MEMORANDUM

VFBV
VOLUNTEER FIRE BRIGADES VICTORIA

DATE: **08th September 2010**

TO: District Council Executives

FROM: Adam Barnett - VFBV Executive Officer

SUBJECT: New CFA Automated External Defibrillators Policy

Dear District Council Executives,

Please be advised that the CFA Board has formally approved the Acquisition and Operation of Automated External Defibrillators Policy (attached), and the Chief Officer has also approved the new Procedure, and SOP (which are attached also).

VFBV, through the Joint State PPE/C Consultative Committee has worked closely with CFA to reach a much improved and practical policy with regards to brigade Purchase of AED's.

As of now, Brigades may now acquire at their own expense (or via donation) a CFA approved AED through their District. All AED's must be approved by your Operations Manager, and once approved the unit can be ordered simply via a brigade purchase order. By managing the purchase through a central location, a significant discount has been negotiated with the supplier which is passed directly onto brigades, and all units come with a hard carry case and a training DVD at no additional cost.

The model that has been approved is the Laerdal HeartStart FRx (Phillips). All consumables and replacement parts can also be ordered through your District.

I commend the following documents to your District Council, and request that you please distribute these documents throughout your brigades as appropriate. Many brigades from around the state have been eagerly awaiting the approved changes, and will be ecstatic at now being able to proceed with the purchase of these potentially live saving devices. The committee will continue to pursue additional funding to assist Brigades with their purchase, but as this may be a long way off, the amended Policy allows brigades who wish to purchase a unit now, or accept a donation from their community the ability to do so.

Electronic copies of all Policy, Procedure, SOP and Training Guides are available via Brigades Online, or the VFBV website via; http://www.vfbv.com.au/issuesInterest.php?issue=2001243

Sincerely,

Adam Barnett
Executive Officer

CFA Policy

Acquisition and Operation of Automated External Defibrillators

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Scope

This policy applies to all CFA brigades and work locations; except where the acquisition of an Automated External Defibrillator is intended for use by Emergency Medical Response (EMR) qualified CFA Members at an EMR Brigade.

EMR trained CFA members at EMR Brigades should refer to Interim Chief Officers SOP 10.24- *Emergency Medical Response (EMR).*

Definitions

The following definitions apply to this policy:

Automated External Defibrillator (AED)

A portable electronic device that recognises lethal cardiac rhythm and advises to shock the patient or provide CPR to re-establish an effective heart rhythm.

Emergency Medical Response (EMR) Brigade

A CFA brigade that is classified and registered as an Emergency Medical Response (EMR) Brigade to respond to priority zero medical emergencies.

Policy Objective

To outline CFA's position on the acquisition and operation of Automated External Defibrillators (AEDs) by CFA Brigades and work locations.

Policy Statement

1. Brigades and work locations may acquire AEDs, primarily for the purpose of providing First Aid to CFA members. AEDs may also be used to treat non-members where requested by a member of the public, and the situation is urgent. Ambulance Victoria must be called under all circumstances where an AED has been, or is likely to be deployed.

2. The acquisition and use of an AED by a CFA Brigade does not classify that brigade as an Emergency Medical Response (EMR) Brigade.

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3. Brigades and work locations may only acquire, through purchase or donation, the AED model(s) approved by CFA, as specified in Operations Procedure 20, 'Procedure for the Acquisition and Operation of Automated External Defibrillators'. The acquisition must be approved in accordance with Operations Procedure 20.

4. Brigades and work locations are responsible for funding the purchase, maintenance and replacement of AEDs.

5. AEDs should be operated by, in order of preference:
   - A member trained in the use of an AED as part of a formal medical, paramedical, nursing or first aid qualification;
   - a member that has completed the CFA AED awareness package; or where no appropriately trained members are immediately available;
   - an untrained member.

6. AEDs held at Brigades or work locations must be recorded on the Ambulance Victoria AED registry and on CFA's Resource Management System (RMS).

Delegations/Authorisation/Responsibilities

1. Manager State Operations is responsible for the implementation and review of this policy and associated procedures.

Related Policies

- HR.52 Occupational Health and Safety Policy

Other Links and References

- OP20 Acquisition and Operation of Automated External Defibrillators Procedure
- SOP 11.14 Use of Automated External Defibrillators
- SOP 10.24 Emergency medical response
- SOP 11.01 Infection control at incidents
- SOP 14.02 Critical incident stress peers – activation of
- CFA Infection Control Guidelines (Intranet and Brigades Online)

Policy Manager

Manager State Operations

Directorate: Operations

Department: State Operations

Policy Stakeholders

- Manager OHS, Human Resources

Date approved (this version): **30/07/2011**

Date due for review: **30/07/2013**

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CFA Procedure

Acquisition and Operation of Automated External Defibrillators

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Related Policy

OP20 *Acquisition and Operation of Automated External Defibrillators*

Scope

This procedure applies to all CFA members involved in the approved acquisition or operation of an Automated External Defibrillator (AED) in their brigade or work location.

It does not apply to Emergency Medical Response (EMR) qualified members of EMR brigades, Refer to Interim Chief Officers SOP 10.24- *Emergency Medical Response (EMR).*

Definitions

The following definitions apply to this procedure:

Automated External Defibrillator (AED)

A portable electronic device that recognises lethal cardiac rhythm and advises to shock the patient or provide CPR to re-establish an effective heart rhythm.

Emergency Medical Response (EMR) Brigade

A CFA brigade that is classified and registered as an Emergency Medical Response (EMR) brigade to respond to priority zero medical emergencies.

Procedure Objective

To clearly outline the steps required by Brigades and work locations to acquire, use and maintain an AED in accordance with CFA requirements.

Procedure

1. Approval

1.1. Brigades must obtain approval from the Operations Manager or delegate, prior to acquiring (through purchase or donation) an AED.

1.2. For other work locations, approval must be obtained from the relevant Regional or Directorate Manager, or their delegate.

2. Acquiring an AED

2.1. AEDs are to be purchased at the Brigade/work location's own expense. Brigades and work locations may only acquire the AED make and model currently approved by CFA (see Schedule 1 for approved model/s), in order to standardise equipment, ensure their suitability, and maintain compatibility with Ambulance Victoria.

2.2. Where the purchase is approved in accordance with 1.1 or 1.2 above, the relevant District or work location will raise a purchase order with the approved CFA supplier. Districts and work locations must retain a record of AEDs purchased and the brigade or work location they are kept at by emailing the details (purchase date/serial number/location etc) to rms-firs-manager@cfa.vic.gov.au for recording in RMS.

2.3. The District or relevant manager of a work location must ensure that the AED is registered on the Ambulance Victoria AED registry, either by phoning 1800 733 574 or online at www.registermyaed.com.au.

3. Maintenance

3.1. AEDs must be checked at least monthly to ensure that the unit is ready for use.

3.2. The CFA approved AED model is designed to require minimal maintenance, and performs its own self-testing daily. Where the result of any self-tests indicate that the AED is not functional, the AED must be removed from service until the issue is corrected. The brigade or work location is responsible for resolving the issues identified.

3.3. Consumable items such as pads and batteries are to be ordered by the District or work location in the same manner as the AED. Districts should consider keeping consumable stock such as pads and batteries. Consumable items must not be used past their used-by date.

3.4. AEDs may be located in either a building or an appropriate appliance, as determined by the brigade or work location. Where the AED is located in a vehicle it should be stowed with similar protective equipment.

4. Training

4.1. CFA members at locations with an AED who hold a First Aid qualification should undertake suitable AED Operator training as part of the First Aid refresher training.

4.2. All CFA members at a brigade or work location with an AED should complete, as a minimum, the AED operator awareness package specified by CFA.

4.3. It is recommended that members of all brigades/work locations acquiring an AED undertake Critical Incident Stress (CIS) refresher training.

5. Operation of an AED (for work locations other than brigades)

5.1. Chief Officers SOP 11.14- *Use of Automated External Defibrillators* applies for the deployment of an AED by a brigade. Procedure 5 applies for other CFA work locations such as District Headquarters etc.

5.2. Where an AED deployment has been used, or is likely to be used, triple zero '000' must be called or VicFire notified immediately to request ambulance attendance.

5.3. AEDs should be operated by, in order of preference:
- a member trained in the use of an AED as part of a formal medical, paramedical, nursing or first aid qualification; or
- a member that has completed the appropriate AED operator awareness package; or where no appropriately trained members are immediately available;
- an untrained member.

5.4. Wherever practicable, PPC appropriate to the task should be worn when operating an AED, including nitrile gloves and eye protection.

5.5. In the event of the AED being deployed it is recommended that at least two CFA members are present.

5.6. Each use of a CFA AED must be recorded in accordance with Procedure 6 below.

5.7. After each response involving the use of a CFA AED, Critical Incident Stress (CIS) peer support should be accessed for all members involved.

5.8. Section 92 of the *Country Fire Authority Act 1958* regarding immunity provision applies in relation to operation of an approved AED.

6. Records and reporting (for work locations other than brigades)

6.1. Procedure 6 applies for other CFA work locations such as District Headquarters etc. Chief Officers SOP 11.14- *Use of Automated External Defibrillators* applies for the deployment of an AED by a brigade.

6.2. The AED operator must complete a patient care record (PCR) for each patient treated (Schedule 2) and provide a copy to the CFA EMR Coordinator at HQ (Schedule 3).

6.3. The AED operator must ensure that the AED digital data is provided to the EMR Coordinator at HQ, in accordance with Schedule 3. The EMR Coordinator can provide assistance as required, and should be contacted via email, on emrcoordinator@cfa.vic.gov.au.

6.4. The EMR Coordinator will ensure that relevant AED data is provided to:

- Manager FIRS, to be recorded against the incident (where relevant)
- Ambulance Victoria for their records and for provision to VACAR

6.5. For CFA work locations, the facility or line manager is responsible for ensuring that appropriate CIS peer support is accessed.

Delegations/Authorisations/Responsibilities

1. *Manager State Operations* is responsible for the implementation and review of this procedure and the associated policy.
2. The *EMR Coordinator* is responsible for monitoring AEDs held in CFA and managing data collection and auditing AED use.
3. *Operations Managers/Directors/Regional Managers* are responsible for:

a. approving the acquisition of an AED by brigades or work locations within their area of responsibility; and

b. ensuring compliance with this procedure

Links and References

- HR.52 Occupational Health & Safety Policy
- OP20 Acquisition and Operation of Automated External Defibrillators Policy
- Chief Officers SOP 11.14 *Use of Automated External Defibrillators*
- Chief Officers SOP 10.24 *Emergency medical response*
- Chief Officers SOP 11.01 *Infection control*
- Chief Officers SOP 14.02 *Critical incident stress peers – activation of*
- Chief Officers SOP 5.02 *New equipment – introduction and training*
- CFA Infection Control Guidelines (Intranet and Brigades Online)
- CFA AED specifications (Schedule 1)
- Patient Care Record (Schedule 2 and Intranet and Brigades Online)
- PCR and ECG Data Management Process (Schedule 3)

Procedure Manager

Manager State Operations

Directorate:	Operations
Department:	State Operations

Procedure Stakeholders

- Manager OHS, Human Resources
- Manager Diversity, Human Resources
- Executive Manager Learning & Development
- Manager Protective Equipment
- General Manager Regional Services, Ambulance Victoria

Date approved (this version): **30/07/2011**

Date due for review: **30/07/2013**

Schedule 1
AED Model or Models approved for acquisition:

Laerdal FRx

HeartStart FRx Defibrillator specifications

Defibrillator	
Defibrillator family	Order 861304. Defibrillator, battery, SMART Pads II (1 set), Setup and Maintenance Guides, Owners Manual, Quick Reference Guide, Date sticker
HeartStart FRx Ready-Pack configuration	Order Option R01. Defibrillator, battery, carry case, SMART Pads II (1 pre-connected set, 1 spare set), Setup and Maintenance Guides, Owners Manual, Quick Reference Guide, Date Sticker
Waveform	Truncated Exponential Biphasic. Waveform parameters adjusted as a function of each patient's impedance
Therapy	Adult defibrillation: Peak current 32A (150 J nominal into a 50-ohm load). Pediatric defibrillation with optional FRx Infant/Child key installed: Peak current 19A (50 J nominal into 50-ohm load)
Protocol	Device follows preconfigured settings. Defibrillation and CPR protocol can be customized using HeartStart Event Review software
User interface	
Instructions	Detailed voice prompts and visual icons guide responder through use of the defibrillator
CPR coaching	Voice coaching for adult and infant/child CPR provides instructions and audio cues for the appropriate number, rate and depth of chest compressions, as well as for each breath
Controls	Green On/Off button, blue i-button, orange Shock button, optional Infant/Child key
Indicators	Ready light, blue i-button, caution light, illuminated pads, icons, Shock button lights up when shock is advised
Physical	
Size	2.4″ x 7.1″ x 8.9″ (6 cm x 18 cm x 22 cm) D x H x W
Weight	With battery and pads case: 3.5 lbs. (1.5 kg)
Environmental/physical requirements	
Sealing	Waterjet proof IPX5 per IEC60529 Dust protected IP5X per IEC60529
Temperature	Operating/Standby: 32° - 122° F (0°- 50° C)
Altitude	0 to 15,000 feet
Aircraft	Device: RTCA/DO-160D;1997
Crush	500 pounds
Vibration	Operating: meets MILSTD 810F Fig.514.5C-17, random; Standby: meets MILSTD 810F Fig.514.5C-18, swept sine
EMI (radiated/ immunity)	CISPR II Group I Class B, IEC 61000-4-3, and IEC 61000-4-8
Data recording and transmission	
Infrared	Wireless transmission of event data to a Smartphone or PC, using the IrDA protocol
HeartStart Event Review software	Data management software (optional) for download and review of data retrieved through defibrillator's infrared data port
Data stored	First 15 minutes of ECG and the entire incident's events and analysis decisions

Patient analysis system	
Patient analysis	Evaluates patient ECG to determine if a rhythm is shockable. Rhythms considered shockable are ventricular fibrillation (VF) and certain ventricular tachycardias (VT) associated with lack of circulation. For safety reasons, some VT rhythms associated with circulation will not be interpreted as shockable, and some very low-amplitude or low-frequency rhythms will not be interpreted as shockable VF
Sensitivity/ specificity	Meets AAMI DF80 guidelines and AHA recommendations for adult defibrillation
Shock advised	Able to deliver a shock as soon as the device indicates a shock is advised
Quick Shock	Able to deliver a shock after the end of a CPR interval, typically in 8 seconds
Shock-to-Shock cycle time	Typically less than 20 seconds between shocks in a series
Artifact detection	Allows accurate ECG analysis even in the presence of most pacemaker artifact and electrical noise sources. Other artifacts are detected and corrective voice prompts issued
Battery (M5070A)	
Item number(s)	Standard: M5070A Aviation:989803139301 (TSO C-142-U.S. only)
Type	9 Volt DC, 4.2 Ah, lithium manganese dioxide, disposable long-life primary cell
Capacity	Minimum 200 shocks or 4 hours of operating time (EN 60601-2-4:2003)
Install-by date	Battery is labeled with an install-by date of at least 5 years from date of manufacture
Standby life	Four years typical when battery is installed by the install-by date. (Will power the AED in standby state within the specified standby temperature range, assuming 1 battery insertion test and no defibrillation uses)
SMART Pads II	
Item number	989803139261
Active surface area	12.4″² (80 cm²) each 13.2″² (85 cm²) each
Cable length	48″ (121.9 cm)
Use-by date	Pads case is labeled with a use-by date of at least 2 years from date of manufacture
Infant/Child Key	Item # 989803139311
Training Pads II	
Item number	989803139271
Function	Special pads place HeartStart FRx into training mode and disable its energy delivery capability. Features eight real-world training scenarios
Automated and user-activated self-tests	
Daily automatic self-tests	Tests internal circuitry, waveform delivery system, pads, and battery capacity
Pads integrity test	Specifically tests readiness-for-use of pads (gel moisture)
Battery insertion test	Upon battery insertion, extensive automatic self-tests and user-interactive test check device readiness
Status indicators	Blinking green "Ready" light indicates ready for use. Audible "chirp" indicates need for maintenance

* Refer to the HeartStart FRx Defibrillator Owner's Manual for detailed product instructions.
All specifications based on 25° C unless otherwise noted.The defibrillator and its accessories are made of latex-free materials.

Supplier:

Laerdal Pty Ltd
PO Box 52 Oakleigh
VIC 3166
Phone: 1800 331 565
Fax: 1800 635 835
ABN: 47 003 817 490

Note- each HeartStart FRx comes with a basic carry case (Part 941360) and a training DVD

Stock Code	Description	Discounted Price
861304abu	HeartStart FRx (Phillips)	$2,528.50
861307	FRx HeartStart Trainer w/case	$366.60
YC	Hard-shell Carry Case	$250.25
941360	Carry case FRx Laerdal	$151.32
989803139311	Infant/Child Key FRx Defibrillator	$104.00
989803139271	Training pads II (1 pair)	$99.45
989803139261	SMART Pads II (1 pair)	$65.00
M5070a	Battery for HeartStart	$153.40

Carry Case

941360
FRx carrying case made of wipeable urethane.

Battery

M5070A
(For HSI and FRx) This battery is a disposable, lithium manganese dioxide, long-life battery that will typically last for four years with the defibrillator in standby mode.

861307A HeartStart FRx Trainer

Shock Electrodes

989803139261
SMART Pads II

989803139311
Infant/child key used in infant/ child defibrillation with the HeartStart FRx

989803139271
Training Pads II
(1 pair)

989803139291
Replacement Training Pads TL
(1 pair)

942510
Softpack FRx Trainer

Our waterproof carry case made of hard-shell plastic (product code YC) is suited for more rigorous use, particularly in wet outdoor settings. It can also accommodate the contents of the Fast Response Kit.

Dimensions:
13.5" (34 cm) w X 12" (30 cm) h X 6" (15 cm) d

Hard-shell Carry Case
Item #YC

Schedule 2
Patient Care Record

Country Fire Authority **PATIENT CARE RECORD**

Call Details

CFA Event No. F ____ Date ____ Incident Time ____ Time at scene ____ Time at patient ____

Brigade ____

Street/road ____ City ____ Postcode ____

Arrival order: ☐ CFA ☐ Ambulance ☐ Police ☐ Other ____

Patient Details

First Name ____ Last Name ____ Initial ____

Gender ____ D.O.B. ____ Age ____ Patient No. ____ of ____

Street/road ____ City ____ Postcode ____

On Arrival

☐ Bystander performed CPR ☐ Bystander witnessed cardiac arrest

Incident type: ☐ Trauma ☐ Drowning ☐ Suffocation ☐ Electrocution ☐ Cardiac Arrest ☐ Burns ☐ Overdose ☐ Poisoning ☐ Gas/smoke ☐ Medical/other ____

Patient Condition: ☐ Conscious ☐ Unconscious but signs of life ☐ No signs of life ☐ Obv. Deceased

On Examination

	Time	On arrival		
Pulse:	Absent	☐	☐	☐
	Irregular	☐	☐	☐
	Weak	☐	☐	☐
	Strong	☐	☐	☐
	Heart Rate			
Skin:	Normal	☐	☐	☐
	Sweaty	☐	☐	☐
	Pale	☐	☐	☐
	Flushed	☐	☐	☐
Breathing:	Absent	☐	☐	☐
	Normal	☐	☐	☐
	Wheeze	☐	☐	☐
	Shallow	☐	☐	☐
	Gasping	☐	☐	☐
	Resp Rate			
Patient response:	Alert	☐	☐	☐
	Responds to voice	☐	☐	☐
	Responds to pain	☐	☐	☐
	Unconscious	☐	☐	☐
Pain Score (0–10)				

Follow Up Request: EMS Dept. ☐ Region ☐

Unprotected Blood & Body Fluid Exposure: Yes ☐ No ☐

Responder 1 Name / ID No.	Responder 4 Name / ID No.
Responder 2 Name / ID No.	Responder 5 Name / ID No.
Responder 3 Name / ID No.	Responder 6 Name / ID No.

Management

Airway:	Lateral position	☐
	Jaw/Head Posn.	☐
	Suction	☐
	O–P Airway	☐
Oxygen:	Therapy 8LPM	☐
IPPV:	Bag Valve Mask	☐
CPR:	CPR performed	☐
Defib:	Defibrillator used	☐
	No Shock Adv.	☐
	Shock Advised	☐
	Time of 1st shock	
	No. of shocks	
General:	Lie down	☐
	Legs up	☐
	Sit up	☐
	Control bleeding	☐
	Cervical collar	☐
	Move/Lift Patient	☐

Handover

Time ____

Ambulance ☐ Doctor ☐

Case No. ____

Branch ____

Doctor Name ____

Contact No. ____

Amb continued RESUS ☐

ROSC with CFA ☐

ROSC with Ambulance ☐

(ROSC = return of spontaneous circulation)

Patient transported ☐

Amb discontinued RESUS ☐

CFA discontinued RESUS ☐

PT 83 at scene ☐

Reason for discontinuing RESUS ____

Notes: (including witness summations)

Version 2 – June 2009

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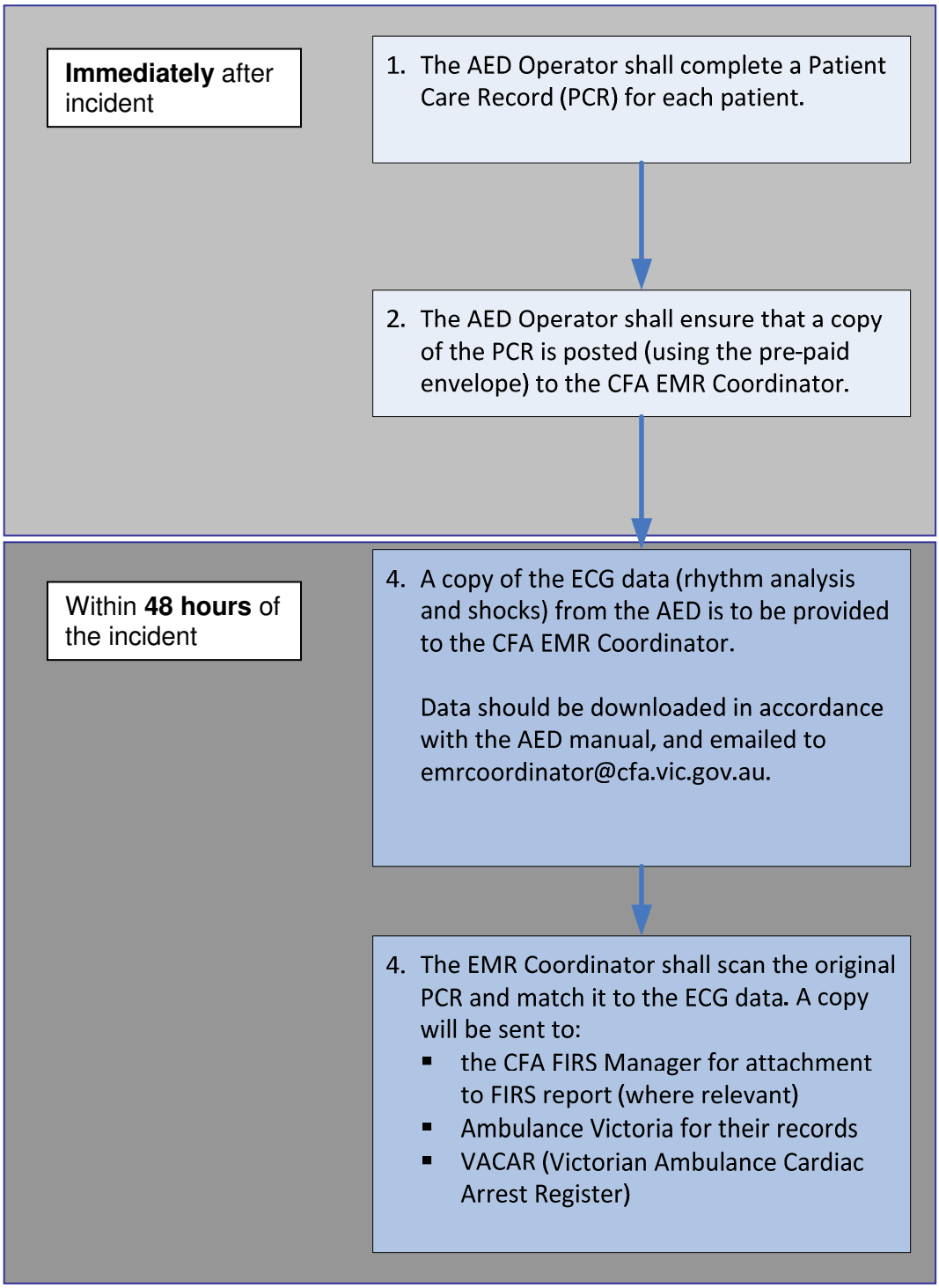
Schedule 3
Patient Care Record and Electrocardiogram (ECG) Data Management Process



Use of Automated External Defibrillators (AEDs)

S O P

11.14

Scope	This Standard Operating Procedure applies to the operation of an AED by CFA Brigades. This does not apply to Emergency Medical Response qualified CFA Members at designated EMR brigades (refer to Interim Chief Officer's SOP 10.24 – *Emergency Medical Response (EMR).*
Definitions	The following definitions apply to this Standard Operating Procedure: ▪ **Automated External Defibrillator (AED)**: A portable electronic device that recognises lethal cardiac rhythm and advises to shock the patient or provide CPR to re-establish an effective heart rhythm. ▪ **EMR brigades**: A CFA brigade that is classified and registered as an Emergency Medical Response (EMR) brigade to respond to priority zero medical emergencies.
Objective	To provide guidance to brigades with AEDs on the: ▪ Deployment of an AED; ▪ Post-deployment actions; and ▪ Associated records and data management.

Procedure

1. The purchase or acquisition of an AED does not mean that a brigade is a designated EMR brigade. Brigades acquiring AEDs will not be responded directly to medical emergencies by ESTA.

2. AEDs should be operated by, in order of preference:

   - A member trained in the use of an AED as part of a formal medical, paramedical, nursing or first aid qualification; or
   - A member that has completed the appropriate AED operator awareness package; or where no appropriately trained members are immediately available; or
   - An untrained member.

3. The OIC Brigade is responsible for ensuring that the AED is properly maintained by members with suitable training in the use and care of AED equipment.

   3.1. AEDs must be checked at least monthly, to ensure that it is ready for use.

3.2. The OIC Brigade is responsible for ensuring that any maintenance issues or faults are resolved, including the replacement of pads and batteries as necessary.
3.3. Where procedure 3.1 and 3.2 cannot be met, the AED must be withdrawn from service.

4. Where AED deployment is required (the victim is unresponsive and not breathing normally):

4.1. In accordance with current First Aid guidelines, notify VicFire (or triple zero '000') immediately to request ambulance response, and commence CPR immediately.
4.2. Deploy the AED. To ensure safe use of the AED follow the instructions provided, stand clear when it is analysing, charging and the shock is being delivered.
4.3. CFA members deploying the AED at an incident should wear the following PPC wherever possible:

- Nitrile gloves; and
- Eye protection.

4.4. Where possible, at least two CFA members should be present when an AED is deployed.
4.5. When deployment of the AED is required, all CFA members should be aware of the potential for exposure to biological and hazardous substances and traumatic situations.

5. Notifications

5.1. Where a brigade deploys an AED during an operational response to another incident VicFire must be notified of the following (in addition to normal radio procedures):

5.1.1. Ambulance required (if not already advised).
5.1.2. Medical situation reports as status changes to include the following details:

- Number of patients;
- Gender and approximate age of patient(s);
- Patient's condition, eg:

  - CPR in progress;
  - AED deployed;
  - Patient is conscious/unconscious.

5.1.3. Patient handover to ambulance or doctor.

5.2. Where an AED is deployed on a CFA member, Chief Officer's SOP 14.06 – *Notifications of Injuries and Fatalities* must be followed.

6. Post Incident Actions

6.1. Where a brigade deploys an AED, the RDO must be advised.
6.2. The AED Operator shall complete a Patient Care Record (PCR) (Schedule 1 – also available on the intranet and Brigades Online) for each patient. A copy of the PCR is to be provided to the CFA EMR Coordinator at HQ (Schedule 2).
6.3. A brigade deploying an AED shall ensure that the defibrillator's electrocardiogram (ECG) data is provided to the CFA EMR Coordinator at CFA Headquarters as soon as practical after the event in accordance with Schedule 2. Contact the EMR Coordinator if assistance is required (Schedule 2).
6.4. All patient information is to be kept private and confidential.
6.5. When an AED has been deployed the brigade should request CIS support in accordance with Chief Officer's SOP 14.02 – *Critical Incident Stress – Activation of*.

Safety notes	▪ Nil.
Environmental notes	▪ Brigades must make local arrangements for the appropriate disposal of infectious materials, for example, with the local hospital or the attending Ambulance.

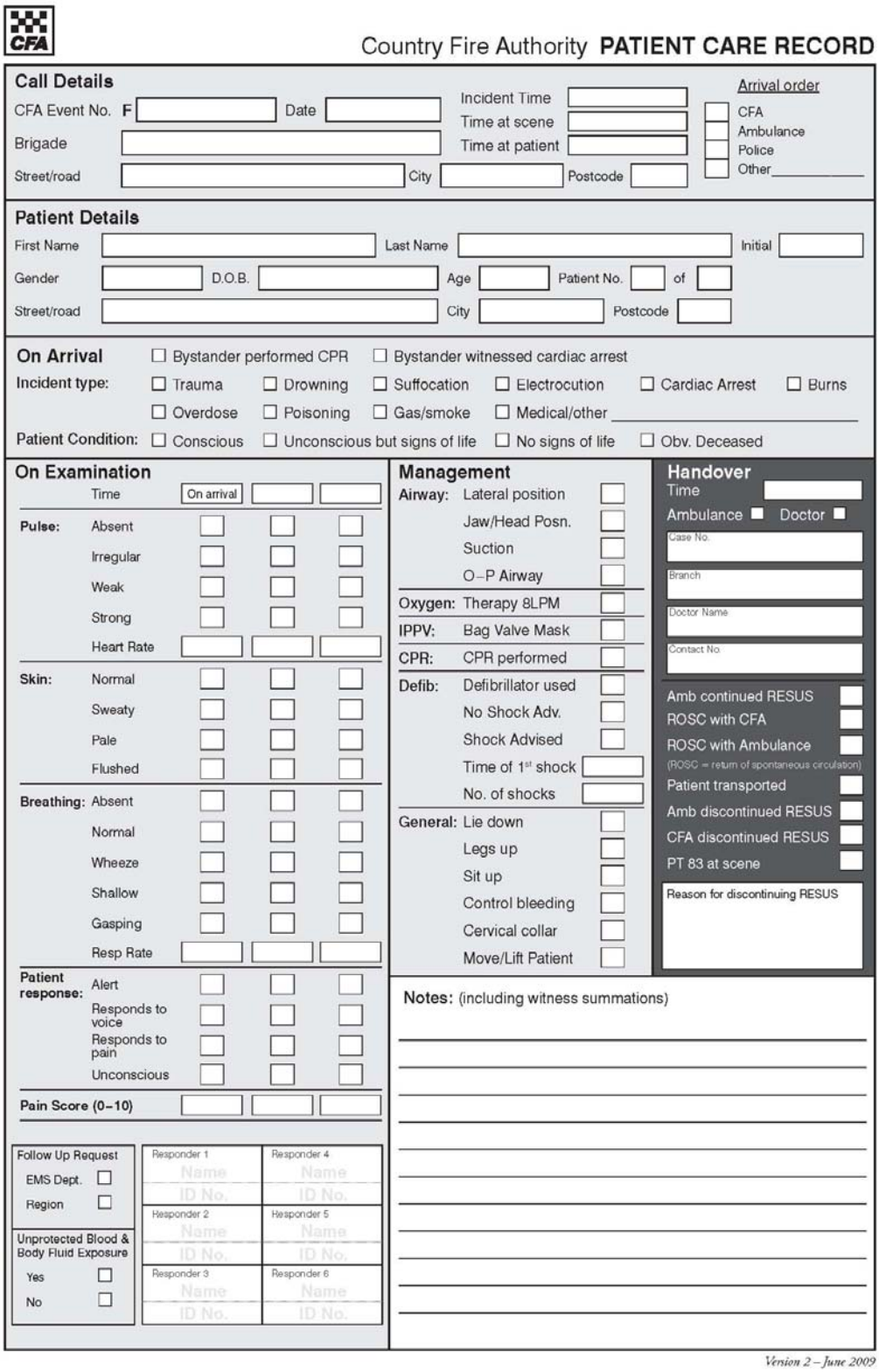
S
O
P

11.14

Related Documents			Other Links and References	Delegations
Policies	**Standing Orders**	**SOPs**		
Acquisition and Operation of Automated External Defibrillators Information Privacy	Specialist Response Health and Safety Post Incident Actions	Protective Equipment Infection Control at Incidents Medical Monitoring – Biological and Hazardous Monitoring Personal Protective Clothing Critical Incident Stress – Activation of Notification of Injuries and Fatalities	Acquisition and Operation of Automated External Defibrillators procedure Country Fire Authority Act 1958 Country Fire Authority Regulations 2004 Information Privacy Act 2000 Health Records Act 2001	

Date to be Reviewed:	**Date to Cease:**	**Date Endorsed:**	**Endorsed By:**
	N/A	30 July 2011	Chief Officer Euan Ferguson

Schedule 1 – Patient Care Record



Country Fire Authority **PATIENT CARE RECORD**

Call Details

CFA Event No. F ____ Date ____ Incident Time ____ Time at scene ____ Time at patient ____

Brigade ____ Street/road ____ City ____ Postcode ____

Arrival order: ☐ CFA ☐ Ambulance ☐ Police ☐ Other ____

Patient Details

First Name ____ Last Name ____ Initial ____

Gender ____ D.O.B. ____ Age ____ Patient No. ____ of ____

Street/road ____ City ____ Postcode ____

On Arrival

☐ Bystander performed CPR ☐ Bystander witnessed cardiac arrest

Incident type: ☐ Trauma ☐ Drowning ☐ Suffocation ☐ Electrocution ☐ Cardiac Arrest ☐ Burns ☐ Overdose ☐ Poisoning ☐ Gas/smoke ☐ Medical/other ____

Patient Condition: ☐ Conscious ☐ Unconscious but signs of life ☐ No signs of life ☐ Obv. Deceased

On Examination

	Time	On arrival		
Pulse:	Absent	☐	☐	☐
	Irregular	☐	☐	☐
	Weak	☐	☐	☐
	Strong	☐	☐	☐
	Heart Rate			
Skin:	Normal	☐	☐	☐
	Sweaty	☐	☐	☐
	Pale	☐	☐	☐
	Flushed	☐	☐	☐
Breathing:	Absent	☐	☐	☐
	Normal	☐	☐	☐
	Wheeze	☐	☐	☐
	Shallow	☐	☐	☐
	Gasping	☐	☐	☐
	Resp Rate			
Patient response:	Alert	☐	☐	☐
	Responds to voice	☐	☐	☐
	Responds to pain	☐	☐	☐
	Unconscious	☐	☐	☐
Pain Score (0–10)				

Follow Up Request: EMS Dept. ☐ Region ☐

Unprotected Blood & Body Fluid Exposure: Yes ☐ No ☐

Responder 1	Responder 4
Name / ID No.	Name / ID No.
Responder 2	Responder 5
Name / ID No.	Name / ID No.
Responder 3	Responder 6
Name / ID No.	Name / ID No.

Management

Airway:	Lateral position	☐
	Jaw/Head Posn.	☐
	Suction	☐
	O–P Airway	☐
Oxygen:	Therapy 8LPM	☐
IPPV:	Bag Valve Mask	☐
CPR:	CPR performed	☐
Defib:	Defibrillator used	☐
	No Shock Adv.	☐
	Shock Advised	☐
	Time of 1st shock	
	No. of shocks	
General:	Lie down	☐
	Legs up	☐
	Sit up	☐
	Control bleeding	☐
	Cervical collar	☐
	Move/Lift Patient	☐

Handover

Time ____

Ambulance ☐ Doctor ☐

Case No. ____ Branch ____ Doctor Name ____ Contact No. ____

Amb continued RESUS ☐

ROSC with CFA ☐

ROSC with Ambulance ☐

(ROSC = return of spontaneous circulation)

Patient transported ☐

Amb discontinued RESUS ☐

CFA discontinued RESUS ☐

PT 83 at scene ☐

Reason for discontinuing RESUS ____

Notes: (including witness summations)

Version 2 – June 2009

S O P

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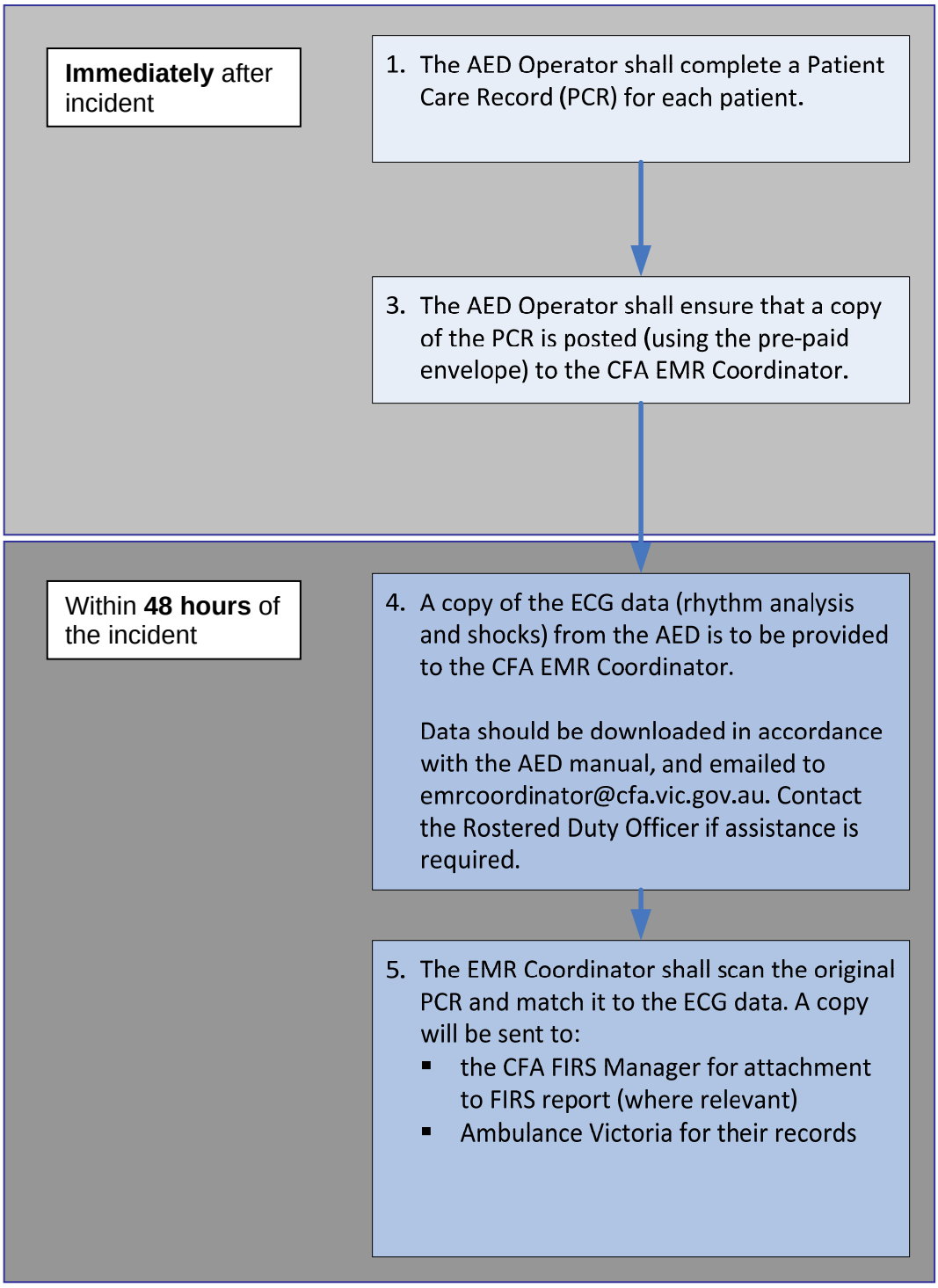
Schedule 2 – Patient Care Record and Electrocardiogram (ECG) data management process