



## **FBU POLICY ON**

# **FIRST RESPONDER AND CO RESPONDER SCHEMES** **AS AGREED BY ANNUAL CONFERENCE 2001**

### **Introduction**

For the avoidance of doubt, this policy statement applies to any co-responder scheme, first-responder scheme or any other initiative, which would involve the mobilisation of fire crews to 999 calls that:

- Are the statutory responsibility of the ambulance service;
- Request a response to a purely medical emergency.

Throughout the preparation of this policy statement, the Executive Council has considered three key questions about mobilising fire crews to such 999 calls:

1. "Is it in the best interests of FBU Members?"
2. "Is it in the best interests of the fire service?"
3. "Is it in the best interests of the Public?"

First-responders were born out of the under-provision of professional emergency services in other parts of the world and their idea spread to the UK in the mid and late 1990's through Government driven initiatives such as the *Review of Ambulance Performance Standards (1996)*, the *Modernisation of Ambulance Services (1999)* and followed by *The Future of Fire Control Rooms and Communications (2000)*. As a consequence, it would be foolish to consider the merits of any particular co-responder or first-responder scheme in isolation; due weight must also be given to the political motivation and historical background that has seen their manifestation on the "joined-up government" agenda.

### **Background**

**In 1974** the Holroyd Commission Report on the Fire Service concluded:

*"We can see no good reason for their having additional responsibility for organising an ambulance service and its control arrangements...control of the fire and ambulance services should not in the future be combined..."*

**In 1986** the Audit Commission suggested turning the clock back:

*"...it may be worth asking whether firemen's skills could not be put to fuller use by, for example, taking over emergency ambulance work in certain areas or at certain times of the day (or night) when the likelihood of a fire call is low."*



The Joint Working Party set up by the Central Fire Brigades Advisory Council (to consider the Audit Commission's suggestions) concluded:

*"...the idea of amalgamation or reorganisation of the fire service and the emergency ambulance service should not be pursued...It would, furthermore, be impractical to expect firefighters to develop, in addition to their own skills, the same high level of expertise demanded by the duties of the ambulance service."*

**In 1996**, in response to public outcry at the demise of the desperately under funded ambulance service, the Review of Ambulance Performance Standards recommended to the Government:

- abandoning the principle of mobilising an immediate response to every 999 call;
- prioritising 999 calls into Categories
  - A – Immediately life-threatening
  - B – Serious
  - C – Not life-threatening or serious
- using ambulance service rapid response vehicles and immediate care scheme doctors to deliver professional medical treatment at the scene to casualties suffering "immediately life-threatening" (category A) conditions;
- alternatively, introducing non-paramedic "first-responders" to make the initial attendance to "immediately life-threatening" (category A) calls.

The Review stated:

*"National statistics show that, if 90% of high priority 999 calls were met within 8 minutes, a further 300,000 patients with potentially immediate life-threatening conditions would be reached within the critical period. Even an illustrative interim target of 75% within 8 minutes would result in an extra 190,000 responses within this period."*

*"Independent operational research consultants have estimated the annual revenue cost to the ambulance service of reaching 90% of Category A calls within 8 minutes to be £50 million (excluding London). The cost of reaching an interim of 75% would be £15 million."*

The review steering group recommended that the performance standard of response within 8 minutes for category A calls should be achieved on 90% of occasions.

**In 1999**, disappointingly (but perhaps predictably), the Department of Health set the standard to be achieved at the lower level of 75%, deciding that, at an estimated cost of £320 per call, it is too expensive to try and save an additional 110,000 casualties suffering "immediately life-threatening" conditions – what price a life? The instructions set out in Health Service Circular "*Modernisation of Ambulance Services*" went further. The Department of Health:

- required Health Authorities and NHS Ambulance Trusts to implement call prioritisation systems and achieve the categorised response time targets by 31<sup>st</sup> March 2001,
- encouraged first-responder schemes "*as the way of meeting the new standard for Category A calls*",
- invited "*joint proposals from Ambulance, Police, Fire and other rescue services to pilot the sharing of a range of facilities including communication and control rooms.*"

Equally disappointingly, the Department of Health declined to support the NHS steering group's recommendation of responding to Category A calls *"through the use of ambulance service rapid response vehicles and immediate care scheme doctors."* Instead they preferred first-responders schemes as the cheaper option – what price a life?

Then, **in April 2000**, the Home Office published their review *The Future of Fire Control Rooms and Communications*.

In the preparation of this policy statement, genuinely well-meaning advocates of co-responder and first-responder initiatives were keen to stress that the development of their schemes are intended to be a further enhancement of, and not a replacement for, an emergency ambulance response within 8 minutes; it is not their intention for their first-responder/co-responder scheme to be used to paper over the cracks of an under funded emergency ambulance service, nor as a stepping-stone towards the merger of fire and ambulance services. However, *The Future of Fire Control Rooms and Communications* report repeatedly refers to first-responder initiatives in its deliberations and adds:

*"...a more multi-functional role for emergency service personnel could be envisaged. For example, some firefighters could be trained as paramedics. This may be helpful because ambulance services have been set a response time target of 8 minutes to be met on 75% of occasions, for life-threatening cases. This target is required to be met by 2001, but it seems likely that by then it will not be achieved by many Trusts."*

A number of Chief Fire Officers have embraced this notion, as they have the merging of Emergency Fire Control Rooms and the amalgamation of emergency services. In the circumstances, whilst some advocates of first-responder/co-responder schemes are well intentioned, there are many others in influential places whose determination is politically motivated.

## **Operational Implications**

### **1. Save Life**

Advocates of first-responder/co-responder schemes point to the "immediately life-threatening" incidents that have been dealt with by a first-responder/co-responder and to the greater number of casualties that have survived against the number that have died. To their credit, they openly admit that it is impossible to claim that those casualties that survived were "saved", or in fact, whether they would have survived without the intervention of the first-responder/co-responder?

The more important question ought to be: How many of those casualties that **died** would have been **saved** had the response to their 999 call been immediately attended by a professional paramedic in a properly equipped, ambulance service rapid response vehicle? Sadly for the families of those that have lost their loved ones, the Department of Health shall be allowed to avoid answering that question so long as first-responder/co-responder schemes are used *"as the way of meeting the new standard for category A calls."*

## 2. Fire Cover

It has been argued that participation in a first-responder/co-responder scheme offers some protection from the threat of cuts in appliances or fire station closure. However, there is no provision in the current Standards of Fire Cover for consideration to be given to any additional factors or emergency services provided by a fire station – the only consideration is whether there is sufficient “*risk of life loss or damage to property in the event of fire*”. It is the statutory duty of the fire service to make provision “*for fire fighting purposes*”. Under section 3(1)c of the National Health Service Act 1977, it is the statutory duty of the ambulance service to provide the necessary ambulance aid on site and en route.

## 3. Priority Emergency Calls

Unlike the police or ambulance service, the Fire Service receives and responds immediately to every 999 call we receive. The FBU is opposed to any priority-based delay in mobilisation to, or call queuing of, 999 fire calls. First-responder/co-responder attendance within the required response time reduces the priority need for an ambulance response. An inevitable consequence is that instead of being used to enhance emergency ambulance response times, under “Best Value” legislation, successfully established first-responder/co-responder schemes shall be used to identify reductions in ambulance cover.

There is also a consequential priority dilemma for the fire service. If a fire service agrees to participate in a first-responder/co-responder scheme, by necessity, there will be a need to introduce priority-based mobilisation to 999 calls. It is inevitable that at some time an emergency fire control operator shall mobilise a fire crew as a first-responder/co-responder to an ambulance call and then moments later receive a fire call on the same crew’s station ground. What should be the decision? What should be the criteria? Should we prioritise an “immediately life-threatening” ambulance call above an automatic fire alarm or an abandoned call? Does it matter what category of fire call it is, after all it is our statutory duty to respond to any **fire** call? It would also be inevitable at some time for a fire call to be held ‘in queue’ awaiting an emergency fire control operator to finish handling an ambulance call. At first it may seem quite innocent but the implications of allowing call-prioritisation in through the back door are far-reaching and very serious.

## 4. Training

The current nationally agreed job description for firefighters expects firefighters to “*apply basic first aid when necessary*”. Most firefighters receive a three-yearly first aid training course consisting of between two and four days. However, the immediate treatment for category A conditions is more advanced than “*basic first aid*”. To qualify, Paramedics receive in excess of five and a half months of training. Most first-responder/co-responder courses currently available are five-day courses.

Furthermore, even though paramedics use their specialised life-saving skills and equipment on a daily basis, they undertake regular refresher training. They also receive additional refresher training if absent from work for relatively short periods. The same high standards should apply to first-responders/co-responders.

The HMI statistics published in December 2000 show that many fire brigades dedicate less than five shift-days per firefighter per year to meet all their centralised firefighter training needs. Clearly, additional 'ambulance' training would compound the under-provision of much needed firefighter training. Whether it is flashover, EFAD, silo, water rescue, manual handling or additional retained training, the growing list of Health and Safety Improvement notices is testimony to the fact that too many firefighters have already been killed or seriously injured because of insufficient and under resourced training in brigades.

Some Chief Fire officers argue that we should participate in first-responder/co-responder schemes because the training would improve our ability to treat casualties at fires or in road traffic accidents and would be of benefit for treating ourselves in the event of an accident. Surely, if they have identified the training need and there is sufficient time in the brigades training year, then we should not need the excuse of first-responder/co-responder?

## **5. Competence**

Initially, the development of first-responder/co-responder schemes were intended as a cost-effective means of tackling incidents of cardiac arrest primarily with an automatic defibrillator. However, conditions/symptoms that are listed under category A calls (and to which the ambulance service may wish to mobilise a first-responder/co-responder to) include:

- Chest pain
- Unconscious, fitting or unresponsive
- Severe breathing problems
- Trauma with penetrating injuries to head or trunk
- Anaphylactic shock
- Women with severe obstetric haemorrhage
- Children under the age of two.

The symptoms for many Category A conditions are very similar, but the treatment can be very different. This places extreme importance and pressure on the individual responding to "immediately life-threatening" calls to make the correct diagnosis and administer the appropriate treatment. Incorrect diagnosis and/or treatment can be fatal.

## **6. Insurance/Liability**

Given the extreme importance attached to the correct diagnosis and treatment of "immediately life-threatening" conditions, first-responders/co-responders are vulnerable to, and can be found personally liable for, legal claims. It is because of their vulnerability to litigation that many ambulance workers take out private insurance cover.

The 1996 Review of Ambulance Performance Standards recommended that the ambulance service would be responsible for the liability arrangements of first-responder/co-responder schemes. The FBU has legal advice from Thompsons Solicitors concerning the reliability in law of such an arrangement:

*“Vicarious liability refers to the liability of the employer for the act or omission of the employer’s employees. Quite clearly your members are employees of the Fire Authority and not of the Ambulance Trust. A claim in these circumstances will be brought not against the Ambulance Trust but against the Fire Authority and/or the member personally. Even where carrying out the duties of ambulance personnel your members are employees of the Fire Authority not of the Ambulance Trust. Therefore it is the Fire Authority and not the Ambulance Trust which will be vicariously liable for the acts or omissions of your members. In the absence of insurance then the financial liability would fall upon the Fire Authority itself.*

*It may be that there is an agreement by which the Fire Authority will provide the services for and on behalf of the Ambulance Trust and, in return, the Ambulance Trust will agree to indemnify the Fire Authority in respect of any claim brought against it. An agreement is irrelevant as far as any potential Claimant is concerned. The Claimant would bring the claim against the firefighter(s) involved and/or the employer who is vicariously liable for his or her acts or omissions, the Fire Authority. In the event of a successful claim it would be the Fire Authority which would have to discharge that liability and then seek to recover that from the Ambulance Trust.*

*Contracts of insurance are private contracts between the insured, in this case the Ambulance Trust, and the insurer. Neither the Fire Authority nor your members can rely on the contract of insurance.”*

## **Summary**

### ***“Is it in the best interests of FBU Members?”***

FBU Members and their families are also members of the Public, so in that context the Public Interest is also applicable. Similarly, FBU Members were and are responsible for the professional, independent fire service we have today, and for the national conditions by which all firefighters and fire control staff work, despite the best efforts of our employers to hold the fire service and us back in the dark ages. So, in that context the Fire Service Interest is also applicable.

The under funding of the fire service has led to the consistent under-provision of training for firefighters. The Joint Working Party of the CFBAC concluded:

*“It would, furthermore, be impractical to expect firefighters to develop, in addition to their own skills, the same high level of expertise demanded by the duties of the ambulance service.”*

What has changed in the meantime? More calls, more hazards and even more of our own skills need developing with less and less resources. Ultimately, dedicating our valuable time to develop the *“high level of expertise demanded by the duties of the ambulance service”* could compromise the provision of much needed firefighter training and lead to the death or injury of FBU Members.

Until such time as there is more convincing legal opinion that either vicarious liability or private brigade insurance provides the required personal protection, participating in a first-responder/co-responder scheme could be the most expensive mistake in an FBU Member’s life.

***“Is it in the best interest of the fire service?”***

The fire service is facing a period of concerted and politically motivated change. There is considerable pressure on our national conditions of service and the main attacks are coming in the shape of emergency service mergers and a wholesale review of the Standards of Fire Cover. First-responder/co-responder schemes are intrinsically linked to both issues.

Attendance at “immediately life-threatening” medical incidents is not the statutory responsibility of the fire service, but, through the Review of Ambulance Performance Standards, the fire service may respond as a first-responder/co-responder. Coincidentally, the fire service equivalent of that review is the on-going Review of Standards of Fire Cover. We would not welcome our review recommending a reciprocal arrangement that would allow an ambulance or police car with water extinguishers and B.A. sets on board to be considered as a “first-response/co-response” to a fire call.

Neither the Government, the Home Office nor our employers have approached the FBU nationally with the view that the fire service is the most effective emergency service for attending ambulance calls. Of course if that were their view then they would have to provide additional funding and resources. No, the introduction of first-responder/co-responder schemes has been left to be delivered through local flexibility. The FBU believes that firefighters and control staff deserve national conditions of service because they face the same potential risks and do the same job throughout the UK. Locally and flexibly introduced first-responder/co-responder schemes in the fire service would undermine the FBU’s defence of our national conditions and the independence of our service.

***“Is it in the best interest of the Public?”***

The public expect their fire calls to be answered immediately. An emergency fire control operator already handling an ambulance call will not be available to receive a fire call. The public expect their local fire engine to be available to respond immediately to their fire calls. A fire engine attending an ambulance call will not be available to respond to a fire call.

The public deserve and expect a professional, dedicated paramedic to respond to their immediately life-threatening calls. At a cost of only £320 a call, 110,000 members of the public suffering from immediately life-threatening symptoms (1996 figures) could benefit from the response of a professional paramedic or rapid ambulance response vehicle within 8 minutes. That is what is in the best interests of the public.

A properly funded, independent, emergency ambulance service and a properly funded, professional, dedicated fire service are in the Public's best interest.

The Minister responsible for the fire service, the Parliamentary Under-Secretary of State, Mike O'Brien has set out his view:

***"It is obviously important that the service does not become diverted from its primary function, ensuring that we have fire safety and putting out fires. And the vision is not for the Fire Service to take the place of other essential services."***

The Fire Brigades Union agrees

### **Conclusion**

Fire Service participation in first-responder/co-responder schemes:

- will leave firefighters and the fire service liable for facing legal claims without adequate protection,
- will compound the already dangerous under-provision of training for firefighting duties,
- will inevitably lead to delayed turn-outs to fire calls,
- will be used, under "Best Value" legislation to reduce emergency ambulance cover,
- Is already used to argue for emergency service mergers and more locally flexible conditions of service.

**FACT -** There is no national agreement for the fire service to participate in first-responder/co-responder schemes.

**FACT -** There is no national recognition for the fire service to participate in first-responder/co-responder schemes.

**FACT -** There is no appropriate additional funding for the fire service to participate in first-responder/co-responder schemes.

### **The policy of the Fire Brigades Union shall be:**

**All FBU Members shall oppose, and shall not participate in any proposed first-responder or co-responder initiative and shall cease their participation in any such existing scheme.**