

Operational first aid

Introduction

Purpose The purpose of this policy is to define the operational content and assign Fire and Emergency New Zealand personnel responsibilities for first aid at an operational incident or when undertaking medical response duties.

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About this policy

When to use Fire and Emergency New Zealand personnel will follow the requirements of this national policy when:

- Fire and Emergency personnel or members of the public receive an injury (minor, serious, or life-threatening) at any operational incident
- undertaking medical response duties as referred to in the Memorandum of Understanding (MOU) between Fire and Emergency and St John Ambulance or Wellington Free Ambulance
- at other incidents where the Incident Controller(IC)/OIC Fire determines that there is an operational benefit.

Key personnel and roles The following responsibilities support this policy:

Role	Key responsibilities
Executive Officers	ensuring this policy is followed
IC/OIC Fire	ensuring this policy is followed

Policy

Workplace first aid For information on non-operational first aid requirements, refer to the Fire and Emergency Safety, health and wellbeing manual.

Non-emergency medical capability Fire and Emergency personnel will not provide non-emergency medical capability at any public or private event for either personal or brigade financial gain.

General medical emergency response

Fire and Emergency personnel and resources may be mobilised to assist and support ambulance services when dealing with emergency medical situations in the community.

There are three types of response by Fire and Emergency personnel at general public medical emergencies:

- Non-medical ambulance assist
- Co-response
- First response.

See the [Definitions](#) section for descriptions of these levels.

Equipment

When carrying out medical response activities, the equipment Fire and Emergency personnel use will meet the requirements described in:

- the manifest for Fire and Emergency's emergency medical response kit – this was provided with and approved on roll-out of the kit
- the manifest for the first response kit provided to selected first response brigades by either St John Ambulance or Wellington Free Ambulance – this was provided with and approved by the relevant ambulance service when the kit was issued
- Fire and Emergency [Safety, health and wellbeing manual](#), section 12: Preparing for internal workplace emergencies.

Training

Required training

The Fire and Emergency minimum medical response training for all operational firefighters who undertake co-response duties are:

- Unit standard 23406: *Provide first aid for trauma and medical emergency situations*
- Unit standard 6401: *Provide first aid*
- Unit standard 6402: *Provide basic life support*

The Fire and Emergency minimum medical response training for operational firefighters undertaking first response duties is to successfully complete the ambulance provider's first responder course.

Fire and Emergency personnel required to train

The following personnel will complete Fire and Emergency medical response training:

- career firefighters (during the recruit course)
- volunteer firefighters (before attending the seven-day recruit course)
- operational support personnel selected and approved to carry out first aid at incidents (as soon as practicable and before providing medical assistance during an incident).

Recognition of prior learning (RPL)	<p>While Fire and Emergency prefers all firefighters to complete our medical response training, we do have a process to request recognition for equivalent or advanced prior learning (RPL).</p> <p>If you are a firefighter and hold a current advanced equivalent qualification, you may not be required to take part in a Fire and Emergency initial medical response training course or recertification once equivalency is awarded.</p> <p>You must remain current – either by renewing your external qualification and then reapplying for equivalency, or by doing the Fire and Emergency medical co-response recertification.</p>
Refresher training	<p>All Fire and Emergency personnel required to complete medical response training will keep their skills current by successfully completing recertification training every two years.</p> <p>The only exceptions are personnel with first responder qualifications who have maintained currency, or those who meet the criteria stated as part of the RPL application and approval process.</p>

Decontamination

Process	<p>Any item of personal protective equipment (PPE) that gets contaminated or soiled with body fluids during medical response activities will need to be decontaminated. The decontamination process will vary depending on the amount of contamination, or if the contaminate is known to be highly infectious.</p> <p>Following any contamination, the Fire and Emergency personnel affected will need to enter a Safe@Work event for possible exposure.</p>
Lightly soiled	<p>Remove clothing, and place in washing machine on station. Ensure the contaminated clothing is not in a mixed load with uncontaminated clothing and wash as per manufacturer instructions. Take a warm shower if you think the contaminant has contacted your skin.</p>
Heavily soiled	<p>Bag the garment, ensuring the bag is fully sealed. Fill in a contamination label and fix it to the bag (not the box). Fill in the appropriate forms and send the item to TotalCare for decontamination and cleaning. Take a warm shower, or wash your hands, if you think the contaminant has contacted your skin.</p>
Infectious	<p>If you know that the contaminant is infectious, follow the same decontamination as for heavily soiled PPE.</p> <p>If it is suspected that there is contamination from a communicable disease, and that there has been absorption or inhalation, advise Comcen immediately, and request contact be made to DHB Health Protection – follow all health advice.</p> <p>If there is any further contamination of equipment, or in the appliance, K10 the appliance and undertake decontamination. Take a warm shower, or wash your hands.</p>

Definitions

First aid	First aid is the immediate and basic care given to an injured or sick person before a doctor, other health professional or emergency service takes over their treatment.
Non-medical ambulance assist	Fire and Emergency resources are dispatched to support ambulance services to provide additional personnel and equipment.
Co-response	Fire and Emergency resources are dispatched to support ambulance services with specific calls such as cardiac arrest (purple response calls). Ambulance services are responding but Fire and Emergency personnel may be the first on scene to provide medical assistance.
First response	Fire and Emergency resources are dispatched to support ambulance services where they are responding but may be significantly delayed or unable to respond. Fire and Emergency personnel will likely be the initial provider of medical assistance and include purple, red and orange incidents.
Lightly soiled	Minor splashing of body fluids onto clothing such as blood, saliva or vomit that does not soak through the garment and onto the skin.

Related information

Policies

- [R1 POP Motor vehicle accidents policy](#)
- [G2-1 POP Emergency Medical Support policy](#)

Manuals

- [G2 TM First aid technical manual](#)
- [N2 TM Uniform and PPE manual](#)

Guidelines

- [Medical co-response recognition of equivalency guidelines and forms](#)
- <https://portal.fireandemergency.nz/documents/medical-co-response-recognition-of-equivalency-guidelines-and-forms/>

References

- [RD4-4d St John Ambulance MOU](#)
- [RD4-4f Police NZFS Ambulance NZ MOU](#)
- [RD4-4t Wellington Free Ambulance MOU](#)
- [Fire and Emergency Safety, Health and Wellbeing Manual](#)

Systems

- [Safe@Work](#)

Legislation

- [Health and Safety at Work Act 2015](#)

Document information

Owner	DCE Service delivery
Stewardship	National Manager Response Capability
Last reviewed	10 September 2020
Review period	Every second year

Record of amendments

Date	Brief description of amendment
July 2010	Initial version
September 2020	update to new template and structure. Owner role change. Consequential amendments to reflect current practice agreed in MOUs, updated decontamination

Released under the Official Information Act 1982