DISCUSSION PAPER

FIRST AID TRAINING IN CFA

Version Date: 5 July 2010

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Disclaimer:

The views contained in this Discussion Paper reflect those of the author and do not represent the adopted policy, strategy or views of the CFA Board or CFA management.

The purpose of this Discussion Paper is to inform and encourage discussion about the subject matter. No assumptions should be made about future adoption of any course of action proposed herein.

INTRODUCTION

CFA delivers First Aid training to approximately 3500 members each year. At present the total annual expenditure on First Aid training is approximately $800,000 per year. This training is conducted throughout the state for staff and volunteers and is delivered by a single provider under contract (currently St Johns).

The single provider contract commenced in 2005 as a response to the realisation that, despite coordination taking place across nine CFA Areas, CFA First Aid training was largely being provided by a single provider already. In order to comply with Victorian Government guidelines, CFA initiated a competitive tendering process and entered into a contract with a single provider.

The current contract expires 30 September 2010. It is proposed to enter into another contract with the existing provider for six months whilst we determine the most appropriate option or options for delivery of First Aid training in CFA.

It is important to note that across CFA, overall response to the current single provider system has been positive. There have been a variety of issues raised with the contractor as the result of feedback through Areas and the contractor has been responsive and flexible. The only consistent criticism of the current arrangements has been related to that of cost and the difficulty of budgeting, particularly for those Areas with significant numbers of integrated stations.

AIM

The aim of this discussion paper is to identify the issues relevant to the delivery of First Aid training in CFA and to present viable options which build on the advantages of the current system and, as far as practicable, address any disadvantages and to elicit feedback from CFA stakeholders.

This discussion paper provides background information on a range of issues related to First Aid training in CFA. Stakeholders are asked to provide feedback on their position with regard to these issues and on which options best meet their needs. Once all feedback has been considered, a consolidated report will be circulated making a number of recommendations in relation to First Aid capacity and related training in CFA. The following four issues are examined and options presented where appropriate:

- For what purpose does CFA provide First Aid training to its' members?
- What level of training is appropriate to achieve that purpose?
- How many people should be trained in each brigade to achieve the desired skills mix at the 'CFA work location'?, and
- What is the most appropriate delivery option for CFA First Aid training?

DISCUSSION

History

The provision of First Aid services, facilities and equipment for all employees is a requirement of the **Occupational Health and Safety Act 2004**. The **Code of Practice for First Aid in the Workplace 1995** provides guidance on how to fulfil these requirements. CFA corporate policy on First Aid consists of the *CFA Health and Safety Policy statement* of Feb 2004, CFA Policy *HR.52 CFA Occupational Health and Safety* of Dec 1999 (currently under review) and the relevant Safety First System procedures, in particular:

- OHS4 Health and Safety Resources
- OHS6 Health and Safety Training and Competency
- OHS10 Emergency Preparedness & Response
- OHS10.1 Emergency Preparedness & Response – First Aid

Unfortunately, these documents provide some scope for ambiguous or inconsistent interpretation of operational requirements and associated training need.

Operational Requirement

The ***CFA Guideline: First Aid Assessment*** directs that every CFA location must have at least one trained First Aider. A CFA location is defined as any place where CFA activity is undertaken by CFA personnel. This may be an office, fire station, incident site or a vehicle on the road. OHS10.1 contains the following note:

While trained First Aiders may from time to time provide First Aid to persons other than CFA employees and volunteers, this Procedure addresses only those arrangements necessary to provide appropriate and timely First Aid to CFA personnel

Given that the definition of First Aid is treatment given to an injured or ill person prior to the arrival of professional medical assistance, the implication would seem to be that CFA members who are first on the scene of an incident will administer First Aid to those in need as part of their response to the incident.

If the position is adopted that brigade members are trained in First Aid only in order to provide adequate protection to other brigade members during operational activities, then brigade targets would be generally lower. However, there has been criticism from some stakeholders concerning the inconsistency of brigade First Aid targets across the state. Some regions are applying a blanket '1 in 5' policy, others are allowing anyone who wants to to remain qualified whilst others are using primarily operational factors as a basis for calculating targets.

Issue 1. What is the correct interpretation of the scope statement and do our current brigade targets address this interpretation of workplace requirement?

Brigade Targets

Because the issue of operational, or 'workplace', requirement has not been resolved with complete clarity, there is scope for brigades and Regions to interpret CFA guidance on First Aid requirements in a number of ways. Some brigades maintain that First Aid qualifications are one of the few things that CFA is in a position to offer them as recompense for their time and request high targets or open access to training for all interested members.

Others believe that CFA has a responsibility not just to ensure First Aid services are provided to its own members but also to those non-members who are in need. In some cases, operations staff are involved in providing guidance for targets and in other cases, Managers Training and Development are setting targets. In short, there are significant variations in the way brigade targets are set or allocated from Region to Region.

In any event, each brigade will need a specific number of people qualified in order to achieve some level of probability that a suitably qualified person will turn out with each

brigade at each operational response in accordance with ***CFA Guideline: First Aid Assessment***. The guideline suggests only that:

'*Brigades should endeavour to have at least one trained member who can provide First Aid if needed*.'

The total number of qualified members that each brigade needs to achieve the appropriate skills mix will vary with the number of members and the number of turn-outs that the brigade experiences rather than the brigade risk profile and the associated Brigade Operational Skills Profile.

Scenarios relevant to the issue of brigade targets include:

- typical rural responses where a single appliance may turn out with two crew and be some distance from medical support.
- typical urban responses where multiple appliances with three or more crew may respond and the probability that someone with appropriate qualifications will be present is commensurately higher.

Issue 2. What factors should be used to determine **approximately** consistent brigade targets across CFA?
Some examples of variables might be:

- Number of operational members?
- Number who attend more than 25%, or even 50%, of brigade turn-outs?
- Number of brigade turn-outs
- Risk profile of brigade?
- Distance of brigade response area from professional medical help?
- Most common types of brigade response and likelihood that more than one first-aider might be required?

Level of Training

Career firefighters require PUAEME002B. However, the level required for volunteer members is not specified.

Issue 3. What percentage of volunteer brigade members require:

- **HLTFA301B APPLY FIRST AID**:
- **HLTFA404A APPLY ADVANCED RESUSCITATION TECHNIQUES**
- **PUAOPE010B OPERATE SEMI-AUTOMATIC DEFIBRILATOR**

Additional members with qualifications

A number of CFA members bring existing First Aid qualifications with them when they join their brigades. In some cases these members, or existing members with First Aid qualifications, fall outside the brigade BOSP targets for First Aid skills maintenance and are therefore theoretically, or practically, unable to maintain their First Aid qualifications at CFA expense.

Issue 4. Should members with first aid qualifications who fall outside their brigade First Aid BOSP targets be able to maintain their qualifications at CFA expense?

Management of career firefighter training

Whilst the requirement for **career firefighters** to undertake First Aid training and to receive an allowance for maintaining currency is relatively well defined, the issue of personal responsibility for attendance at skills maintenance sessions is less well defined.

Issue 5. Is an individual **career firefighter** responsible for managing their own attendance at a skills maintenance session **or** is the MTD responsible for ensuring that sessions continue to be scheduled at times and places that suit the firefighter until all firefighters have completed skills maintenance?

Delivery Options

Prior to 2003, CFA First Aid training in rural brigades was delivered chiefly by small local providers with a smaller number of larger providers delivering in regional centres and outer metro areas.

The advantages of this system were primarily:

- Reduced administrative workload at Area/ Region HQ level
- Ability to negotiate on session cost
- Support to local business
- Greater flexibility for brigade members with regard to time place and format

The disadvantages were as follows:

- Inability to standardise outcomes
- Additional administrative workload at brigade or individual level
- Inconsistency of pricing

The advantages of the current single provider contract system are:

- Standardisation of delivery time and content
- Pricing consistency
- Single point of contact for issues and evaluation

The disadvantages of the current system include:

- Having set a minimum of 10 attendees we pay a set fee even if fewer than 10 attend
- Different course maximum numbers for First Aid and Oxygen sessions means inefficient programming
- High administrative workload at Area HQ level
- Restrictions on flexibility of delivery time and place, particularly for volunteers in remote brigades
- Inability to support local business

Four basic options for delivery of First Aid training exist:

1. Develop an 'in house' capability to deliver First Aid training through the employment of full-time 'First Aid' instructors within Area Training & Development functions or centrally coordinated from a site such as Fiskville, or
2. Retain a single provider system for the delivery of First Aid training to career staff and some volunteers whilst allowing brigades the flexibility to source their own training locally, within certain defined constraints.
3. Continue to use the single provider system for all CFA First Aid training.
4. Develop a limited 'in-house' capability to deliver First Aid training and supplement that capability with a contractor to meet remaining demand for training.

Option 1 - Establish an internal capacity to meet CFA First Aid training requirements using CFA resources

Across the state, CFA delivers approximately 800 First Aid training sessions of all types to a student population of approximately 3500. Using the Midlands Wimmera Instructor Capacity model, this training delivery workload equates approximately to seven EFT instructors. Therefore, an option for future delivery of First Aid training in CFA is to create the capacity internally through employment of seven appropriately qualified instructors on a full-time basis.

Cost of internal capacity

The costs to CFA of establishing and maintaining a single instructor with associated training support equipment necessary to deliver First Aid training are estimated in the table below.

item	Base/ initial cost	Annual Recurrent cost
instructor	74,055	74,055
Superannuation (11.5% of base)	8,516	8,516
Tax (4.95% of base)	3,665	3,665
Workcover (1.5% of base)	1,110	1,110
Long Service Leave (2.5% of base)	1,851	1,851
Car	31,860	6,200
Laptop bundle		608
Software	1,090	
Next G card	355	895
Mobile phone	385	1,272
Desk & chair	1,050	
Cisco IP phone + voicemail	360	
Mannequins x 10 @ 395	3950	200
SAED training unit x 4 @ 4500	18,000	200
Oxy unit x 2 @ 2800	5600	200
First Aid books @ $25	1500	1500
total	**140,627**	**100,272**

Delivery Option 1 for future delivery of First Aid training in CFA is to create the capacity internally through employment of appropriately qualified instructors on a full-time basis.

The advantages of option 1 include:

- Flexibility of deployment – one or more instructors could be seconded to a region for a period to deliver all First Aid training in a specified period before moving to another region. Or, instructors could be assigned one or more regions within which they would deliver training throughout the year.
- Greater flexibility of delivery to staff stations where sessions are regularly interrupted or inefficient because of shift numbers.
- Some cost savings over the medium to long-term compared to single contract option based on reduced cost of delivery to station staff.

Disadvantages of option 1 include:

- Initial establishment and recurrent costs are such that for most regions, little or no budget would be left to provide supplemental First Aid training using a contractor. This would be necessary in circumstances where multiple sessions were requested at the same time.
- Delivery to remote/ rural areas may not significantly improve or may deteriorate because full-time instructors will not have flexibility of contractor network of sessional instructors
- Requirement to purchase and maintain training support equipment
- Delivering First Aid training unlikely to be perceived as core CFA business

Option 2 – Use a combination of contracted First Aid training delivery with the option of reimbursement to brigades for locally delivered training

Use a contractor to deliver primarily to staff stations and give volunteer brigades flexibility to use local RTOs to deliver on a reimbursement basis. This option combines the advantages of a standardised delivery system for career staff whilst retaining the options for volunteer brigades to support local training providers.

Advantages of option 2

- Gives Training Manager flexibility to meet the needs of different customers with different delivery options.
- Potentially provides greater support for local RTOs

Disadvantages of Option 2

- Unlikely to reduce costs associated with delivery to station staff
- Standardisation of delivery costs and training outcomes became an issue when this option was used in the past. Difficult to overcome either problem.

Delivery Option 2 is a combined system of contracted First Aid training delivery with the option of reimbursement to brigades or individuals for training delivered by local RTOs.

Option 3 – retain existing system of statewide contract.

This system has been in place since 2003 and has addressed a number of criticisms of the previous system of local reimbursement. Foremost amongst these criticisms was standardisation of both cost and training outcomes across the state. Evaluation feedback shows that both of these issues are much less of a concern to members than under the previous system of Fist Aid training delivery. The two key concerns remaining with this model of delivery are the high cost of delivery to station staff and the associated issue of wastage resulting from automatic payment for a minimum of 10 attendees regardless of how few actually attend session.

Advantages of Option 3

- Higher level of standardisation of training outcomes across the state
- Effective standardisation of session costs across the state

Disadvantages of Option 3

- High cost of delivery to station staff because of requirement for separate sessions for each shift or payment of overtime to deliver off-shift.
- wastage resulting from automatic payment for minimum of 10 people per session but less than 10 attendees at session.
- Some criticism of the single provider arrangement has come from volunteers who believe that it has reduced flexibility to have training delivered at a time and place that suits them.

Delivery Option 3 for future delivery of First Aid training in CFA is to retain existing system of a single statewide contract

Option 4 – use a combination of internal resources (CFA First Aid instructors) with a contract to meet remaining demand.

In this option, CFA First Aid instructors would be established in those districts or regions where they could be most efficiently and effectively utilised while a contractor would be engaged to deliver First Aid training to meet the remaining demand.

One key disadvantage of the current contract is the high cost and waste associated with delivery of First Aid training to career staff at integrated stations. Currently, this process usually involves conducting multiple sessions and the payment of overtime in order to ensure that all staff attend a session. A full-time CFA First Aid instructor would be an optimum solution to these issues. However, an EFT instructor would be increasingly less efficient if they had to travel to deliver after-hours sessions and were therefore unable to deliver training during the day. Therefore, as a principle, EFT instructors may be more efficiently utilised in regions where there are concentrations of integrated stations. There are 30 integrated stations in CFA. These are concentrated primarily around metropolitan Melbourne (17), Geelong (3) and other regional centres (10). Two instructors, based in metropolitan regions would be able to address the career staff requirements of Melbourne and Geelong (theoretically approximately 80 sessions per year) while a further two instructors could adequately cover the regional integrated station requirements (approximately 40 sessions per year). These four instructors would have significant capacity over and above that required to deliver to integrated stations and would therefore be able to deliver other sessions to volunteer brigades. The gap

between CFA instructor capacity and overall demand would be made up by using a contractor.

Advantages of Option 4

- Satisfactory level of standardisation of training outcomes across the state
- Effective standardisation of session costs across the state
- Improved efficiency in delivery to staff stations.
- Option has potential to achieve balance between delivery of training at a time and location that suits the members and overall cost.

Disadvantages of Option 4

- Initial establishment costs and recurrent costs are high.
- Requirement to purchase and maintain a quantity of specialised training support equipment

Delivery Option 4 for future delivery of First Aid training in CFA is to employ a limited number of full-time CFA First Aid instructors combined with a contract to meet the remaining demand.

Contracted Administration

An option also exists for a contractor to undertake a significant part of the administrative work associated with coordinating bookings and arranging attendance. Whilst this would cost more, the extra cost may well be offset by the capacity freed up for regional training administration staff and coordinators.

Additional Option for future administration of First Aid training in CFA is to contract out the task of coordinating bookings for first aid training sessions. Regions would need to provide contractor a schedule and with parameters for how many members can be trained and which qualifications - brigades/ groups could then nominate for courses direct to contractor.

Conclusion

Feedback with regard to the above issues will be used to guide the drafting of the specifications for a contract for delivery of training with sufficient clarity to respond to the concerns or criticisms of all stakeholders.

Feedback

Feedback on this paper should be provided to the John Hollway by 03 September 2010. I will consolidate the feedback and circulate the outcomes for final comment.

Please provide feedback on the questions posed in highlight boxes.

Comments about other First Aid related issues are welcome.