Community First Responders

The How, the Where and the Why
<table>
<thead>
<tr>
<th>Category</th>
<th>Time</th>
<th>90th centile</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1</strong></td>
<td>≤7 minutes</td>
<td>≤15 minutes</td>
<td>Time critical life threatening event needing immediate intervention and/or resuscitation. E.G: cardiac/respiratory arrest, airway obstruction, ineffective breathing, unconscious with abnormal or noisy breathing, hanging. Mortality rates high where a difference of one minute in response time is likely to affect outcome and there is evidence to support the fastest response.</td>
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<tr>
<td><strong>Category 2</strong></td>
<td>≤18 minutes</td>
<td>≤40 minutes</td>
<td>E.G: Probable MI, stroke, major burns sepsis, serious injury, Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport. Mortality rates are lower; a difference of an extra 15 minutes response time is likely to affect outcome and there is evidence to support early dispatch.</td>
</tr>
</tbody>
</table>
## Category 3
### Average - being monitored
90th centile ≤120 minutes

EG: Hyperglycaemia, isolated limb fractures, non-major burns, abdominal pain

Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe. Mortality rates are very low or zero; a difference of one hour or more might affect outcome and there is evidence to support alternative pathways of care.

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## Category 4 Transport
### Average - being monitored
90th centile ≤180 minutes

999 calls that may require a face to face ambulance clinician assessment

Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.

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## Category 4H
### EOC Clinician Hear & Treat
90th centile ≤180 minutes

EG: Home management advice or referral

Calls which do not require an ambulance response but do require onward referral or attendance of non-ambulance provider in line with locally agreed plans or dispositions, or can be closed with advice (Hear & Treat)
A summary of what we do:

- Fill the gap between the 999 call and the ambulance arriving
- Update the Control Centre on what’s happening
- Assist the paramedics when they arrive
- Accompany ambulance crews on 12-hour shifts
- Help raise elderly fallers without the need of an ambulance

In addition, as part of the “Restart a Heart” campaign, we can provide training in CPR to schools and organisations
The things we can help with

- Stroke
- Anaphylaxis
- Sepsis
- Cardiac Arrest
- Heart Attack
- Serious Epileptic seizure
- Asthma
- Catastrophic Haemorrhage

- Hypoglycaemia
- Hyperglycaemia
- Trauma
- Choking
- Burns
- Shock
- Drowning (additional skill)
- Respiratory problems