evolved over time. It needs to be more flexible in its delivery content. It should be a core content program with modules that cover other topics that can be rotated through at different times, as required. The package needs to move away from classroom lecture to more hands on training. The requirement to only do a formal 1 day refresher every 2 years, compared to the nature and volume of work in some

cases, appears to be very light. Feedback suggests there should be more training and it should be more in-depth/complex than current. FF's report often *"feeling out of their depth", "underprepared and not confident"* at medical calls. One FF commented on how when on an overseas FF exchange a *"2 week course was required before even riding in a co-response role on a fire appliance"* and believed the course content was far superior than what we have here.

  - We suggest a higher level of training be provided to Career Professional Firefighters and this training be provided by an operational Paramedic, perhaps some analysis on call rates is done to provide evidence of training needs.

- ***Schedule G Waiver of St John Charges*** The removal of schedule G in the old MOU raises the question of whether FENZ will now carry the cost of Ambulance Transportation, for medical events, if a FENZ member requires treatment and/or transport at an incident. Or whether the FF has to cover the cost them self. Previously St John waived this charge under Schedule G. ACC cover the cost in cases of accidents. Who is paying the St Johns "donation/charge"? The firefighter or FENZ?

- ***GoodSAM responder APP*** St John identify the response capabilities of **GoodSAM** responders in "Schedule A priority definitions and resource allocation". But no where in the MOU have they outlined the authority of FENZ staff to be able to direct or not direct GoodSAM responders, until the arrival of an Ambulance. Some of these GoodSAM people will vary, all the way from trained medical people through to lay people. What process should FENZ staff follow when these people are on scene, in determining who should be in charge Or who we should be listening to Or who the lead on treatment will be. Especially if they are stating they're "medically trained", "*I'm a Doctor (of mathematics)"* or from St John's (off duty) etc.

Non MOU General Comment

While the MOU directly covers the specifics around response protocols, certain equipment and training levels, there is a need to comment and feedback on general medical response issues not covered directly in the MOU. These points have been raised in CHCH (no doubt elsewhere to) and possibly need to be considered with FENZ management and/or ST John when discussion over the MOU is held.

- Currently there appears to be no FENZ medical advisory group. FENZ have advisory groups on everything from HAZ- Subs, MVA, BA, Driving, Pumps through to working groups on Radios etc. The TAG's or focus groups have mainly been focused around and attached to National Training. The National First Aid Training Advisory Group (4 internal 1 external person's) resigned on mass in protest in 2010, due to the direction NZFS was taking over medical response and training. Yet no group focused on Co-Response/First Response work has since been established. This workload is now forming a large part of a FF's daily work and consideration should be given to establishing an overall working or advisory group on medical response (not just a training advisory group)

- To date FENZ still don't appear to have had a big push on community awareness with regard to our involvement in medical calls. Crews still report people being confused as to why a Fire Engine has turned up, or "*ask why are you here*" Or "*I didn't call for a firefighter I called for an ambulance*" etc. The union asks that FENZ push to run a media campaign (TV ad's etc) identifying how we are assisting ambulance services in the community with this role. While this might be a "sensitive issue" for St John's, it is critical for the community to remain informed. This is a good news story and regardless, we are mandated to respond to these calls.

- Now as a formal provider of medical treatment in the community, FENZ has no clinical standards. These are standards which give clinical direction describing the care patients should be offered or given by organisations for a specific clinical condition or defined clinical pathway in line with current best evidence/practice. They provide the framework or guide for a quality assurance program to measure performance against. We (FENZ) just tend to "do the training" and "just get out there and do it".

- The good news is most FF's can see the merits in attending Co-Response calls and see it as part of their role now and into the future. They also have very positive feedback on the paramedics that they attend calls with and work alongside, holding them in high regard. The working relationship on the road is a good one. We're just lacking better quality training and clearer understanding of our role.

General comment on Melbourne Fire/Ambo MOU General Comment

- MFB First Responder program/level is the equivalent of the Co-responder level in NZ.
- Trainers of MFB FF's in medical calls are qualified paramedics, not first aid trainers.
- MFB training program is a minimum 70 hour course. FENZ is 16 hours max.
- MFB only respond to "priority 0" calls (purple calls). Which is equivalent to the Co-response level in NZ.
- MFB retains their own in house medical advisor. FENZ don't. We use to in the old FATAG group, Associate Professor Peter Larsen. https://www.otago.ac.nz/wellington/departments/surgeryanaesthesia/staff/otago024515.html
- MFB internally clinically audit some of their medical calls. FENZ don't.
- MFB run Quality Assurance and Continuing Education Program for their first/co response program. FENZ don't.
- MFB have clinical protocols (clinical standards in NZ), FENZ have none.
- MFB have their first response stations loaded into Ambo CAD (equivalent to NZ co-response stations). Here we only have first responder Stations loaded into ST John CAD, not co-response. St John Comms have no idea what towns have Fire Stations in them (apart from FFR stations). They're not even loaded as landmarks.
- Additional response by MFB resources to other types of calls outside "priority 0", has to approved by the Clinician on duty (Clinical desk).