Irish Red Cross

IRISH RED CROSS

Unit Standard Operating Procedures

Irish Red Cross

STANDARD OPERATING PROCEDURES – IRISH RED CROSS UNIT SERVICE

1. Enrolment of a new Unit Member
2. Unit Transfer Applications
3. Resignation of a Unit Member
4. Application for Leave of Absence
5. Application for Service Award
6. Appointment of a Sub Officer
7. Appointment of a Unit Officer
8. Annual Unit Returns
9. Completion of Ambulance Returns
10. Ambulance Hygiene
11. Registration of an imported vehicle
12. Ambulance Taxation Procedure
13. Entry onto Panel of Drivers
14. Procedure following an Irish Red Cross vehicle accident
15. Disposal of an ambulance
16. Ambulance Audit Procedure.
17. Search procedure for non SAR Units
18. Use of hand held radios
19. Transport to Hospital
20. Accessing Peer Support
21. Duty Management (Routine)
22. Flooding Emergencies Response
23. Inter Area Duty Coverage
24. Complaints against the service
25. Major Emergency Call Out
26. Registration of a new Unit
27. Medical Officers at Major Duties
28. Hospital Duty Procedures
29. EMT post qualification registration procedure
30. Unit Training Programme
31. Inter Facility Transfers of a Patient
32. Annual Uniform Dress Inspection
33. Use of IRC Medication Bags Procedure
34. Unit Disciplinary procedure
35. Unit Grievance procedure
36. Adverse Incident Reporting Procedure
37. Continuing Professional Competence for EMTs
38. Garda Vetting procedure for Unit members

39. Severe Weather Response
40. Processing of Patient Care Reports
41. Ambulance Observer/Experiential Learning
42. Radio Licence application/renewal
43. Defibrillators - post use actions
44. Acquisition of a vehicle
45. Community AED schemes – linked
46. Community AED schemes – stand alone
47. Organising EFR course
48. Mediation Procedure
49. Moving People course procedure
50. Bike Units
51. Externally qualified EMTs
52. Vehicle Maintenance Procedure

Irish Red Cross

1. STANDARD OPERATING PROCEDURES - ENROLMENT OF NEW UNIT MEMBER

1. PURPOSE

To ensure that all new Unit membership applications are processed, in line with the Regulations for the Organisation of Units, and this procedure.

2. SCOPE

All applications for Unit membership submitted to Units.

3. RESPONSIBILITY

Unit Officers

4.1 RELATED DOCUMENTS

Regulations for Organisation of Units
Unit Officer's Manual.
Members Induction Pack.

4.2 RELATED FORMS

Application form for membership
Garda Vetting form
Declaration and Uniform Permit
Unit Return Template

5 PROCEDURES

No. Activity

1.0 Initial application

1.1

A person who is interested in membership of a Unit may apply to the local Unit Officer. The Unit Officer shall confirm that the applicant is a member of the Irish Red Cross and has already by completed an application form for membership of the Irish Red Cross and has a membership number.

1.2

The Unit Officer shall record the date of an application to join the Unit and advise the applicant of his or her decision on the matter as soon as possible but no later than one month from the date of receipt of the application. The Unit Officer will

refer to his or her designated staff officer or Area Director of Units in cases where it is proposed to refuse an application for Unit membership.

1.3

In considering an application for Unit membership the Unit Officer shall satisfy himself or herself that the basic entry requirements for admission to Unit membership are complied with, including:

a. Possession of a current practical or occupational first aid certificate awarded by the IRC or another approved body and awarded within the previous three years

b. Proof of membership of the local Branch (i.e. membership number from Head Office)

c. be of the required age (i.e. between 16 and 70 years)

1.4

An application to join a Unit is generally accepted on a probationary basis in accordance with the relevant provisions of the Regulations for the Organisation of Units. Members joining Units are required to apply for Garda Vetting by completing the Garda vetting form and sending to Head Office. SOP 38 on Garda Vetting refers.

1.5

Where the application is accepted the following administrative procedures shall be
completed by the Unit Officer.

a. the Unit Return summary sheet shall be updated with the name of the new member and the enrolment date recorded in the end comments column.

b. the name of the new member shall be added to the Unit Meeting Attendance Register.

c. the name of the member shall be included on the Unit Duty Roster. New members will be accompanied on duty by more experienced members for at least 30 duty hours after enrolment.

1.6

As soon as practicable, but not longer than six months after joining the Unit, a new member shall complete an induction course. The date of the course shall be recorded. A copy of the Unit Induction pack shall be issued to each induction course member. This pack issues from Head Office at a cost of twenty euro per person. It should be ordered via the relevant Branch.

1.7

The new member shall be issued with working uniform without charge. It must be stated to the member that uniform items issued are the property of the organisation and must promptly returned to the Unit in the event of the resignation or discharge of the member. A refundable deposit of €100 may be sought, refundable to the person on ceasing to be a Unit member and returning the uniform items issued to them.

The electronic uniform record is completed by the Unit Officer in respect of items issued. This is part of the Unit Return form.

Prior to issuing the uniform and following completion of an induction course the member shall read and sign the Declaration & Uniform Permit. The permit shall be dated and countersigned by the Unit Officer and the Area Director of Units. It is essential that a member signing the declaration clearly understands the commitment being made by him or her.

1.8

Child protection training (level 1) and the Moving People course should be completed as soon as practicable after joining, and within the probationary period set out in the Regulations for the Organisation of Units. The dates of such courses should be recorded on the Unit Return form.

1.10

A new member should be assigned to a sub officer or senior Unit member to act as mentor or guide for the new member for the first six months after joining. At the induction course or as soon as practicable afterwards the new member shall be issued with the Unit Induction Pack which contains the Principles of the Movement and a summary of the Regulations for Organisation of Units and other material.

1.11

If a person is aggrieved about the decision of the Unit Officer to refuse admittance to the Unit that person may appeal the decision in writing within one month to the Area Director of Units.

2. STANDARD OPERATING PROCEDURES - UNIT TRANSFER APPLICATIONS

1. PURPOSE

To facilitate the orderly and equitable handling of transfer application requests from uniformed members.

2. SCOPE

All applications from uniformed members, either wishing to transfer to another Area, or to another Unit, within the Area.

3. RESPONSIBILITY

Area Director of Units
Regional Director of Units

4.1 RELATED DOCUMENTS

IRC Regulations for the Organisation of Units

4.2 RELATED FORMS

IRC Transfer application form

5. PROCEDURES

1.0 Activity

1.1

A Unit member shall generally belong to the Unit closest to his or her place of residence .However, this will not prevent, where warranted, a person serving as a Unit member in a Unit other than the closest one. In all cases a person shall belong to one Unit only.

1.2

A member wishing to transfer to another Unit on grounds of change of address, study or work relocation shall normally have such applications dealt with without delay.

1.3

A member who wishes to transfer for reasons other than 1.2 above should apply on the prescribed form for transfer. The application should be made via the Unit

Officer wherever possible who shall forward the application to the Area Director of Units for his or her decision.

1.4

The Area Director of Units should wherever possible consult with the Unit Officer of the applicant's Unit, and the Unit Officer of the new Unit and/or the Area Director of Units of the new Area into which the applicant wishes to transfer.

1.5

Uniform items issued to the member transferring from the first Unit may remain with the transferring member, but should be returned to his or her original Unit in the event of the resignation or discharge of the member from the new Unit.

1.6

In respect of transfer applications between Areas the decision on the transfer application rests with the Area Director of Units of the transfer applicant's Area - subject to the new Area consenting to the application. Service for the transferring member will be from the date of first joining an Irish Red Cross Unit. Copies of appropriate details of the transferring member such as previous Red Cross training qualifications and uniform stock provided should be forwarded by the Area Director of Units to the new Unit or Area.

1.7

If a member is dissatisfied with the decision of the Area Director on his or her transfer application the member has the right to appeal the matter to the relevant Regional Director of Units for his or her final decision.

1.8

If the Area Directors acting under 1.6 above fail to reach a consensus decision the relevant Regional Director for their Areas shall decide the application. In the case of a transfer application relating to two Areas not belonging to the same IRC region the National Director of Units shall nominate a Regional Director of Units who shall decide the matter finally. Alternatively the NDU may elect to decide the matter himself or herself.

1.9

As a general principle transfer applications, where made, should be facilitated, as far possible, to avoid unnecessary loss of membership arising from valid reasons such as relocation etc.

3. STANDARD OPERATING PROCEDURE - RESIGNATION OF A UNIT MEMBER

1. PURPOSE

To ensure that clear and straightforward procedures apply in cases where a member wishes to resign from Unit membership.

2. SCOPE

All applications for resignation from Unit membership, within the Irish Red Cross.

3. RESPONSIBILITY

Area Director of Units
Unit Officer.

4.1 RELATED DOCUMENTS

IRC Regulations for Organisation of Units
Unit Officer's Manual.

4.2 RELATED FORMS

Unit Return Template
Application form for wish to resign

5. PROCEDURES

1.0 Activity

1.1

A member of a Unit has the right to resign. In accordance with the terms of the Regulations for the Organisation of Units one month's notice in writing should be given to the Unit Officer.

1.2

The written notice of intention to resign may be in the form of a letter or email or if not it may be by means of a resignation notice on the prescribed form available from the Unit Officer.

1.3

The Unit Officer shall discuss the resignation letter with the member and shall enquire as to the reason the member wishes to resign. The option of continuing as a non-uniformed Branch member should be advised, where appropriate. The

option of leave of absence may also be considered if short term pressures are preventing a member from temporarily carrying on their activities within the Unit. If a member is resigning due to relocation or work or study reasons the possibility of transferring to another Unit or Area should be discussed.

1.4

A member who wishes to proceed with the resignation shall arrange with the Unit Officer or his/her designate for the return of all uniform items issued by the Red Cross to the member. In addition to uniform items, the uniform permit, identity card, first aid kits or other equipment or documentation the property of the Irish Red Cross shall be returned without delay.

1.5

The Unit Officer shall forward to the Area Director of Units a copy of the member's letter of resignation or alternatively a copy of the resignation notice referred to at 1.2 above.

The Area Director of Unit, personally or via a designate, may arrange for an exit interview with the member to determine the reason for the resignation, especially if it could involve a grievance issue.

1.6

The Unit Officer shall complete the following administrative matters following the resignation of a Unit member:

a) note in the appropriate column of the Unit Return template the date of the member's resignation
b) amend the Unit Duty roster by deleting the person's name
c) amend the members uniform record by recording items of uniform returned.

1.7

In the event that the member following resignation fails to return the uniform items issued, the Unit Officer shall communicate with the former member until the items are returned.

If despite several communications with the former member the uniform and ancillary items are not returned the Unit Officer shall report this to both the Area Director of Units and the Branch Committee who shall consider what action to take in the circumstances.

4. STANDARD OPERATING PROCEDURE - APPLICATION FOR LEAVE OF ABSENCE

1. PURPOSE

To facilitate the orderly and equitable processing of applications of leave of absence from Unit members who require temporary leave for valid reasons.

2. SCOPE

All applications for leave of absence from Unit personnel who require a temporary leave of absence from Unit activities for valid reasons and who intend to return to Unit activities at the end of the agreed leave period.

3. RESPONSIBILITY

Area Director of Units
Unit Officer

4.1 RELATED DOCUMENTS

IRC Regulations for the Organisation of Units

4.2 RELATED FORMS

Unit Return Summary Template
Leave of Absence Application form

5. PROCEDURES

1.0

Activity

1.1

Circumstances may arise from time to time when temporary absences from a Unit for valid reasons may necessitate a member seeking leave of absence. Application for leave of absence, citing the grounds for doing so, shall be made by the member seeking leave of absence to the Unit Officer.

1.2

The Unit Officer shall, following an application for leave of absence, determine that the reason for the application is a valid one. Regular grounds for seeking leave of absence include (though are not limited to):

i) study leave prior to Junior certificate, Leaving certificate or college examinations
ii) sickness leave during a period of hospitalisation or chronic bout of ill-health
iii)temporary re-location from the Unit district due to study or work reasons

In cases of 1.2.i) in general a period of leave for four months prior to the exams is the usual leave granted.

1.3

During a period of leave of absence which has been granted the member on leave is exempted from the normal Unit obligations, to attend duty and maintain regular meeting attendance. A member on leave who wishes to attend meetings and duties as his or her circumstances permit is of course free to do so. The Unit Register shall be marked for the member during this period as on “leave of absence”.

1.4

Where the Unit Officer agrees that the leave of absence is valid he or she shall determine the duration of the leave since it cannot be an indefinite amount of time.

At this point the Unit Officer shall notify the Area Director of Units in writing on the prescribed form of his/her intention to grant leave of absence and the grounds for doing so. This written recommendation shall generally be made one month before the leave is due to commence.

1.5

If after 14 days from writing to the Area Director of Units on the matter and no reply has been received from the Area Director of Units the Unit Officer may then notify the member that the leave of absence has been granted stating the period when the leave ends. This notification should be in writing on the prescribed form.

1.6

The Unit Officer shall at this stage:

i) amend the Unit Return record
ii) insert in the remarks column on the Unit Return Summary sheet the duration of the leave (since this has a bearing on calculating annual meeting attendance)
iii) amend the Unit Duty Roster for the duration of the leave.

1.7

In the event that a member is aggrieved by a decision of the Unit Officer to refuse to grant the application for leave of absence the member seeking leave has the right to appeal this decision to the Area Director of Units, whose decision on the matter shall be final.

5. STANDARD OPERATING PROCEDURE - APPLICATION FOR SERVICE AWARD

1. PURPOSE

To ensure that applications for service awards for Unit personnel are processed in an efficient manner.

2. SCOPE

All applications for long service awards for Unit personnel. A separate procedure applies when the long service application relates to Branch service.

3. RESPONSIBILITY

Area Director of Units
Unit Officer.

4.1 RELATED DOCUMENTS

IRC Regulations for the Organisation of Units
Unit Officer's Manual.

4.2 RELATED FORMS

IRC Service Award Application Form
IRC Head Office Stores price list.

5. PROCEDURES

1.0

Activity

1.1

Applications for service awards may be made from time to time by the Unit Officer using the prescribed service award application form.

1.2

The Unit Officer shall obtain the date of enrolment of members seeking service award from the appropriate column of the Unit Return summary sheet which is prepared annually.

By convention the date of enrolment is taken as the date of the first class session of the first aid course which preceded the member joining the Unit (as recorded in the course return form).

Service as a Cadet or in a Cadet Unit prior to joining a senior Unit may be taken as proof of reckoning for the period of service involved. The enrolment date as a Cadet is also taken by convention as the date of first attendance at the first aid course which preceded joining the Red Cross.

1.3

The completed service award form shall be forwarded in triplicate to the Area Director of Units.

1.4

The Area Director of Units on receipt of a service award application on the prescribed form together
shall:

i) date or date stamp the application form
ii) verify the accuracy of the service award claims by cross referencing with a previous Unit Return template on file with the Area
iii) acknowledge receipt of the application from the Unit Officer
iv) countersign this form and forward to Head Office in a timely fashion.

1.5

Head Office on receipt of a properly completed and countersigned service award application form will:

i) forward to the Area Director of Units the service award chevrons in bulk
ii) return a copy of the form with the chevrons
iii) issue a receipt for the fee paid

1.6

On receipt of the chevrons the Area Director of Units shall issue the chevrons to the Unit Officer by post, personally or via a Staff Officer.

1.7

The Unit Officer shall at this point arrange a presentation of service awards to the Unit and shall update the Unit Return form in the relevant column.

1.8

Unit members being issued with service chevrons shall be advised by the Unit Officer, in accordance with the Irish Red Cross Unit Regulations, that:

i)service chevrons are worn on the left lower sleeve of dress uniform tunic six inches from the end of the sleeve cuff and centrally located so that the centre of the chevron is in line with the middle finger when the hands are in a position of attention on parade
ii)in accordance with convention the three year service chevron is worn on its own and not with other longer service awards (5, 10 year etc)
iii)for reasons of safety in casualty work chevrons are generally not worn on working uniform dress.

1.9

In cases where service awards are of intervals of 25, 40 or 50 years a separate application is made to Head Office via the Area Director of Units. In these cases a special scroll, dress medal and medal button bar are issued by Head Office. In these cases a more formal presentation ceremony that at 1.7 above is usual.

6. STANDARD OPERATING PROCEDURE - APPOINTMENT OF A SUB OFFICER

1. PURPOSE

To ensure that equitable and transparent procedures apply in respect of sub officer appointments.

2. SCOPE

All sub officer appointments made annually within the Irish Red Cross.

3. RESPONSIBILITY

Area Director of Units
Unit Officers

4.1 RELATED DOCUMENTS

IRC Regulations for Organisation of Units
Sub Officer's Manual.
Promotions Policy

4.2 RELATED FORMS

IRC Recommendation of Sub Officer appointment form
Post description.

5. PROCEDURES

1.0 Activity

1.1

Recommendations for the post(s) of Sub Officer grades within the Irish Red Cross shall be made in February of each year. The recommendations are made in writing by the Unit Officer to the Area Director of Units.

1.2

Sub Officer appointments will generally be linked to the number of members in a Unit in accordance with accepted ratios which are set out in the Regulations for the Organisation of Units (i.e. not more than one Sub Officer to five members).

Notwithstanding this specified ratio where the activity of a Unit warrants it and where approved by the Area Director of Units additional appointments may be considered above this ratio.

1.3

The Unit Officer in considering members for recommendation for Sub Officer posts shall have regard to Irish Red Cross policies on promotion and in particular to the following factors:

i) service within the Irish Red Cross (seniority)
ii) ability to get on with other members
iii) ability to work as part of a team
iv) leadership capacity
v) training achievements and PHECC clinical level
vi) meeting attendance
vii) duty attendance

1.4

The prescribed form detailing the above factors shall accompany the recommendation to the Area Director of Units.

1.5

The decision of the Area Director of Units shall be conveyed in writing to the Unit Officer. A decision to confirm the recommendations and appoint the Sub Officer shall be conveyed in writing to the sub officer by the Area Director of Units.

1.6

Sub Officer appointments shall, in accordance with the requirements of the Regulations for the Organisation of Units, be for a period of one year which may be renewed annually thereafter.

1.7

Sub Officer Appointments when made will normally come into force on:

i) the Unit being informed of the decision to appoint a member either by way of an announcement at a properly notified general Unit meeting or else by way of a written notice to Unit members. Written notice may mean a letter, email or group text.

ii) a mutually agreed post description to be arranged within two months of the appointment being made. The post description will be agreed by the Unit Officer and the Sub Officer. A copy of the post description shall be forwarded by the Unit Officer to the Area Director of Units within three months of the appointment date.

In the event of a disagreement within the Unit Officer and the Sub Officer on the contents of the post description the Area Director of Units may decide the matter in which case the ADU's decision is final.

iii) newly appointed Sub Officers will be issued by the Unit Officer on appointment with a copy of the Irish Red Cross Sub Officers manual. Newly appointed Sub Officers shall be placed on a Sub Officers training course within six months of being appointed.

iv) Sub Officers shall also be issued, if not already provided with, the Irish Red Cross Induction Pack.

1.8

Sub Officers who wish to resign from the post of sub officer shall do so in writing to the Unit Officer, giving one months notice as required by the Regulations for the Organisation of Units.

1.9

The Branch shall provide, at the request of the Unit Officer, the current prescribed uniform markings to denote the Sub Officer grade.

1.10

In the case of a newly appointed Sub Officer he or she should discuss with the Unit Officer the availability of mentoring to assist in developing the new role and also the options for clinical level progression available.

7. STANDARD OPERATING PROCEDURES - APPOINTMENT OF A UNIT OFFICER

1. PURPOSE

To ensure that transparent procedures are followed in relation to the appointment of Unit Officers of the Irish Red Cross in accordance with the terms of the Regulations for the Organisation of Units.

2. SCOPE

Annual Unit Officer appointments, or re-appointments, within Irish Red Cross Areas.

3. RESPONSIBILITY

Area Director of Units

4.1 RELATED DOCUMENTS

Regulations for Organisation of Units
Duties of Officers document
Unit Officer's manual.

4.2 RELATED FORMS

Recommendation letter to Head Office

5. PROCEDURES

1.0 Activity

1.1

The Area Director of Units shall before the end of February on each year prepare a list of suitable persons within his or her Area to hold office for a period of one year in the post of Unit Officer.

1.2

In preparing a list of appointees as Unit Officer regard shall be had by the Area Director of Units to the IRC promotions policy in place and to the following factors:

i) Previous experience and effectiveness as a leader
ii) training qualifications (including EFR/EMT certification)
iii) date of enrolment/seniority
iv) capacity to work with and motivate others

v) degree of time available for Red Cross activities.
iii) administrative ability and possession of email facility.

If considered necessary the Area Director may arrange interviews with prospective candidates where more than one suitable person exists in a Unit.

1.3

Prior to recommending an appointment or re-appointment of a Unit Officer the Area Director of Units shall determine that the person is willing to accept the appointment and understands the responsibilities involved.

1.4

Following these steps the Area Director of Units shall, on the prescribed form, notify in writing the Head Office of the Irish Red Cross, via the Regional Director of Units. The Unit Officer shall be informed of his/her appointment by letter from the Secretary General. This letter of appointment shall state the period of appointment generally one year ending on 31st March in the year following the making of the appointment. Head Office shall advise the Area Director of Units in writing that it has issued letters of appointment to the named Unit Officers.

1.5

Following confirmation to the Area Director of Units that the appointments letters have issued the Area Director of Units shall issue:

i) a post description to the Unit Officer based on the Duties of Officers document.
ii) a copy of the Irish Red Cross Unit Officer's manual
iii) a copy of the Unit Induction Pack, if not provided
iv) Unit standard operating procedures, Irish Red Cross and accompanying forms
v) Regulations for the Organisation of Units
vi) Regulations for the Control and Acquisition of Ambulances
vii) Regulations for Courses and Examinations
viii)IRC Major Emergency Response Guidelines

1.6

A Unit Officer may resign at any time during their one year term of office. For this purpose he or she must give one month's notice in writing to the Area Director of Units.

1.7

Following appointment, and as soon as practicable thereafter, the Unit Officer shall complete Irish Red Cross Leadership Development training at either Area or Regional level.

8. STANDARD OPERATING PROCEDURE - ANNUAL UNIT RETURNS

1. PURPOSE

To provide for uniform and clear procedures for completion of the annual Unit Returns.

2. SCOPE

All standard annual Unit Return templates

3. RESPONSIBILITY

Regional Director of Units
Area Director of Units
Unit Officers

4.1 RELATED DOCUMENTS

IRC Regulations for the Organisation of Units
Unit Officer's Manual.

4.2 RELATED FORMS

Unit Return Template

1. PROCEDURES

1.0 Activity

1.1

The Unit Return Summary sheet is the Annual Unit Return. This return must be completed in respect of each Unit (including Cadet Units where separate from senior Units) and returned to Head Office on or before 28th February of the year following the year being reported. The return shall be submitted in electronic format (available from Head Office or the Regional Director of Units). The annual Unit Return form reflects the calendar year ending 31st December of the year gone by.

1.2

The Area (or county) is recorded in the form and the Unit name. Unit number may be allocated by the Area Director of Units from time to time.

1.3

Details of the regular Unit meeting place and time of meetings should be recorded on the return.

1.4

At present the Unit names (which may be taken from the Unit Register or Unit Duty Roster) are recorded with the first name first and then the surname. Where possible the Unit Officer will be the first name on the return followed by the Sub Officer grades and then followed by the Unit member grade (these latter names should appear in alphabetical order, if possible). The column listing the membership number should be completed for every member.

1.5

Details of certificates held by members shall be obtained by referring to the RAER form for the relevant courses. Details of previous certificates issued will be obtained from the previous year's returns (retained by the Unit or copy available from the Area Director of Units). The training database at Head Office also retains details of Unit members training records, initially for the higher level courses EFR, EMT and instructor certificate. Unit members should be encouraged to retain their certificates in the Unit Induction binder.

1.6

Date of enrolment is obtained for existing members from the previous year's return and for new members from the commencement date of their first aid course. The enrolment date is taken by convention as being the date of first commencing the first aid course which preceded the member joining the Unit and is available from the RAER form held by the Branch.

1.7

Yearly attendance is derived from the Unit meeting attendance register and the range of attendance ratings confirmed from the drop down box options.

1.8

The Unit Officer will enter the dates of inspection from the Unit diary. If a member has missed these the column should remain blank and the reasons why recorded in the remarks column.

1.9

The total of adult Unit (senior) members and (if applicable) Cadet members is recorded in the appropriate places. In those cases where a separate Cadet Unit

is formed and registered a separate Unit return summary sheet should be completed by the Cadet Unit Officer.

1.10

The Unit Officer shall make the return in a timely fashion and at least one week before 28th February in the year following the calendar year being returned. The Unit Officer confirms that the details returned are accurate to the best of his/her knowledge. The completed return template will then be sent to the Area Director of Units by email.

1.11

The Area Director of Units will complete the return on being satisfied that it is complete and accurate to the best of his/her knowledge and filling in his name and date .on the relevant row.

1.12

The Area Director of Units shall forward the verified return by email to the Regional Director of Units on or before the 28th February.

1.13

The Regional Director shall forward the Unit Return Forms by Area to Head Office on or before March 10th.

1.14

The preparation, and forwarding of the Unit Return form is a key performance indicator for Unit Officers and its time forwarding is a key performance indicator for Area Directors and Regional Directors.

9. STANDARD OPERATING PROCEDURE - COMPLETION OF AMBULANCE RETURNS

1. PURPOSE

To ensure that the necessary data needed to report on ambulance activity is provided and also to assist in fleet management and insurance provision.

2. SCOPE

All ambulances and personnel carriers the property of the Irish Red Cross operated within Areas. The preparation and submission of ambulance returns is an annual event.

3. RESPONSIBILITY

Regional Director of Units
Area Director of Units
Unit Officers

1.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances
Unit Officer's Manual.

1.2 RELATED FORMS

IRC Ambulance Return Template

5. PROCEDURES

1.0 Activity

1.1

The Ambulance Return form shall be completed annually covering the preceding calendar year ending 31st December. A separate return form shall be completed for each Irish Red Cross vehicle within the Area (either ambulance or personnel carrier). The templates duly completed shall be returned to Head Office via the Area Director of Units and then via the Regional Director of Units by 31st January of the year following the calendar year being reported on. The ambulance returns shall be returned in an electronic form.

1.2

The Area Director of Units will forward in due time to the Unit Officers (unless there are alternative post holders acting as ambulance officers) the electronic ambulance return template

1.3

The Unit Officer (or the local ambulance officer if different to the Unit Officer) shall complete the electronic return form without delay and return it to the Area Director of Units in a timely fashion.

1.4

In completing the form the Unit Officer (or where appropriate other local ambulance officer) shall complete all parts of the template and:

a) shall derive the mileage details from the vehicle log book which must be completed for all vehicle journeys and be retained on the vehicle.
b) tax disc expiry date is obtained from the motor tax licence disc on display on the vehicle
c) date of Department of Environment Test for roadworthiness of the vehicle may be derived from the vehicle log book or from the D.O.E. test certificate issued by test centre. A copy of the certificate shall be held on the vehicle file held by the Area Director of Units.
d) valuation of the vehicle represents an estimate of it's value and will largely reflect (with depreciation) the previous year's valuation. Head Office may determine this if not known locally.

1.5

The Area Director of Units on receipt of the Ambulance Return form by email will:

a) acknowledge receipt of the return by replying by email to the sender
b) take corrective administrative action in cases where tax or MOT expiry dates have been exceeded
c) return the completed returns to Head Office via the Regional Director without delay

10. STANDARD OPERATING PROCEDURE - AMBULANCE HYGIENE

1. PURPOSE

To ensure a consistently high standard of hygiene is maintained on Irish Red Cross ambulances. To ensure that both the patient care and volunteer working environment is as safe and as free from the dangers of cross contamination and infection as possible by: ensuring all surfaces are cleaned and disinfected on a regular and scheduled basis, ensuring that the appropriate materials are used to clean all surfaces, and ensuring all patient contact points are cleaned regularly.

2. SCOPE

All ambulances engaged in pre hospital patient care activities within the Irish Red Cross. This procedure applies to all IRC Unit personnel while operating IRC vehicle.

3. RESPONSIBILITIES

Regional Director of Units
Area Director of Units
Area Ambulance Operations Officer
Unit Officers/local ambulance officers
Sub Officers/Drivers/Crews

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances

4.2 RELATED FORMS

Ambulance pre-duty checklist
Ambulance audit form

5. PROCEDURES

1.0 ACTIVITY

1.1

Overall responsibility for ambulance hygiene standards as part of operational aspects of ambulance activities shall rest with the Area Director of Units in his or her capacity as Area Chief Ambulance Officer. The Regional Director of Units, shall, via an arranged programme of scheduled ambulance audits, verify, inter alia, that hygiene standards are maintained on the ambulances on an ongoing basis. The ADU may delegate this aspect to the Area Ambulance Operations Officer but the ADU remains responsible for it. The responsibility for ambulance hygiene is also devolved to Unit Officers where the ambulance is assigned to a

Unit. In this case there may also be a local Ambulance Officer/Sub Officer delegated the local oversight of the ambulance but again in this case responsibility remains with the line manager, the Unit Officer.

1.2

The Area Director of Units shall arrange to assess ambulance hygiene standards regularly as part of periodic ambulance audit inspections (see SOP 16 ambulance audit procedure). The Regional Director will also arrange out periodic ambulance audits, which shall, inter alia, include verification of hygiene standards.

1.3

The Area Director of Units will generally delegate the day to day maintenance of ambulance hygiene and cleaning to the Unit Officer, or other designated local ambulance officer as appropriate.

1.4

The day to day responsibility for ambulance hygiene & cleanliness will be undertaken by the Unit Officer or other local ambulance officer designated by the Area Director of Units.

1.5

The Unit Officer shall arrange that IRC ambulances in their Branch district are routinely cleaned in such a fashion as to ensure that the ambulance(s) are in a hygienic and orderly condition prior to commencing each duty. The routine use of the ambulance pre-duty checklist will verify that hygiene standards are maintained or not.

1.6

A system of ambulance hygiene shall be set up by the Unit Officer. Such a system shall aim to maintain ambulance hygiene standards to consistently acceptable levels and may include:

i) drawing up a cleaning schedule roster detailing ambulance cleaning frequencies, and initials of those doing the cleaning, with the date of cleaning being recorded in the ambulance logbook.

ii) checking that the ambulance pre-duty checklist forms is being routinely completed, to monitor orderly use of the ambulance and a “clean as you go” policy.

iii) a monthly visual check of the ambulance(s) and the above cleaning schedule and pre-duty checklists.

1.7

The senior ambulance orderly (generally the most senior ranking or if no ranking person is present the higher clinical level present) on the ambulance crew will be responsible for overseeing a "clean as you go" policy on the ambulance.

These responsibilities will include:

i) completing the ambulance pre-duty checklist
ii) ensuring that crew maintain the ambulance in a tidy condition, dispose of waste properly and return equipment to storage after use
iii) overseeing crew concerning use of disposable equipment such as oxygen masks (single use only) and sanitising in a hypochloride solution items of re-useable equipment
iv) arranging with the crew that the ambulance is rendered clean, orderly and ready for the next duty, prior to the next duty.

1.8

The exterior of the ambulance shall be cleaned weekly or as often as warranted and the interior shall be cleaned at least once a week (or more often if duty workload is heavy).

EXTERNAL –
Apply the following during vehicle cleaning:

- Always wear protective goggles and gloves
- Use traffic film remover or a recommended garage washer
- Ensure all windows, doors and skylights are closed
- Take care not to damage external stripping
- Wash in an upward motion and rinse in a downward motion
- Ensure that all cleaning agents are washed off

INTERNAL

Carry out deep cleansing at least once a week and apply the following during vehicle cleaning:

- Always wear protective goggles and gloves
- Remove all equipment from the saloon of the vehicle
- Wash all vertical surfaces in a downward motion with non bleaching disinfectant

- Clean all glass surfaces including windscreen and side windows with glass cleaner
- Wash any floor with a non-bleaching disinfectant liquid
- All body fluid stains should be removed with suitable substance as approved
- All equipment should be cleaned with non-bleaching disinfectant before replacement in the vehicle
- The interior of the cab should be cleaned with non-bleaching disinfectant
- Ensure that all cleaning agents are washed off

1.9

Patient compartments should be disinfected in line with the appropriate infection control guidelines after the transportation of any confirmed infectious case.

11. STANDARD OPERATING PROCEDURE - REGISTRATION OF IMPORTED VEHICLE

1. PURPOSE

To provide an orderly and effective procedure for registering an imported ambulance, minibus or IRC vehicle, in accordance with the requirements of the State and the Irish Red Cross.

2. SCOPE

All imported Irish Red Cross vehicles, ambulances or personnel carriers being registered by Areas following importation from the U.K.

3. RESPONSIBILITY

Irish Red Cross Board of Directors
Area Director of Units
Head Office Designate

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances

4.2 RELATED FORMS

Vehicle Registration papers
VRT Declaration Form
Motor taxation form

5. PROCEDURES

1.0 Activity

1.1

Permission from both the IRC Board of Directors and from the Area Committee is required prior to the importation of an ambulance, vehicle or personnel carrier from the U.K.

Following Board approval, Head Office will place the asset on the insurance register. The vehicle may not be collected of driven without written confirmation from Head Office that the vehicle is insured.

The vehicle may be imported via Head Office, an Irish motor dealer or by the Area (once approval as above is obtained).

1.2

The Area Director of Units shall ensure that U.K. vehicle registration papers (generally the V5 document) are obtained with the vehicle.

1.3

The vehicle shall be brought to the local Vehicle Registration Office of the Revenue Commissioners without delay and preferably by the next day following its arrival into the State. There are over 30 Vehicle Registration Offices in the State.

1.4

At the Vehicle Registration Office:

i) U.K. Registration documentation (V5) should be handed over to the office
ii) a declaration form (available from the office) shall be completed
iii) the vehicle will be inspected by a staff member from the Vehicle Registration Office
iv) Vehicle Registration tax is payable at this stage as calculated by the staff of the Vehicle Registration Office (currently a flat rate of less than 100 euro for the IRC type of vehicle).

1.5

On payment of the Vehicle Registration tax and registration of the vehicle by the Revenue Commissioners a receipt is issued at the office. This receipt specifies the Irish registration of the vehicle.

The new (Irish) registration number must be displayed on the vehicle number plate within three days by arranging this with a garage which can issue the necessary plate. Head Office should be notified of this new registration number. This new plate shall be secured to the vehicle immediately.

1.6

Within a number of days a vehicle registration certificate will be forwarded by the Revenue Commissioners to the registered owner (Secretary General, Irish Red Cross). The vehicle registration certificate will be stored centrally in Head Office. This certificate is necessary to be produced at the local authority motor tax office to enable the vehicle to receive a road tax licence (i.e. a motor tax disc). The process for vehicle taxation is outlined in SOP 12 below.

1.7

It should be noted that failure to register the vehicle and pay the Vehicle Registration tax is a serious matter carrying a risk of financial penalties and even seizure of the vehicle.

12. STANDARD OPERATING PROCEDURE - AMBULANCE TESTING & TAXATION PROCEDURE

1. PURPOSE

To provide for the orderly and effective carrying out of motor testing and taxing of Irish Red Cross ambulances, vehicles and personnel carriers.

2. SCOPE

All motor taxation renewals of Irish Red Cross ambulances, vehicles and personnel carriers, as such functions are administered at Head Office level.

3. RESPONSIBILITY

Area Directors of Units

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances

4.2 RELATED FORMS

Insurance certificate
Certificate of Roadworthiness
Vehicle licensing documents

5. PROCEDURES

1.0 Activity

1.1

This procedure relates to the renewal of road tax on Irish Red Cross ambulances, vehicles and personnel carriers. Even where an IRC vehicle is exempt from tax, it must display a current tax disc.

1.2

Prior to the renewal of the road tax disc and within the month preceding the expiry of the present road tax disc the following steps shall be completed:

i) Tax Renewal Form is sent from Dublin City Council to Head Office for relevant vehicle. A notification is sent to the relevant Area Director of Units upon receipt.

ii) Where Head Office receives notification that the certificate of road worthiness is out of date, this is forwarded to the relevant ADU to arrange a test at a local, approved test centre. At present the test costs €145 and includes administration costs of taxing exempt vehicles. Other vehicles (non-exempt vehicles i.e. not ambulances or search and rescue vehicles) will have to pay additional taxation amounts. A valid driver's license must be presented at the test centre to ensure testing is completed.
iii) Once the test is complete, the results of the test will be sent directly from the centre to Head Office, as the registered owner.
iv) Head Office designate taxes the vehicle.
v) Scans of the road worthiness certificate and the tax disc are taken and filed in Head Office before the original documents are sent to the relevant ADU.
vi) A current certificate of insurance shall be obtained from Head Office via the Area Director of Units. The certificate portion should be filed by the ADU and the disc displayed on the vehicle. These three items (insurance disc, tax disc and certificate of Road Worthiness disc) must be displayed on the vehicle at all times.

1.3

If the vehicle being renewed is a personnel carrier (i.e. a minibus) then road tax may be payable on this type of vehicle. The lower non commercial public sector vehicle rate shall be sought for the purposes of the Irish Red Cross. Head Office will tax the vehicle and invoice the relevant Branch/Area for the tax amount.

A declaration, witnessed by a Garda, is needed to declare that the minibus shall be used for youth and community purposes in connection with our charitable work as an organisation. This declaration form shall be submitted to the local authority tax office when initially taxing the vehicle.

The declaration confirms that the vehicle shall solely be used for Red Cross purposes and not for commercial use in order to avail of this lower rate of road tax charge (currently €117 per annum).

1.4

If an IRC vehicle is liable for paying tax, and is due to be off the road for a period of time, this must be declared prior to the period of time it will be registered as such. This document should be countersigned by a Garda (attached to the station in whose district the vehicle is kept) and sent to Head Office who will liaise with Dublin City Council accordingly. Otherwise arrears due shall be paid to enable the renewal of road tax licensing on the personnel carrier.

1.5
In the case of both ambulances and personnel carriers the certificate of road worthiness and the motor tax disc having been issued by the motor tax office shall be displayed immediately on the vehicle.

1.6
The local Ambulance/Unit Officer shall at this stage complete the following steps:
a) return to the appropriate Area Ambulance Operations Officer or ADU the vehicle registration documents
b) update the vehicle log sheet by recording the tax disc and certificate of road worthiness certificate (CRW) expiry dates
c) record, when appropriate, on the Ambulance Return template the date of expiry of the tax disc.

1.7
Officers and others with responsibility for Red Cross ambulances should note that it is an offence under the Road Traffic Acts to drive on the public road a vehicle without displaying a current, in date, motor tax disc. Ambulances, while exempt from payment for motor tax are not exempt from the general requirement to display a motor tax disc.
The Area Director, either personally or via the Area Ambulance Operations Officer, shall check at intervals of not less than six months that all Irish Red Cross vehicles operating within his/her Area have and display current certificate of road worthiness discs and tax discs. The Regional Director may also have this checking carried out when having audits undertaken or otherwise. Such checks may include:
a) assessing the Ambulance Return template
b) visually assessing the ambulance/personnel carrier on a scheduled vehicle audit or on a duty.

13. STANDARD OPERATING PROCEDURE - ENTRY ONTO PANEL OF DRIVERS

1. PURPOSE

To administer the application procedure for entry onto the Irish Red Cross panel of vehicle drivers in a uniform and expeditious manner.

2. SCOPE

All new applications, and renewals of existing applications for listing on the panel of drivers.

3. RESPONSIBILITY

Head Office
Area Director of Units
Members of the Drivers Panel

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances

4.2 RELATED FORMS

Drivers Questionnaire Form

5. PROCEDURES

1.0 Activity

1.1
The Unit Officer shall arrange to have suitable persons who wish to become members of the ambulance drivers' panel of the Irish Red Cross complete the prescribed drivers' questionnaire form. At present this process is to be followed annually.

1.2

Persons wishing to be considered for the drivers' panel shall comply with the following preliminary requirements:

i) be a current (i.e. paid up) member of an Irish Red Cross Branch
ii) be aged between 25 and 70 (After the age of 70, drivers must submit a medical certificate ensuring driving capability.)
iii) be in possession of the appropriate drivers licence for the vehicle being driven.

iv) not at the time be disqualified from driving by the courts or by excess penalty points.

1.3

Persons wishing to become members of the panel shall complete fully the prescribed Irish Red Cross driver's questionnaire form accurately and return it to the Unit Officer together with a photocopy of the person's current driving licence (front and back).

1.4

The Unit Officer shall submit the completed questionnaire and photocopy of licence without delay to the Area Director of Units or Area Ambulance Operations Officer by post, in person or by scanned email.

1.5

The Area Director of Units, if satisfied that the application is in order and if they wish the driver to be entered onto the Drivers Panel, shall countersign it and forward the application materials to Head Office for decision. Where an ADU is applying to become a member of the panel, the relevant RDU must countersign the application.

1.6

Head Office shall be responsible for processing valid applications upon their receipt. Head Office shall inform the Area Director of Units by e-mail, or letter that the application is accepted or otherwise.

1.7

Applications for membership of the panel of drivers shall be renewed by resubmitting a new questionnaire and current copy of driver's licence of the prescribed interval. At present this is annually. The applications for renewal shall be made to Head Office by February 28th each year.

1.8

Irish Red Cross

Persons shall not drive vehicles of the Irish Red Cross unless they are approved members of the current driver's panel and in possession of an appropriate, in date drivers' licence. In the event of being disqualified by a court from driving or exceeding the penalty point threshold to retain a driver's licence the driver member shall not drive an IRC vehicle while disqualified and shall notify their Unit Officer or line superior of this fact immediately so disqualified. If there are other factors affecting driving such increase in penalty points, other convictions, or as a change in health which affects driving or the use of medications which adversely affect driving the driver member should inform the Unit Officer or line superior of same in a confidential manner.

1.9

Members of the panel of drivers shall be informed by the Area Director of Units, via the Unit Officer, that they are on the panel of drivers and also the date by which their application needs to be renewed, generally annually.

1.10

The Unit Officer shall inform the existing panel of drivers' members of the date by which their application needs to be renewed. A list of the panel and the dates of application within the Area shall be maintained by the Area Director of Units and copied by the Unit Officers. At present Head Office issue a monthly listing by email to ADUs and RDUs of the membership of the drivers' panel as recorded on the Head Office database at that time.

1.11

The Unit Officer shall check that the applicant member's driving licence classification is sufficient for the vehicle(s) attached to the Unit. The Unit/Area shall ensure that the new driver completes as soon as practicable an ambulance driving familiarisation course as well as completing supervised ambulance driving with a member on the ambulance driving tutor panel. The ambulance driver shall be issued with the IRC ambulance driving manual before commencing ambulance driving. The ambulance driver shall be issued with a copy of SOP 14 relating to the procedure following a vehicle collision.

14. STANDARD OPERATING PROCEDURE FOLLOWING AN IRC VEHICLE COLLISION

1. PURPOSE

To ensure that members of the Irish Red Cross panel of drivers conform to the terms of both the Road Traffic Acts and the procedures set out in the Irish Red Cross Ambulance Regulations.

2. SCOPE

All road collisions, which involve the ambulances and vehicles of the Irish Red Cross. Road accidents are defined to include in particular collisions involving IRC vehicles and third parties, whether vehicular or pedestrian. Road accidents may also defined as involving IRC vehicles where no third parties are involved, or where windscreen breakage occurs or where a collision with an animal occurs.

3. RESPONSIBILITY

Area Director of Units
Members of Panel of Drivers, Irish Red Cross

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances

4.2 RELATED FORMS

IRC Insurer Accident Report Form.
IRC Adverse Incident Report Form

5. PROCEDURES

1.0 Activity

1.1

In the event of an accident involving an ambulance, personnel carrier or other vehicle of the Irish Red Cross the following procedures will apply as detailed in the Irish Red Cross Regulations for the Control and Acquisition of Ambulances.

1.2

The driver should stop the vehicle and both driver and crew should ensure that the scene of the accident is rendered safe. IRC reflective jackets should be worn outside the vehicle. The crew should check for and treat any injuries found on parties to the accident. If a patient is on board an IRC ambulance pre collision, consider the need for their transport to further care and request immediate

backup as necessary, either from a suitable nearby IRC resource or a National Ambulance Service resource. The vehicle orderly(ies) may, where appropriate, enquire that other members or other parties are not injured and offer first aid assistance as appropriate.

It will be necessary to record details of any injured persons. If a patient being transported in an IRC ambulance has their injuries or condition adversely affected by the accident an adverse incident report will need to be completed later in this regard.

1.3

The driver of the Red Cross vehicle will write down the name(s), phone number, postal address and email address of all other parties to the accident and of all other witnesses to the accident. Where An Garda Siochana attend the scene the name and station of the attending Garda should be obtained. This should be done as soon as practicable to forestall unidentified witnesses leaving the scene. The driver should request the name and contact details of the member of the Garda Siochana who attended the accident scene.

1.4

The driver of the Irish Red Cross vehicle shall write down the registration numbers of all other vehicles involved in the accident.

1.5

The driver of the Red Cross vehicle shall write down the insurance company and policy number of the driver(s) of the other vehicle(s) involved the accident. The driver shall, on request, give to any party to the accident, his name, his Area, the IRC vehicle registration number, and the address of the Head Office (at present 16, Merrion Square, Dublin 2). The Red Cross driver of the ambulance or minibus is not obliged to give any other information.

It is important to understand those legislative responsibilities requiring **all** drivers involved in collisions to comply with certain statutory obligations, as contained in the Road Traffic Act, i.e.: “If a collision occurs whereby damage or injury is caused to any person (other than yourself), vehicle (other than your own) or animal owing to the presence of a motor vehicle on the road, the driver of that vehicle shall: **STOP, GIVE HIS NAME AND ADDRESS TO ANY PERSON HAVING REASONABLE GROUNDS FOR ASKING, GIVE THE OWNER’S NAME AND ADDRESS, GIVE DETAILS OF THE VEHICLE IDENTIFICATION, REGISTRATION NUMBER.”**

It should further be understood that refusal to give such particulars is an offence, which is not excused by subsequent reporting to An Garda Siochana.

The driver may be requested to provide a road side breath test as part of normal Garda protocol at road accidents.

1.6

The driver should ask Gardai, if present, to take measurements of the incident. If there are no Gardai present the driver should take the appropriate measurements himself/herself. As either the driver or a crew member generally will carry camera phones a photo of the scene and of the vehicles should be taken as soon as possible.

1.7

The driver of the Red Cross vehicle will make as little comment as possible as to the cause of events preceding the accident. **Under no circumstances** should the driver admit liability or say or sign anything which could be interpreted as an admission of liability.

1.8

Under no circumstances will a driver of an IRC ambulance, support vehicle or minibus or any other members acting as passengers therein make a statement to the Gardai, unless the driver or member has first received permission to do so from the Area Director of Units AND from Head Office. The Garda may be advised that the matter of a statement would need to follow professional advice, in the first instance. The driver or other crew are advised not to make a statement to Gardai but to make the Statement through an IRC retained solicitor or adviser so that the statement can be made in a considered manner after taking appropriate advice. Accordingly, if requested by the Gardai, the driver or crew member is entitled to state that s/he will arrange the statement to be made through a solicitor without delay.

The driver should otherwise co-operate with the Gardai and furnish a Garda officer with those details listed on 1.5. If required to produce documentation for the Gardai the driver may indicate the Garda station which he or she prefers to attend with the requested documentation. This typically includes the driver's own licence and a copy of the current certificate of insurance and registration ownership papers which are filed by the Area Director of Units. These details will generally be required to be furnished to the Gardai within 10 days of the accident or as otherwise stipulated by the Gardai.

1.9

The driver and senior crew officer shall report as soon as possible to the Area Director of Units that an accident involving a vehicle of the Irish Red Cross has occurred. The Area Director of Units shall inform the Regional Director of Units and Head Office immediately of the accident having occurred.

1.10

Following an accident involving an Irish Red Cross vehicle the organisation reserves the right to suspend, temporarily, or where warranted, not to renew, a member's authorisation to drive an Irish Red Cross vehicle. Authority to drive an IRC vehicle is granted by the Area Director of Units when he or she signs the members' application form or renewal form to join the IRC panel of drivers and when that form and a full copy of the member's driver's licence is received and accepted at Head Office.

The circumstance in which a member may be suspended from driving an IRC vehicle (which is not to be regarded as a disciplinary measure) includes, but is not limited to:

- the road accident results in death of a third party
- the driver fails a breathalyser test
- a Garda caution was given to the driver
- the IRC driver was taking drugs which seriously impaired driving
- the driver's confidence is negatively affected post accident such that driving for the IRC is impracticable

Such a suspension from driving duties does not preclude the member carrying out other, non driving duties, within the Irish Red Cross. It may be necessary to have a driving assessment carried out for the IRC prior to resuming IRC driving duties.

1.11

Irish Red Cross officers with immediate responsibility for vehicles, are responsible for ensuring that all preventative servicing and maintenance of vehicles is carried out as per manufacturer's instructions and that appropriate records of same are maintained.

1.12

In the interests of patient and member safety, line superiors or line officers are responsible for reasonable monitoring of the driving behaviour of any member under their supervision and for bringing any concerns expressed to them to the IRC member concerned immediately.

1.13

Unit Officers, the Area Ambulance Operations Officer and the Area Director of Units are responsible for ensuring that all reporting requirements and follow up actions are undertaken in a prompt and timely manner.

1.14

The Area Director of Units, in co-operation with the Regional Director of Units and the National Driver Training Programme Manager, are responsible for scheduling at appropriate intervals essential IRC driver training which shall include the IRC Ambulance Driving Familiarisation course and may include the PHECC accredited three day non emergency driving course.

The training courses offered to IRC drivers shall include reviewing these IRC vehicle collision procedures and also that appropriate training records are maintained.

1.15

A database of driving licences for members on the IRC drivers' panel will be maintained by Head Office and will be reviewed periodically, either annually or biennially. Driving licences should be automatically reviewed following any accident/incident.

1.16
A copy of the IRC Vehicle Accident procedure shall be issued to the members of the drivers' panel on joining and a record held of that receipt. A copy of the procedure shall be kept additionally on the Irish Red Cross vehicle.

15. STANDARD OPERATING PROCEDURE - DISPOSAL OF AN AMBULANCE

1. PURPOSE

To provide procedures for the proper disposal of an ambulance of the Irish Red Cross.

2. SCOPE

All Irish Red Cross ambulances which are seeking approval to be sold or disposed.

3. RESPONSIBILITY

IRC Board of Directors
Area Director of Units
Area Committee

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances

4.2 RELATED FORMS

Transfer of ownership form
Disposal of Assets Form

5. PROCEDURES

1.0 Activity

1.1

Circumstances arise wherein a decision is needed to dispose of an ambulance arising from:

i) its age
ii) general roadworthiness
iii) failure road worthiness test for significant reasons
iv) being in a road accident and being beyond repair at reasonable cost
v) being surplus to requirements after acquiring a newer vehicle.

A decision at 1.1 iv) above will be taken following assessment and report by an approved motor engineer.

Disposals confirmed with Head Office prior to 15th January each year will be removed from the insurance prior to renewal on 1st February. If this is not completed (including all

documentation received at Head Office), the cost will be incurred to the relevant Branch/Area for the current year.

1.2

In instances where it is considered to dispose of an ambulance due to the above listed reasons the Area Director of Units shall recommend accordingly to the Area Committee who shall propose the disposal of the vehicle to the Board.
At this point, a formal request, using the Disposal of Assets form must be sent to the IRC Board of Directors, seeking approval.

1.3

Following the decision of the Area Committee to dispose of the vehicle and with the agreement of the Board of Directors the vehicle may then be:

i) offered for sale to a third party
ii) sold to a motor dealer or scrap dealer
iii) disposal for scrap
iv) offered without charge to approved charities shipping used ambulances abroad.

In the case of 1.3i) or ii) above, an independent written valuation by a registered motor dealer will be forwarded with the disposal of assets form to the Board, to ensure an appropriate sale price is achieved. This valuation should be forwarded to the Board, along with the initial request to dispose of the vehicle.

In the case of the sale of a vehicle, upon approval from the Board of Directors, the vehicle registration form will be signed by the Secretary General and sent to the Area Director of Units of the relevant Area.

In the instance of 1.3iii) above, the Area may dispose of the vehicle with Board approval, but must confirm disposal details with Head Office. Once the disposal record (including destruction certificate) has reached Head Office, the vehicle will be removed from the insurance listing.

Once the vehicle has been removed from the insurance listing, as a result of any of the circumstances listed above, the vehicle cannot be driven by any member of the IRC.

1.4

Prior to disposal in circumstances of 1.3 i), ii) or iii) above the lettering, decals and markings of the Irish Red Cross shall first be removed as shall the overhead ambulance sign, two way radio and the beacons to prevent subsequent misuse.

The appropriate transfer of ownership portion of motor documents shall be completed in the event of selling this vehicle on to a third party or motor dealer. It is essential that a copy of the transfer of ownership form or the scrappage form is forwarded to the designated Head Office member. Failure to do so by the Area involved will result in the additional unnecessary insurance costs being levied on the Area which fails to forward the transfer of ownership or scrappage form accordingly.

1.5

When out of service of the Irish Red Cross the final mileage reading should be taken (from either the log book or the vehicle mileage gauge) and recorded in the vehicle's Ambulance Return template. This template should be sent to Head Office at the year's end by the ADU, via the RDU.

1.6

Areas and Units shall ensure that old, disused ambulances which are not intended to return to service within the Irish Red Cross are not allowed to be located or parked so as to present a poor image of the organisation.

1.7

IRC decals and IRC markings and approved IRC two-way radio must all be removed from the vehicle prior to sale, scrappage, or disposal off the fleet.

16. STANDARD OPERATING PROCEDURE - AMBULANCE AUDIT PROCEDURE

1. PURPOSE

To ensure that a high standard of operational efficiency, equipment provision, hygiene and overall vehicle management is provided and maintained on Irish Red Cross ambulances in accordance with the terms of both the State's Major Emergency Management Framework and the IRC Regulations for the Control and Acquisition of Ambulances.

2. SCOPE

All ambulances intended for pre hospital care activities within the Irish Red Cross.

3. RESPONSIBILITY

Regional Director of Units
Area Director of Units
Area ambulance auditing officers

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances
IRC National Ambulance Equipment Standard Layout

4.2 RELATED FORMS

IRC Ambulance Audit Form

5. PROCEDURES

1.0 Activity

1.1

The Area Director of Units shall arrange a programme of internal audits of ambulances within his/her Area. This programme shall involve a minimum frequency of audits of at least one per annum. Follow up audits to determine that previously uncorrected items are now remedied shall not be included in this frequency. The Regional Director of Units shall arrange a programme of ambulance audits also.

1.2

The audit ambulance inspections shall generally be conducted by:

i) an Area Director of Units OR
ii) a Regional Director OR
iii) an IRC EMT/Paramedic/Advanced Paramedic
iv) an EMT/Paramedic from the statutory ambulance service

Ambulance audit inspections will generally involve advance notice to the Unit Officer or Area ambulance officer operating the ambulance (if other than the Unit Officer).

1.3

The Area Director of Units shall forward to each Unit Officer (or local ambulance officer if different from the Unit Officer) a copy of the ambulance audit template to enable the recipient to assess the vehicle in advance against the standards being sought. The Regional Director shall ensure that Area Directors are issued with an ambulance audit template.

1.4

An ambulance audit shall generally take place with the auditing officer being assisted by the local Unit Officer, ambulance officer or Sub Officer (familiar with the vehicle) to aid with equipment location, questions etc.

1.5

The audit inspection will involve the completion of the standard ambulance audit report form and follow up action list by the auditing officer. A mutually agreed time scale and prioritisation of items is recommended though the time-scale cannot exceed one year in any case.

1.6

The auditing officer shall on completion of the audit report file a copy with:

i) the requesting Area Director of Units or Regional Director as appropriate
ii) the local Unit Officer
iii) the ambulance file (on the vehicle) held by the ADU

1.7

The audit re-inspection to address any non conforming items shall take place as arranged at 1.5 and as detailed on the audit report.

1.8

As the programme goes forward the Regional Director of Units or National Director of Units may extend the internal audit programme by inviting an external

auditor from the Health Service Executive ambulance service following pre-briefing on Irish Red Cross ambulance equipment specifications and documentation.

1.9

An internal audit inspection shall as stated involve completion of the standard ambulance audit form including assessment of:

a) tax and insurance disc display
b) DoE date and outcome
c) external bodywork assessment
d) conformance with Irish Red Cross ambulance markings
e) cleanliness of cab, saloon and patient equipment
f) conformance of Irish Red Cross equipment specifications
g) conformance to log-book requirements
h) conformance to patient records as prescribed in duty management standard operating procedures
i) effectiveness of radio and mobile communication equipment

1.10

In instances of persistent non conformance in an ambulance following audit and revisits the Area Director of Units shall, where warranted, report such to the Regional Director of Units who, in consultation with the National Director of Units and Head Office, may decide to re-allocate the ambulance to another Branch/Unit or to remove the vehicle from service. The principal reason for removal and reassignment should relate to patient care and safety assurance and conformance to Clinical Practice Guidelines. A further, reason shall be resource utilisation and exigencies of the wider service.

17. STANDARD OPERATING PROCEDURES – SEARCH PROCEDURE FOR NON-SAR UNITS

1. PURPOSE

To provide pre-hospital emergency care and ambulance cover for a Search and Rescue call out. This SOP recognises that on occasions the capacity to provide such a service may be curtailed due to the non-availability of IRC volunteers or due to pre-existing IRC commitments.

2. SCOPE

All Irish Red Cross Unit personnel. The request may come from one of the three IRC search and rescue (SAR) teams affiliated to the Irish Red Cross, or it may come from the Gardai who are the lead principal response agency for SAR call outs.

3. RESPONSIBILITY

Regional Director of Units
Area Director of Units
Area Mobilisation Co-ordinator

4.1 RELATED DOCUMENTS

IRC Radio operators manual
IRC Safety Guidelines (2000)
Pre Hospital Emergency Care Council – Clinical Practice Guidelines 3rd edition

4.2 RELATED FORMS

Patient Care Report
Ambulatory Care Report

OBJECTIVE

To organize and provide pre hospital emergency care and ambulance cover in the search for and rescue of missing persons, where appropriate, in the manner detailed as follows.

5. PROCEDURES

1.0 Activity

1.1

A call out will only be accepted from the SAR search and rescue team coordinator when the search has been sanctioned by the Gardai. Alternatively the request for appropriate pre hospital assistance from the IRC on the search shall come directly from the Gardai.

The responding crew shall be organized by the IRC Mobilisation Coordinator or designate and shall be dispatched by same.

All crew must be aged 18 years and over and have full PPE, and have due regard to weather conditions prevailing.

The minimum responding crew permitted will a driver and at least one EMT.

1.2

The IRC Crew shall, following formally reporting into the Search-&-Rescue Incident Base, seek a briefing by the SAR team incident manager or Gardai on any or possible dangers reasonably anticipated on the search & rescue operation and clarify task requirements. They should provide the SAR Incident Base Manager with IRC crew personnel names & vehicle radio & mobile phone contact details etc.

The IRC crew shall assess the situation and requirements and report to the IRC mobilisation co-ordinator or designate and report all incidents and location changes to the IRC co-ordinating officer.

In the event of a body being discovered the IRC members may, following consultation with the SAR Team Leader, commence a primary survey, ECG monitor use and resuscitation if necessary, in the absence of definitive indicators of death as defined in the PHECC CPG 4.4.15

At the request of and under the direction of the Gardaí **only** the IRC members will assist with the removal and transportation of a body. It should be noted that this is normally a function of the County Coroner and therefore would be a rare requirement. Such requests shall be advised to the IRC mobilising officer. Under national IRC ambulance equipment specifications a body bag shall be carried on routine ambulance inventory.

The IRC crew shall seek to attend a debriefing at end of the incident. An IRC ambulance Crew departing a SAR Incident to which they have deployed should formally sign-out from SAR Incident Base confirming all IRC crew safe on board.

1.3

Requests from SAR team or Gardai for follow-on assistance or next day cover should be advised to the IRC mobilising officer as soon as possible. Crew changes can only be made through the IRC mobilising officer.

In the event that a search & rescue operation becomes prolonged the IRC mobilising officer will organise the rotation of crew and may seek support from neighbouring IRC Units or Areas. New/rotating IRC crew members should formally sign-in on arrival at SAR Incident Base & sign-out prior to departure. The end of the SAR incident is to be advised to the IRC mobilising officer and a report provided. All pertinent information shall be put up on the Area's duty record system as soon as possible.

The IRC mobilising officer will arrange contact between the Critical Incident Stress Peer Supporter and the crew, where warranted and shall routinely offer to service of a Peer Support member to all crew. Crew shall be issued with the CISM Members Guide.

1.4

The principal and most appropriate use of IRC resources is to provide clinical patient care support for statutory personnel, SAR team members, and convergent volunteers (who should operate under the direction of Civil Defence) by way of first aid post cover, and ambulance transport where warranted.

IRC personnel should only take part in search activities (as opposed to patient care) where it is safe to do so, where appropriately dressed for such and where the personnel have completed field search skills course or its equivalent. IRC ambulance unit personnel only will deploy into field search areas under the direction & control of the SAR Team Leader tasked by the Gardai - or their designated SAR Incident Manager/SAR Party Leaders. IRC personnel will not undertake independent search operations which may jeopardise the SAR operation by 'contaminating' possible search clues, or by placing themselves or others at risk.

Appropriate patient care shall take generally precedence in relation to survivors encountered on a search & rescue operation over other considerations, but IRC personnel shall endeavour not to unduly disturb the environment on a possible scene of crime scenario.

As search & rescue operations are often conducted in remote, inaccessible locations patient transport may sometimes be best arranged by statutory helicopter transports. In this event IRC and analogous safety guidelines about IRC personnel or ambulances not approaching helicopters until formally signalled to, and when rotors have ceased moving, must be adhered to fully.

Helicopters in general are useful but may be hazardous to SAR & patient evacuation resources. Irish SAR Teams in general have safety familiarity and current training for operations with helicopters. IRC ambulance crews / crew members should only operate close to / in conjunction with helicopters when under the direct supervision of a designated SAR party leader.

The noise and down-draught associated with helicopters make communications and patient / stretcher handling very difficult. Therefore IRC ambulance crews will be guided in all matters of airborne deployment and casualty evacuation by SAR Team leaders. IRC ambulance crews should not take any unilateral action of any sort in close proximity to helicopters without clarifying their requirement and rehearing the movement in advance of the aircraft's arrival with the SAR helicopter site manager/leader or the helicopter crewman.

1.5

The crew and senior member (ranking or otherwise clinical) thereof shall arrange the following actions at incident/search end:

- Supervise the return of all equipment
- Place radios on charge
- Dispose of the clinical waste bag
- Refill the ambulance with fuel
- Report any and all equipment used to facilitate replacement.

18. STANDARD OPERATING PROCEDURE - USE OF HAND HELD RADIOS

1. PURPOSE

To provide for the proper use of hand held radios in accordance with licence requirements and efficient use of the equipment.

2. SCOPE

All approved hand radios sets operated by Irish Red Cross Units/Areas.

3. RESPONSIBILITY

Area Director of Units
Unit Officers
Communication Officers

4.1 RELATED DOCUMENTS

IRC Radio Operators manual.

4.2 RELATED FORMS

Radio control log.

5. PROCEDURES.

1.1 Prior to commencing a duty or Unit activity requiring the use of portable hand held radios the senior member present will sign out for the radios in the radio log. The radio log will be completed by recording:

i) duty or activity involved
ii) time and date of signing out radios
iii) call sign and serial number of the radios
iv) signature or initials of member signing out

1.2 At necessary intervals the Unit Officer will arrange, or delegate to a member, to have the radios used on a duty recharged. The date of charging will be recorded by the relevant member in the radio log. At intervals the radios should be emptied of charge and then fully recharged.

1.3 Prior to using a radio on duty the members issued with radios shall:

i) have completed an IRC radio operators course
ii) observe standard voice procedure and call signs
iii) wear radio in a secure fashion using retaining strap provided with the radios

iv) report to the Unit Officer any fault or damage
v) use the radio only for sending essential messages
vi) carry out a radio check procedure on commencing

1.4 On major duties additional procedures will apply such as:

i) a designated radio control
ii) radio message logging system
iii) net diagram display
iv) signal strength report system
v) site map display

1.5 The Unit Officer will, in liaison with the Area Director of Units, ensure that the appropriate licence from the Department of Communications is applied for and maintained in respect of both fixed two way radios and hand portables operated by the Unit.

1.6 Unit members will be informed that misuse of radio equipment may result in disciplinary action and/or loss of licence to use the IRC designated radio frequency.

1.7 On entering a fuel station the senior ambulance orderly shall ensure that both fixed two way radios and hand held radios are switched off while in the station precincts.

Radios may also be switched off when defibrillation equipment is being used.

On a duty where several radios are being used in proximity to each other the senior person's radio should remain switched on and the others switched off.

1.9 On completion of the duty the radio shall be returned to base and the radio log
completed. This will involve signing in the radios and recording the time, date and name or initials of the member signing in. Recharging of batteries may take place at this stage and the date of charging recorded in the radio log.

1.10 At intervals for more than 24 months the batteries shall be analysed by a battery analyser within the region and re-commissioned for further use or else replaced thereafter.

19. STANDARD OPERATING PROCEDURE - TRANSPORT TO HOSPITAL

1. PURPOSE

To provide for the efficient transfer of patients to hospital care, where warranted, in a consistent manner and one which assists the hospital staff in their function.

2. SCOPE

All transfers of patients to hospital arising from attendance of Irish Red Cross ambulances at planned public duties.

3. RESPONSIBILITY

Area Director of Units
Unit Officers
Practitioner members

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances
3rd edition Clinical Practice Guidelines

4.2 RELATED FORMS

PHECC PCR Form (version 3)
Emergency phone number listing/Field guide

5. PROCEDURES

1.0 Activity

1.1

A decision to transport a patient to hospital on an ambulance duty will be taken by:

a) the medical staff assigned to the duty if available

OR (if not available)

b) the most senior clinically qualified Red Cross member present.

Transport decisions shall be taken in accordance with the practitioners' present capacity under Clinical Practice Guidelines and where indicated and warranted ALS may additionally need to be called either to the event site or for midway rendez vous.

1.2

A decision as 1.1 above will follow patient assessment by the duty medical staff or the senior clinically qualified Red Cross member present, generally an EMT/Paramedic or Advanced Paramedic.

1.3

The consent of the patient is required prior to transport to hospital. If the patient is unconscious consent is implied (i.e. consent may be taken as having been given).

If the patient refuses consent to be transported to hospital the senior practitioner should advise the patient of his/her view that hospital assessment is necessary. The patient should be asked to sign the pre-printed refusal of consent portion of the patient care report. If the patient refuses consent and refuses to sign the refusal form a third party witness should be sought (e.g. a duty official, a bystander or member of the public but preferably not another Red Cross member) to verify that the patient has verbally declined transport to hospital. The name, address and phone number of the witness should be recorded.

1.4

In the event of the patient being a minor (i.e. under 18 years of age) parental consent will generally be required prior to hospital transfer unless medically directed. The patient's home address and parental contact numbers should be obtained from the patient or from an accompanying bystander.

1.5

If consent is given and a decision is taken to transfer a patient to hospital the receiving hospital should be phoned ahead to advise of the proposed transfer. The hospital emergency department be given an ASHICE report and should be advised of:

a) incident location and nature of event
b) patient's name
c) chief complaint
d) estimated time of arrival at the hospital
e) other relevant information.

For this purpose this phone message may be made by the duty medical staff or where unavailable by the senior clinically qualified Red Cross practitioner. Landline phones at the duty site may be used or otherwise the ambulance mobile phone may be used for this purpose. The time the call is made should be logged in the ambulance mobile phone log book or alternatively be recorded on the

patient care report sheet. Ambulance control should be phoned also to advise of the transport decision having regard to the criteria set out as 1.8 below.

1.6

The PHECC approved patient care report form shall be completed en route to the hospital where consent is granted. A duplicate copy of the form shall be retained for filing in accordance with IRC procedures. The unique incident number from the IRC INCO system shall be written onto the patient care report form. Patient monitoring should be carried out en route by the ambulance orderly. Monitoring may include pulse, responsiveness and respiratory monitoring and where necessary blood pressure monitoring, oxygen saturation and pupil reaction checks. The results and time of patient monitoring shall be recorded on the patient care report form.

1.7

The practitioner shall have the authority to request the driver of the ambulance to halt the ambulance if patient care requires this (e.g. use of suction equipment, etc.)

1.8

Red Cross responsibilities end with the transfer of the patient to the nearest **appropriate** acute hospital. Appropriate acute hospital may not be the nearest hospital but the hospital best suited to care for the patient having regards to their chief complaint, age etc. The call to ambulance control before the duty commences and/or hospital (if a transport is required) may ascertain State bypass policies for some hospitals depending on the nature of the condition or the on call status of the hospital. The senior crew member shall have discretion, in consultation with available medical personnel, to agree to transport the patient to another hospital. In consultation with the event senior clinician, and taking into account the patient's chief complaint an appropriate transport decision should be made having regard to the Clinical Practice Guidelines, crew qualifications present, and the need for advanced life support.

1.9

On arrival of the receiving hospital's ED entrance a crew member may contact the ED staff prior to moving the patient off the ambulance. Where possible, access codes for ED doors should be obtained in advance of the duty.

1.10

The practitioner shall direct the lifting of the patient using where possible with hospital staff also, where available, or where crew numbers warrant it.

1.11

The practitioner shall check that all personal possessions the property of the patient shall accompany the patient to the ED Department.

1.12

The practitioner shall report to the ED staff or duty nurse by way of both a verbal report and also hand over the written patient report form (and where appropriate any medical notes provided from the event and other data such as ECG monitor printout). The receiving staff member at the hospital should be asked to sign receiving the PCR on the form and the top copy passed to the ED staff and the bottom copy retained, filed and processed in line with IRC PCR administration standards.

1.13

Adequate arrangements shall be made to ensure, subject to patient safety, the return of Red Cross ambulance equipment following admission at the hospital. This may be done by:

i) waiting at the hospital until the equipment is returned
ii) having equipment items (collars, blankets etc.) replaced from hospital stock)
iii) departing the hospital but liaising with the hospital later for the return of the equipment.

To assist this process the ED staff should be advised on arrival that equipment needs to be returned as a community based charitable organisation. To assist this process IRC ambulance equipment items should be labelled as Irish Red Cross property.

20. STANDARD OPERATING PROCEDURES – ACCESSING PEER SUPPORT

1. PURPOSE

To define clear procedures to access IRC peer support, where required and warranted.

2. SCOPE

All requests for in service peer support for Unit personnel within the Irish Red Cross.

3. RESPONSIBILITY

National CISM Co-ordinator
Regional CISM Co-ordinator
Area Director of Units
Unit Officers

4.1 RELATED DOCUMENTS

IRC Peer Support Policy
IRC Critical Incident Member's Pocket Guide
PHECC CISM guidance

4.2 RELATED FORMS

IRC Peer Support Audit Form

6 PROCEDURES

No. Activity

2.0 Initial application

1.1

The Irish Red Cross has developed a national team of IRC peer support members to offer, among other roles, support to members who may be emotionally affected by a critical incident in the course of their IRC volunteer duties. Such critical incidents include, but are not limited to, for example a fatality on a duty, severe disfiguring injuries, suicide, finding a body on a search, unsuccessful resuscitation or defibrillation use, or an assault on a duty etc.

In the event of an incident or operational event with potential for critical incident stress the relevant ADU or RDU should, as soon as is feasible, contact the national CISM co-ordinator with details of the incident to ensure that sufficient

CISM resources are made available or put on stand by, particularly if the event could overwhelm local resources.

1.2

The peer support system may be accessed by dialling the IRC peer support helpline at 087-2575000 which will connect the caller to the national CISM co-ordinator or his or her designate. Members seeking peer support may be given the contact details of a number of potential peer support members, generally within their own region, whom they could contact. The range of peer supporters is intended to facilitate a choice being made by the member seeking peer support.

1.3

Peer support is intended as confidential in nature and is regarded as entirely separate from other IRC processes which may go on in parallel to the confidential peer support such as the adverse incident procedure or Area incident investigation procedures.

1.4

The ADU shall ensure that Unit Officers regularly present to their Units the two key IRC PowerPoint presentations concerning Stress Awareness and Psychological First Aid. These programmes, and especially the former, are intended to explain the peer support system and to help Unit members indentify possible signs of critical incident stress occurring in other Unit members. The other sources of assistance including the member's GP, partner or HSE should be cited in the Unit training sessions.

1.5

Area Director of Units and the Unit Officer shall ensure that all members are issued with the IRC Critical Incident Member's Guide. It should be retained on the member's uniform.

1.6

The Area Director of Units shall, in consultation with the Regional Director of Units and the Regional CISM Co-ordinator, prepare a list of peer support members in their Area/Region, while recognising the right of a member to seek peer support from outside the list and also the right of a peer support member to accept or decline the request.

1.7

Following an incident which may be emotionally challenging the line superior should offer the option of peer support to the member or members involved. In addition and in consultation with the ADU and the Regional CISM co-ordinator a formal de-brief for the duty or rescue team may be warranted and if so should be arranged within 48 hours of the incident where possible. The timing of the de-briefing, however, subject to the team members being in an emotionally "fit state" to participate.

1.8

Care shall be taken to ensure that Cadets are supervised and managed so as to minimise the likelihood of being exposed to a critical incident on a duty. This may involve having a supervising Sub Officer or Cadet Officer on the duty whose function shall be, not at the incident on the duty, but instead to ensure that Cadets are not placed, or allowed remain, at a critical incident, as far as is reasonably practicable.

1.9

Peer support members, attached to an Area, shall co-operate with the Regional and/or National CISM Co-ordinator concerning the completion of the annual CISM audit return regarding stress awareness trainings done, peer support interventions completed etc. Peer support members should also keep their knowledge up to date by taking part in up-skilling training offered by the IRC and by reading any updated materials forwarded.

1.10

Access to peer support member training is by application to the ADU and Head Office with input from the CISM Co-ordinator. The training is led by a clinical psychologist retained by the IRC or alternatively at the CISM Ireland Network approved course at NUI Maynooth.

1.11

In cases where the critical incident stress is not adequately addressed by informal talks, debriefing or member to peer support member interventions the option of more formal support should be considered. This may include GP input, the advice, where warranted, of the IRC clinical psychologist or referral to HSE or related health professionals.

1.12

In order to provide the optimal peer support initially it is the policy of the Irish Red Cross that only those who are formally trained in peer support and part of the IRC CISM team shall be involved in the delivery of CISM support within the IRC.

1.13

In the event of an incident where a number of members or Areas are involved, the ADU/RDU or CISM Regional Co-ordinator should as soon as is practicable notify the National CISM Co-ordinator. This information should include the nature of the incident and the number of members involved. Certain larger incidents based on their nature or the number of members present will warrant dialogue at national and regional level to ensure sufficient peer support and analogous resources are available. This will assist in ensuring a shared workload for the peer support members and also avoid role overload for local peer supporters.

21. STANDARD OPERATING PROCEDURE - DUTY MANAGEMENT (ROUTINE)

1. PURPOSE

To ensure that duties covered by Irish Red Cross Units develop and maintain good patient care practices and are delivered in a consistent and efficient fashion.

2. SCOPE

All public duties routinely covered by Irish Red Cross Units **except** major event duties as defined in SOP 22 (which come under the appropriate statutory code of practice for such major events).

3. RESPONSIBILITY

Area Directors of Units
Unit Officers

4.1 RELATED DOCUMENTS

Duties of Officers document
Unit Officer's manual.

4.2 RELATED FORMS

Duty booking record
Duty roster
Duty organiser list
Duty attendance record

5. PROCEDURES

1.1

The Unit Officer will receive bookings for duties directly from duty organisers or alternatively from any of the following:

a. Other Unit members
b. Area Officers
c. Other Areas (via the local Area Director of Units)
d. Other voluntary aid bodies (via a senior officer)

1.2

The person making the booking shall be clearly informed as to whether or not the Unit will accept the booking. Wherever possible the policy is to accept the booking PROVIDED that the Unit CAN reasonably cover the duty.

If the Unit cannot cover the duty or there is substantial doubt about the duty being covered, the person booking the duty should be clearly and immediately informed that the Unit cannot accept the booking. Failure to cover a duty which has been accepted could have serious consequences.

1.3

If the duty booking is accepted the Unit Officer or designated duty Sub Officer shall:

i) complete a duty booking record
ii) note the duty venue, date, time, duration, and number of personnel, ambulance cover required etc.
iii) advise the duty organiser of the appropriate national charge to be paid to the Irish Red Cross for the duty cover (see 1.9 below regarding the charges to be applied).

1.4

The Unit Officer shall at intervals prepare a list of the duty event organiser names/addresses/phone numbers for those duties routinely covered by the Unit. This list shall be amended or updated by the Unit Officer when a new duty or new duty contact is notified to the Unit.

This list of duties & duty contacts shall be submitted yearly to the Area Director of Units at the same time as annual Unit Returns are submitted. The ADU should forward an Area duty organiser list to the RDU at annual intervals.

1.5

The Unit Officer shall prepare and have available an up to date duty roster in accordance with the terms of the Duties of Officers document issued by National level.

This duty roster should detail the name, address & phone numbers of each active Unit member normally available for duty. Members who are on leave of absence, who are on suspension, or who are otherwise unavailable for duty should not be listed on the duty roster.

1.6

While providing ambulance cover at events or during the provision of support for the HSE, the preferred crew configuration is two practitioners however the Irish Red Cross must ensure that the minimum crew configuration is at least one EFR and one EMT with the EMT providing care during transport. Additionally in the latter case, the EMT may not be the driver of the ambulance if there is only one EMT on the crew.

1.7

The Unit Officer/designated duty Sub Officer will notify members required for duty in reasonable time. Notice may be given:

* personally
* at a Unit meeting
* by phone or text message
* by email
* by post (using printed duty notification cards etc)

Adequate advance notice of the duty should be given as far as possible.

1.8

Unit members agreeing to attend a duty shall attend the duty save where pressing reasons prevent this. In such an event the responsibility rests with the member to arrange for another member to substitute for them and then to notify the duty officer of this substitution. Failure to attend duty without substitution and notice may be grounds for disciplinary action.

1.9

On arrival at a duty venue the senior member present will notify the event organisers of the team's arrival and will discuss any relevant features of the duty including ambulance exits, emergency procedures, assembly points, catering provision, medical cover etc.

At major duties the team should be briefed as to the evacuation plan for the venue and the communications facilities provided.

Unit members should, as far as is reasonably practicable, record details of patients treated in the relevant record – a PCR in the case of a patient transported to hospital or an ACR for other cases. Other types of records apart from these reports should not be used. While treatment should not be delayed or compromised because of record keeping the relevant responder or practitioner member shall ensure that the appropriate patient care record or ambulatory care record is completed. Given that IRC duties are attended by two or more members it may be that one can treat while another records the relevant care details.

1.10

The agreed national duty charges relating to ambulance cover shall be applied to the duty and recovered from the person or organisation booking the duty cover. The charges are agreed nationally from time to time. At present these charges for ambulance attendance are as follows:

Road Ambulance (for a duty up to eight hours duration)	€250
4x4 Ambulance (for a duty up to eight hours duration)	€300
For duties exceeding eight hours – the additional hourly charge	€50 per hour

These fees should not be deviated from except in the case of special needs events, where warranted, but in such cases any lower fee agreed should ensure cost recovery regarding fuel, consumables, and an amount to support (on a pro rate annualised basis) estimated vehicle maintenance and insurance costs. In addition to the above fees the duty booking organisation or person shall be asked to provide appropriate catering for the volunteer crew where the duty duration exceeds three hours.

1.10

Following a duty the Unit Officer/designated duty officer will:

i) record in the duty log (manually or electronically) the duty type, venue, date and names of members present. Many Areas now use a soft-wear programme to record duty attendances.
ii) verify at occasional intervals that the ambulance log book is being completed and cross referenced to duties recorded
iii) notify the Branch Officer of duty donations received which must be passed on to the Branch for lodgement
iv) an official Red Cross receipt in respect of all duty donations received shall be issued to duty organisers
v) arrange at intervals that duty first aid kits, ambulance stock levels, personal protective equipment (including gloves) are adequately replenished following duties.
vi) verify at intervals that the ambulance pre duty checklist is being completed by crew members.
vii) ensure that ambulatory care reports and/or patient care reports are filed and processed in accordance with IRC and PHECC guidelines.

22. STANDARD OPERATING PROCEDURE – FLOOD RESPONSE

1. PURPOSE

To provide for consistent procedures, in order to support the principal State agencies in flood emergency response, and in a safe manner.

2. SCOPE

To outline the response of the Irish Red Cross to a Principal Response Agency request or a request from Civil Defence to support flood response or flood recovery measures. This procedure is separate from actions undertaken directly by the Irish Red Cross in the humanitarian sphere, on its own initiative, such as undertaking fund raising for flood victims or operating a flood relief scheme for agencies such as the Office of Public Works. It is aimed primarily at Irish Red Cross Units, not IRC SAR teams.

3. RESPONSIBILITY

National Director of Units
Regional Director of Units
Area Director of Units
Area Mobilisation Co-ordinators

4.1 RELATED DOCUMENTS

IRC Major Emergency Response Guidelines
Major Emergency Management Framework
A Guide to Flood emergencies
A Protocol for multi-agency response for flood response

4.2 RELATED FORMS

5. PROCEDURES

1.0 Activity

1.1

Under the Major Emergency Management Framework the local authority is the lead principal response agency (PRA) in the event of flood emergencies. Civil Defence has a specific role in flood emergencies including water rescue and boat unit use. Irish Red Cross deployment, where requested by the lead PRA and warranted, should follow pre-agreed plans and procedures and should not involve unsafe deployment of IRC personnel.

1.2

Irish Red Cross deployment in flood emergencies should relate to prolonged floods or large scale floods where the local authority seek to escalate the support services, which agencies such as the Irish Red Cross provides, **or** where a Major Emergency is declared.

1.3

.

In addition to a request for support from the local authority, or Civil Defence, on behalf of the local authority, to the Irish Red Cross in its auxiliary role, the Irish Red Cross, may, subject to national authorisation, act appropriately in the humanitarian sphere in terms of psycho-social support, logistical assistance or specialised transport.

1.4

The matter of initiating a fund raising appeal for flood victims shall be a matter for decision IRC Head Office solely. In the event that there is a State assistance programme for flood victims, the Irish Red Cross should support such programmes, as appropriate.

1.5

In the event that a hospital, nursing home or care centre has to be evacuated arising from flooding the lead agency for such specialised patient transport has been designated as the Health Service Executive. The Irish Red Cross may assist the HSE, at the request of the HSE, in such a task, by the provision of its ambulances, four by four ambulances, minibuses and wheelchair assisted minibuses as appropriate. In this instance the relevant provisions of the Inter Facility Transport SOP should apply except that it will not be necessary to complete Patient Transport Reports in this scenario. Where a major emergency is declared, and acting in accordance with HSE directions, the common emergency radio channel may be used to assist in co-ordinating such patient transports.

1.6

In accordance with the Guidance documents for flood emergency response each responding agency, included where deployed, the Irish Red Cross, shall ensure appropriate health, safety and welfare of **its personnel** engaged in flood response.

IRC vehicles shall not be driven across flooded roadways. Garda and Council advice shall be followed concerning safe routes access or egress. IRC members shall not approach within 5 metres of river banks/flood waters without a proper flotation device. Flowing water is very dangerous:

- 6ins/15 cm of flowing water can knock a person off their feet.
- 12ins/30cm of flowing water can float a car
- 18ins/45cm of flowing water can float a ‘land-rover’-sized vehicle.
- 24ins/60cm of flowing water can float a truck.

IRC personnel who have not received water awareness training or swift water rescue technician training shall not engage in water rescue or analogous activities on safety grounds. If flotation devices are available these must be worn but should not be seen as permitting water rescue or flood rescue as these are safety gear, not rescue gear.

1.7

In relation to member welfare, if IRC resources are deployed at the request of the appropriate PRA, due regard shall be had by the deploying IRC senior officer to member welfare. This should include:

- catering provision or food provision on long deployments
- first aid facilities for members deployed
- appropriate clothing and personal protective equipment provision and renewal
- communications facilities, radios
- no excessive duration deployments being undertaken
- rest breaks
- peer support provision post deployment

1.8

Where requested to participate in the development of a flood emergency plan working group within the local authority area (in the pre flood situation) the Irish Red Cross should participate in the drafting of such plans and should nominate an officer, generally at ADU or Deputy ADU level, to take part in such planning.

1.9

Requests for IRC support resources from the local authority or Civil Defence may be made to any of the three designated IRC Area Mobilisation Co-ordinators notified to the PRA. Such requests shall be notified to the ADU by the mobilisers, and the RDU shall also be informed of the request. In the event of large scale or prolonged flooding it shall be necessary to advise the NDU, who will inform Head Office of the requests.

Requests from the Health Service Executive to the IRC for ambulances, specialised transport, PHECC registered practitioners, responders, first aid at rest centres, psycho-social support or welfare support shall be made to the RDU, in line with existing guidance on HSE/IRC liaison.

1.10

The local co-ordinating group under existing protocols may invite representatives of the IRC to attend their meetings and if so requested the IRC shall designate a suitable senior officer, generally at A/ADU level or higher to attend such meetings, and that officer on their own initiative, shall be authorised to deploy IRC resources, if warranted but solely in accordance with this procedure, i.e. the Irish Red Cross cannot accept tasks for functions for which it is not suitably trained, equipped or resourced to do.

1.11

In the event of deployment IRC personnel, as set of in the Framework, shall operate under the overall command of the requesting PRA controller and under the line direction of their own IRC Officers. Safety restrictions or site exclusions given by the senior Fire Officer or the Gardai shall be followed by all IRC personnel.

1.12

In the pre flood scenario Irish Red Cross senior representatives should accept, appropriate invitations to take part in flood emergency exercises or table exercises, to assist in inter agency co-operation and comprehension.

1.13

IRC personnel and officers should familiarise themselves with the contents of key reference and guidance materials on flooding. For guides to flood emergencies and inter agency protocols access these on www.mem.ie for advice for householders regarding flooding log on to www.flooding.ie and for information on previous flood sites for Area planning purposes see www.floodmaps.ie

In addition to this SOP the Irish Red Cross has developed a PowerPoint presentation on the role of the IRC in flood emergencies. This shall be shown at Unit training sessions.

1.14

For flood response the personal protective equipment deemed appropriate includes:

- a suitable life jacket and helmet
- thermal protection beneath a dry suit may also be needed
- wading shoes or boots
- neoprene gloves

As these items are not standard issue to IRC crews the list underlines why IRC personnel must not be deployed in front line flood response on safety and training grounds.

1.15

Because flood waters are generally contaminated with sewage and rodents (Weil's disease) front line responders may need vaccinations for Hepatitis, and Tetanus. Post deployment medical examinations are recommended for front line responders, which do not include IRC personnel as stated. Any IRC member who has concerns of a medical nature post incident should seek medical advice.

23. STANDARD OPERATING PROCEDURES – INTER AREA DUTY COVERAGE

1. PURPOSE

To provide transparent and efficient procedures concerning inter Area duties.

2. SCOPE

All duties, involving more than one Area, and also duties involving an outside Area covering, on its own, a duty within another Area. This procedure relates to the communication arrangements concerning inter Area duties - while the provisions of SOP 21 will apply in addition.

3. RESPONSIBILITY

Regional Director of Units
Area Directors of Units

3.1 RELATED DOCUMENTS

Regulations for the Organisation of Units

3.2 RELATED FORMS

Duty Booking Form (RCD 21.A)

4. PROCEDURES

1.1

Wherever possible, requests from one Area to another for assistance with duties from outside Irish Red Cross Areas – either personnel or ambulances – shall be dealt with by the respective Area Directors of Units. In an emergency it may be necessary for adjoining Units from different Areas to contact each other but this should not be done routinely unless **BOTH** Area Directors of Units agree to such an arrangement. The primary responsibility for organising cover devolves to the relevant Area Director of Units (especially for routine, smaller duties) but this role may be undertaken by the relevant Regional Director of Units, where warranted.

In inter Regional duties where the duty involves ambulance cover from Area(s) outside the region of the host Area the ADU shall notify the relevant RDU of such cover.

The events on which the RDU takes the primacy in overseeing the duty should relate to large duties at which a number of ambulances from several Areas attend such as concert duties, major rallies etc. The RDU may agree, at his/her discretion, to delegate this function to an ADU.

1.2

A standard duty booking form should be completed by the Area/Unit receiving the booking - generally the local Area or Unit in the district in which the duty is taking place. Details of the duty booking concerning stage times, reporting points, duration of event etc shall be communicated with as much notice as possible to the outside Area/Unit.

Arrangements for ambulance charges shall be discussed and jointly agreed. In general the national rates for duties shall apply. These should not be exceeded but may be reduced provided that this is warranted and that this is acceptable to both Red Cross Areas. Payments for the duty to the outside Area shall be made **within 45 days** of the duty date even if this means the host Area having to cover the cost temporarily from its own funds while awaiting payment from the duty organiser.

1.3

On the duty date or before the local Area/Unit shall brief the outside Area of the following:

- which acute hospital should patients be taken to, if necessary to do so
- what radio call signs and radio channels are being used
- what vehicle mobile phones numbers are being used
- what catering arrangements apply for personnel
- any special features of the duty (e.g. event statistics to the organisers etc)

1.4

If any difficulties or incidents arise on the duty the outside Area/Unit shall report this through the chain of command to the host Area Director of Units.

24. STANDARD OPERATING PROCEDURES - COMPLAINTS AGAINST THE SERVICE

1. PURPOSE

To ensure that complaints against Irish Red Cross Units are recorded and investigated.

2. SCOPE

Complaints against Irish Red Cross Unit services. This procedure does not purport to cover complaints concerning child protection (which is the subject of separate Red Cross and statutory requirements). It does not relate either to adverse clinical incidents which is the subject of a separate policy and procedure.

3. RESPONSIBILITY

Area Director of Units

4. RECORDS

Complaint report form

5. PROCEDURES

1.1
Complaints against an Irish Red Cross Unit are referred to the Area Director of Units.

1.2

The Area Director of Units shall contact the complainant to ascertain the nature of the complaint. Details of the complaint are then recorded in the complaints report form.

1.3

The Area Director of Units, or a designate, then investigates the complaint. This may include:

a) discussion with the Unit Officer or other relevant personnel
b) review of duty, patient care or other appropriate record
c) discussion with interested parties.

1.4

Following the investigation the Area Director of Units, in consultation with the RDU, decides on the appropriate actions and duly notifies:

a)the Unit Officer in whose district the complaint arose
b)the complainant.

The response to the complaint (if justified and where warranted) may involve an explanation being offered, an expression of regret or apology or a refund of duty fees as appropriate. In cases where a national body is involved the RDU or NDU should be informed as the matter may have national implications.

1.5

If the complainant is still dissatisfied he or she should be advised that they may refer the complaint to the relevant Regional Director of Units, who will close out the matter If dissatisfied with the response of the RDU on a matter of substance it may be referred to the National Director of Units, where warranted, or to Irish Red Cross Head Office to the staff member designated for this purpose.

1.6

If the complaint involves serious issues of a legal or insurance nature then the Area Director of Units should first discuss the matter with Head Office before responding to the complainant as at 1.4 above. As stated in the 2. above if it relates to an adverse clinical incident then a separate relevant procedure shall be used than this one.

1.7

The completed complaints report form and any relevant correspondence should be filed securely by the Area Director of Units.

1.8

Duty organisers should at intervals be advised in writing of Irish Red cross charges, pre-duty notice times and also these procedures in the event of a complaint arising.

1.9

Some complaints against the service may be received at Head Office and these will generally be referred through the chain of command for investigation and report. The report on the complaint shall also be referred through the chain of command.

25. STANDARD OPERATING PROCEDURES - MAJOR EMERGENCY CALL OUT

1. PURPOSE

To ensure that the responsibilities assigned to the Irish Red Cross, within the Major Emergency Management Framework and its Guides, are properly discharged.

2. SCOPE

This Standard Operating Procedure will apply in the event of the Irish Red Cross being requested for assistance by a relevant state primary response agency (Health Service Executive, Gardai or Local Authority) following a decision to activate the Major Emergency Plan where the public authorities require and request assistance from the Irish Red Cross. A Major Emergency is defined as *"an event which, usually with little or no warning, causes or threatens death or injury, serious disruption of essential services or damage to property, the environment or infrastructure beyond the normal capabilities of the principal response agencies in the area in which the emergency occurs, and requires the activation of specific additional procedures and the mobilisation of additional resources to ensure an effective, co-ordinated response."*

3. RESPONSIBILITY

National Director of Units.
Regional Director of Units.
Area Director of Units.
Unit Officers.

4.1 RELATED DOCUMENTS

The Framework for Major Emergency Management
Irish Red Cross Major Emergency Response Guidelines
Regional Health Service Executive Major Emergency plan
Local Authority Major Emergency Plan.
PRA Guide to Working with Voluntary Emergency Services
IRC Area Response Plan
IRC Regional Resource Call Out Resource and Mobilisation template

4.2 RELATED FORMS

Area listing of Duty rosters
Ambulance key holder contact list.

5. PROCEDURES

No. Activity

1.1

The Area Director of Units shall ensure that copies of the Area IRC major emergency response plan are issued to all Unit Officers and IRC Response coordinators. The Area Director of Units, via officers meetings, ambulance audits or otherwise, satisfy himself or herself that all ambulances in the Area carry the IRC Major Emergency Response Handbook and that all IRC ambulance radios have the common emergency channel facility pre-programmed in, in the event of it being needed.

1.2

The Area Director of Units in conjunction with other Area staff shall prepare and update every two years, an Area major emergency Red Cross Response Plan. The Plan shall be forwarded to, and approved by, the RDU. The RDU shall forward same to the NDU.

1.3

The Area Red Cross Response Plan shall include amongst other relevant items:

i) a definition of the districts covered by the response plan
ii) a statement acknowledging the roles and relationships with other agencies responding
iii) an organisation chart indicating Red Cross roles and those of other agencies
iv) a statement of the roles expected of the Irish Red Cross response (taken from the statutory plans, severe weather plans, the MEM Framework and the MEM Guides)
v) an up to date list of Unit Officers, IRC Response mobilisers, assembly points and other key Red Cross staff including home and mobile numbers.
vi) current Unit call up lists detailing members addresses & phone numbers (such as the current Unit Duty Rosters **or** up to date Unit Return Template)
vii) a list of ambulance drivers and ambulance key holders
viii) a list of Red Cross medical officers, nurses, practitioners, Peer Supporters & EFRs
ix) a list of patient care and ancillary equipment in stores
x) an inventory of radios, high visibility items, maps, communications equipment, PPE, blankets, and premises key holders
xi) a list of other agencies and other key contact personnel.

1.4

The Regional Director of Units shall, at intervals of not less than every two years, notify the following of the names, addresses, phone numbers (home and mobile) of the **three** Area mobilisation officers designated within each Area in his or her Region to:

i) Chief Superintendent of the local Garda division
ii) Chief Ambulance Officer of the Health Service Executive region
iii) Chief Emergency Management Officer for the HSE region
iv) Chief Fire Officer of the Local Authority
v) National Director of Units, Irish Red Cross & designated person Head Office

This notification shall be made on the national IRC call out resource mobilisation template which shall be the standard tool for such call out mobilisation and resource lists in the Irish Red Cross. It shall list three suitable, senior officers per Area as Area mobilisation officers. Such officers so designated shall not be front line PRA staff.

1.5

The Area shall, at intervals of its choice, operate a call-out exercise involving its Irish Red Cross personnel. Uniformed officers from the rank of Unit Officer upwards shall complete, at least, the Introduction to MIMMS course. MIMMS principles shall apply to IRC responses.

The Area shall, to the best of its capacity, participate on request in preliminary exercises organised by the statutory services including outdoor exercises and table top exercises.

1.6

Responsibility for activating the Major Emergency Plan rests chiefly with the PRAs. Following a decision to activate the Major Emergency Plan a decision may be taken by the statutory agencies to call in the auxiliary organisations such as the Red Cross.

A call out message for the Irish Red Cross will state that "THE MAJOR EMERGENCY PLAN IS NOW IN OPERATION". In accordance with the regional major emergency plans adopted by the Health Service Executive the following procedures should apply:

i)Irish Red Cross personnel and vehicles responding to a request for assistance in the event of a major emergency will come under the direct authority of the Controller of Operations (i.e. the HSE Chief Ambulance Officer or his designate)

ii)Red Cross personnel when alerted should report to their respective premises, assembly areas or call-up point as pre-arranged.

iii)The senior Red Cross officer or member should then contact the Health Service Executive ambulance control by dialling 999 or 112 or dialling control directly and await instructions.

iv)The Irish Red Cross may be deployed in a variety of ways including :

a) assistance at the designated hospitals
b) assistance to ambulance services
c) assistance of welfare in sheltered areas
d) assistance at the scene of the incident
e) assistance in psycho-social support for relatives, responders or bystanders

v)a senior Red Cross officer should attend at the designated hospital, or where requested at another location, to act as Red Cross liaison officer.

vi) IRC personnel in ongoing Unit training and radio operator training should familiarise themselves with the contents and format of METHANE and ETHANE messages.
vii) standby status may also facilitate targeted and assurance deployment.

1.7

To facilitate a rapid response the Irish Red Cross ambulance arrangements shall include:

a) provision of on board communications (including the national emergency channel)
b) fuel tanks to be maintained half full or greater
c) high visibility jackets to be carried in accordance with the above specifications on board all Irish Red Cross ambulances
d) appropriate safety helmets, maps and torches to be carried on the vehicles
e) keys to be held so as to assist a rapid response.
f) SMART triage packs to be part of ambulance inventory.

In instances where a prolonged response to an emergency is expected the RDU may be contacted to consider deploying the IRC regional command & control unit.

1.8

A decision to stand down the plan or the services of the Irish Red Cross will be taken by the Controller of Operations and relayed Irish Red Cross personnel via Red Cross officers.

1.9

Responding personnel from the Irish Red Cross shall adhere to the response principles set out in the IRC Major Emergency Response guidelines and handbook and in particular shall not breach PRA procedures concerning media contacts, patient details and other matters germane to the PRA responsibilities. In particular Irish Red Cross personnel or vehicles shall not attend the scene of a major emergency unbidden by a PRA.

1.10

ADUs shall ensure that Officers in the Area have a copy of the IRC Guidelines on Major Emergency Response as required by the Duties of Officer's document and that they are familiar with its content as part of annual review/appraisal.

26. STANDARD OPERATING PROCEDURE - REGISTRATION OF A NEW UNIT

1. PURPOSE

To ensure that all applications to register a new Unit of the Irish Red Cross are processed in a uniform and expeditious manner.

2. SCOPE

All new applications to register a new Unit of the Irish Red Cross.

3. RESPONSIBILITY

Regional Director of Units
Area Director of Units
Nominated Unit Officer/Sub Officer in Charge

4.1 RELATED DOCUMENTS

IRC Regulations for the Organisation of Units

4.2 RELATED FORMS

IRC New Unit Registration Form

5. PROCEDURES

1.1

Where a new Unit is being formed (either a senior Unit or a Cadet Unit) the Area Director of Units shall ensure the following:

i) that the number of members in the Unit is not less nor more than the requirements laid down in the Regulations for the Organisation of Units
ii) that the new Unit is attached to a Branch
iii) that the necessary Unit Registration form is completed
iv) that a designated Unit Officer or Sub Officer in charge or Cadet Unit Officer is appointed.

1.2

The new Unit Registration form shall be completed by the Area Director of Units, and forwarded to the Regional Director of Units, who shall forward it to Head Office, having first informed the National Director of Units.

Members of the new Unit shall be asked to complete membership forms and Garda vetting form for dispatch to Head Office to ensure entry to the mailing list

for the e-newsletter and also issue of I.D. cards. Members shall also complete the Unit Permit.

1.3

The Area Director of Units shall write to the Unit Officer or Sub Officer appointed to take charge of the Unit as follows:

i) advising that the Unit is now registered as an Irish Red Cross Unit
ii) advising which instructor within the area will assist the new Unit in it's training
iii) advise which Area Staff Officer, if any, will be the sector liaison officer for the new Unit
iv) provide a list of contact names, phone numbers and addresses of other Unit officers to facilitate back up duty coverage
v) issue a copy of the Area's standard operating procedures, accompanying SOP documentation and copy of the Unit Officer manual or sub officer manual, as appropriate.

27. STANDARD OPERATING PROCEDURE - MEDICAL OFFICERS AT MAJOR DUTIES

1. PURPOSE

To ensure that Irish Red Cross medical officer coverage of major duties accords with the requirements of the relevant code of practice for such duties.

2. SCOPE

All major duties having a crowd capacity of 5,000 or more which are attended by the Irish Red Cross medical officers and which come under the terms of the relevant statutory code of practice covering major sports grounds, outdoor pop concerts and indoor concerts.

3. RESPONSIBILITY

Irish Red Cross Medical Officers or IRC Medical Advisors

4.1 RELATED DOCUMENTS

Code of Practice for Safety at Sports Grounds (1996)
Code of Practice for Safety at Outdoor Concerts (1996)
Code of Practice for Safety at Indoor Concerts (1998)

4.2 RELATED FORMS

Event Medical plan

5. PROCEDURES

No. Activity

1.0 Application

The Area Medical Officer (AMO) or other relevant Irish Red Cross medical officer/advisor will determine whether the major duty will have an expected attendance of 5,000 or greater. The Area Medical Officer or other IRC MO to be so designated must be listed on the General Register of Medical Practitioners. Appropriate insurance cover needs to be in place in respect of professional clinical care aspects. The MO should have relevant experience of emergency medicine.

This information may be obtained from either:

i) an event organiser
ii) the REMO of the HSE
iii) the local Area Director of Units (where notified)

Irish Red Cross

Responsibility for arranging medical cover rests with the event organiser. Medical cover provided at the event will be agreed with the HSE in advance. Medical cover may involve non Red Cross medical officers or a mix of non Red Cross and Red Cross medical officers. The individual code of practice or guide should be consulted in addition to this standard operating procedure, in addition to the event medical plan.

1.1 Coverage by doctor at sports grounds

i)At any event where the number of spectators is expected to exceed 5,000 a doctor should be designated as Ground Medical Officer. The doctor should have experience and training in the treatment of patients and special training in cardiac pulmonary resuscitation and in the use of defibrillators. It is helpful if the medical officer has completed appropriate training in Major Incident Medical Management and Support. Extra doctors should be provided if required by the HSE. The doctor(s) should operate in close communication with the HSE regarding hospital access, bypass protocols and pre-arranged medical cover.

ii)The Ground Medical Officer should be responsible for checking before and during the event that the necessary equipment and medicines are available. He or she should have direct contact with the site Event Control Room.

iii)The doctor should:

a) be at the ground at least an hour before the start of the event
b) remain until half an hour after the end of the event
c) be aware of the location and staffing arrangements of the medical/first aid rooms and details of the ambulance cover
d) be familiar with the event medical plan and the role of other services

iv)The doctor should be located in an approved location known to:

a) the Event Control Room
b) Gardai
c) Local Authority
d) Health Service Executive
e) Stewards

He or she should be immediately contactable.

v)Medical staff should wear distinctive clothing such as a high visibility tabard clearly denoted as "doctor" and should be issued with a non transferable pass for the event.

1.2 Medical Plan

A Event Medical Plan should be prepared by the event organiser in consultation with the Irish Red Cross where it provides medical cover for the event. Where medical and first aid cover is being provided the IRC event medical plan should be jointly agreed between the Area Medical Officer and the Area Director of Units or the relevant regional Medical Officer and RDU.

The event medical plan, among other things, should detail the following:

i) the names of key Irish Red Cross personnel in attendance (including medical officers and senior officers)
ii) the level and nature of Irish Red Cross services provided
iii)the areas or zones of control under the key personnel
iv) the location of Irish Red Cross ambulances
v) a site plan indicating the location of zones of control and ambulance location
vi) communication arrangements (radios, mobiles etc)

Medical control will be exercised by the overall event site medical officer. Operational control (including ambulance control) is exercised by the senior IRC officer at the event.

1.3 Medical centre provision

At outdoor pop concerts under the relevant code a medical centre shall be provided. The purpose of the medical centre is to deal with more serious ill or injured patients which are referred by the First Aid Posts. The medical centre will also deal with those presenting at the event with medical illness emergencies such as heart conditions, asthma attacks etc.

The Medical Centre should be staffed by doctor(s), Registered General nurses with A & E experience and EMT/Paramedic/Advanced Paramedic staff, equipped to provide advanced life support and deal with more seriously ill or injured patients. The number of such centres and the staffing levels thereof shall accord with event medical plan and with HSE provisions.

The on-site Medical and Emergency team should provide a patient care service and act as a clearing station and treatment post before transferring patients to hospitals in the area, if necessary. The team should ideally include 2 doctors of Registrar status, two non consultant doctors and six nurses.

1.4 Medical Centre Facilities

The Medical Centre(s) should have:

i) a floor area of at least 15 square metres in size (or 25 square metres where a crowd capacity of in excess of 15,000 is expected)

ii) a couch or couches
iii) a sink with hot and cold running water
iv) drinking water
v) a worktop
vi) space to store stretchers, blankets and pillows
vii) doorways of a width to allow access for a stretcher or a wheelchair
viii) accessible toilet facilities
ix) adequate lighting and electrical power facilities.

For open sites (other than established sports stadia or outdoor concert venues) a marquee, mobile unit or similar structure could serve as a satisfactory medical centre. The Medical Centre must have proper access for ambulances. For major outdoor concerts a large marquee or similar structure should be provided for use as a casualty clearing area.

It is essential that provision be made for the immediate removal of emergency patients to hospital on the advice of the Site Medical Officer or his or her deputy.

Doctors present should be located in the Medical Centre and approved position known to the Event Control Room and the relevant statutory organisations present.

For larger events extra medical cover should be provided. The Code of Practice for Outdoor Pop Concerts cites a ratio of 4-6 doctors for a major concert of over 40,000 with a mainly young audience. Where the Irish Red Cross is providing medical officer cover it should co-ordinate the cover it proposes with the event organiser, include this in the event medical plan for consideration thereafter by the HSE. The medical centre should be provided with telephone, radio or other secure means of communication with other emergency contacts on the site.

1.8 Patient records

A record shall be maintained by the Red Cross in respect of patients it treats. The records shall be the patient care record for transported patients and the ambulatory care record for those who are treated on site and discharged other than to hospital. These details shall include:

i) name, address and age of patient
ii) chief complaint
iii) where it happened
iv) details of treatment and medication administered
v) times of admission, discharge of transfer to hospital/home

These records should be carefully maintained after the event in accordance with requirements of PHECC in respect of records of transported patients and also de-personalised data for the promoter and the HSE within a month of event end.

1.5 Miscellaneous Provisions

Irish Red Cross medical officers shall generally wear Irish Red Cross high visibility tabards clearly identifying their roles such as "MEDICAL OFFICER", "DOCTOR" etc.

28. STANDARD OPERATING PROCEDURES - HOSPITAL DUTY PROCEDURES

1. PURPOSE

To ensure that Irish Red Cross personnel participating in a hospital duty observer scheme does so in accordance with the terms of the laid down conditions of the scheme.

2. SCOPE

All senior Unit personnel participating in a hospital duty observer scheme. The scope shall include suitable clinical placement as part of PHECC approved EMT training.

3. RESPONSIBILITY

Area or Regional Medical Officer
Area Director of Units
Unit Officers

4.1 RELATED DOCUMENTS

IRC EMT Student Pack

4.2 RELATED FORMS

IRC Hospital observer duty attendance record

5. PROCEDURES

1.0 Activity

1.1

Attendance as observed by suitable senior (i.e. adult members aged 18 years or over) Red Cross personnel (generally at EMT level or EMT trainee level) at an Emergency Department of a hospital enhances members training and insight of patient care.

1.2

If not previously in place a request for selected Red Cross personnel to attend at an Emergency Department of a hospital will be made by a Red Cross Medical Officer. The Area Medical Officer (AMO) will generally make the request but if no AMO is appointed in an Area a Regional Medical Officer may make the request.

1.3

The appropriate Medical Officer of the Irish Red Cross should, in accordance with the guidelines on Red Cross personnel attendance at hospital Emergency Departments (as set out in the Irish Red Cross EMT course materials) make the request in writing to the Consultant in charge of the Emergency department of the hospital involved.

This written request will be copied by the Red Cross Medical Officer to:

i) The Consultant in charge of the Emergency Department
ii) The Hospital Director of Nursing
iii) The Hospital Manager

1.4

The written request should emphasise the following aspects:

i) those attending will be adult Red Cross Unit personnel who are trained in pre hospital care and who would benefit from the experience gained by acting as observers of hospital procedure

ii) all Red Cross are fully insured by the Irish Red Cross during all periods of training including attendance at a hospital

iii) no more than two Red Cross personnel would attend on any one session

iv) in general the optimum benefit would involve attendance of the Emergency Department in the late evening and night and that specific hours of attendance would be agreed in advance with the hospital

v) Red Cross personnel will respect confidentiality with regard to hospital matters and patients and will sign an appropriate HSE drafted confidentiality clause.

vi) agreement will be reached concerning the form of dress to be worn by the Irish Red Cross personnel involved (generally a white coat with Red Cross badge on front, worn over uniform shirt and trousers)

vii) personnel attending from the Irish Red Cross shall have current Hepatitis B immunisation provision in place prior to any hospital duty placement.

viii) personnel attending will carry Irish Red Cross photo ID while acting as observers in the scheme.

1.5

Informal approaches may be made by the Red Cross Medical Officer to the relevant hospital staff to discuss the scheme but this will be in addition to the

submission of a formal letter seeking permission to commence an attendance scheme.

1.6

In the event that agreement is given by the hospital authorities to commence the attendance scheme the following arrangements shall apply:

i) Red Cross personnel attending will attend after selection by and agreement of their Unit Officer/other superior officer and not attend on an individual, unapproved basis.

ii) Red Cross personnel selected must have the maturity and discretion needed to operate the scheme effectively, and attendance will be on a voluntary basis (i.e. non remunerated)

iii) Cadets and members under 18 are not eligible to take part in this hospital scheme.

iv) the role of Red Cross personnel is chiefly as observers and members should avoid over-enthusiasm or causing offence to hospital staff or patients.

v) confidentiality is of vital importance - no matters observed at the hospital should be reported or repeated outside the hospital. A standard confidentiality agreement will be signed by participating personnel. Discussion with the media of matters learned within the hospital in the course of attendance at hospital duty is prohibited. Breaches of either of these provisions will be regarded as a disciplinary matter.

vi) dress of personnel attending must be exemplary and will generally involve navy trousers, white IRC shirt short sleeved, clip on tie and white coat with Red Cross disc sewn on the top left hand pocket. Personal hygiene and grooming must be of a consistently high order.

vii) on arrival at the Emergency Department the Red Cross personnel should report to the senior nurse on duty. On leaving the hospital members departure should be advised to the hospital staff.

viii) a record card of attendance for the scheme (available from Head Office)is maintained by the member attending denoting the hours of attendance at the hospital, which may be countersigned by the hospital staff or other approved person

ix) no more than two Red Cross members shall attend at the hospital under this scheme at any one time

x) a roster of attendance of Red Cross personnel shall be maintained by the Unit Officer detailing the names, dates and hours of those attending under the scheme.

xi) the primary role is acting as observers but Red Cross personnel will, where reasonable, give assistance asked by hospital staff where appropriate and within their capacity, training and experience.

1.7

Following completion of a period of 48 hours attendance as Red Cross observer under this scheme the member shall be entitled to the hospital duty badge. This is issued by Head Office following the submission of the completed hospital duty card by the Area Director of Units.

29. STANDARD OPERATING PROCEDURES - EMERGENCY MEDICAL TECHNICIAN - POST QUALIFICATION PROCEDURE

1. PURPOSE

To ensure that the Emergency Medical Technician qualification within the Irish Red Cross is administered and maintained in line with the requirements of the both the Irish Red Cross and the Pre-Hospital Emergency Care Council (PHECC) and ultimately in the interests of the patient & the public.

2. SCOPE

All Emergency Medical Technician (NQEMT) qualifications awarded by PHECC in accordance with the recognised training institution status conferred on the Irish Red Cross by PHECC.

3. RESPONSIBILITY

National Training Support Manager IRC, Head Office.
Programme Manager, EMT Sub Group, Training Working Group.
Course Director.
Area Director of Units
EMTs within the IRC

4.1 RELATED DOCUMENTS

PHECC Training and Education Standards (current edition)
IRC ePCR project report
3rd edition Clinical Practice Guidelines

4.2 RELATED FORMS

PHECC EMT trainee registration form
EMT CPC log book
IRC EMT Commitment to Service Contract Form

5. PROCEDURES

No. Activity

1.1

Successful candidates in the PHECC NQEMT examination will initially be notified by PHECC that they have passed their examination by email.

1.2

Successful candidates will then receive their NQEMT certificate in the post from PHECC.

1.3

The person should then download and print the PHECC Registration Form from the PHECC website. (On the website go to Register tab, then joining the register, then Application form).

1.4

The person should complete the registration form and then send the following to Head Office

a. The completed registration form
b. A copy of their NQEMT certificate
c. A cheque or postal order for €30 made payable to PHECC (this is the fee for the first three years of registration)
d. A stamped addressed envelope (addressed to PHECC, Abbey Moat House, Abbey Street, Naas, Co Kildare)

1.5

Head Office Training Department will stamp the Registration Form as the member's "employer" and will forward the registration form and the €30 registration fee in the stamped addressed envelope to PHECC.

Head Office Training Department will file the copy of the members NQEMT certificate

1.6

On receipt of the Registration form PHECC will issue directly to the member an:

a. Annual Registration Certificate
b. Registered Practitioner's Licence (PHECC ID card)

1.7

Upon receiving their Annual Registration Certificate and Registered Practitioner's Licence the member should arrange to meet the Area Director of Units and jointly complete the Commitment to Service form.

1.8

The ADU forward s the following documentation to Head Office for the member:

a. A copy of Annual Registration Certificate
b. A copy of the Registered Practitioner's Licence
c. The Commitment to Service form jointly signed.

1.9

Upon receipt Head Office Training Department files this documentation enters the information on the IT system and the IRC EMT register.

1.10

Head Office issues EMT badging and Continuous Professional Competence record book directly to the member by post. There is a charge for €50 for these EMT badges and Hi Vis EMT inserts.

1.11

IRC EMT members shall note that they are required by PHECC and the IRC to comply with a professional code of conduct set by PHECC and are subject to the PHECC fitness to practice process.

1.12

An EMT must forward a copy of the Annual Registration certificate to the National Training Support Manager (NTSM) who shall file it appropriately. The NTSM shall email or otherwise notify the IRC EMT member's Area Director of Units and Regional Director via the CARE system on a regular basis that the member has current registration.

1.13

In order to maintain EMT registration by Continuous Professional Competency an IRC EMT shall, inter alia:

i) maintain Cardiac First Responder Registration
ii) maintain registration with PHECC on the practitioner register
iii) maintain records of EMT interventions
iv) maintain record of appropriate number of patient contacts
v) maintain records of relevant CPC (relevant training, study, retraining)

Continuous Professional Competence is an integral part of EMT knowledge and skill maintenance. PHECC have published a CPC procedure which requires

mandatory and optional CPC points by EMTs. This procedure shall be followed by IRC EMTs. The procedure is set out in the IRC SOP on Continuous Professional Development for EMTs. The IRC EMTs are provided with a CPC logbook annually. Each EMT shall maintain a CPC portfolio annually – which the IRC CPC logbook facilitates – for submission to PHECC as required. Re-registration as an EMT is conditional, among other things, on maintaining a CPC learning portfolio.

1.14

It shall be the responsibility of the Area Director of Units to select suitably qualified and experienced members for IRC EMT training courses having regard to the best interests of the Area. The ADU shall cause to arrange, either within the Area, or within the region, a support programme for IRC EMTs to reach the standard needed for selection and nomination for EMT training. The ADU shall also verify that IRC EMTs are maintaining their current Unit status for active deployment as IRC EMTs for IRC duties and training support. The ADU shall notify Head Office of the "active EMTs" within his or her Area on a regular basis, following receipt of the CARE reports.

1.15

The Training Working Group, the NTSM, the EMT programme manager and the Course Director shall:

i) verify that candidates selected are competent and trained to undertake the EMT course as
ii) deliver a course of a standard which accords with the IRC recognised training institution status at EMT level
iii) ensure that the necessary training records are maintained on each EMT course in the event of a PHECC audit occurring and for continuous course development and review. The EMT shall also maintain relevant such records.
iv) advise, on request, IRC EMTs on maintaining their registration by Continuous Professional Competence.

30. STANDARD OPERATING PROCEDURE – UNIT TRAINING PROGRAMMES

1. PURPOSE

To establish, document, implement and maintain procedures to deliver training in accordance with Irish Red Cross Unit service requirements.

2. SCOPE

In service training arrangements for Irish Red Cross Unit personnel in accordance with the Irish Red Cross Regulations for Courses and Examinations and the relevant PHECC Education Standards. Public courses organised by Branches are outside the scope of this procedure.

3. RESPONSIBILITY

Area Director of Units
Area Training & Development Officer
Area Medical Officer
Unit Officers
In service instructors

4.1 RELATED DOCUMENTS

Regulations for Courses and Examinations
Course Syllabi (in service courses - various)
PHECC Education and Training Standards 2011
Unit Officer's manual.

4.2 RELATED FORMS

Unit Annual Return template
R.A.E.R. records
Unit Training Programme

5. PROCEDURES

1.1

The Area Director of Units shall ensure that Units in the Area develop and maintain training programmes. The Unit training programmes for the Area agreed by the Area Director of Units will be forwarded annually in December to the relevant Regional Director of Units. To assist in the process each Area shall have an Officer, designated as such by the ADU, to act as Area Training and Development Officer at Staff level.

Measures towards this aim will include:

i) issuing copies of the Regulations of Courses and Examinations to Unit officers
ii) maintaining a training record of higher level qualifications held within the Area.
iii)arranging in consultation with Unit Officers and in service instructors appropriate Unit training programmes and member training currency.
iv) the monthly CARE system report from Head Office to the ADU and RDU detailing higher level training status as recorded at that time regarding Area EFRs, EMTs, CFR-Is and First Aid Instructors.

1.2

The Unit Officer, in agreement with the Area Director of Units and/or the Area Training and Development Officer and in consultation with available in service instructors, shall ensure that each year an annual Unit training programme is prepared.

The Unit training programme shall be in writing and include a mix of basic and prerequisite level training courses. Basic level courses include:

i) Practical or Occupational first aid
ii) Cardiac First Response
iii) Unit induction course
iv) Child Protection Level 1
v) Moving People
vi) Radio Operators level 1

Intermediate level courses may include:

i) Emergency First Response
ii) Competition team training
iii) Helping You to Care
iv) Radio Operators level 2
v) Ambulance Procedures
vi) Cardiac First Response - Advanced

It shall issue to Unit Members by email and/or be posted in the Unit premises.

1.3

Higher level courses will generally be organised either at Area, regional or national level as appropriate. These courses include:

i) EMT
ii) CFR instructor
iii) First Aid instructor
iv) specialist instructor (radios, moving people etc)

v) leadership training
vi) Peer Support Member

1.4

The Area Director of Units and Head Office shall maintain a training matrix record of higher level course certificate holders to facilitate re-certification at the prescribed intervals.

1.5

The Unit Officer shall maintain training records of basic and intermediate level training certificate holders. These records shall include:

i) Unit Summary Annual Return template.
ii) In service course RAER records.

1.6

In preparing a Unit Training Programme regard shall be had to the following factors:

- previous training programmes
- attainments at PHECC Clinical Level
- Unit Members preferences for training courses
- a training needs analysis (where completed)
- the type of duties being covered by the Unit
- the need for variety in training
- competence in core basic training before progressing to higher level training
- prerequisite courses in preparation for EFR and EMT courses
- availability of suitably qualified in service instructors
- priority accorded to core first aid skills, cardiac first response & safe lifting
- currency of certificates which need renewal
- CPC support for EMTs at Unit and Area level
- feedback from Unit members in training or on re-examinations.

31. STANDARD OPERATING PROCEDURES - ORGANISING OF AN INTER FACILITY TRANSFER OF A PATIENT

1. PURPOSE

To provide for a quality service for inter facility transfers of a patient in an Irish Red Cross Ambulance.

2. SCOPE

The HSE Ambulance Service may not be in a position or available to cover an inter facility transfer call from a hospital to another facility, typically a nursing home. Additionally a request may be received from a hospital, to take a patient home, or in the case of terminally ill patient, for a visit or to stay at home. This procedure also covers instances where insurance companies request ambulance transport for a non urgent person who is returning to Ireland following an incident abroad. This procedure is aimed at inter facility transfer of patients who are deemed non acute care as per the PHECC Inter Facility Patient Transfer Standard. This is defined as non emergency planned and routine transports, where time is not critical, and active management en route is not anticipated other than routine monitoring, stretcher transport, oxygen therapy, supervision without restraint and administration of medications and interventions as per EMT level Clinical Practice Guidelines.

This procedure is NOT applicable to transport of patients to hospital, or those cases which are emergency calls, or urgent calls or where treatment from a practitioner on the call is required.

3. RESPONSIBILITY

Area Director of Units.
Unit Officer.

The ambulance crew shall have the Moving People course or equivalent completed and be familiar with workings of the ambulance and equipment. While providing inter-facility patient transport, the minimum crew configuration is two practitioners. In some instances a state registered general nurse may form part of the crew, where appropriate.

4. 4.1 RELATED DOCUMENTS

IRC Regulations for the Control & Acquisition of Ambulances
PHECC Inter Facility Patient Transfer Standard (Version 2)

4.2 RELATED FORMS

Ambulance Log Book

Patient Transport Report (PTR)

5. PROCEDURES

1.1

The Officer taking the booking for such transfer journeys shall obtain the necessary information from the hospital/family/doctor/agency booking the ambulance. This information shall include the booking person or agency name, address and phone number, pick up address where to patient is to be collected from, the date and time of collection, access at the pick up point and the destination address.

1.2

The Officer should establish whether the patient is ambulant, a carrying chair case, wheelchair assisted or a stretcher case. The Officer shall check if a family member, nurse, care attendant or other escort will accompany the person. This will generally be facilitated but regard must be had that, apart from the patient, the standard IRC ambulance can carry a maximum of five persons including the driver. In cases where a wheelchair case is involved regard shall be had to whether an IRC ambulance or wheelchair enabled minibus is the most appropriate means of transport in each instance and whether appropriate fixing points are available on the vehicle. It should also be established if the transfer is one way or if a further onward journey or return journey is required for the escort person(s).

1.3.

The booking Officer shall seek, in confidence, relevant details of the person's medical condition, medical history, medication, medical records (where appropriate) or other special needs, allergies, dietary requirements etc. In some instances the patient may need oxygen therapy or be on IV support. If the patient is being collected from a hospital the booking Officer shall contact this hospital to check all relevant details are obtained in advance of collection and to confirm that all is in order for the transfer.

In the case of a terminally ill patient (where resuscitation measures would not be indicated) and in accordance with Clinical Practice Guidelines it is appropriate for the senior crew member or booking officer to obtain a letter from the patient's doctor confirming that resuscitation is not indicated.

1.4

In general Irish Red Cross members should not accept bookings involving the transfer of psychiatric patients whether voluntary or on a Committal Order into a mental health institution. These may involve legal issues and other complexities and the IRC crew may be deemed have insufficient training and experience for such transfers. The supervision of a patient who requires the use of restraints is also clearly outside the scope of the PHECC Inter Facility Patient Transfer Standard.

1.5

Ensure that the ambulance is in a state of readiness regarding hygiene, supplies, oxygen levels, heating etc. All loose equipment must be secured before commencing. The senior crew member should explain to the patient and family member (if present) travelling in the Red Cross ambulance, where they are going and what the arrangements are, openly and truthfully. The crew at all times shall be clean in appearance, polite in demeanour and easily identified as Red Cross personnel by way of uniform. Reassure the patient especially in the case of an older patient or child. All passengers on board shall wear seat-belts. The patient to be transferred should be secured in the safest way and in an appropriate position for their condition. The patient on a trolley should be appropriately secured to it or if in a wheelchair it should be secured by means of suitable clamps. No smoking requirements must be pointed to the escorting person(s) in advance of boarding. Check and secure the patient's belongings.

1.6

On arriving at the destination crew members will liaise with nursing home or hospital staff or family prior to moving the patient off the ambulance. The crew orderly shall direct the lifting, using the principles of lifting. The orderly shall check that all personal possessions and medication belonging to the patient is handed over and such handover is witnessed. The crew shall ensure that all appropriate equipment is returned to the ambulance and placed in a state of readiness for the next duty or call.

1.7

The Irish Red Cross does not deem occasional, intermittent requests for transport under this SOP as commercial or duty type calls. However it is reasonable that the booking family or agency be asked to fund cost recovery for the transport which would typically be modest but include fuel, consumables, (if any) and crew refreshments, where warranted. In respect of appropriate family requests in non emergency cases such requests are regarded as part of the humanitarian remit of the Red Cross subject to due regard to cost recovery.

1.8

The appropriate record for such inter facility transfers is the PHECC Patient Transport Record (PTR) which shall be completed for such patients. The PTR shall be retained by the Irish Red Cross Area which carried out the transfer. An incident number from the IRC INCO system should be obtained by text and entered onto the relevant part of the PTR. In the event that it is not possible to obtain an incident number from the IRC INCO system the default position shall be to use the unique number underneath the bar code on the PTR as the incident number. Such transfers/transports may be deemed a patient contact for EMT continuing professional competence purposes. The PTR shall be returned to Head Office on a monthly basis in the same way that PCRs are.
The PTR form should not be used where the patient transported is an emergency call, or where the practitioner member has to treat the patient en route (other than as set out below, as a PCR should be used in this instance), or the patient refuses treatment or transport.

The recording of pre-hospital care is an essential clinical responsibility for all practitioners regarding non-emergency patients being transferred or transported by the Irish Red Cross. The purpose of the Patient Transport Report (PTR) is to record the patient information where the patient is transported only, and essentially where care is limited to the administration of oxygen or stretcher requirements or where medications and interventions within the scope of EMT level CPGs are warranted.

32 STANDARD OPERATING PROCEDURE - ANNUAL UNIFORM DRESS INSPECTION

1. PURPOSE

To ensure that annual uniform dress inspections are carried out in a manner that enhances uniform dress standards and monitors dress standards in accordance with the regulations of the Irish Red Cross.

2. SCOPE

All annual uniform dress inspections carried out in Irish Red Cross Units.

3. RESPONSIBILITY

Area Director of Units
Area Inspecting Officers
Unit Officers

4.1 RELATED DOCUMENTS

IRC Regulations for the Organisation of Units
IRC Uniform Dress Specifications

4.2 RELATED FORMS

IRC Unit Annual Return Template
Uniform Dress Inspection Report Form

5. PROCEDURES

1.0 Activity

1.1 A uniform dress inspection shall be undertaken annually in each Unit by the Area Director of Units or an Officer designated by him or her.

The annual uniform inspection is required to comply with the Regulations for the Organisation of Units.

1.2 The Unit Officer will arrange to have all active Unit members - as per the current Duty Roster - notified of the date, time and venue of the inspection. The type of uniform to be worn should be specified in the notice which should also advise members that uniform permits and ID cards must be present. Where possible such notifications should be in writing.

1.3 The Unit Officer and/or Unit sub officers will assess uniform standards on the inspection date but before its commencement. Where appropriate uniform permits may be renewed at this stage.

1.4 Uniformed members shall line out in parade formation, initially standing easy.

1.5 The Unit Officer will call the dress parade to attention, salute the inspecting officer, who will return the salute. The salute shall be rendered in the prescribed manner. The Unit Officer then will invite the inspecting Officer to commence the dress inspection.

1.6 The inspecting Officer will conduct the inspection which may involve assessing uniform permits also.

1.7

At its conclusion the inspection the Unit Officer will fall out the dress parade.

1.8

Following the inspection the inspecting Officer will report his or her assessment using the prescribed form. This form will be copied to the Unit Officer and the Area Director of Units. Prior to the completion of the form the inspecting Officer will discuss the findings of the inspection with the Unit Officer as some points may need clarification due to individual circumstances.

1.9

In the event that there are warranted deficiencies to be addressed concerning uniform dress standards the Unit Officer will seek to remedy these deficiencies by (as appropriate):

i) discussion with individual Unit member(s)
ii) ordering via the Branch new uniform items
iii) replacing Uniform Permits

If a member does not, after discussion and right of reply, agree to remedy those deficiencies in uniform dress under his or her control, then the Unit Officer shall have the right to refuse to renew the individual's Uniform Permit thereby withdrawing the member's right to wear the uniform until the deficiencies have been remedied.

In such circumstances as (at the above paragraph) the member shall be informed by the Unit Officer of their right of appeal to the Area Director of Units concerning the decision to refuse to permit the wearing of the uniform.

1.10

The Unit Officer shall record that the inspection has taken place in the appropriate column of the Unit Return form.

If additional uniform items have been ordered arising from the inspection details should be updated on the personnel uniform card of the member receiving the extra items.

1.11

A member absent from the inspection shall be invited by the Unit Officer to attend an inspection in an adjoining Unit.

To assist this process the Area Director of Units shall inform his or her Unit Officers of the date, time and venue of annual uniform inspections forthcoming. In larger Areas, or where the Area decides to do so, the inspecting Officer may be the Deputy Area Director of Units or the Assistant Area Director of Units.

33. STANDARD OPERATING PROCEDURES – USE OF IRC MEDICATION BAGS

PURPOSE

To ensure that all appropriate medications related to the patient care offered by Irish Red Cross ambulance crews are stored and managed in accordance with the PHECC standards and the law.

SCOPE

Standard medication bags assigned to ambulances of Irish Red Cross Units. Medication bags carried by paramedics or advanced paramedics on IRC ambulance duties are outside the scope of this procedure.

RESPONSIBILITY

Area Chief Medical Officers/or designate
Regional Director of Units
Area Director of Units
Unit Officers

4.1 RELATED DOCUMENTS

PHECC EMT Training Standard 2011
IRC EMT protocols
PHECC Clinical Practice Guidelines 3rd Edition

4.2 RELATED FORMS

Ambulance equipment listing
Ambulance audit form
PHECC Patient Care Report Forms.
IRC Medication Renewal Form

PROCEDURES

No. Activity

1.0 Initial application and scope

The Irish Red Cross will retain, and store as set out, on its ambulances when deployed on duty those medications specified in the PHECC Clinical Practice Guidelines and the PHECC education and training standard up to the level of EMT. The medication bag shall not contain morphine but shall additionally contain Epinephrine (adrenaline). Medication bags carried by Paramedics or Advanced Paramedics on IRC ambulance duties are outside the scope of this procedure, as these are personal issue and not IRC controlled items.

The use of other cardiac related drugs formerly carried on IRC ambulances shall cease and these shall no longer be carried on IRC ambulances.

1.1 Paramedic & Advanced Paramedic level - additional medications

In a case where a Paramedic or an Advanced Paramedic is attending a duty or event as part of an IRC crew he or she may make appropriate arrangements to carry additional medication to operate at that level, as the additional medications applicable to these levels will not be carried routinely on IRC ambulances.

1. 2 Gaseous Medications

Approved medication in gaseous form – medical oxygen and Entonox – shall be stored as set out in the quantities specified in the current IRC ambulance equipment listings namely oxygen two F size cylinders and two D size cylinders and Entonox one D size cylinder. All such gases shall be safely stored with cylinders strapped securely in place. Such gases shall be in date and complete with appropriate key opening systems and single use masks.

1.3 Other medications – off ambulance storage

All other medications as set out at 1.9 below (except the gaseous medications defined at 1.2 above) shall be stored in a medication bag of a type approved by the IRC nationally and stored on the vehicle when at an event or on duty but otherwise securely stored at an IRC premises or other suitable location approved by the Area Director and communicated as such to the Regional Director. While in such premises storage of the medication bag shall be in a locked press or locker. If it is not practicable to store the medication bag in an off vehicle premises or where a Unit does not have its own premises storage of the medication bag in a locked press on the ambulance is permissible.

1.4 Initial issue

The initial issue of the IRC medication bag shall be at national level via the Regional Directors of Units. The bags will be stocked initially as set out below. Each medication bag will carry a unique identification number. The bag shall be sealed initially with a plastic tie. Expiry dates shall be listed on a medication list panel inserted into the transparent pocket on the front of the bag. Expiry dates shall be listed on the medication list panel in pencil to facilitate later renewal/re-stocking. Each Officer or other member authorised to check ambulances shall maintain a record of the expiry dates of medications contained within the drug bag.

1.5 Routine re-supply of medications

The routine method of re-supply of medication items used or reaching the end of their expiry life shall be via the Area Chief Medical Officer or Unit Medical Officer (where available) and the local pharmacy. The following wording is recommended for use on the requisition order or script to the pharmacy by Area or Unit Medical Officers: "Dr. …… (first name) ……. (surname), on behalf of the Irish Red Cross …….. Branch/Unit/Area for emergency use in accordance with specification S.I. 540 of 2003 as amended" and follow with the appropriate drugs required.

1.6 Non routine re-supply – via the National Chief Medical Adviser

In instances where no Area or Unit Medical Officer is appointed or where the Area cannot make local arrangements to renew the contents of the medication bag it shall be permissible for the Irish Red Cross National Chief Medical Adviser to provide the necessary prescriptions on an ongoing basis as needed but solely where the following procedures are strictly adhered to:

The Area Director of Units provides the name of a suitable designated Officer or Unit Member who will be responsible for a specific IRC drug bag or bags. In the event of the Area Director changing the designated Officer or Member or in the event of his or her resignation the Area Director of Units shall inform the National Chief Medical Adviser forthwith of such change of personnel.

The designated Officer or Member shall contact the National Chief Medical Adviser solely by way of a dedicated e-mail address (medbag@redcross.ie) in the form set out in the IRC Medication Renewal Form detailing, inter alia, those medications needing replacement and the fax number of the pharmacy to which the prescription should be sent.

1.7 Loss or Theft of Medication Bag

In the event that the IRC standard medication bag is either lost or stolen the member who discovers that the medication bag has been lost or stolen shall immediately inform the Area Director of Units. In such case the Area Director of Units shall report the loss or theft of the medication bag to the local Gardai and the Chief Medical Adviser.

1.8 Ambulance Audit

Ambulance audits shall include the medication bag in the audit and the unique serial number shall be recorded on the audit form. The audit shall also confirm the patency of medications carried. The designated Officer shall ensure that the drug bag is available for inspection when ambulance audits take place. The audit shall confirm that medicines not listed below are not carried on the ambulance

1.9 Record keeping

A summary of the indications and contra indications for the medications carried shall be carried on the ambulance. Administration of medication shall occur in circumstances where such use is appropriate, where the medication is administered by a member within their training level to administer such a drug in accordance with appropriate PHECC clinical practice guidelines. The use of medication shall be recorded on the PHECC Patient Care Record. The PHECC Registration number of the IRC Member administering the medication must be recorded on the PCR.

1.10 Medications to be carried in the IRC drug bag

The following medications only shall be carried in the IRC drug bag, in date and in the formulary set out hereunder when an IRC ambulance is on duty or at an event. The bag shall stored securely as at 1.3 above. The bag shall also carry appropriate IV cannulae and giving sets additionally.

Medication	**QUANTITY**	**SUPPLY**	**Note**
Aspirin 300mg	6	Local	
Glucagon	1	Script	
Glucose gel	3	Script	
GTN SL	1	Script	
Entonox		Local	
Oxygen		Local	
Paracetamol (500mg)	6	Local	
Salbutamol aerosol	1	Script	
Epipen autoinjector (0.3mg) IM (Adult)	1	Script	
Epipen Jr (0.15mg) IM (Paediatric)		Script	
Hartmann's Solution	1 L	Script	For Paramedic/ AP / Dr use
Sodium Chloride 0.9%	1 L	Script	For Paramedic/ AP / Dr use
Epinephrine(1/1,000) ampoules IV (adrenaline)	3	Script	For AP / Dr only - For use: 1. as 1/1,000 epinephrine by AP or Doctor for acute analphylaxis OR 2. as 1/10,000 (when reconstituted with water for injection) by AP or Doctor in a cardiac arrest.

Paracetamol paediatric suspension	120mg/5ml	Local	
Water for Injection 10ml	3	Script	For AP / Dr use
I.V. Cannula size 14			1
I.V. Cannula size 16			2
I.V. Cannula size 18			2
I.V. Cannula size 20			1
I.V. Cannula size 22			1
Giving sets			2
Syringe 10 ml			4
Hypodermic needles 21g			4
Alcohol swabs			10
Elastic tourniquet			1
Heplock			2

1.11 Administration of Medications

Only IRC Members who hold current certification at a one of the PHECC training standards and whose membership is in date may access the medication bag and administer medications while on duty with the IRC. This includes Paramedics and Advanced Paramedics who are on duty with the IRC. Members at CFR level may administer aspirin. Members at EFR level may administer aspirin, oxygen and assist patient's taking their own GTN and Salbutamol (or provide these from the medication bag provided that the patient is on a regular prescription for them). Aspirin shall be stored in the AED response bag in addition to being stored in the medication bag. Members are not permitted to administer medication that is not appropriate to their level of training.

A copy of the PHECC Registration Certificate of the IRC Member at their Level of Registration shall be sent to the IRC National Training Manager to be retained on file. This must be done at every re-registration so that the IRC can retain a copy of the most current Registration Certificate of the Member.

34. STANDARD OPERATING PROCEDURES - UNIT DISCIPLINARY PROCEDURE

1. PURPOSE

To ensure that disciplinary breaches of a serious or persistent nature involving Irish Red Cross Unit personnel are handled in a manner that is both fair and consistent.

2. SCOPE

All Irish Red Cross Unit personnel of member and sub officer grades. Formal disciplinary action (i.e. suspension, dismissal) against an officer is the subject of separate procedures set out in the Regulations for the Organisation of Units.

2. RESPONSIBILITY

Unit Officers
Area Directors of Units

4.1 RELATED DOCUMENTS

Regulations for Organisation of Units
Unit Officer's Manual
Disciplinary Procedures - Irish Red Cross Units

4.2 RELATED FORMS

Declaration and Uniform Permit

6.1 POLICY

It is the policy of the Irish Red Cross that if disciplinary action has to be taken against members it should:

a) provide for members to be informed of any complaint against them, and, where feasible, give an opportunity to state their case before a decision is taken on the matter.
b) be implemented only where good reason and clear evidence exists.
c) allow members a right of appeal against formal disciplinary sanctions - as defined in 6 - 1.3, 1.4, and 1.5 below.

5.2 RULES

The Unit Officer or Sub Officer in Charge (where a Unit Officer is not appointed) is responsible for issuing the rules of the uniformed section of the Irish Red Cross, rule summaries of the dress regulations, performance levels etc.

Irish Red Cross

6. PROCEDURES

FORMAL VERBAL WARNING

1.1. A formal verbal warning is given in the event of a member causing an offence. The warning specifies the nature of the offence and allows the member a right to reply. Where a breach of disciplinary occurs sanctions may follow if the offence is repeated. The warning constitutes the first stage of the disciplinary procedure. It is administered by a sub officer (attached to the Unit) or by the Unit Officer.

FORMAL WRITTEN WARNING

2.2 A formal written warning is given in the event of a serious offence or a recurrence of an offence following a formal verbal warning. After investigation it specifies the nature of the offence and states that further recurrences will result in formal disciplinary sanctions being taken. It is administered by the Unit Officer, or the Sub Officer in Charge where in Units where no Unit Officer is appointed.

SUSPENSION

1.3 If, despite previous warnings, a member still fails to reach an adequate level of performance in compliance with the rules it will be necessary to consider further action. After investigation and cause shown the member may be suspended from the Unit and may be re-instated at the discretion of the Unit Officer.

If re-instated reference to the suspension is recorded on the members record card, but is removed 12 months later if the intervening service has been satisfactory.

DISMISSAL

1.4 The final stage of the disciplinary procedure is dismissal (discharge, indefinite suspension) from the Unit. After investigation and cause shown the member is discharged from the Unit. This is administered by the Unit Officer, subject to a prior right of approval by the Area Director of Units.

SUMMARY DISCIPLINARY ACTION

1.5 Summary dismissal or suspension (after investigation but without following the procedures outlined above) may only be administered in the event of gross misconduct.

APPEALS

1.6 A Unit member has the right to appeal to the Area Director of Units against a decision of the Unit Officer suspending or dismissing him or her. If necessary the appeal may be determined by the National Unit Forum/National Director of Units or the Executive Committee of the Irish Red Cross. Appeals against dismissal or suspension must be made within one month and be in writing.

1.7 A Unit Officer shall document as fully as possible all discipline interview notes, warning letters, replies received, discipline notices etc to assist in appeals determination or procedures review.

35. STANDARD OPERATING PROCEDURES - UNIT GRIEVANCE PROCEDURE

1. PURPOSE

To aim to ensure that grievances involving Unit personnel are resolved fairly while remaining consistent with the overall aims and efficiency of the organisation.

2. SCOPE

All Irish Red Cross personnel within Units

3. RESPONSIBILITY

Sub Officers.
Unit Officers
Area Director of Units
Regional Director of Units

4.1 RELATED DOCUMENTS

Regulations for Organisation of Units
Unit Officer's Manual.
Sub Officer's Manual.

5. DEFINITION

A grievance may be defined as a situation or act which is unfair in the mind of the person who is aggrieved.

6. POLICY

1. It is the policy of the Irish Red Cross that Unit members should:
a) to be given a fair hearing concerning any grievance relating to Unit matters they wish to raise.
b) have the right of appeal to refer to a senior officer regarding the grievance or a decision made regarding the grievance.

7. OBJECTIVE

A clear objective of the procedure is that grievances be resolved as close to the point of origin as possible.

8. PROCEDURE

1.1.

a) If a grievance concerns an act on the part of a Unit sub officer the aggrieved member shall raise the matter directly with the sub officer concerned. If the member is still dissatisfied he or she may then bring the matter to the Unit Officer.

b) In every other case the aggrieved member raises the matter directly and initially with the Unit Officer. The Unit Officer gives a fair hearing to the matter, investigates further (where necessary) and issues a decision on the matter.

1.2.

If the member is dissatisfied with the decision of the Unit Officer he or she may then appeal to the Area Director of Units. The Area Director of Units issues a decision on the matter, after investigation. He notifies the member making the complaint and the Unit Officer.

1.3.

The Area Director of Units may delegate to a staff officer the task of investigating the grievance. The investigating officer shall make his recommendation on the matter to the Area Director of Units.

1.4.

A decision on the grievance shall be reached within a period not exceeding two months from the date the grievance was raised initially.

1.5.

Members who feels aggrieved about receiving formal disciplinary action (i.e. suspension, dismissal) shall follow the appeal procedure as outlined in the Regulations for the Organisation of Units and the appropriate appeals procedure detailed in the disciplinary procedures (see SOP 34).

1.6.

Where warranted and where a substantive issue is involved the decision of the Area Director concerning a grievance may be appealed to the relevant Regional Director of Units. The Regional Director of Units shall have access to mediation services which may assist in resolving the matter. The Regional Director of Units shall have jurisdiction to deal with a grievance referred to him from a member below the rank of Area Director of Units and relating to the decision of the Area Director of Units only where it is believed that the Area Director of Units acted outside his or her powers in making the decision giving rise to the grievance. Grievances concerning promotions shall not be referable to the Regional Director

of Units but may instead be referred to the Appeals sub group of National Unit Forum.

1.7.

In limited circumstances on substantive grounds there may be a final referral to national external mediation but this shall occur solely in limited circumstances, where a substantive matters arises involving a point of relevance to the wider organisation and where lower level resolution steps outlined above have been fully exhausted first.

1.8.

In a case where a grievance is based on varying interpretations of the Regulations for the Organisation of Units the matter shall be referred to the National Director of Units for decision and if necessary, where warranted on technical grounds, to the Executive Committee for final decision.

36. STANDARD OPERATING PROCEDURES – ADVERSE CLINICAL EVENTS POLICY

PURPOSE

To ensure that adverse clinical events relating to patient care are dealt with in accordance with the Irish Red Cross policy on Adverse Critical Events. To provide a process for IRC members to report, and manage, clinical error, and clinical adverse events. To allow the IRC to learn from these events and to prevent them from recurring.

2. SCOPE

All adverse clinical events affecting patient wellbeing, including near misses, relating to patient care offered by the Irish Red Cross. The policy and procedure excludes criminal acts, gross negligence, or professional misconduct on the part of a health care practitioner.

RESPONSIBILITY

National Director of Units
Designated Medical Officer
Area Director of Units

4.1 RELATED DOCUMENTS

Irish Red Cross Adverse Clinical Events Policy
PHECC Clinical Practice Guidelines
PHECC Code of Professional Conduct and Ethics
Irish Red Cross Disciplinary Procedure

4.2 RELATED FORMS

IRC Adverse Clinical Events Reporting Form ACE-1
IRC Adverse Clinical Events Incident Review Form ACE-2

PROCEDURES

No. Activity

1.0 Initial application

1.1

The policy and this procedure applies to all IRC members who are involved in clinical patient care including Emergency Medical Technicians, Paramedics, Advanced Paramedics, Nurses, Doctors and all levels of Officers within the organisation.

1.2

The IRC Adverse Clinical Event policy defines the terms used clearly. Officers and practitioners shall familiarise themselves with the policy. The policy shall be one of the documents which the ADU shall ensure is issued to Officers on appointment in accordance with the terms of the Duties of Officers document.

1.3

The issues which could fall within the scope of the policy and this procedure include, for example, errors in treatment or diagnosis, equipment failures, adverse reactions to medications administered by the IRC, and near misses which have the potential to cause an adverse event but do not.

1.4

Members are responsible for reporting adverse events, near misses or patient safety concerns to the ADU or designated officer. Members are also obliged to cooperate with reviews of adverse clinical incidents.

1.5

The ADU is responsible for receiving reports of adverse clinical incidents and reviewing these. The ADU shall ensure that members are offered emotional/clinical support. The ADU liaises with the relevant IRC Regional Medical Officer and advises the National Medical Officer on events deemed major or severe, as defined in the policy.

1.6

The Regional Medical Officer shall assist the ADU in reviewing and resolving the event, if possible. The RMO shall, in addition to the ADU, advise the National Medical Officer of those events listed at 1.5 above. The RMO shall devise responses to events occurring and promote a culture of patient safety.

1.7

The National Medical Officer shall respond to reports of adverse clinical events reported from the ADU or Regional MOs. The NMO shall report on adverse clinical events on a quarterly basis to the National Director of Units and to the Secretary General.

1.8

The National Director of Units shall consider and implement clinical risk mitigation advice received from the National Medical Officer.

1.9

In the event of an adverse clinical event occurring the IRC member attending the patient shall mitigate risk to the patient by informing receiving clinical staff of the event and recording the details of the event on the patient care record or other relevant record. The member should report the event to the ADU as soon as is practicable, or in his or her absence to the Assistant ADU. The report should be recorded in the ACE-1 form appended to the IRC policy and also be accompanied by the PCR or other approved patient care record.

1.10

In any review of the incident taking place the member shall cooperate fully with the review by:

- providing a written report of the incident
- identifying other potential sources of information on the incident, such as other members' present, receiving clinical staff, patient's GP etc.
- making himself/herself available for reviews with the ADU/RMO/NMO
- co-operating with measures to progress the review
- co-operating with a personal improvement plan, where warranted, which may take the form of mentoring or refresher training
- in the event that it is warranted a member may have their clinical privileges in the IRC restricted by the NMO or designate.

1.11

Members shall report near misses or warranted patient safety concerns to the ADU.

1.12

The ADU, on receipt of a report of an adverse clinical event, shall assemble the key information needed on the incident including the patient care report, the written report from the member involved, the reports from other members involved, again in writing. The ADU shall then grade the event in accordance with section 7.2.3 of the IRC policy. Major or extreme category shall be reported immediately to the NMO. The lesser categories shall be reported to the RMO. The ADU and RMO will discuss the putative cause of the incident, any adverse patient outcome, whether a personal improvement plan is warranted and the potential for the matter to recur and what reasonable mitigation measures would address the risk. The ADU and RMO will complete a Form ACE-2 and submit to the NMO with recommendations for organisation wide mitigation measures.

1.13

In the event that a member considers that the application of a personal improvement plan, as proposed by the RMO, is not warranted, he or she has the right to appeal the decision to the National Medical Officer, whose decision on the matter shall be final.

1.14

The ADU and the RMO shall submit quarterly adverse clinical event reports to the NMO.

1.15

The NMO will determine, following notification of an adverse clinical event, if measures across the organisation are warranted to prevent a recurrence of the event. In this latter event the NMO shall advise the NDU and Secretary General of such measures for their consideration and implementation.

1.16

Where an event indicates serious concerns relating to a member's clinical competence, the NMO or designate is authorised to take protective measures to ensure future patient safety, including, inter alia, withdrawing or modifying the members' clinical privileges, or restricting the member to non clinical duties.

In the event that the incident indicates gross negligence or deliberate wrong doing by the member the NMO or designate may refer the member for the application of IRC disciplinary procedures or for consideration (in the case of a practitioner member) of the PHECC Fitness to Practice process.

1.17

A member who is aggrieved by clinical practice restriction measures taken under 1.16 above may appeal the NMO's decision to a three person panel, whose composition shall be determined by the Medical Advisory Working Group. This panel's decision shall be final.

1.18

A member who is aggrieved by the application of IRC disciplinary sanctions arising from 1.16 (other than those relating to clinical restrictions) shall have a right of adjudication by the RDU. If the member is aggrieved by the RDU's adjudication on the matter the final appeal lies with the national appeal processes as set out in the IRC disciplinary procedures.

1.19

In line with the IRC Adverse Clinical Incident Event policy it is the procedure that the patient who is affected by the event has the event disclosed to them and also the outcome of the event, regarding the Irish Red Cross.

1.20

In terms of the communication of the IRC Adverse Clinical Incident Event policy the ADU shall circulate the policy to all Area and Unit Officers. The policy will form part of Continuing Professional Competence training for IRC EMTs. It will also be included in the IRC EMT and EFR courses.

1.21

Responsibility for periodic review and update of the policy rests with the NMO. In the event of any dispute between interpreting the policy and this standard operating procedure the policy shall take precedence over the procedure.

37. STANDARD OPERATING PROCEDURES – CONTINUING PROFESSIONAL COMPETENCE FOR EMTS.

1. PURPOSE

To set out consistent procedures, for implementing continuing professional competence, relating to IRC Emergency Medical Technicians.

2. SCOPE

The procedure governs the application of continuing professional competence, for Irish Red Cross EMT registrants, in accordance with PHECC requirements.

3. RESPONSIBILITY

National Training Support Manager
Area Director of Units
IRC EMTs

4.1 RELATED DOCUMENTS

PHECC Continuing Professional Competence Guide (2011)
IRC Continuing Professional Competence Policy

4.2 RELATED FORMS

IRC Continuing Professional Competence Log Book

7 PROCEDURES

No. Activity

1.0 Initial application

1.1

Each qualified Irish Red Cross Emergency Medical Technician (IRC EMT) undertakes to maintain and develop their competency through Continuing Professional Competence (CDC) each year. A commitment to lifelong learning and continuous professional competence (CPC) is essential for Emergency Medical Technicians (EMT) to maintain and improve their knowledge and skills. It is also required to maintain the currency of an EMT registration status as a practitioner at EMT level on the PHECC Register.

1.2

The individual EMT must complete a total of 40 hours/points of CPC annually, or 120 hours/points built up over three years in order to meet the PHECC requirements.

1.3

The IRC EMT must complete the appropriate record details on the Continuous Professional Competence by way of a portfolio. The individual EMT is responsible for providing up to date data relevant CPC activities which may include the following:

- Duties covered
- Patient contacts
- EMT interventions
- Training completed
- Training delivered

1.4

Appropriate records of the duties attended, including dates and times must be kept by Unit Officers / Area Directors for all IRC EMT's in their Area. The Area Training and Development Officer shall maintain a record of Area CPC training events for EMTs. The EMT as a registrant with PHECC remains responsible for maintaining their own CPC record and ensuring that the requirements are being met. To assist the IRC Training Department issues an IRC CPC logbook to EMTs enrolled in the Irish Red Cross and whose records of training and registration status are copied to IRC Head Office. To assist IRC registrants an Induction Pack is on sale from Head Office which permits the safe storage of training certificates, CPC course records, duty hours attended, patient contacts, incident numbers etc and it is recommended that this IRC pack be used uniformly to keep the CPC records in one accessible format.

1.5

PCR forms in respect of patients transported to Hospital **and** ACR records of non transported patients must be kept in all cases. Appropriate records of training delivered and training completed must be kept by Unit Officer / Area Director for all IRC EMT's in their Area. An EMT must ensure that their Cardiac First Response Practitioner Level is valid. This is mandatory and requires recertification every two years.

1.6

If for personal reasons (illness, absence abroad etc) it is not possible to complete the 40 points in a given year it is permissible to gain points in the next year.

However the registrant must complete 120 points over three years to retain CPC status

1.7

IRC EMTs needing more information on CPC should contact their Area Training and Development Officer in the first instance and thereafter, if necessary, the Training Services Manager at Head Office. As a recognised training institution the IRC is free to agree those activities it deems appropriate as CPC in the additional CPC points category.

1.8

The Irish Red Cross EMT CPC adopts the PHECC CPC hours/points based system. An EMT will be awarded points for a variety of activities as designated by the PHECC regarding mandatory activities and by the IRC as a recognised institution for non mandatory activities. These activities are divided into different categories and an EMT will have to achieve certain minimum points in each category to meet CPD requirements.

Of the 40 CPC points to be achieved per annum (or 120 over three years) the annual points are made up of 22 points which are mandatory and 18 “additional” points

Within the PHECC CPC system the allocations of points/hours is:

Mandatory (Compulsory) CPC points 22 – all EMTs must complete and show evidence of compulsory CPC

Required CPC points	
Cardiac First Response refresher (or re-certification every two years)	6 points
16 hours of pre-hospital care duties or related experience	16 points

Provide evidence of six patient contacts a year (e.g. a record of patient contacts)	
A signed declaration that you are up to date with the current relevant clinical practice guidelines.	
Total CPC Points allowed from this Compulsory Section	**22**
Additional CPC Points 18	

Activity	CPC points	Evidence
Patient contacts	1 point for each patient	Record of calls and incident number
CPC training programme provided by IRC or another professional health care body	1 point for each hour	Certificate
Placement on frontline ambulance	1 point for each hour	Documented evidence of placement signed by a paramedic or advanced paramedic
Case study	2 points	Case study on a call, condition or injury you have encountered
Completing a patient care report or ambulatory care report	1 point for each completed report	Incident number recorded
Reflection on a call	2 points	A document containing the main learning points
Seminars & Conferences	1 point per hour	Details of the seminar with a review of the key learning points
Programmes such as ACLS, PHTLS, MIMMS, ATLS etc	1 point per hour	Certificate

Journal article review	2 points	Critical appraisal of a journal article
Mentoring a student or being mentored	1 point for each hour	
Tutor, examiner or teaching	1 point for each hour	

1.10

Completion of the minimum CPC requirements and a signed declaration (signed by the EMT) will permit PHECC to renew the EMT's registration on the EMT division of their practitioner register.

1.11

The CPC portfolio does not have to be sent to PHECC but PHECC will review a percentage of EMT CPC portfolios randomly to ensure that they meet the specified CPC requirements.

1.12

The Irish Red Cross reserves the right to review its EMT registrants CPC records where warranted and where the EMT does not appear to participate in public duties, in service training or other structured IRC EMT CPC training, mentoring or placements.

38. STANDARD OPERATING PROCEDURES – GARDA VETTING

1. PURPOSE

To set out clear procedures for seeking Garda vetting of Irish Red Cross Unit members. The purpose of Garda Vetting and determination on the disclosures received from the Gardai is primarily for the protection of children and vulnerable adults. It is a key component of child protection systems within the IRC and the State. It also seeks to mitigate and manage the risk in respect of former offenders, for other categories of relevant offence.

2. SCOPE

All applications for Garda Vetting of Unit personnel within the Irish Red Cross, as Garda vetting is required for all volunteers of the Irish Red Cross. Garda Vetting uses a centralised system using a pre-designed form from the Garda Central Vetting Unit. The Garda Central Vetting Unit will deal only with the authorised signatory in each organisation. The Garda Central Vetting Unit will not make decisions about applicants' suitability; it is the responsibility of the Irish Red Cross to carry out their own decision making following disclosures received. Disclosures of any kind will be dealt with on a case by case basis. The Garda Vetting Procedure will disclose all convictions or prosecutions successful or not, pending or completed in the State or elsewhere as the case maybe.

3. RESPONSIBILITY

Designated Officer, Head Office
IRC Garda Vetting Sub Group
Area Director of Units

4.1 RELATED DOCUMENTS

IRC Garda Vetting Policy
Garda Policy on Vetting

4.2 RELATED FORMS

Garda Vetting Application Form

5. PROCEDURES

No. Activity

3.0 Initial application

1.1

On joining a Unit the person applying to join must first become a member of the Society by completing the application form and paying the appropriate fee to Head Office. The membership application form makes it clear to applicants that membership is conditional on Garda vetting and a satisfactory outcome to same, as determined by the Irish Red Cross.

1.2

As the policy on Garda vetting applies to all IRC members and staff the Garda vetting form shall be issued to every person seeking membership, and to every member who has not received a Garda vetting outcome as notified to Head Office and the applicant member.

1.3

Members or potential members applying shall be directed to post the completed form in an envelope marked confidential to the “Authorised Signatory Garda Vetting, Irish Red Cross, 16, Merrion Square, Dublin 2”. As set out in the IRC Garda Vetting policy strict confidentiality shall apply to Garda vetting forms and disclosures thereafter.

1.4

It shall be permissible to grant probationary membership to Unit members for a period not exceeding six months as set out in the Regulations for the Organisation of Units, pending conclusion to their Garda vetting process, during which period they may carry on appropriate volunteer activities under the direct supervision at all times of an Officer or Sub Officer who is Garda vetted. It shall not be permitted for such probationary members to carry out volunteer IRC duties on their own in the presence of young people or vulnerable adults.

1.5

The probationary period is deemed “pre-appointment” to full membership. Supplying inadequate or a misleading Garda vetting disclosure may result in terminating of probationary membership or dismissal of an existing member. Area and Unit Officers shall inform members completing the Garda Vetting form of the importance attaching to accuracy and full disclosure of past convictions. A volunteer must be advised that if negative Garda disclosures are received, their involvement as Unit members may be suspended until the necessary assessment has taken place. If any conviction or disclosure is such that the IRC Executive Garda Vetting Sub Group recommends the prospective volunteer or employee is unsuitable, then the pre-appointment shall be terminated immediately.

1.6

All applicants to become a volunteer with the Irish Red Cross must undergo Garda Vetting. The purpose of Garda Vetting is to find out if there is any information with reference to convictions or prosecutions recorded against an individual. All information received is held in the strictest of confidence.

1.7

A potential volunteer is required to fill out a Garda Vetting Application form and return it to the Authorised Signatory at the Irish Red Cross. If, on the date of the Garda Vetting Application Form being signed, the person is 16 but under 18 years of age, written consent from a parent or guardian will be required. Garda vetting does not apply to Cadets.

1.8

The Authorised Signatory at Head Office will forward the completed Garda Vetting Application form to the Garda Central Vetting Unit seeking information on convictions, if any, registered against the applicant. The Garda Central Vetting Unit will in return provide the Authorised Signatory with any information regarding convictions and prosecutions whether successful, unsuccessful, pending or completed. The Garda Central Vetting Unit does not provide clearance for an individual. It is the responsibility of the Irish Red Cross to make the decision regarding the suitability, or otherwise, of that person to become a volunteer.

1.9

The Irish Red Cross Executive Garda Vetting Sub Group is responsible for assessing an individual's convictions and making recommendations to the Board on their suitability to volunteer with the Irish Red Cross. Each person's convictions will be assessed on a case by case basis.

1.10

If any disclosure raises doubts or concerns about the volunteer's suitability, it will be considered by the IRC Garda Vetting Sub Group. The decision on accepting or rejecting an applicant following a negative disclosure will be made by the Board taking account of the nature of the disclosure, the circumstances surrounding it (to the extent that they may be known) and an assessment of the risk factors. The Sub Group will recommend to the Board if the applicant should be accepted with or without restriction.

1.11

If an applicant is accepted, subject to a restriction due to a disclosure in the course of the Garda Vetting, the Sub-Group will notify the Secretary General of

the details of the restriction and the Secretary General will notify the relevant line manager of the volunteer to whom the applicant will be reporting of the details of the restriction (generally the ADU). A Register of restricted persons will be kept on file and disclosure of details of the restriction will be kept to a minimum to ensure that the restriction is monitored and complied with.

1.12

The Sub Group will assess the information provided by the disclosure process, and will make a recommendation on whether or not the prospective volunteer should be appointed. If disclosures have been received, the Authorised Signatory will request in writing that the prospective volunteer furnish further information on these disclosures or attend a meeting to discuss these disclosures and the circumstances surrounding them. If attending a meeting the prospective volunteer is entitled to bring a colleague or friend to the meeting; however their role is for support and they are not being involved in the discussion.

The Authorised Signatory may request another member of staff or senior volunteer or National Child Protection Strategy Group member to attend the meeting as an observer. The function of this meeting is to gain more information from the applicant for the Sub-Group in order to assess the disclosures. If the prospective volunteer does not want to meet with the Authorised Signatory he/she can provide a written statement. Any such statement will be sent in a sealed envelope marked 'private and confidential' to Irish Red Cross Head Office for the attention of the Authorised Signatory. Where such meeting or written statement is not provided, the Sub Group will assess the application on the information available to it.

1.13

The Group will have three options on membership status open to it:

1. Appointment Approved
If after reviewing all the available information the Sub Group is confident that the prospective volunteer is able to serve within Irish Red Cross's policy then the remainder of the process for the registration of any volunteer shall be followed in the usual way and the appointment confirmed. The prospective volunteer may be allowed to work under normal policies and procedures with regards to young people and vulnerable adults. Acceptance of the application for volunteer should be confirmed in writing to the volunteer.

2. Restricted Appointment

After reviewing all the available information, the Sub Group may feel that the prospective volunteer is suitable to serve with the Irish Red Cross, but should avoid any areas where there may be an opportunity to re-offend. If an application for a volunteer position is accepted subject to any restrictions, the acceptance and terms of the restrictions should be confirmed in writing to the volunteer.

3. Appointment Denied

If after reviewing all the available information from the Sub Group, the Board or other appropriate body (such as the Disciplinary Group) may feel that the application should be denied, the applicant will be informed of this in writing. Throughout the procedure it is essential that the prospective volunteer is kept informed and that the information provided is kept confidential to those directly involved in the process. The applicant will then be notified in writing on the final decision made by the Board or Discipline Group. If appointment is denied the line manager (generally the ADU) shall be so advised by Head Office of this fact but not the details which underpinned this decision.

1.14

As per the IRC Constitution, Article 27, a final appeal facility will be provided if the decision of the IRC is to remove, or to refuse membership, is not accepted by the person. An External Appeal Tribunal shall hear the appeal. This will comprise of external individuals, with suitable standing and expertise, from one to three in number, who shall be entirely independent of the Irish Red Cross. The decision of this tribunal is final.

1.15

In accordance with best practice, Garda Vetting should be sought in respect of each volunteer approximately every 5 years, or at any time or times within the said 5 year period as deemed necessary by the Irish Red Cross. If a member takes a leave of absence from the IRC, i.e. leaves the country for more than 6 months, upon their return they shall be re vetted. There is an obligation on a volunteer to inform the Society of any actual or pending conviction or prosecution since they were vetted and therefore they will be re vetted. The Irish Red Cross is also entitled to do a random selection of both volunteers and staff members at any point during the five year period after last vetting.

1.16

Members or Officers wishing to contact the Garda Vetting Section of the Irish Red Cross may email their questions to: <gardavetting@redcross.ie>

1.17

In the event of a dispute arising between interpreting the content of this Standard Operating Procedure and the IRC Garda Vetting Policy the Policy shall take precedence over the Standard Operating Procedure.

39. STANDARD OPERATING PROCEDURES – SEVERE WEATHER RESPONSE

1. PURPOSE

To set out procedures for responding to requests for support of the principal response agencies, to the Irish Red Cross as an auxiliary body in the humanitarian field.

2. SCOPE

All requests for assistance from PRAs under severe weather response calls as an auxiliary body to the public authorities.

3. RESPONSIBILITY

Regional Directors of Units
Area Director of Units
Unit Officers

4.1 RELATED DOCUMENTS

Irish Red Cross Society Statutory Order 2012
Severe Weather Response Procedure

4.2 RELATED FORMS

IRC Call out fleet matrix

5. PROCEDURES

No. Activity

4.0 Initial application

1.1

As an auxiliary to the public authorities in the humanitarian field the Irish Red Cross will receive requests for support in severe weather from public agencies, mostly likely its linked principal response agency, the HSE. The type of support sought may vary from location to location but could include the use of four wheel drive ambulances/vehicles to:

- transport public health nurses on planned essential calls in upland areas
- transport of essential health care staff to acute hospitals, where warranted
- transport of dialysis patients from inaccessible areas, when requested by NAS

- transport of essential medicines, food, water etc to vulnerable householders

1.2

In line with respective HSE and IRC policies regard shall be had to the limited resources of four wheeled drive vehicles and the volunteer nature of their drivers, especially in prolonged periods of severe weather and measures shall be taken to ensure that the requests made to the Irish Red Cross are neither excessive nor frivolous in nature.

1.3

The RDU shall be the primary initial liaison point between the NAS and the IRC at regional level. Thereafter agreement may be reached to delegate the contact to ADU or ADU designate level, possibly the Area Ambulance Operations Officer. In the latter case the ADU shall inform the RDU of such call outs or standby requests.

1.4

Given that many of the calls needing support from the IRC may arise in community care programmes, rather than ambulance care programmes, the IRC designated officer(s) should be aware that the requests from the HSE may come from:

- ambulance control
- general manager or senior operation manager, community care
- director or assistant director of public health nursing

1.5

A record of calls made at the request of the HSE shall be recorded in the IRC vehicle logbook and a record made, verified by a superior officer of the hours expended by IRC personnel, shall be kept. In line with past severe weather requests and subject to agreement between the two organisations cost recovery for fuel and subsistence for drivers is the norm. In this regard IRC shall provide details of legitimate fuel and subsistence costs incurred as requested by the HSE.

1.6

While individual health care workers may have access to IRC driver contact details from previous support trips it is emphasised that the request for support from the IRC need to come via the authorised HSE contacts persons specified at 1.4 above to the designated IRC officer only and not informally to individual drivers.

1.7

IRC drivers shall have due regard to weather conditions, road conditions and other relevant factors in deciding on the safety aspect of undertaking a particular trip on a particular date as there may be circumstances when it is unsafe to do so and if this is so the designated IRC officer shall advise the HSE accordingly that it is unable to meet this request, at this time.

40. STANDARD OPERATING PROCEDURE – PATIENT CARE RECORDS

1. PURPOSE

To provide a consistent procedure for the completion, storage, and processing of patient care reports in accordance with Irish Red Cross guidelines, PHECC clinical record management rules and relevant Data Protection legislation.

2. SCOPE

The PHECC issued patient care report (PCR) is the sole form of patient care record completed by the Irish Red Cross where a transported patient is taken to a hospital on an Irish Red Cross ambulance, under the care of an appropriate PHECC registered practitioner. It covers the data capture, collection, transfer and processing of manual PCRs onto the national electronic ePCR system. It does not cover other forms of patient records such as the Cardiac First Response Report, Ambulatory Care Report or Patient Transport Report. These latter records are detailed in three other Unit SOPs.

3. RESPONSIBILITY

National Medical Officer
Designated HQ staff member
Clinical Audit Team
Area Director of Units
IRC Practitioners

4.1 RELATED DOCUMENTS

Irish Red Cross PCR procedure
PHECC Clinical Record Management guidelines

4.2 RELATED FORMS

PHECC issued Patient Care Report (edition 3)

5. PROCEDURES

1.0 Activity

1.1

The Irish Red Cross use only one record system where it transports a patient to hospital by ambulance, where appropriate practitioner interventions occur, and that is the PHECC Patient Care Record (edition 3).

1.2

Irish Red Cross ADUs, Ambulance Operations Officers and Unit Officers shall ensure that sufficient numbers of blank PCRs are kept on the ambulances in their Area. Periodic checks shall be carried out in pre duty ambulance checks and on ambulance audits and otherwise that stocks of blank PCRs are stored appropriately on vehicles. It is the policy of the Irish Red Cross that the sole patient record system shall be the PHECC PCR for transported patients and PHECC Ambulatory Care Report for patients treated at the duty site and discharged there. No other type of record system shall be used. The PCR shall also be used for patients who refuse treatment in which case two practitioners should record the fact of patient refusal of treatment.

1.3

ADUs requiring PCRs for ambulances in their Area shall apply to their RDU for same. The RDU shall apply to Head Office who receive stocks from PHECC from time to time. This is the sole route for supply and re-supply of PCRs. Unit members are not permitted to contact PHECC directly seeking PCRs as PHECC will only supply IRC Head Office for our organisation, and will not deal with Units or Areas.

1.4

Each Area shall make appropriate arrangements for the filing of completed PCRs (bottom copy) generally in a locked “suggestion” type box which is wall mounted to the IRC premises in which Unit training takes place or the ambulance base in cases where ambulances are stored indoors. The completed PCRs shall be forwarded to the designated staff member at Head Office by registered post only at least once a month.

1.5

An Irish Red Cross ambulance crew shall have either a Unit phone and/or personal mobile phones on duty. In the event of a patient needing transport to hospital an unique incident number shall be dialled in on the IRC INCO number 087-2873955 to obtain the incident number by text. In the case of a practitioner member they should text their PHECC PIN to the INCO number to receive the incident number or in the case of a responder member they shall use an R and a space followed by their five digit membership number. In the event that it is not possible to obtain the INCO system incident number it is permissible to enter the unique number on the PCR bar code into the incident number field.

1.6

All IRC members shall regard PCRs are important, legal and medical records which must be subject to strict confidentiality. The safe storage, recording and processing of completed PCRs is a duty of all crew members and officers of the IRC. PCRs shall not be altered, re-written, deleted and shall record items factually and objectively.

1.7

The IRC shall ensure that practitioners, EFRs and Officers are familiar with how to complete PCRs properly, clearly and appropriately. To assist a variety of training aids and guides are provided to ensure proper understanding of how to complete PCRs:

- **IRC Unit Patient Care Records PowerPoint** should be shown regularly at regular Unit training sessions. It details the IRC INCO system features also.
- **PHECC webcast on PCR completion** is viewable on www.phecit.ie
- **PCR downloads from the website** to facilitate Unit members practice.

As the PCR is a costly item to print Unit training shall not use actual blank PCR forms for training purposes. Instead photocopies of blank forms or downloaded copies from the PHECC website shall be used for Unit training practice. Such copies shall have TEST or TRAINING written across them and shall be separated, then shredded or burned after use so that they cannot be regarded as real patient records.

1.8

In the case of an Irish Red Cross practitioner compiling a PCR for a patient being packaged/stretchered for transport to hospital an incident number shall be sought using the IRC INCO system. This shall be done by the practitioner texting INCO to the system number 087-2873955 followed by a space followed by the practitioners PHECC PIN number. The INCO system will automatically return a unique, sequentially number patient incident number which is recorded then onto the incident number field on the PCR.

1.9

It is preferable that the PCR request is made by a practitioner but if the requester is a responder then the responder seeking the incident number shall text INCO followed by R followed by a space followed by their five digit membership number.

1.10

In the event that a IRC duty crew or IRC SAR team are unable to receive an IRC generated incident number (due to being in a remote area with no phone coverage, or the system not being working) the default position is to record the unique PCR barcode number onto the Incident Number field on the PCR.

1.11

In the rare event that a PCR on which an Incident Number has been received from the INCO system has been commenced and it is decided for clinical or operational reasons not to proceed with its completion (e.g. refusal of patient to transport etc) the PCR shall be marked “cancelled” and a note for the reason of its cancellation recorded on the PCR. This cancelled PCR having an incident number shall then be processed and forwarded to Head Office as usual for storage and audit.

1.12

The Green panel on the PCR denoted Incident Information panel shall also record the CC code which is one of four codes of IRC regions. The region chosen shall be the region in which the patient site’s geographical location and not the region of the attending ambulance crew. The data entry shall be for example CC00

1.13

The vehicle call sign shall be the ambulance call sign as displayed. Patient number applies where more than one transported patient arises on an incident in which case the first PCRrecords “A” to denote patient one and a second PCR is recorded for patient B.

1.14

Practitioner Attend PIN records the primary IRC practitioner and Practitioner Support is the support practitioner, where applicable. Other PIN relates to non IRC practitioners including external paramedics at an event, or practitioners assisting the patient but from another service – National Ambulance Service or private ambulance.
Station code shall be completed by using the phonetic letter or letters which denotes the Area for radio purposes.

1.15

The completed PCR should be signed by receiving hospital staff member and the top copy given to the receiving hospital staff and the bottom copy retained. The bottom copy may be reviewed (but not altered) by a designated IRC Area officer at practitioner level. The PCR is an important, medico-legal record of patient care and shall be treated in a confidential manner at all times. Post completion it should be stored in a locked storage box at the local IRC premises or else in a locked storage box on the ambulance. The Unit Officer or a designated key holder approved by the ADU shall hold the key of such storage boxes and shall act as the local data controller.

1.16

The data controller shall unlock the storage box at least once a month and transfer to Head Office by registered post only. The Area designated data controller shall record the details of such data forwarding in a Unit PCR register on computer with weekly back up procedures or in hard copy. Certificates of registration shall be retained.

1.17

The Unit PCR register shall contain the following information for each PCR:

- PCR barcode number
- Patient incident number
- Date posted by registered post to Head Office for ePCR system site upload
- Registered post mail receipt number
- Name of IRC officer dispatching the PCR
- PIN number of practitioner (or responder's membership no.) who filled out the PCR
- Signature of person dispatching the PCR to Head Office.

1.18

On receipt at Head Office the designated staff member will record the PCR receipt in accordance with the IRC Procedure on Patient Care Reporting. The data will be uploaded onto the PHECC ePCR system at least once a month. The PCR shall be stored in a fire proof safe in a pre-designated location in Head Office for the duration specified by such records by PHECC.

In the event of incident numbers issued not resulting in PCRs not being issued within a month to Head Office, Head Office will contact the practitioner or responder who called in the incident number and their ADU by text or email to ask for the PCR to be supplied.

A system of appropriate clinical audit and quality checks carried out by specially trained IRC paramedics or advanced paramedics will be completed on the PCRs at Head Office, prior to anonymised upload to the PHECC ePCR site.

1.19

In addition the National Medical Officer shall clinically audit at least 10% of IRC PCRs to assist in quality enhancement, training need analysis etc. All PCRs in which the OHCAR panel is completed shall be clinically audited by the National Medical Officer. Action to correct clinical errors will be recorded in a Clinical Audit

Report. Clinical training needs which emerge from this process shall be referred to the IRC Training Department and the IRC Training Working Group.

41. STANDARD OPERATING PROCEDURES – AMBULANCE OBSERVER

1. PURPOSE

To set out clear and consistent procedures governing the participation of Irish Red Cross Unit members in ambulance observer/experiential learning programmes of the HSE National Ambulance Service.

2. SCOPE

All applications for ambulance observer programme participation by Unit personnel of the Irish Red Cross. Experiential learning placements have been defined as “a placement on the employer’s premises in which a student carries out a range of tasks or duties, more or less as would an employee, but with an emphasis on the learning aspects of the experience”.

3. RESPONSIBILITY

Designated Training Working Group lead
Regional Directors of Units
Area Director of Units

4.1 RELATED DOCUMENTS

National Ambulance Service Experiential Learning Policy

4.2 RELATED FORMS

HSE Confidentiality Form

5. PROCEDURES

No. 1.0 Activity

1.1

Attendance by suitable Red Cross personnel who are students on a PHECC accredited NQEMT course as an observer within the National Ambulance Service Experiential Learning scheme. The scheme aims to assist student transition from education to practice. The scheme offered by NAS, is contingent on its capacity and is restricted to approved observers from statutory agencies or auxiliary or voluntary emergency services which are linked to the HSE National Ambulance Service, such as the Irish Red Cross.

1.2

The request for experiential learning shall be made to the relevant NAS Education and Competency Assurance Officer by the designated IRC lead, who shall be a member of the IRC Training Working Group. Such requests shall be sought to the TWG lead by the ADU, via the RDU, who shall have right of approval to the request, in every case.

1.3

Officers and members taking part in the observer scheme shall familiarise themselves with the IRC and NAS policies concerning this experiential scheme, and in particular shall note, that the scheme is intended primarily as an observer role and not a treatment one. Observers are **not** permitted to engage in direct patient care unless this is expressly approved by the Medical Director of NAS, is within the clinical qualification of the observer and is requested by the supervising NAS staff member.

1.4

The written request from the Irish Red Cross to the NAS Education and Competency Assurance Officer should emphasise the following aspects:

i) the observer will be an adult Red Cross Unit member aged over 18 years who is completing an PHECC accredited IRC EMT course and who would benefit from the experience gained by acting as an observer in a placement with the NAS.

ii) the Irish Red Cross is fully insured for the purpose of the placement, that it indemnifies the HSE regarding the placement and furnishes copies of the relevant public liability cover of 6.5 million euro and related documentation to NAS

iii) the observer has been Garda vetted and is immunised against Hep B

iv) indicate the preferred station(s) sought and the dates/duration of the placement

v) that Red Cross observer personnel will strictly respect confidentiality with regard to NAS matters and will complete the agreed confidentiality form, which specifies agreement to respect confidentiality of patients and NAS fully.

vi) the form of dress to be worn by the Irish Red Cross personnel attending, which will include IRC red working uniform, safety footwear, IRC helmet and IRC high visibility clothing and IRC identity card and/or PHECC clinical record card **OR** HSE issued gear

vii) the objectives of the placement shall be listed and the fact of the observer being a student on a PHECC accredited IRC EMT course specified

viii) the named observer is formally approved by the IRC to take part in the scheme, and their next of kin details are listed in the written request.

1.5

Informal approaches to NAS staff or stations other than by way of written requests in line with NAS policy and IRC procedure are not permitted and will not be entertained.

1.6

In the event that the NAS accept the written request details as set out in 1.4 above the following additional administrative arrangements shall then be made, at this stage:

i) the pro forma agreement return shall be signed by the ADU and returned to the NAS

ii) the observer shall have the observer's check list gone through by the supervising NAS officer

iii) the observer shall sign the confidentiality agreement relating to the scheme.

1.7

In the event that agreement is given by NAS to commence the observer scheme the following arrangements shall apply:

i) Red Cross personnel attending will attend after selection by and agreement of their ADU, with such decision jointly agreed by the RDU.

ii) Red Cross personnel selected must have the maturity and discretion to take part.

iii) Members under 18 years are not eligible to take part in the scheme, and those taking part must be students on a PHECC accredited IRC EMT course.

iv) The role of Red Cross personnel is chiefly as observers and members should avoid over-enthusiasm, inappropriate behaviour or causing offence to NAS staff or patients.

v) Confidentiality is of vital importance - no matters observed at the placement should be repeated. It is permitted to take notes which strictly relate to the learning points gained on the placement but such notes must be de-personalised, i.e. the notes must not record the names of patients or NAS staff.

vi) Dress of personnel attending must be exemplary and will consist of IRC red working uniform, IRC helmet, safety footwear and IRC high visibility clothing and IRC identity care and/or PHECC clinical record card **OR** HSE issued gear. Personal hygiene and grooming must be of a high order.
vii) On arrival at the NAS base the IRC shall report his or her presence to the NAS supervising officer on duty. A safety briefing to do with the NAS station and fire safety exits and assembly points will be offered. On leaving the NAS base the member's departure should be advised to the NAS supervising officer.

viii) A record of attendance for the scheme is maintained by the member attending denoting the hours of attendance and de-personalised learning points while at the NAS experiential learning observer scheme. This record may be reviewed by the IRC Area Training and Development Officer. Such records must not record patients or NAS staff names.

1.8

Irish Red Cross observers taking part in an experiential learning scheme with NAS shall be informed of their obligations under the terms of the scheme which include:

1. following the reasonable instructions given by NAS staff
2. acting in a manner that does not put patients, themselves or NAS staff at risk
3. not driving a NAS ambulance while on an observer scheme
4. maintaining an acceptable attitude, restraint in behaviour and appearance so as to bring neither the NAS or the IRC into disrepute
5. maintain absolute confidentiality and discretion regarding patient details
6. provide a written record of what were the learning points of the placement, without recording patient names or NAS staff names
7. observe the PHECC Code of Conduct and Ethics
8. carry their ID at all times when on the placements
9. wear a seat belt when on a NAS ambulance

1.9

In cases where possible adverse behaviour involving the observer takes place the NAS will report same to the relevant IRC officer, generally the ADU. This may mean the termination of the placement for that observer, and/or other appropriate internal sanction.

1.10

As far as practicable patient consent must be sought before their treatment (by the NAS) can be observed. Observers shall not treat a patient unless expressly approved by the NAS Medical Director.

1.11

When in receipt of a letter of authority from NAS to take part in the scheme the observer or his officer shall give at least seven days advance notice to the station in which the placement is planned and shall bring a copy of the authorising letter to the station. The station shall also be given a copy of the pre-agreed learning objectives for the placement.

42. STANDARD OPERATING PROCEDURES – RADIO LICENCE APPLICATION

1. PURPOSE

To set out clear procedures for applying for, or renewing, two way radio licences to ComReg by Irish Red Cross Units.

2. SCOPE

All applications for two way radio licences, relating to both radio on vehicles and hand held radios, made by the Irish Red Cross.

3. RESPONSIBILITY

Designated Officer, Head Office
Area Director of Units
Unit Officers

4.1 RELATED DOCUMENTS

ComReg Guidance for Business Radio Licences

4.2 RELATED FORMS

ComReg Business Radio Licence Application Form (00/07R3)

5. PROCEDURES

No. Activity

5.0 Initial application

1.1

The use of two way radios, both on vehicles and hand held radios, by the Irish Red Cross is regulated by the State in that the radios operate on State set frequencies, are for essential messages to do with the patient care provisions of the Irish Red Cross and meet the ComReg licence requirements. The licence granted to the Irish Red Cross is in the VHF low band, as a Private Mobile Radio system, linked to public safety as an ambulance and patient care provider organisation.

Under the Wireless Telegraphy Act 1926 an appropriate licence is required to be held in respect of the possession or use of non exempted radio equipment such as that operated by the Irish Red Cross. Sanctions are applicable on conviction in cases where radio equipment is operated without a licence.

1.2

Units and Areas operating two way radios on IRC vehicles and/or operating hand held radios are required to meet the ComReg licencing system annually and pay the required fee. The fee and applications should be processed via Head Office, to reduce flat fee payments by Areas and Units and ensure compliance nationally.

1.3

Approaches to ComReg on policy matters, new frequency licence applications or other national matters, other than routine equipment licence application renewal, shall be solely made by the designated Head Office staff member, in line with IRC rules.

1.4

Applications for a radio licence in respect of new equipment or renewal of existing radio licences require the completion of the ComReg Business Radio Licence form and the payment of the appropriate fee, to accompany the licence application. Applicants should read the ComReg Guidance document on Business Radio Licence applications before completing the form. The guidance document and the form may be downloaded from www.comreg.ie

1.5

Licences are issued for one year from the date of issue or renewal. A renewal application using the same form is required every year. A fixed fee per application of €22 currently applies plus a further €22 per mobile station (on a vehicle) and per hand held radio applies also.

1.6

Licence applications or renewals may be made to by email to: licensing@comreg.ie or by post to Licensing Operations, the Commission for Communications Regulation, Abbey Court, Irish Life Centre, Dublin 1.

1.7

In line with statutory requirements and ComReg licensing conditions the Irish Red Cross shall only use radio equipment which meets certain technical criteria, including not interfering with other licence holding agencies radio systems. Therefore the acquisition of new radio equipment outside the existing supplier

structure shall not be undertaken by Area or Units except with the formal permission of the designated officer at Head Office.

1.8

ADUs & Unit Officers shall satisfy themselves that IRC radio operators conform to the radio licence conditions including good radio voice procedure, discipline & economy.

43. STANDARD OPERATING PROCEDURE- DEFIBRILLATOR USE

1. PURPOSE

To ensure that the correct procedure is followed when Irish Red Cross Unit members use defibrillators.

2. SCOPE

All Areas/Units using an Irish Red Cross operated automatic external defibrillator.

3. RESPONSIBILITY

Area Director of Units
Unit Members

4.1 RELATED DOCUMENTS

Clinical Practice Guidelines 3rd Edition

4.2 RELATED FORMS

Pre Hospital Cardiac Arrest report form (Ref. 20/1.A).
PHECC Cardiac First Response Report and Completion Guidelines

5. PROCEDURES

1.0 Activity

1.1

A specified type (presently the Powerheart G3) of automated external defibrillator (A.E.D.) has been approved for use by members trained at Cardiac First Response Community level, Cardiac First Response Advanced or Occupational First Aid level within the Irish Red Cross.

1.2

The Irish Red Cross AED programme is intended as a part of a duty or event based cover by responders or practitioners and will involve calling the statutory ambulance service for guidance also where an IRC defibrillator has been used as further and more advanced interventions such as administration of cardiac medication etc (outside the scope of the IRC) or advanced care may be required.

1.3

As part of Area and Unit training Unit Officers, the Area Training and Development Officer and the ADU shall seek to ensure that all Unit members have and maintain the currency of their Cardiac First Response certification which has a two year life.

1.4

An Area wishing to purchase an AED unit shall note that one type only of in service defibrillator has been approved for use by the Irish Red Cross ambulance use (currently the Powerheart G3). Another type of defibrillator (currently the Laerdal/Phillips FRX) has been approved for use in the community AED groups affiliated to the Irish Red Cross.

1.5

In an instance of an AED being used by IRC members the prescribed report form (CFR report form or PCR report) must be completed by the user. In the case of the use of a community AED unit in a first responder capacity the PHECC form Cardiac First Response Report shall instead be completed.

On return to base the event information should be downloaded from the AED unit using the approved software. A palm top device or laptop is needed to download this data which the HSE medical personnel may also require to review data on the patient. A hard copy of the event data should be forwarded with the second copy of the report sheet to the National Medical Officer, Irish Red Cross, 16, Merrion Square, Dublin 2.

On receipt the National Medical Officer will generally provide feedback to the user after reviewing the data provided.

1.6

In instances where an AED is used, irrespective of the outcome for the patient, the superior officer of the member who used the AED shall offer the member the peer support facility. It is a matter for the member to accept or decline the offer.

1.7

The following equipment items and operational checks must accompany the in service AED unit on the ambulance or on an event:

i) the unit must be operational i.e. green light present
ii) two pairs of in date defibrillator electrodes must be carried
iii) ancillary equipment (razors, shears, towelette, pocket mask) are in place
iv) resuscitation equipment items must be carried including:
a) portable oxygen capable of delivering 15L per minute
b) a bag valve mask unit with reservoir device
c) manual suction with a selection of catheters
d) oropharyngeal airways (sizes 00,0,1,2,3,4) and i-Gel airway devices

Maintenance checklists of the approved type issued by the IRC shall be completed at weekly intervals and made available for verification to the Unit Officers at least quarterly.

44. STANDARD OPERATING PROCEDURE – ACQUISITION OF A VEHICLE
1. PURPOSE

To provide for the orderly and effective procedure for registering pre-owned ambulance/minibus/four wheel drive vehicle/IRC vehicle in accordance with the requirements of both the State and the Irish Red Cross.
2. SCOPE

Acquisitions of Irish Red Cross ambulances or personnel carriers by the Areas or Units, other than acquisitions of an imported ambulance. In the event that the vehicle is being imported from the UK a separate SOP applies.
3. RESPONSIBILITY

Board of Directors
Area Director of Units
Head Office Designate
4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances
4.2 RELATED FORMS

Vehicle Registration papers
New Vehicle Acquisition Form
5. PROCEDURES
1.0 Activity
1.1
Permission from both the Area Committee and Irish Red Cross Board of Directors is required prior to the acquisition of an ambulance or personnel carrier, as set out in the Regulations for the Control and Acquisition of Ambulances.
In instances where it is considered to acquire a vehicle the Area Director of Units shall recommend accordingly to the Area Committee who shall propose the acquisition of the vehicle to the Board.

At this point, a formal request, using the relevant asset form must be sent to the IRC Board of Directors, seeking approval, along with vehicle details including age, valuation and inspection report.

Following Board approval, Head Office will place the asset on the insurance register. The vehicle may not be collected or driven without written confirmation from Head Office that the vehicle is insured.
Once prior approval as above is obtained the vehicle which is approved for acquisition may be purchased via Head Office, an Irish motor dealer or by the Area. If permission is granted by the Board to acquire an additional ambulance the following standard conditions will apply:
i) the national IRC livery must be complied with and a photo of the spec forwarded to the RDU. In the event of any doubt about livery to be used the ADU shall consult with the RDU in advance of any work being undertaken to the vehicle.
ii) a two way mobile radio unit, to IRC and ComReg technical standards to be fitted to the vehicle prior to being commissioned for use
iii) in the case of road ambulance or off road ambulance applications the vehicle must be equipped with the national equipment specified by the IRC nationally for the type of ambulance being acquired. The equipment list must be completed within three months of purchase of the vehicle and shall not be put on duty unless and until the equipment list is completed and this verified to the satisfaction of the RDU.
iv) the national equipment layout standards signage to be used on road ambulances identical to, or as closely as possible to, the standard layout on the current ambulance design.

1.2

The Area Director of Units shall ensure that vehicle registration papers are obtained with the vehicle. The registration papers furnished and signed by the former owner shall be forwarded by the ADU to Head Office to allow for it to be registered with the State as an IRC asset. No vehicle should be registered in any name other than the Secretary General, Irish Red Cross. The Vehicle Registration Certificate will be held centrally in Head Office, and a copy sent to the relevant ADU.

1.3

If the vehicle is being converted to ambulance specifications having had a different vehicle class with its former owner it will be necessary to have the vehicle re-classified as an ambulance at the Vehicle Registration Office of the Revenue Commissioners who will require to have the vehicle inspected at one of their regional offices. It will be necessary to have the vehicle marked externally as an ambulance, have a beacon and siren system in place and contain an appropriate ambulance trolley stretcher.

1.4

The classification by the Revenue of the vehicle as an ambulance and its subsequent amended class on the State vehicle classification file should permit the vehicle to be deemed an ambulance/mountain rescue vehicle and as such an exempt vehicle for road tax purposes.

1.5
In cases where the acquisition of a vehicle involves the disposal or sale of another vehicle within the fleet the written permission of the IRC Board of Directors is needed before the existing vehicle is sold, or scrapped (reference SOP 15).
1.6
The superintending Branch or Area to which the ambulance or vehicle is assigned is responsible for paying the insurance costs of the vehicle as per invoice from Head Office.
1.7 The vehicle must immediately be taxed, using the process outlined in SOP 12.

45. STANDARD OPERATING PROCEDURE – COMMUNITY CARDIAC FIRST RESPONDER SCHEMES - LINKED TO NAS

1. PURPOSE

To provide for a clear management framework for Irish Red Cross Cardiac First Responder groups who are formally, and by mutual agreement, linked to the National Ambulance Service response. To set out the procedures by which such linked groups shall operate, in accordance with both IRC and NAS guidelines.

2. SCOPE

All IRC affiliated and managed Cardiac First Responder groups who are approved to be linked to the National Ambulance Service response, within their defined geographical area, to appropriate Clinical Status 1 999 emergency calls. It does not relate to IRC ambulances attending public duties, nor does it govern stand alone IRC Cardiac groups who do not wish to be linked to the NAS response, nor does it cover stand alone establishment/facility based CFR holders. The type of calls which linked Schemes would respond to are ECHO calls, namely cardiac and respiratory arrest and choking cases. The Cardiac First Responder is not called to respond to road accidents or trauma incidents.

3. RESPONSIBILITY

Regional Director of Units
Area Director of Units
Area Training & Development Officer
Cardiac First Responder Team Leader

4.1 RELATED DOCUMENTS

Department of Health Task Force on Sudden Cardiac Death
HSE Cardiac First Responder Guide
NAS Community AED Cardiac First Responder Schemes
NAS/IRC Memoranda of Understanding on CFR linked groups
HSE AED National Pre-Hospital Standards

4.2 RELATED FORMS

NAS Volunteer Declaration
Application as an NAS First Responder Scheme
Cardiac First Response Report
IRC CFR Group Call-Out Availability template

5. PROCEDURES

1.0 Activities

1.1

The Irish Red Cross, in partnership with its affiliated Cardiac First Responder Groups and the National Ambulance Service, shall promote the concept of linked Cardiac groups/schemes with the NAS call out response, in line with existing Memoranda of Understanding between NAS and the IRC regarding Inishowen, Co. Donegal and West Waterford. The application form to NAS for such schemes shall be signed by the RDU or the designated ADU. The IRC CFR Group shall be affiliated to an IRC Branch.

1.2

As linked IRC Cardiac First Response schemes carry responsibilities both to the Irish Red Cross (as members of the organisation) and to the National Ambulance Service (as the co-ordinators of the Scheme) the members of such schemes shall be fully briefed by the IRC on the terms and conditions applicable to entry to the Scheme, and which differ, in some ways from IRC stand alone Cardiac First Responder groups or establishment based CFR trained persons.

1.3
.
All IRC Cardiac First Response scheme members must first become members of the Irish Red Cross and apply, using the appropriate Garda Vetting form, for Garda Vetting to the IRC Authorised Officer. Adherence to the approved IRC Code of Conduct is mandatory.

1.4

In line with NAS Policy it is recommended that linked Cardiac First Response scheme members are inoculated for Hepatitis B, which may be arranged with their own GP, or otherwise.

1.5

It is a clear condition of the Irish Red Cross, as a PHECC accredited training institution, that Cardiac First Responders in schemes operated by the IRC shall receive (or possess) the designated Cardiac First Response training course and certificate and that such certificate shall be current (i.e. in date). In line with PHECC requirements IRC CFR members shall be offered refresher training at least annually and more often, where possible, as many IRC CFR groups attend monthly or quarterly CFR training updates.

1.6

Patient confidentiality is a key part of any pre hospital care response to which the Irish Red Cross subscribes to fully. In the case of IRC CFR groups linked to NAS for appropriate CS 1 callouts a pro forma HSE declaration signed by the member, confirming that patient confidentiality will be observed shall be signed and issued to NAS via the ADU or designated Area Training Officer. Breaches of this clause may lead to sanctions.

1.7

In line with NAS policy the IRC CFR member who wishes to participate in a linked scheme shall note and address the NAS requirement that the response occurs using a private vehicle – namely **not** an IRC vehicle or other emergency service vehicle which would have reflective striping, beacons or sirens – and that the member's private vehicle insurer has been notified of the potential CFR role to the insurer and that the insurer confirms this in writing, to the satisfaction of NAS.

1.8

IRC CFR groups and members who are party to an IRC/NAS linked scheme shall be offered the IRC CISM stress awareness training routinely as part of ongoing training (pre-callout) and also in the event of a use of an AED or a resuscitation attempt, whether successful or otherwise, responders shall be offered Critical Incident Stress Management Peer Support from the IRC Peer Support member panel, as outlined in SOP 20 on Accessing Peer Support.

Where warranted, access to formal counselling shall generally be sought initially via the members own General Practitioner.

1.9

NAS policy on the disposal of clinical waste shall be adhered to by linked IRC CFR Group members. Clinical waste bags are part of IRC response equipment.

1.20

Statements to the press concerning specific call outs or patients shall not be made by IRC CFR members as these are reserved for NAS communication officers or, where appropriate, for IRC Head Office.

1.21

It is the policy of the Irish Red Cross that Irish Red Cross linked Cardiac First Responders shall carry their IRC photo identity card and wear an IRC CFR high visibility vest of the nationally approved type. IRC members must be 18 years or older to participate in the Scheme and should be physically fit enough to carry out their duties.

1.22

A designated IRC CFR group member shall carry out the prescribed AED and ancillary equipment maintenance checks on a weekly basis and shall complete the IRC machine specific maintenance check list. Such records shall be filed by the group for a period of not less than twelve months and shall be accessible to the ADU or the Area Training & Development Officer. The replacement of consumables shall be carried out by the IRC in accordance with the established supply chain. Expiry dates shall be recorded on the maintenance checklists. Equipment shall not be carried by the responder that is outside his/her clinical training or skill level.

1.23

The form of patient report used by IRC CFR group members' shall be the Cardiac First Response Report or the PHECC Smart Phone app. Scheme members shall familiarise themselves with the Report and app features and this aspect shall form part of refresher training. The CFR member shall provide a verbal handover to the NAS crew and in addition (where using the CFRR in hard copy) shall provide the top copy of the CFRR to the NAS ambulance crew. The bottom copy shall be filed and processed in accordance with IRC and PHECC clinical patient record management and audit procedures.

1.24

In the event that an AED is used which is an IRC resource a copy of the cardiac first response report and the AED data download information on the incident shall be forwarded, without delay, by the ADU, to the IRC National Medical Officer, c/o Head Office, for clinical audit.

1.25

The provisions of the IRC Adverse Incident Reporting Policy shall apply to IRC CFR groups – whether linked or stand alone – in addition to the NAS procedures, if relevant.

1.26

The IRC CFR linked Scheme responder kit shall consist of the following items:

1. AED with 2 Adult Pads and 2 Paediatric Pads (if these recommended by the AED unit manufacturer for the device operated by the group)
2. Disposable pocket face masks – adult and child
3. Disposable gloves
4. Razor, disposable towel, shears
5. Pager and/or mobile telephone
6. Clinical waste bags
7. Alcohol based hand cleanser
8. Aspirin
9. CFR Reports and pen or pencil
10. An IRC Cardiac First Responder high visibility jacket / vest.

Only equipment authorised by the IRC for such a Scheme and within the clinical training level scope may be used when responding to a call. Universal precautions shall be observed by IRC responders. In the unlikely event that no pocket mask is to hand, compression only CPR may be initiated. The IRC CFR Group linked to the scheme shall designate an equipment co-ordinator whose function shall include maintenance checks, equipment checks, and consumables replacement. In the event of an equipment failure or malfunction the manufacturer should be informed, the IRC Adverse Clinical Incident report policy initiated and the Irish Medicines Board (Medical Devices Department) informed

1.27

AEDs which belong to IRC CFR groups **and** which are linked to NAS shall register the AED with the State as detailed by PHECC. The IRC utilises two main AED units and requires that AEDs operated by IRC CFR groups accord to the HSE AED National Standards and the IRC seeks that AEDs operated by its groups and Units have long battery life and warranty, adult and paediatric functionality, voice prompts, usage data record and download facilities.

1.28

On receipt of a call from NAS Ambulance Control the IRC CFR group linked to a Scheme member or members receiving the call shall inform Ambulance Control whether they can or cannot respond to the call. The IRC CFR linked scheme member(s) who is responding shall travel to the scene as safely and progressively as possible but always in accordance with the road traffic legislation. Response will be in the responders own vehicle. A responder's vehicle shall not be used to transport a patient as this is a NAS function. In

accordance with the application for scheme approval to be linked to NAS the geographical area of the response shall be clearly defined in the map which shall accompany the application and regard shall be had for a finite area to be defined as response times need to be short in cases of cardiac arrest, i.e. a five minute response radius.

1.29

In accordance with existing supplier arrangements the preferred mode of contact between NAS and the linked IRC CFR group operator (rostered phone holder) shall be by Smart Phone which carries the PHECC designed app on cardiac response as this permits the CFR group to log contact, response times, in real time etc.

1.30

A Cardiac First Responder shall operate within their clinical level and be prepared to hand over patient care, where appropriate, to a person at a higher clinical level such as a GP, Advanced Paramedic, Paramedic, EMT or Nurse, as the most qualified person on scene. The CFR member shall hand over to the NAS crew on arrival and shall seek to ensure that the NAS crew note the CFR member name on the NAS Patient Care Report, together with the time of the CFR member's arrival on scene.

1.31

Post incident and having been stood down by the NAS crew the IRC CFR member shall inform Ambulance Control, via the IRC CFR Operator, that they are clear from the scene and shall inform the IRC CFR operator whether or not they wish to return to the on call roster or not. The IRC CFR operator has the function of activating the nearest or otherwise available two local responders and seeking to ensure that one responder attends the scene to start CPR and/or another brings the AED to the scene. The IRC CFR Operator will generally not respond to the scene himself or herself. A roster of IRC CFR members shall be drawn up, with due regard to holiday absences, sickness absences etc. Where possible, two IRC CFR responders will be the preferred response. In addition to the Smart Phone activation and in line with technical progression the NAS Ambulance Control centres may be able to directly contact all CFR responders registered in a "geo-fenced" radius of the call by group text, page activation or otherwise.

1.32

The IRC ADU shall, prior to filing an application to NAS for an IRC CFR Group to be a linked Scheme to NAS for ECHO calls, satisfy himself or herself that the conditions laid down by NAS for linked Scheme members and this SOP are fully satisfied. The ADU or designate shall ensure that the members have current IRC membership, CFR currency, IRC ID cards, appropriate equipment provision and

equipment checking systems and that the members have completed the NAS Scheme declaration form and have completed the pro forma letter (which the NAS forwards later to the member's insurer) giving their private vehicle insurer name and their vehicle insurance policy number.

The application form to NAS to join the Scheme shall be signed by the ADU and/or an RDU and in the case of the former the scheme application shall be copied to the RDU where the RDU is not a signatory to the application.

The application form shall be forwarded, together with the contact details and clinical levels of the IRC CFR linked group, and the member's declaration and insurance particulars to the local NAS Operations Resource Manager. The ADU shall also include a detailed map with defined boundaries of the suggested area of the scheme bearing in mind the need to have a short response time (5 minutes) for the type of calls envisaged.

1.33

IRC CFR members linked to the Scheme shall be issued with a copy of the NAS policy on CFR linked schemes and should note that, in addition to IRC procedures, they are liable, where warranted, to the NAS Complaints procedure, and that breaches of patient confidentiality could result in termination of membership of the scheme for the member involved.

1.34

The Irish Red Cross shall maintain a system of training records of IRC CFR members via its Head Office training database, including expiry dates of CFR certificate holders.

1.35

IRC CFR responders shall have no expectation of travelling in the NAS ambulance to hospital, save in exceptional circumstances and only if formally requested by the NAS crew.

1.36

The duration of the linked scheme is twelve months after which the IRC should renew its scheme application if it wishes to retain its linked status with NAS.

1.37

ADUs and RDU shall explore the feasibility of existing linked IRC CFR groups being offered further training by the IRC to EFR level. This would broaden the capacity of the members to respond further and permit the NAS to activate such members to DELTA level calls, where such members are so linked.

1.38

Linked CFR Groups will be indemnified by the NAS under the State's Clinical Indemnity Scheme.

46. STANDARD OPERATING PROCEDURE – COMMUNITY CARDIAC FIRST RESPONDER GROUPS - STAND ALONE/NOT LINKED TO NAS

1. PURPOSE

To provide for a clear management framework for Irish Red Cross Cardiac First Responder groups which are stand alone groups and not linked to the National Ambulance Service response. To set out the procedures by which such non linked groups shall operate, in accordance with IRC guidelines.

2. SCOPE

All IRC affiliated and managed Cardiac First Responder groups which choose not to be linked to the NAS response. It does not relate to IRC ambulances attending public duties, nor does it govern linked IRC Cardiac groups which are formally linked to the NAS response. It does cover stand alone establishment/facility based CFRs, who are members of the IRC and affiliated as a group.

3. RESPONSIBILITY

Area Director of Units
Area Training & Development Officer
Cardiac First Responder Team Leader

4.1 RELATED DOCUMENTS

Department of Health Task Force on Sudden Cardiac Death
HSE Cardiac First Responder Guide
HSE AED National Pre-Hospital Standards

4.2 RELATED FORMS

Cardiac First Response Report
IRC CFR Group Call-Out Availability template

5. PROCEDURES

1.0 Activities

1.1

The Irish Red Cross, in partnership with those of its affiliated Cardiac First Responder Groups, who opt not to be linked with the NAS response, or who have not being accepted into linked NAS scheme membership, shall support such IRC CFR groups who wish to operate as stand alone groups, or establishment based groups.

The HSE Cardiac First Responder Guide recognises that cardiac first responder groups may be linked to statutory emergency services or be independent/stand alone.

1.2

All IRC Cardiac First Response scheme members must first become members of the Irish Red Cross and apply, using the appropriate Garda Vetting form, for Garda Vetting to the IRC Authorised Officer. Adherence to the approved IRC Code of Conduct is mandatory. In order to avail of Irish Red Cross insurance

cover for approved CFR activities members of the non linked IRC CFR groups must be current members of the Irish Red Cross, hold an in date PHECC accredited CFR community certificate and meet the IRC insurers' requirements concerning the use of private vehicles to calls. IRC CFR members must operate within the parameters of this standard operating procedure to avail of IRC insurance cover for appropriate CFR activities.

IRC CFR groups must be part of, or affiliated to an Irish Red Cross Branch. The obligations of the Branch regarding filing its accounts with Head Office in a complete and timely manner for external audit shall be met and for that reason new IRC CFR groups shall be affiliated to an existing Branch rather than forming a separate Branch as current IRC policy does not support having a proliferation of small Branch accounts which complicates unduly the returns and consolidation process. CFR group funds are treated in such a case as a sub account within the Branch account and shall be used for the appropriate purposes of the CFR group. Where possible a rep from the CFR group shall sit on the Branch Committee.

1.3
.
It is recommended that linked Cardiac First Response scheme members are inoculated for Hepatitis B, which may be arranged with their own GP.

1.4

It is a clear condition of the Irish Red Cross, as a PHECC accredited training institution, that Cardiac First Responders in schemes operated by the IRC shall receive (or already possess) the designated Cardiac First Response community training course and certificate and that such certificate shall be current (i.e. in date). In line with PHECC requirements IRC CFR members shall be offered refresher training at least annually and more often, where possible, as many IRC CFR groups attend monthly or quarterly CFR training updates.

Non linked IRC Community Cardiac First Response Groups will have one response phone number, where possible a Smart Phone contained in the PHECC CFR app. The number of this phone shall be widely advertised in the local district in which the group wishes to serve. The ADU shall agree the bounds of the areas the group proposes to operate within, and regard shall be had for seeking response times within five minutes.

A rota of CFR members to hold the CFR group phone will be drawn up. It is recommended that persons should not be asked to hold the phone for more than one week. A further roster on the IRC CFR Community list form shall be drawn up with contact details of current CFR members and general availability. Regard shall be had to holidays, sickness or other routine absence when drawing up and revising both the phone rota and the group roster. Contact with group members will generally by phone or text. The phone holder will have a current copy of the group roster and contact list.

Members of the group should to phone or text the operator, on the response phone, with any changes to their general availability (e.g. holidays). The activation procedure, when this phone is called in a cardiac arrest type emergency shall be as follows:

1.4.1. Phone Operator takes message noting:

a. Phone Number of Caller
b. Time of Call
c. Name of Caller
d. Location of Incident
e. Number of patients (usually one)
f. Brief History
g. Is there chest pain or an unresponsive patient?
h. Confirms that 999 or 112 has been rung – if not, advises caller to ring 999 or 112 immediately

2. Operator confirms that location is within the area of operation of the group and informs caller either way. If the incident location is not within the area of operation, the operator should cease the activation, and reconfirm 999 was called.
3. Using the call-out availability list, the phone operator rings the closest responders on the list until someone can respond to the scene. The operator then continues to ring down along the list until they reach a second responder, whom they then dispatch to the AED location.
4. The Phone Operator then rings 999 to confirm that the emergency services have been activated and to inform ambulance control that an Irish Red Cross Community Responder has been sent to the scene with an AED.
5. Responder 1 responds directly to the scene and commences the chain of survival.
6. Responder 2 retrieves the AED, Ready-Pack and CFR Report form and then responds to the scene.

1.5

Patient confidentiality is a key part of any pre hospital care response to which the Irish Red Cross subscribes to fully.

1.6

IRC CFR groups and members shall be offered the IRC CISM stress awareness training routinely as part of ongoing training (pre-callout) and also in the event of a use of an AED or a resuscitation attempt, whether successful or otherwise, responders shall be offered Critical Incident Stress Management Peer Support from the IRC Peer Support member panel, as outlined in SOP 20 on Accessing Peer Support.

Where warranted, access to formal counselling shall generally be sought initially via the members own General Practitioner.

1.7

Appropriate procedure on the disposal of clinical waste shall be adhered to by IRC CFR Group members. Clinical waste bags are part of IRC response equipment. Disposal of such waste shall be carried out in an appropriate manner and in accordance with the advise of the Branch but must not be disposed of in domestic refuse.

1.8

Statements to the press concerning specific call outs or patients shall not be made by IRC CFR members as these are reserved for IRC Head Office.

1.9

It is the policy of the Irish Red Cross that Irish Red Cross Cardiac First Responders shall carry their IRC photo identity card and wear an IRC CFR high visibility vest of the nationally approved type, where not a member of an IRC uniformed Unit. High Visibility CFR vests may be ordered by the Branch via the IRC online shop onlineshop@redcross.ie IRC members should be 18 years or older to participate and should be physically fit enough to carry out their duties.

1.10

A designated IRC CFR group member shall carry out the prescribed AED and ancillary equipment maintenance checks on a weekly basis and shall complete the IRC machine specific maintenance check list. Such records shall be filed by the group for a period of not less than twelve months and shall be accessible to the ADU or the Area Training & Development Officer. The replacement of consumables shall be carried out by the IRC in accordance with the established supply chain. Expiry dates shall be recorded on the maintenance checklists. Equipment shall not be carried by the responder that is outside his/her clinical training or skill level.

1.11

The form of patient report used by IRC CFR group members' shall be the Cardiac First Response Report or the PHECC Smart Phone app. Scheme members shall familiarise themselves with the Report and app features and this aspect shall form part of refresher training. The CFR member shall provide a verbal handover to the NAS crew and in addition (where using the CFRR in hard copy) shall provide the top copy of the CFRR to the NAS ambulance crew. The bottom copy shall be filed and processed in accordance with IRC and PHECC clinical patient record management and clinical audit procedures.

1.12

In the event that an AED is used which is an IRC resource a copy of the cardiac first response report and the AED data download information on the incident shall be forwarded, without delay, by the ADU, to the IRC National Medical Officer, c/o Head Office, for clinical audit.

1.13

The provisions of the IRC Adverse Incident Reporting Policy shall apply to IRC non linked CFR groups. IRC Complaints against the service procedures are also applicable, where warranted, and such complaints shall be directed to the ADU.

1.14

The IRC CFR responder kit shall consist of the following items:

1. AED with 2 Adult Pads and 2 Paediatric Pads (if these recommended by the AED unit manufacturer for the device operated by the group)
2. Disposable pocket face masks – adult and child
3. Disposable gloves
4. Razor, disposable towel, shears
5. Pager and/or mobile telephone
6. Clinical waste bags
7. Alcohol based hand cleanser
8. An IRC Cardiac First Responder high visibility jacket / vest.

Only equipment authorised by the IRC may be used when responding to a call. Universal precautions shall be observed by IRC responders. In the unlikely event that no pocket mask is to hand, compression only CPR may be initiated. The IRC CFR Group shall designate an equipment co-ordinator whose function shall include maintenance checks, equipment checks, and consumables replacement. In the event of an equipment failure or malfunction the manufacturer should be informed, the IRC Adverse Clinical Incident report policy initiated and the Irish Medicines Board (Medical Devices Department) informed.

1.15

The IRC utilises two main AED brand units and requires that AEDs operated by IRC CFR groups accord to the HSE AED National Standards. The IRC seeks that AEDs operated by its groups and Units have long battery life and warranty, adult and paediatric functionality, voice prompts, usage data record and download facilities.

1.16

The IRC CFR non linked scheme member(s) who is responding shall travel to the scene as safely and rapidly as possible but always in accordance with the road traffic legislation. Response will be in the responders own vehicle. A responder's vehicle shall not be used to transport a patient. The use of beacons, sirens or marking with reflective or other striping on the responding car is prohibited.

1.17

In accordance with existing supplier arrangements the preferred mode of contact between local persons seeking to activate the non linked IRC CFR group operator (i.e. the Group phone holder) shall be to the Group Smart Phone which carries the PHECC designed app on cardiac response as this permits the CFR group to log contact, response times, in real time etc. The Irish Red Cross has supplier agreements which seek to obtain value for money on phone charges tariffs'.

1.18

A Cardiac First Responder shall operate within their clinical level and be prepared to hand over patient care, where appropriate, to a person at a higher clinical level such as a GP, Advanced Paramedic, Paramedic, EMT or Nurse, as the most qualified person on scene. The CFR member shall hand over to the NAS crew on arrival and shall seek to ensure that the NAS crew note the CFR member name on the NAS Patient Care Report, together with the time of the CFR member's arrival on scene.

1.19

Post incident the responder should inform the IRC CFR operator whether or not they wish to return to the on call roster. A roster of IRC CFR members shall be drawn up, with due regard to holiday absences, sickness absences etc.

1.20

The IRC ADU shall, satisfy himself or herself that the conditions laid down in this SOP are fully satisfied. The ADU or designate shall ensure that the members have current IRC membership, CFR currency, IRC ID cards, appropriate equipment provision and equipment checking systems, and nationally approved IRC CFR high visibility vests. The IRC reserves the right to request non linked scheme members who use their car to respond to formally notify their private vehicle insurer of this use.

1.21

The ADU shall also agree a detailed map with defined boundaries of the suggested area of the scheme bearing in mind the need to have a short response time (5 minutes) for the type of calls envisaged.

1.22

The Irish Red Cross shall maintain a system of training records of IRC CFR members via its Head Office training database, including expiry dates of CFR certificate holders.

1.23

ADUs and RDU shall explore the feasibility of existing non linked IRC CFR groups being offered further training by the IRC to EFR level.

1.24

Non linked IRC CFR Groups are insured for approved cardiac first response activity by the Irish Red Cross. An internal system of self insurance applies to the theft or vandalism of IRC AEDs.

1.25

This Standard Operating Procedure relates to IRC CFR groups which are not linked to the National Ambulance Service Response. This form of response is a choice of the group which the IRC recognises and is willing to support as outlined above. It is however the policy of the Irish Red Cross in general to encourage IRC CFR groups to formally link to the National Ambulance Service response as the most effective system of call ups is via 999 calls and the National Ambulance Controls. The IRC respects the right of those groups which do not wish to link to NAS, to do so.

47. STANDARD OPERATING PROCEDURE – EFR COURSE ORGANISING

1. PURPOSE

To ensure that the EFR course of the Irish Red Cross is organised and administered in accordance with the requirements of the national training standards of the IRC and PHECC.

2. SCOPE

All EFR courses offered by the Irish Red Cross nationally.

3. RESPONSIBILITY

National Training Support Officer
EFR Programme Manager
EFR Course Director/EFR Instructors
Area Training and Development Officer

4.1 RELATED DOCUMENTS

PHECC Education and Training Standards 2011
IRC EFR course syllabus

4.2 RELATED FORMS

EFR Course booking form

5. PROCEDURES

No. Activity

1.1

Prior to commencing an EFR course within an Area preliminary arrangements shall include:

i) ensuring that the proposed course is under the direction of a suitable, qualified course director approved by the EFR sub group of the Training Working Group

ii) ensuring that the Area Director of Units or designate is satisfied that the proposed course candidates are:

a) certified in the prescribed prerequisite courses required to commence EFR
b) in possession of a current CFR certificate
c) aged 18 years or over
d) the course candidate number not exceeding a total of 20 persons

iii) being satisfied that the EFR instructor numbers and instructor/student ratios all meet the national course criteria.

iv) being satisfied that nationally specified course equipment is available within the Area or Region and that the training premises is suitable and large enough to run the course.

1.2

Once a decision has been taken (following the steps at 1.1) to proceed with a course the Area Director of Units shall notify Head Office on the prescribed form of the Area's wish to register a course in accordance with the nationally determined pre course lead in time and detailing who is proposed as course director. This approval shall come from Head Office via the Training Working Group, EFR sub group.

If surplus places are available on the Area course the ADU should inform the RDU as there may be adjoining Areas which could fill the course.

1.3

On approval to register the course being agreed the Area Director of Units (or the Area Training & Development Officer) shall:

a) order from Head Office the EFR text books, CPG books and EFR skill sheets
b) complete a candidate list on the electronic course form
c) prepare a course timetable indicating EFR-Is and/or external tutors
d) complete a course equipment checklist

1.4

The approved course director shall ensure that attendance and skill sessions are recorded properly during the course.

1.5

Assessments will generally take place twice a year and are a national matter, not an Area one. Head Office will issue details of the next assessment date to ADUs and Course Director when an Area course is approved at national level. Examiners for the national EFR assessment will be determined by the EFR sub group of the Training Working Group.

1.6

The IRC has an appeals policy regarding assessment remediation and assessment appeals which is issued to candidates by email on being registered on to a course.

1.7

On successful completion of the examination the Area Director of Units shall:

a) arrange for the presentation of certificates to successful candidates once returned from Head Office

b) maintain an higher level training log including candidates name, certificate expiry date and number.

48. STANDARD OPERATING PROCEDURE – MEDIATION

1. PURPOSE

To provide a clear procedure for the operation of mediation processes in the Irish Red Cross, where it is warranted. Mediation is a voluntary process in which the parties to a dispute meet with a neutral person to discuss their conflict and arrive at an agreed outcome.

2.0 SCOPE

For disputes within the Irish Red Cross, in which mediation is warranted, and where the parties agree to avail of the mediation processes of the Irish Red Cross. Mediation is a conflict resolution process in which an impartial third party member facilitates disputants to negotiate a voluntary agreement. Mediation is not an arbitration, investigation or disciplinary procedure. Mediation is not appropriate if the core of the dispute relates to clinical care/patient care.

3.0 RESPONSIBILITY

National Director of Units
Regional Director of Units
Area Director of Units
IRC Mediators

4.1RELATED DOCUMENTS

Irish Red Cross Mediation Policy

4.2

RELATED FORMS

Pre-mediation contract
Post mediation pro forma agreement

5. PROCEDURES

1.0 Activity

1.1

The Irish Red Cross mediation process is a voluntary process aimed at resolving disputes between two members, where the mediation process is justified and authorised.

In certain disputes the use of two mediators may be warranted so in the SOP where there is reference to “a mediator” that may, in some instances, be read as “mediators”.

If a party declines to take part in mediation it is acknowledged that he or she has the right to do so, and this decision of itself shall have no bearing on any disciplinary process which takes place, as the mediation and discipline processes are separate.

1.2

An outline of the dispute shall be prepared by the Officer who requests mediation. The requesting Officer shall be an Area Director of Units or a Regional Director of Units. The National Director of Units shall be responsible for sanctioning or otherwise the use of an Irish Red Cross mediator. Irish Red Cross mediators are trained in the role and are volunteers, as all Unit members are.

1.3

A pre mediation contract shall be agreed by the mediator and each of the two parties who wish to avail of the process. The IRC has a pro forma contract which confirms, among other things, the confidentiality of the process and that matters disclosed in mediation should not be disclosed by the mediator in any subsequent disciplinary process of the IRC.

1.4

The mediator shall seek to agree a time frame for the initial meeting and, if necessary, the follow up meetings.

1.5

An ADU, in whose Area the dispute arises, and who requests mediation, and where the requests mediation has been granted, retains the right to make other legitimate decisions in the event that the mediation process fails/does not achieve a mutual agreement.

1.6

The mediator acts to resolve the dispute by mutual agreement. The mediator acts in an impartial way and neutral way. The mediator’s rank is not relevant to the mediation process. The mediator, in accordance with their training and process principles, should act in good faith and in an open and unbiased manner.

1.7

The IRC mediation process responsibilities shall be made explicit to the parties and include:

- **impartiality** on the part of the mediator relating to all parties to the process, with a commitment to serve all the disputants without bias
- **informed consent** as each party to the process needs to consent to avail of the process for the mediation to proceed
- **confidentiality** as the process needs to encourage openness, a full exploration of the issues and the possibilities of a mutually acceptable resolution.

1.8

Parties to the IRC mediation process have the right to withdraw from the process at any time, if they wish. Additionally if the mediator believes that the parties to the dispute are unable or unwilling to take part effectively in the mediation process he or she may suspend or terminate the process.

1.9

The mediator shall seek to ensure the full disclosure of all relevant information in the mediation process. The role of the mediator is not to investigate or direct an investigation but instead to seek to elicit a full picture of the events, the history etc relating to the dispute, in order to better help bring about an agreed resolution of it.

1.20

The mediation process should consist of three elements:

i) pre-mediation phase which aims to identify the issues and get the parties to the mediation table
ii) mediating the dispute, seeing the value of resolving the matter, and managing the negotiations
iii) post mediation phase to conclude and implement the agreement reached.

1.21

Owing to the impartiality of the mediator role the IRC mediator shall not appear as a witness in any IRC disciplinary process or act as adjudicator in such a process or appeals body which relates to the matter concerning the mediation.

1.22

An agreement reached shall be signed by both parties using the IRC pro forma template.

1.21

In the event that no agreement is possible the mediator may elect to have a “cooling off” period for further reflection and a time limited facility to re-engage. Where agreement is still not attainable the dispute should be referred back to the relevant authority – generally the ADU or the RDU, as appropriate – for determination or adjudication outside of the mediation process.

49. STANDARD OPERATING PROCEDURE – PATIENT HANDLING

1.0 PURPOSE

To provide for consistent procedures for the organisation, delivery, recording and administration of IRC patient handling training.

2.0 SCOPE

This procedure relates to the provision and management of IRC Patient Handling training for IRC Unit members. It encompasses the Moving People training, Patient Handling training and inanimate and animate lifting course approved by IRC and the State.

3.0 RESPONSIBILITY

Programme Manager, Moving People, TWG
Regional MP co-ordinators & MP/PH instructors
Regional Director of Units
Area Director of Units
Unit Officer.

4.1

RELATED DOCUMENTS

Irish Red Cross Moving People Workbook
Irish Red Cross pre course readings for animate and inanimate lifting

4.2

RELATED FORMS

Irish Red Cross application form to book a Moving People/Patient Handling course
Irish Red Cross disclaimer form

5. PROCEDURES

1.0 Activity

1.1

The Irish Red Cross seeks to provide a safe system of volunteer activity regarding its Units. The IRC Unit member also has responsibility to act in a safe manner and reasonably co-operate with IRC safety provisions, including participation in appropriate safety training which includes the appropriate, designated safe lifting/patient handling courses offered by the IRC.

1.2

It is the policy of the Irish Red Cross that Unit members be offered/complete appropriate safe lifting training prior to commencing Unit duties, and within their six months probationary period after joining. Existing members will have completed safe lifting training previously and/or await the new training course called Patient Handling and/or Moving People. All Unit members should be offered these courses but particular priority shall be assigned to the currency of such training by line officers to those most frequently attending ambulance duties including EMTs, EFRs and members on the IRC ambulance panel of drivers.

1.3

An application for a Patient Handling/Moving People course may be lodged with the course booking system via the course booking form. This booking form, after processing, will generate a unique course ID number relating to the Patient Handling/Moving People course and will also result in the booked numbers of course workbooks and pre course reading packs being issued, together with candidate disclaimer form and course joining instructions. Applications for training will generally be prioritised for scheduling by the regional co-ordinator for Patient Handling/Moving People based on 1.2 criteria above, previous training, and regional and Area spread.

1.4

In line with Health & Safety Authority requirements it is the policy of the Irish Red Cross that its instructors designated to teach the appropriate Patient Handling/Moving People course are suitably accredited instructors at FETAC level 6 or its future equivalent.

1.5

The Unit member's Unit Officer (or line officer regarding Area staff) or other designated person, including the course instructor, shall ensure that all and every candidate completes the course disclaimer form to the effect that there is no underlying medical reason why the member should not proceed with training.

In the case that there is a substantive medical reason why the member should not take part in the training this shall be reported to the Unit Officer, in a confidential manner, as it may restrict the range of activities and duties the member may safely take part in. The member may also liaise with their own general practitioner for further advice

1.6

The Irish Red Cross procedure for course delivery is to have the line officer, generally at ADU or RDU to prioritise, list and shortlist those members needing

the new training course and certification, by way of a training needs analysis to assist the IRC regional co-ordinators, regionally based instructors and the programme manager to plan and schedule course.

1.7

A course booking form shall be completed for the patient handling course or Moving People course and returned to the Services Training Assistant at Head Office together with the prescribed fees.

1.8

On completion of the course the electronic course return shall be emailed to: S&TAssistant@redcross.ie

1.9

The candidates attending the course shall complete the section one lifting course disclaimer form prior to commencing the course and returning it to the course instructor. It shall be signed by both the trainee and the course instructor.

1.10

An individual course participation registration form shall be completed for each course candidate, in block capitals and returned to Head Office.

1.11

The training record for the individual is completed in respect of each course component and practical lifting skill, by completing section two of the training form, dating it and having the course instructor and the trainee initial the form.

1.12

A course feedback form shall be completed by each trainee. The feedback forms shall be returned to the Training Department for review by the Training Services Manager and the Programme Manager of the Moving People Programme of the Training Working Group to complete the review and course enhancement process.

1.13

The theory part of the course may be completed in larger groups with an instructor in a suitable single or multi storey building. Candidates shall be given the relevant pre course readings and workbooks ahead of the course commencement. A record of those attending this theory session shall be maintained by the course instructor. Completion of part one may qualify the candidates taking part in inanimate lifting and be certified as such.

1.14

The part two practical session shall be presented in a two storey building (or multi storey building). It shall contain a stairs, a bed and a wheelchair. The appropriate ratios of instructors to candidates shall be maintained. Completion of part one of the course must precede participation in part two (practical session).

50. STANDARD OPERATING PROCEDURE – IRC BIKE RESOURCE

1.0 PURPOSE

To provide for consistent procedures for the setting up and operation of Irish Red Cross bike units.

2.0 SCOPE

This procedure relates to those designated and formal bike sub units, which are attached to Irish Red Cross Units and which act as an additional duty resource for public events, where ambulance access may be restricted or delayed.

3.0 RESPONSIBILITY

Regional Director of Units
Area Director of Units
Unit Officer.

4.1

RELATED DOCUMENTS

Irish Red Cross Bike Unit Establishment Document and Specifications

4.2

RELATED FORMS

Irish Red Cross application form to establish an Irish Red Cross Unit or Sub Unit.

5. PROCEDURES

1.0 Activity

1.1

The Irish Red Cross has a number of existing bike units and sub units which are attached to IRC Units or Areas. The purpose of the bike units/sub unit is to provide a rapid and accessible responder service at certain public duties which may include festivals, civic and cultural events, marathons, cycling events etc at which a bike may be more accessible on duties which have large number of patrons present.

1.2

A bike unit may either be a sub Unit or service of a Senior Unit or may be organised on an Area basis. In the case of a Unit based service the Unit Officer

shall be responsible for the service and may appoint a Sub Officer to oversee the bike service or it may be organised on an Area basis in which case the ADU shall designate an Officer with responsibility for the bike unit. Approval to set up a bike service shall be made at the level above that at which the bike unit is seeking to be established, i.e. a bike service attached to a local Unit needs approval at ADU level and an Area bike Unit needs to be approved by the RDU.

1.3

An Irish Red Cross Bike Service Unit application form shall be completed and signed by the ADU or RDU as appropriate as set out at 1.2. In the case of ADU sign off the form is transferred to the RDU and in the case of RDU sign off it shall be transferred to the NDU. The completed application form shall be forwarded by the appropriate Officer to whom the application is transferred to Head Office to effect insurance on the bikes involved, to insure against theft of the IRC bikes.

1.4

Designated IRC bikes shall comply with the approved Irish Red Cross livery to denote the bikes involved as Irish Red Cross resources (as set out at 1.7 below). The bikes shall carry suitable Red Cross heavy duty panniers of the approved type to take the specified emergency response equipment on the bikes.

1.5

The equipment which should be carried **between** a pair of bikes includes:

- AED
- O2 cylinder (CD or D)
- BVM
- Trauma kit
- Diagnostic gear
- PCRs/ACRs

One of the IRC bike unit members shall have an IRC radio and a mobile phone.

1.6

The Irish Red Cross personnel who form the bike sub Unit shall be members of the Irish Red Cross and be appropriately trained for their duties. Clinical level for members may be CFR, EFR or EMT. Training in bike use, safety and IRC operational procedures for the service shall be completed and recorded by the Unit leader. Because the IRC bikes are resources of the Red Cross for duty use (as are ambulances and assisted minibuses) the preferred operational model is for IRC bike resources and personnel to be organised within established Units.

1.7

The IRC bike equipment and spec shall include:

- Lights – front and rear(LED)
- Heavy duty IRC Panniers
- Pump, repair kits, inner tube, a set of tyre levers (between a pair of bikes)
- Central stand
- Lock for the bike
- Bell and reflectors
- Water bottle
- Bike log book – (pre check and use record)

Under no circumstances shall blue lights ever be affixed to the IRC bikes.

The IRC bikes shall be marked in the nationally approved specifications using the blue and red colours used on IRC ambulance livery. The cross bar shall be marked as “Irish Red Cross”. The diagonal down bar may contain the Area or Unit name.

A sign in and sign out record system for equipment shall be used and equipment expended or missing shall be reported to the line officer. Any defects in the bikes shall be reported immediately to the line officer. Cyclists are subject to the same road traffic restrictions on drinking alcohol when using a bicycle.

1.8

The recommended charge for an IRC response bike service is €150 per duty. At least one bike on the duty should carry an AED. It is recommended that IRC bike crews should operate in pairs of bikes to support each other and communicate with other IRC resources including IRC ambulances or IRC duty officer.

1.9

The IRC duty bikes shall be transported to the duty site in an approved manner, either by an Irish Red Cross support vehicle, or another appropriate IRC vehicle or appropriate bike carriers or using a suitable roof rack on a car or a suitable bike rack fitted to a tow bar. For reasons of safety and hygiene IRC bikes are not permitted to be carried internally in the saloon of the ambulance. IRC bikes should not be used to cycle to the duty event from the Unit base, instead the bikes should be suitably transported to the duty site.

1.10

The IRC bikes shall be maintained in a safe manner and shall be suitably serviced at least annually. A record of bike servicing, maintenance and periodic checks shall be maintained by the Officer or Sub Officer in charge of the bike sub unit.

There may be circumstances on duty where the use of IRC bikes is deemed unsafe (ice, heavy snow, floods etc). This is a decision for the IRC duty officer in charge of the duty.

1.11

The IRC bikes shall be stored when not in use in an Irish Red Cross premises or other approved location (where the Unit or Area does not have its own dedicated premises). In the case where the Unit does not have its own premises the ADU shall approve the location of the bike storage premises. The storage location shall house a spare tube & tyre. The IRC bikes shall not be used by non IRC members.

1.12

IRC dress code for bike units shall include the specified dress wear:

- IRC denoted white bike safety helmets
- IRC work shirt or IRC polo shirt (i.e. uniformly worn by bike crew)
- IRC high visibility long sleeved vest
- IRC cycle trousers (pending such issue, navy combats may be worn)
- Black safety runners
- Fingerless black cycling gloves (personal issue)
- Approved utility belt
- Approved IRC rainwear and safety eye wear (in central storage pouch)

1.13

The IRC personnel selected for bike unit duty should meet certain criteria:

- be physically fit
- be an IRC member
- be at clinical level of CFR, EFR or EMT or higher. One of the pair of cyclists on the duty team to be at EFR or above
- be able to show that the IRC Duty Bike training has been completed.

If the line officer has valid concerns regarding the physical fitness of a member or potential member of a bike unit the member may be asked to supply a letter from their doctor confirming their fitness. Any such letter should be treated in a strictly confidential manner.

1.14

Training may be carried out via suitable Garda bike training services or the Coast Guard and/or via commercial bike suppliers. Training should include:

- Bike safety
- Bike repair procedures
- IRC Bike Unit procedures
- Bike security aspects
- Maintenance checks

1.15

The Bike Officer or Sub Officer's functions shall include:

- dealing with requests for booking of the bike unit for public duties
- allocating selected and trained personnel to bike duties
- keeping records of the bike unit including training records
- ensuring that maintenance checks and servicing are carried out appropriately
- ensuring that bike use log book is completed and pre checks being done.

51. STANDARD OPERATING PROCEDURES - EMERGENCY MEDICAL TECHNICIAN – EXTERNALLY QUALIFIED

1. PURPOSE

To ensure that an Emergency Medical Technician who receive his training qualifications outside the Irish Red Cross is administered and maintained in line with the requirements of the both the Irish Red Cross and the Pre-Hospital Emergency Care Council (PHECC) and ultimately in the interests of the patient & the public.

2. SCOPE

All Emergency Medical Technician (NQEMT) qualifications awarded by PHECC, who have been trained by a recognised training institution other than the Irish Red Cross.

3. RESPONSIBILITY

National Training Support Manager IRC, Head Office.
Programme Manager, EMT Sub Group, Training Working Group.
Area Director of Units
EMTs within the IRC

4.1 RELATED DOCUMENTS

PHECC Training and Education Standards (current edition)
IRC ePCR project report
3rd edition Clinical Practice Guidelines

4.2 RELATED FORMS

EMT IRC Orientation Programme Completion Form
EMT CPC log book
IRC EMT Commitment to Service Contract Form

5. PROCEDURES

No. Activity

When an externally qualified EMT approaches the IRC seeking to join the organisation:

1.1

The local officer (ADU or AADU with responsibility for training) should seek copies of and put on file the person's

a. NQEMT Certificate
b. Annual Registration Certificate
c. Registered Practitioner's Licence (PHECC ID card)

(If the person had not already completed the registration process they should be advised to do immediately)

1.2

Advise the person on how to join the IRC, providing him/her with a Membership form and information on membership fee. This is mandatory to act as an EMT for the IRC.

Advise the person to complete a Garda Vetting form and forward to the designated person in Head Office immediately. Completion of the GV form and submission to Head Office to the authorised signatory is mandatory to prior to acting as an EMT for the IRC.

1.3

When the person holds a valid membership card he/she should undertake the IRC Externally Qualified EMT Orientation Programme comprising:

a. The IRC Unit Member Induction Course, with Induction Pack
b. The IRC Child Protection Training Level 1 and Level 2
c. Complete 30 hours public duties attendance as part of an IRC crew under the mentorship of an experienced EMT. This may be verified by duty dates and times listed in the Induction Pack sheets and verified by the ADU or designate.
d. Record a minimum of three patient contacts, involving PCR/ACR/PTR or CFRR completion. The incident numbers without patient names will verify that this number of patient contacts has occurred.

1.4

Upon completion of the orientation programme the ADU shall meet the EMT and sign off the completed the EMT Orientation Programme Form and the IRC Commitment to Service Form.

1.5

The ADU or designated AADU should forward the following on behalf of the EMT to Head Office copies of:

e. NQEMT Certificate
f. Annual Registration Certificate
g. Registered Practitioner's Licence (PHECC ID card)
h. EMT Orientation Programme Completion Form
i. Commitment to Service Form

1.6

Upon receipt Head Office Training Department files this documentation and enters the information on the IT system and updates the IRC EMT register.

1.7

Head Office issues EMT badging and Continuous Professional Competence record book directly to the member by post. There is a charge for €50 for these EMT badges and Hi Vis EMT insets

1.8

All IRC EMT members shall note that they are required by PHECC and the IRC to comply with a professional code of conduct set by PHECC and are subject to the PHECC fitness to practice process.

1.9

All IRC EMTs must forward a copy of the Annual Registration certificate to the National Training Support Manager (NTSM) who shall file it appropriately. The NTSM shall email or otherwise notify the IRC EMT member's Area Director of Units and Regional Director via the CARE system on a regular basis that the member has current registration.

1.10

In order to maintain EMT registration by Continuous Professional Competency an IRC EMT shall, inter alia:

vi) maintain Cardiac First Responder Registration
vii) maintain registration with PHECC on the practitioner register
viii) maintain records of EMT interventions
ix) maintain record of appropriate number of patient contacts
x) maintain records of relevant CPC (relevant training, study, retraining)

Irish Red Cross

Continuous Professional Competence is an integral part of EMT knowledge and skill maintenance. PHECC have published a CPC procedure which requires mandatory and optional CPC points by EMTs. This procedure shall be followed by IRC EMTs. The procedure is set out in the IRC SOP on Continuous Professional Development for EMTs. The IRC EMTs are provided with a CPC logbook annually. Each EMT shall maintain a CPC portfolio annually – which the IRC CPC logbook facilitates – for submission to PHECC as required. Re-registration as an EMT is conditional, among other things, on maintaining a CPC learning portfolio.

Irish Red Cross

Emergency Medical Technician
Irish Red Cross Orientation Programme
(For externally qualified E.M.T.)

Name			
Address			
Date of Birth			
Phone Number			
Email			
IRC Membership No.		**Date Joined**	
Area		**Branch**	
PHECC PIN			
Training Institution			
NQEMT Certificate	Attached	Yes/No	
Annual Registration Certificate	Attached	Yes/No	
Registered Practitioner's Licence	Attached	Yes/No	
Commitment to service Form	Attached	Yes/No	
IRC Unit Member's Induction Course	Completed	Yes/No	Date:
IRC CPT level 1	Completed	Yes/No	Date:
IRC CPT level 1	Completed	Yes/No	Date:

Duty Attendance			
Date	**Start Time**	**Finish Time**	**Mentor**

Patient Contacts			
Date	**PCR/ACR**	**Patient Initials**	**Injury/Illness**

This person has satisfactorily completed the IRC EMT Orientation programme.

_____ _____ **Date:** _____

ADU (Print Name) **ADU (Signature)**

52. STANDARD OPERATING PROCEDURE – VEHICLE MAINTENANCE PROCEDURE

1. PURPOSE
To provide for the orderly and effective procedure to ensure vehicles registered in the name of the Irish Red Cross comply with the law, are reliable and roadworthy, and above all, are safe on Irish roads.

2. SCOPE

All Irish Red Cross vehicles obligated to undergo road worthiness testing to ensure compliance for vehicle taxation.

3. RESPONSIBILITY

Board of Directors
Area Director of Units
Head Office Designate

4.1 RELATED DOCUMENTS

IRC Regulations for the Control and Acquisition of Ambulances

5. PROCEDURES

1.0 Activity

1.1

By law, and as the registered owner of the fleet, the IRC must ensure that vehicles are adequately maintained on public roads so that they are unlikely to cause danger to any member of the general public.

All IRC vehicles must:

- Have a Certificate of Roadworthiness (Section 18 of the Road Traffic Act 1961) if it 1 year old or over; and

- Comply with all construction, equipment and use regulations (Section 11 Road Traffic Act 1961) – key items include wheels, tyres, brakes, lighting, steering and suspension.

It is also the responsibility of the IRC to establish an effective vehicle preventive maintenance system to ensure that all vehicles remain roadworthy within the fleet.

1.2

It is the responsibility of the Area Director of Units to ensure that the custodians of all vehicles registered in the name of the Irish Red Cross, use a maintenance system as part of the day-to-day operation of the vehicles. Having an effective vehicle preventative maintenance system will ensure key parts of the vehicles do not deteriorate or become worn and that the vehicle is safe to use on the road.

The person appointed by the ADU to ensure the vehicle remains roadworthy should know:

- Each vehicle's safety and maintenance records;
- The status of annual roadworthiness tests; and
- Details of any road traffic incidents in which vehicles may have been involved

1.3

For a vehicle maintenance system to be adequate it must include these key elements:

i) Planned routine maintenance
ii) Daily and weekly checks
iii) System for reporting, rectifying and recording

In the case of 1.3i) the custodian can schedule maintenance based on time; distance travelled; or running hours.

In the case of 1.3iii) it is imperative that custodians document and record all vehicle maintenance, including defects notified and rectified. The information recorded should include the vehicle registration; date; details of the defects of symptoms; and the drivers name. The maintenance record should include:

- When the vehicle had its last Annual Road worthiness Test;
- Details of what maintenance was carried out;
- Details of defects reported
- Details of when defects were rectified
- Parts and service invoices

These should be recorded in either hard or soft copy and should be forwarded to the ADU for review periodically throughout the year.