Minutes



Date: 14 July 2020 **Time:** 9.30 am **Venue:** Fire & Emergency Te Upoko, 2 Oriental Parade, Wellington

Attendees:

Name Designation

Gavin Travers (GT) Chair National Comcen & Medical Response Manager

Cam Grylls (CG) National Advisor Medical Response

Kate Worthington (KW) Executive Director Healthcare Services, Wellington Free

Ambulance

Justin Murtha (JM) NZ Professional Firefighters Union
Craig Meade (CM) United Fire Brigades Association NZ
Matt Cook (MC) Rural Professionals Association

Ryan Geen (RG) Fire & Emergency Comcen dispatcher

Stuart Cockburn (SC) Assistant Director of Operations – North, St John

Guests:

Michaela Booth Business Support, Fire and Emergency NZ

Apologies:

Matt Abel (MA) Fire & Emergency Commanders Association
Tom Bannon (TB) Front line Ambulance Representative, St John

1. Introductions and apologies

Brief introduction for the new members of the focus group, along with apologies from both Tom Bannon and Matt Abel.

- · Minutes from previous meeting read and agreed.
- Action Points from previous meeting discussed as per action points attached.

2. Terms of Reference (GT)

- There has been an additional bullet added this must be moved from AIMS to the Reporting
 - o Action move the final bullet from AIMS to Reporting (CG)
- Introduction no further update required
- Purpose and Function all agreed is correct
- AIMS no further update required final bullet to be moved to reporting
- Operations no further updated required
- Membership WFA still in question about the front-line responders, NZPFU still wanting to go ahead at this stage, RPA doesn't know at this stage where they are going to land with the memberships.

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Proposed that the acceptance of the TOR and for this to be published – voted and agreed.

3. MOU/PIN

There was consultation done through-out the organisation, but the NZPFU weren't happy with some of their submissions not being considered. There has been some traction and movement over the past few weeks. The MOU will now be shared with St John, once this establishment has been made it will then be share with Wellington Free Ambulance.

 Action – Share the MOU document with St Johns and receive feedback prior to sending on to Wellington Free Ambulance (GT)

Noted that there are minor differences in the MOU held by Wellington Free Ambulance – regarding the Martinborough first-responders.

Co-response to purple events – effectively the PIN raised concern that the FENZ staff were sent to incidents that they weren't trained / skilled for – there has been over 400+ events identified that they have attended. There is a process in place as to whether there is a requirement for the co-responders.

The PIN resulted in co-response brigades only responding to purple events, has raised questioning around FENZ attending the March incident (Christchurch mosque). There will always be some exceptions / mistakes made on both sides regarding who should be responding. For example, there are brigades that are wanting to turn out to all medical events, then there are some brigades only wanting to turn out to some particular events.

Risk raised regarding community awareness as to what events the appliances are turning out to - 'picking and choosing' events.

The intent of the MOU has progressed, to FENZ assisting ambulance over a CA (cardiac arrest / defib events. Concerns raised that there will need to be a watch over what they are (FENZ) 'assisting' ambulance with, to ensure that the MOU is not compromised.

Some of the data is not as critical as what was once thought, hoping to move forward with the MOU and the removal of the pin. Suggestion made that the data of the medical calls / events are reviewed either at a 4 to 6 weekly basis. This will then show what events FENZ is responding to as a co-responder, and the question can be asked as to why FENZ is responding to these events. Making sure that FENZ are there for the right reason.

 Action – 4 - 6 weekly report to review of all non-purple medical events that FENZ has responded too (GT) Discussion to follow between SC / KW / GT / CG

Initially there are only colour codes for the co-responders call outs for FENZ appliances. Anything other than a purple event needs to be reviewed following the event. If there is a need for FENZ to attend an event that is a non-purple there has been a process of the event being raised with FENZ Comcen, followed by manually entered notes. Reasons for FENZ to attend a non-medical event, could be for example if there was a gas explosion.

When the PIN was implemented, you will need to satisfy the PIN for the reason as to why you are turning out – this will need to be clarified and then there will be a requirement for us to make sure we are sending our people who are correctly trained and skilled to assist with the medical call-outs.

It is timely that FENZ and PFU have the discussion regarding the PIN and if it satisfies the requirements and needs, and whether we will move forward or if it will be put under review.

4. MOU Discussion Continued

Section 2.6 – MOU talks about how to practice, how we have been trained/training and procedures. FENZ, St John and Wellington Free Ambulance all have different procedures, there is a need for there to be an understanding so that there can be a clear / overlapping operational and clinical response procedure.

St John and Wellington Free Ambulance both have guidelines that cover the operational and clinical responses. Within the MOU it states that FENZ are to follow the Wellington Free Ambulance guidelines. Procedures need to be lined by so that they can manage and have consistency over the guidelines.

Section 2.6 needs to be updated to cover co-responders and what FENZ needs to follow when co-responding to a medical event.

Action - Update section 2.6 to cover co-response as well as first response (CG)

All FENZ personnel have been sent the St Johns guidelines regarding their response procedures, but they don't have the authority to practice, but they now have the knowledge and information of what the process or guidelines are.

GoodSAM – the GoodSAM app is not part of the proposed draft MOU. They need to make the group more aware of how to deal with it, currently we don't have clear guidance. There is a need for more direction. There is an agreement between FENZ and St Johns, but does there need to be a govern over GoodSAM?

There is no direction of how they should be managing the level of authority over who has management over the response. This needs to be addressed as an organization – not necessarily as a MOU. There is need for there to be an instruction of who and how its managed at a job / for a job.

For FENZ staff to become part of GoodSAM they are required to have their first aid certification.

 Action – contact Bridget Dicker for clarification on management of GoodSAM responders at an incident – maybe GoodSAM could advise responders that both an Ambulance resource as well as FENZ resource are responding to incidents (CG)

5. Response to COVID-19

Discussion and or any learning points that anyone in attendance wanted to discuss, and if there are any learnings we can formulate and review as a group.

Wellington Free Ambulance have been doing debriefs regarding their responses, there is no further feedback at this time. Their process for staff responding, has been to instruct staff that the first crew will attend an event with minimal PPE, followed by a second crew in full PPE.

Overlap within the Medical Response Steering Group and other COVID-19 response Working Groups.

 Action - Discussion to be had with Nick Pyatt regarding the lessons learnt from the amalgamated COVID-19 response group (CG)

Discussion around whether there is a requirement for FENZ to be included in discussion that are being had regarding medical PPE and turn outs to cardiac arrest events.

 Action - St Johns to raise internally with the Clinical Governance Group, as to whether FENZ needs to be sitting at the table regarding any changes that are being made – that are relevant to co-response (to help assist give FENZ an understanding of why there have been changes and what the changes are) (SC)

Points raised about St John responding to cardiac arrest and not resuscitating anyone with COVID-19. The clinical response procedures state 'you must use clinical judgement' There was no ability for this to be utilised by FENZ as most personnel do not have the same level of clinical judgement so needed to be re-written for FENZ people. As COVID developed so rapidly the procedures were also changing rapidly.

Discussion around what influences the discussion around the COVID resus and if further changes are made there is a need for a better notification process to include FENZ.

6. Feedback forms and any identified trends

The feedback forms were created last year – with the intent to bring along a couple to each Medical Response Steering group meeting. There is still a need for this form to be publicized and for people to become more aware that these are here for their use.

One form raised that there is a want for better communications between ambulance and FENZ – feedback included wanting a more formal process, and a request to have incident ground communications with radios from a FENZ appliance and ambulance resource so they can

communicate. The reason for this feedback was focused on having a better communication on the turn-out of events – and if the events have started as an orange event, and then moved to purple.

Action - Ensure the K30 is working for Ambulance (GT)

Balclutha Event – feedback received regarding a FENZ turn-out to an event in Balclutha. Questions raised around how the calls were managed and further passed onto FENZ. Discussion as to whether there needs to be a better understanding of when people want to corespond or respond. Further discussion about how the response could be done without a full crew going to a medical response on the off chances that they are available while being on 'z beat' – there is no official process for FENZ response for a medical response call only but is being looked at with the possibility of an 'm beat'.

Action – Email details of Balclutha event to SC for review (CG)

7. FENZ Policy – Re: DNR Policy

Questions raised about terminology used in the DNR policy - ? advanced directive, and messaging going out from St John trainers around when to start or when not to start CPR. There needs to be some direction as to what they want our people (FENZ) to do.

Discussion around sticking to one number to for the clinical desk to make it easier. There is no longer an option for you to select the area code you are wanting to dial, it will automatically bounce directly to Auckland Comcen, and further then to Christchurch, then Wellington depending on the capacity at each Comcen. If one of the comcen's were requested to redirect the call – this is a possibility.

Discussion around when a FENZ personnel will start CPR, this will happen until proof of an advanced directive is provided. Wellington Free Ambulance's best practice is to start until you have proof of otherwise and agreed to by St John.

• Action – Update FENZ documents to reflect "advance directive" title.

8. FENZ Response to Medical Incidents

Discussion made around calls being dispatched from Police and coming to FENZ instead of Ambulance. Continuing to monitor these calls when pulling reports.

9. Follow up of FENZ personnel following identification that there has been expose to meningitis

Due to the COVID response this item has been tightened up. There is a need for the communications around this response to be improved.

At this stage, there are no requirements for people to have to be vaccinated. Wellington Free Ambulance is required to be fully vaccinated as per the ministry of health's guidelines, even though vaccinations cannot be forced upon staff. For St Johns, there is no requirement for their people to be vaccinated, apart from the Flu vaccine being highly recommended to staff.

Discussions around all (WFA, St Johns and FENZ's) lining up so that everyone is having and is fully vaccinated.

Action - Follow-up with St John's regarding vaccination for Hep B (SC)

Discussion around the process of what is happening following being exposed to someone at a response and the processes of ensuring that staff have been and are up to date with the exposed vaccination. There is a need for this to be a written instruction and for how this will be communicated and, also enforced.

 Action – There is a need to make sure that Wellington Free Ambulance and St John's are including FENZ in the communication of events that they have turned out that may require a further follow up and potentially further vaccinations (KW and SC to check WFA/St John policy includes FENZ)

10. Downgrading of a purple event following FENZ arrival

The current process of if FENZ turns out to a purple event that is not a purple on arrival, before ambulance. This then means the ambulance resource can be redirected from this incident to other higher priorities. Question if there is any work around for how the response can be managed and or how we can prevent this happening.

Discussion about how if the call is decreased from a purple, there is concern that ambulance may not prioritize this job, and if in the instance another purple event comes in they will then become a second or third priority.

Kate advised that the purple call cannot be decreased – the content and information can be updated if the situation becomes stable, but the color code on the call cannot be changed. If there is a need for the call to be downgraded there is a requirement for a clinical decision to be made, this can also be depending on the resources available.

 Action – Discussion to be had with Olive at St John's to clarify what happens when an incident is downgraded (GT)

11. General Business

a. Vaccinations - covered earlier in the meeting

b. MVC Response

Discussion around needing a common terminology for the MVC / MVA (motor vehicle crashes / accidents). There is a requirement to go back to the status quo for the MVA being a min response, and a rescue being when confirmed that someone is still trapped or in a vehicle. Rescue tenders have been added to more and more responses – this has caused a lot of anx, but there is work being done to change the terminology.

This will allow for local resources to be sent to those dependant on the local requirements and this will allow the local AM (area managers) to manipulate the turnout of the calls.

If there is an unknown or if they can't identify if there are or aren't people trapped in a vehicle this is treated as a motor vehicle crash rescue – in this instance a rescue tender will be sent out and the call will be treated as a worse-case scenario.

Further discussion around the police campaigning and FENZ wanting to be included / join the campaigning. This paper is currently sitting with Paul Turner and SDLT (Service Delivery Leadership Team).

Discussion around traffic management, and how this process is changing and the requirement for now police to be managing this as our (FENZ) personnel are not trained and qualified to do so.

c. Purple calls automation for FENZ

Previously purple calls were automated but the calls being received were not at a purple level, for example kids falls of skateboards. The feedback from St Johns, was that the data was not particularly good. The automation was then turned off. When it is turned on it does have a very timely matter for notifying staff.

There will be some trials in the live system within the next couple of weeks. Phase 2 is all the stuff about sharing information and further details that might be relevant to the calls. Concerns raised about how if there is a lot of information in the fire call from the automation that there could be details missed.

Discussion about the possibility of adding a rich text – so that this tool will pick up particular words and phrases.

There is currently a lot of work happening to get this implemented, phase 1 is to get the automated purple calls sorted, and phase 2 is to get the data share working and correct.

There have been risks identified, and nothing will go live until both sides (Ambulance and Fire) are at an agreement. Currently this information is being shared by radios or by the mobility app which are in some trucks, or cell phones.

There are safety codes so that once the code is entered it is alerted to the responders on the front line. Police have options to comment but can also make some of their commentary private.

d. Central Auckland Fire Area

Central Auckland Fire Area are looking to set up a front-line response wellbeing group – they are wanting to see if St Johns have a representative who specialises in the wellbeing workspace.

Action – Contact details of the St John's representative to be sent on to Gavin (SC)

e. First Response

Removal of First Response face to face training. Discussion around the mitigations put in place following notification of this, including:

- Regular contact and visit by a local St John Territory Manager to these Brigades
- Ceasing the introduction of new equipment or techniques without face to face training
- Those that have not undertaken CCE for this period of time will not have to undertake the First Response course from the beginning as they normally would
- > OSM traffic lights extended out so that they do not become red lighted
- Online training will be developed by St John for First Responders to complete, although it will not be mandatory

f. Wellington Free Ambulance Update

Wellington Free Ambulance are currently looking to change their defibs. These have been trialled. Aiming to have these available to all (ambulance vehicles) by December 2020. The reason for the change is due to old defib technology becoming non-compatible and also the unavailability of replacement parts. To note for FENZ is the possibility that defib pads will no longer be compatible between agencies.

The Wellington and Wairarapa area will be getting electronic stretchers chairs – there will be an introduction on how to load these.

Currently considering a Danish company that will do some data analysis, to further try and determine the severity of the call from the tone of a caller voice.

g. Pandemic Plan

Discussion around the needs for the pandemic plan to be focused around Medical response and would be sitting with the medical response steering group.

h. Auto CPR Machines

St John are going to be trialling them in some vehicles, this will be done nationally. Wellington Free Ambulance have them in some vehicles and helicopters. Johnny and Cam have had a conversation and there is still an expectation that FENZ will still be turning out and begin manual CPR and will be included in the tri-branded newsletter that CG is writing

Next meeting agreed to be on Tuesday 13^{th} October – location still to be confirmed. Meeting closed at 2.05 pm

	Action Points Register								
Action Point No.	Date Action Raised	Description of Action	Update on Action	Status	Review Date	Owner			
01	22/11/19	FENZ stats distorted on Medical Response and used in ToR document	Wording in ToR document around medical response numbers removed	CLOSED		GT			
02	22/11/19	WW to put wording together around the effect of medical response on our people for ToR	CG to follow up with WW – emailed 13/02/2020 – response received 14/2/2020	CLOSED	May 2020	WW			
03	22/11/19	Discuss with Don McErlich around equipment procurement and effects on Medical Response	CG emailed Don 20/01/2020 – communication between equipment and Focus Group to remain open	CLOSED		CG			
04	22/11/19	Establishment of regional based FENZ group for medical response as first port of call	Final decision is now sitting with Paul Turner	ONGOING	May 2020	GT			
05	22/11/19	FENZ Medical feedback form possibility of making one the same but sent in anonymously	CG to investigate further – no further update	ONGOING	May 2020	CG			
06	22/11/19	Downloading of data off FENZ AED following use at an arrest	Effectively on hold due to COVID-19	ONGOING	May 2020	CG/JM			
07	22/11/19	St John ability to provide feedback to crews on survival to discharge following PURPLE calls	DO and KW to discuss with Kate Jennings how this is occurring with WFA without breaking confidentiality	ONGOING	May 2020	DO			

	Action Points Register Cont								
Action Point No.	Date Action Raised	Description of Action	Update on Action	Status	Review Date	Owner			
08	22/11/19	Crews making contact with Ambulance Clinical Desk while responding to particular PURPLE events	With COVID coming along the process has now changed, discussion around whether the help desk is clear enough for now	CLOSED	May 2020	GT/CG			
09	05/02/2020	Group membership – Ambulance Union to cover costs for TB, and clarification around FRFANZ being covered by UFBA/RPA	CG to email Sarah Stone to confirm expense cover – sent 11/02/2020 – no reply CM to discuss with UFBA FRFANZ membership – email 17/2/2020 confirmed CM is FRFANZ rep as well as UFBA	CLOSED	May 2020	CG/CM			
10	05/02/2020	Ability to share documents for the group	No further update	OPEN	May 2020	GT			
11	05/02/2020	Breakdown of statistics around FENZ response to non-PURPLE incidents to see if there is a training need or other	GT to request from DO and KW these stats for the 2019 calendar year – request made to DO/KW 18/02/2020 by email	CLOSED	May 2020	GT			
12	05/02/2020	Removal of 'other incidents by exception' from MOU	GT to remove wording from MOU documents	CLOSED	May 2020	GT			
13	05/02/2020	Standardised dispatch to medicals in FENZ Comcen lacking?	Unclear around what the color call is – this will be further covered off within the agenda around the discussion of Purple calls. GT to further follow up / consider	OPEN	May 2020	GT			
14	05/02/2020	MOU feedback from NZPFU – what was accepted v what wasn't	CG to book conference call with CG, JM and GT to discuss	CLOSED	May 2020	CG			

	Action Points Register Cont							
Action Point No.	Date Action Raised	Description of Action	Update on Action	Status	Review Date	Owner		
15	05/02/2020	Complaints process or involvement of HDC – what is the FENZ process	No further update – a conversation with the SHW team has been had but they didn't have much of an update CG to have a follow up conversation with Katie Shaw	OPEN	May 2020	CG/JohnnyM		
16	05/02/2020	Media Campaign showing FENZ response to medical incidents	Effectively on hold until the organization structure is in place	OPEN	May 2020	CG		
17	05/02/2020	Coronavirus PPE – P2 v APR v N95 masks	GT to follow up with Paul Turner & Des Hosie re appropriate PPE Email re : type of PPE/masks sent from Trudy Geoghegan	CLOSED	May 2020	GT		
18	05/02/2020	Police AED's and ensuring they are on the national register. Are they also aware of the role FENZ play in a cardiac arrest?	GT to discuss further with Police colleagues St John do not hold any AED for any reference of what is on a vehicle	CLOSED	May 2020	GT		
19	05/02/2020	Admin support for minutes to free up group members	GT to investigate getting admin support for the next Focus Group meeting	CLOSED	May 2020	GT		
20	05/02/2020	HP-CPR update on training update/video update	No further update – CG putting a paper together to consider different options Intention that all front line staff get trained SC and CG to follow up with Johnny regarding an update.	OPEN	May 2020	JohnnyM		

	Action Points Register Cont							
Action Point No.	Date Action Raised	Description of Action	Update on Action	Status	Review Date	Owner		
21	05/02/2020	GoodSAM, any good news stories etc?	No further update	OPEN	May 2020	JM		
22	05/02/2020	Heli landing zones – is there a process in place already for these to be requested? Who requests them?	Ongoing with St John – this has awareness that it hasn't had before. Questioning around the process for the requested landing zone, and trying to get a better understanding and through process for requesting trucks to turnout. Needing to make sure there are valid reasoning and facts.	OPEN	May 2020	JohnnyM		
23	05/02/2020	Incidents being downgraded from PURPLE following FENZ arriving first and sitrep leaving FENZ crews on scene for long periods waiting for available Ambulance resource	Further discussed in today's agenda – SC going to investigate options	OPEN	May 2020	GT		
24	05/02/2020	Stand down procedure from Ambulance perspective – Ambulance coms need to be specific in stand down and pass on reason for stand down, not just the change in patient status	There is a standard MOU for ambulance to tell us why they require us to stand down.	CLOSED	May 2020	GT		
25	14/07/2020	Move the final bullet from AIMS to Reporting (ToR)		CLOSED	Oct 2020	CG		
26	14/07/2020	Share the MOU document with St John and receive feedback prior to sending on to Wellington Free Ambulance		OPEN	Oct 2020	GT		

27	14/07/2020	4 - 6 weekly report to review all non-purple medical events that FENZ has responded to (GT) Discussion to follow between		OPEN	Oct 2020	SC / KW / GT / CG
28	14/07/2020	Update section 2.6 of MoU to cover co-response as well as first response		CLOSED	Oct 2020	CG
29	14/07/2020	Discuss with Bridget Dicker re management of responders at incidents for FENZ, and look at possibility that notification goes to responders that FENZ are attending as well	Email sent 17/07 – waiting reply	OPEN	Oct 2020	CG
30	14/07/2020	Discussion to be had with Nick Pyatt regarding the lessons learned from the amalgamated COVID-19 response group		OPEN	Oct 2020	CG
31	14/07/2020	St John to raise internally with the Clinical Governance Group, as to whether FENZ needs to be sitting at the table regarding any changes that are being made – that are relevant to co-response (to help assist give FENZ an understanding of why there have been changes and what the changes are)		OPEN	Oct 2020	SC
32	14/07/2020	Ensure the K30 is working for Ambulance		OPEN	Oct 2020	GT
33	14/07/2020	Email details of Balclutha incident (burns etc F3028138) to Stu for review and feedback	Details sent 17/07	CLOSED	Oct 2020	CG

34	14/07/2020	Update FENZ documents from DNR to advanced directive		OPEN	Oct 2020	CG
35	14/07/2020	Follow-up with St John's regarding vaccination for Hep B		OPEN	Oct 2020	SC
36	14/07/2020	There is a need to make sure that Wellington Free Ambulance and St John are including FENZ in the communication of events that they have turned out that may require a further follow up and potentially further vaccinations	KW and SC to check internal processes are in place and include notification to FENZ	OPEN	Oct 2020	KW / SC
37	14/07/2020	Discussion to be had with Olive at St John to clarify what happens when an incident is downgraded		OPEN	Oct 2020	GT
38	14/07/2020	Contact details of the St John's representative to be sent on to Gavin and Cam	TM details to be published in portal	OPEN	Oct 2020	SC / CG