10.27 Fire Medical Response (FMR) SOP

Section 1 - Purpose and Objectives

(1) This procedure provides guidance to all CFA members providing Fire Medical Response (FMR) services.

(2) This procedure addresses a range of FMR activities, including preparation, response, safety, wellbeing, reporting and post-incident actions.

Section 2 - Scope

(3) This procedure (SOP) applies to all CFA members providing FMR services and FMR support services.

(4) Emergency Medical Response (EMR) is excluded from this procedure refer to 10.24 SOP

Section 3 - Procedure

(5) While responding to an FMR call, FMR Responders must only provide interventions to the level of their training, within their scope of practice and with the authorised equipment provided by CFA.

(6) 16 and 17 year old CFA members may not participate in the FMR Program.

Personal Protective Clothing (PPC)

(7) CFA members attending an FMR call must wear the following minimum Personal Protective Clothing (PPC):

a. Nitrile gloves
b. Eye protection (safety glasses)
c. Respiratory protection (P2/N95 mask)
d. Personal Protective Clothing (PPC)/uniform that identifies the responder as a CFA member.

(8) All CFA members involved in providing FMR services should take all necessary precautions to avoid exposure to blood and other biological contaminants. CFA members should adhere to the universal (standard) precautions defined in SOP 11.01 Infection Control at Incidents.

Equipment

(9) FMR Brigades should ensure FMR equipment is well maintained and in a constant state of readiness.

(10) FMR Responders must only use CFA authorised and issued equipment unless directed otherwise by Ambulance Victoria at an FMR call.

(11) FMR equipment used during FMR calls must only be used by trained and endorsed members.

(12) Replacement FMR equipment and consumables should be ordered as soon as possible, by:

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a. Using the digital order form available in the Patient Care Record (PCR) and on Members Online.
b. Contacting the FMR team (fmr@cfa.vic.gov.au).

(13) FMR equipment faults should be reported immediately to the State Duty Officer (SDO)/District Duty Officer (DDO) and FMR team (fmr@cfa.vic.gov.au).

Responding to a call

(14) A minimum of two FMR Responders are required to respond or commence FMR operations.

(15) CFA members should not respond directly to an FMR call and should respond to their station.

(16) For FMR calls an FMR Responder should perform the role of crew leader. A CFA member who is not an FMR Responder may assist FMR Responders during an FMR call.

Cancellation

(17) Where an FMR Brigade response is cancelled by Ambulance Victoria, the responding vehicle should stop and return.

Incident call while at FMR call

(18) Where an FMR Brigade receives an incident call while on scene at an FMR call, patient care must continue until the patient is safely handed over to Ambulance Victoria. The crew leader must ensure they notify Firecom.

FMR call while at incident call

(19) Where an FMR Brigade receives an FMR call while on scene at an incident, the brigade should remain on scene unless the Incident Controller determines that they may be released to respond to the FMR call.

Firecom Notifications

(20) FMR Brigades must notify Firecom of the following:

a. Medical situation reports (Sitrep), including:
    i. “at patient” time
    ii. Number of patient(s)
    iii. Gender and approximate age of patient(s)
    iv. Patient(s) condition according to the following categories:
        - CPR in progress
        - Patient is unconscious
        - Patient is conscious
        - Patient deceased (where patient fits “obviously deceased” criteria. This should be transmitted as a “signal 83”)
b. Patient handover to ambulance or doctor.

Clinical Advice

(21) FMR Responders may obtain clinical advice 24/7 during FMR calls by contacting the AV Clinician on 1300 113 312.

(22) FMR Responders may refer to Clinical Practice Protocols (CPPs) and first aid guidelines available on FMR tablets for clinical information.

Call Reporting and Data Management

(23) A Patient Care Record (PCR) must be completed for all FMR calls.

(24) Patient data should only be recorded within the Patient Care Record (PCR).

Where patient care was provided

(25) Patient Care Records (PCRs) for FMR calls must be completed as soon as practicable following a call. The PCR should be completed for all FMR events, even if no patient care was provided.

(26) PCRs should be completed within 24 hours of the FMR call.

(27) FMR PCRs will automatically complete the associated FIRS report. FMR Responders are not required to complete the event FIRS report if the PCR has been completed and submitted.

(28) PCRs must be completed in accordance with the Health Records Act.

(29) Patient information must only be stored in the relevant PCR.

(30) In the event that the digital PCR is unavailable, the FMR team should be contacted (fmr@cfa.vic.gov.au).

(31) Electrocardiogram (ECG) data (rhythm analysis and shocks) must be downloaded from the FMR AED after each application of AED pads to a patient. This file must be uploaded to the PCR.

(32) Any delay in PCR completion, including the attaching of relevant ECG data, may result in inaccurate data being submitted to VACAR and/or AED data being overwritten.

Where no care was provided

(33) Where no patient care was provided, only the associated FIRS must be completed.

Sharps, Syringes and Contaminated Products

(34) FMR Responders will operate in accordance with SOP 11.01 Infection Control at Incidents and 11.08 Sharps, Syringes and Contaminated Products – Disposal of.

(35) All appliances carrying FMR equipment must carry an infectious waste bag and sharps container compliant with AS 4031.

(36) Any sharps containers or infectious waste bags used at a call shall be disposed of as soon as practicable and in accordance with local medical waste arrangements.

(37) FMR Responders will be aware of the potential presence of infection material. If in doubt, assume materials are contaminated and respond in accordance with the “universal precautions” outlined in SOP 11.01 Infection Control at Incidents.

Post-Incident Actions

(38) Contaminated medical equipment should be placed in a biohazard bag prior to transportation.

(39) Any contaminated equipment, Personal Protective Clothing (PPC), Protective Equipment (PE) or other items must be cleaned immediately or as soon as practicable and in accordance with local arrangements. Disposable items must be disposed of immediately or as soon as practicable and in accordance with local arrangements.

(40) Low-level contamination must be addressed in accordance with:

a. SOP 11.01 Infection Control at Incidents
b. SOP 11.02 Medical Monitoring – Biological and Hazardous Substances
c. SOP 11.03 Personal Protective Clothing

(41) Where a CFA member has suffered an exposure to blood or bodily fluid, they must follow the procedures outlined in SOP 11.02 Medical Monitoring – Biological and Hazardous Substances.

(42) An After Action Review (AAR) should be considered after every FMR call. Guidance regarding how to conduct an after action review is available in Members Online.

(43) Wellbeing services should be considered after every FMR call. Activation of this service can occur by:

a. "Signal 27" via Firecom
b. request for service via the PCR
c. contacting the local Peer Support Coordinator
d. contacting the CFA Wellbeing Support Line on 1800 959 232
e. contacting the DDO/SDO
f. contacting the FMR team (fmr@cfa.vic.gov.au)

(44) An Ambulance Victoria clinical debrief should be considered after every FMR call. Activation of this service can occur by:

a. request for service via the PCR
b. contacting local AV Clinician
c. contacting the DDO/SDO
d. contacting the FMR team (fmr@cfa.vic.gov.au)

Section 4 - Definitions

(45) Commonly defined terms are located in the CFA centralised glossary. Document-specific definitions are listed below.

(46) AED – Automated External Defibrillator

(47) AMPDS – Advanced Medical Priority Dispatch System. The event coding system used by Ambulance Victoria.

(48) Biological hazard – organic substances that pose a threat to the health of humans and other living organisms.

(49) CERT Member – Community Emergency Response Team Member. An Ambulance Victoria co-responder.

(50) CPR – Cardiopulmonary Resuscitation.

(51) DRSABCD – Danger, Response, Send, Airway, Breathing, CPR, Defibrillation.

(52) Infection control – Actions which help protect against exposure to infectious diseases

(53) PCR – Patient Care Record.

(54) Priority 0 events – The highest priority Ambulance Victoria events.

(55) Sharps – Objects or devices having sharp points or protuberances or cutting edges, capable of cutting or piercing

the skin.

(56) Sharps container – a receptacle intended for the collection and disposal of sharps.

(57) Universal precautions – recognised steps to minimise the potential for exposure to infectious diseases.

(58) VACAR – Victorian Ambulance Cardiac Arrest Registry. Ambulance Victoria’s pre-hospital cardiac arrest registry.

Section 5 - Related Documents

(59) Standard Operating Procedure 10.24 Emergency Medical Response (EMR)

(60) Standard Operating Procedure 11.01 Infection Control at Incidents

(61) Standard Operating Procedure 11.02 Medical Monitoring – Biological and Hazardous Substances

(62) Standard Operating Procedure 11.08 Sharps, Syringes and Contaminated Products – Disposal of

(63) Standard Operating Procedure 11.14 Use of AEDs

(64) Standard Operating Procedure 12.04 Emergency Vehicle Response

(65) Standard Operating Procedure 14.02 Welfare Services – Activation of

(66) Standard Operating Procedure 14.06 Notifications of Injuries and Fatalities

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Status and Details

Status	Not Yet Approved
Effective Date	To Be Advised
Review Date	To Be Advised
Approval Authority	
Approval Date	To Be Advised
Expiry Date	Not Applicable
Accountable Officer	Jason Heffernan Chief Officer
Responsible Officer	Garry Cook Deputy Chief Officer Operational Response & Coordination
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Glossary Terms and Definitions

"CFA member" - Refers to all CFA volunteers, volunteer auxiliary workers, officers, employees and secondees.

"Incident Controller" - The individual designated by the control agency to have overall management of the incident and who is responsible for all incident activities.

"Crew Leader" - Crew Leader is the person designated to have responsibility for the management of the crew.

"Firecom" - The callsign for day to day / normal radio communications to CFA vehicles and aircraft.

"Personal Protective Clothing (PPC)" - Includes clothing used to provide protection to CFA members from the risks associated with performing a specific operational task for which they are competent and endorsed

"Protective Equipment (PE)" - An object that is utilised during the execution of CFA operational activities and training, which includes breathing apparatus, gas suits, gas monitoring equipment, oxygen resuscitation equipment, safety harnesses and all technical rescue equipment.

"16 and 17 year old CFA members" - CFA members at and between the age from their 16th birthday and 17 years up to their 18th birthday with written parental consent. This does not apply to CFA members on their 18th birthday and thereafter.

"AV Clinician" - Ambulance Victoria clinician available 24/7 for telephone clinical advice.

"FMR Brigade" - Fire Medical Response Brigade

"FMR Responder" - A Fire Medical Response trained and endorsed member of CFA.

"VACAR" - Victorian Ambulance Cardiac Arrest Registry. Ambulance Victoria’s pre-hospital cardiac arrest registry.

"After Action Review (AAR)" - AAR is the primary tool for incorporating the actions or incident into the learning cycle, helping us to improve performance. The key areas that are covered include: What was planned, What really happened, Why did this happen, What can we do next time.

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