

**Freedom of Information request reference number:** 6024.1

**Date of response:** 04 October 2021

**Request:**

*I am writing to you tonight to request information regarding your policy on the Immediate Emergency Care (IEC) that you deliver to Brigade personnel specifically what is carried in the IEC bags on front line appliances and what levels and skills the firefighters/officers are trained up to/the scope of practice they follow.*

*If possible I would also like to request a copy of the document that personnel are being trained up to.*

**Response:**

I have attached the two IEC policies held by the LFB to this response:

PN543 - Immediate Emergency Care (IEC) Medical first aid\_Redacted

PN618 - Immediate Emergency Care equipment ZOLL AED 3 defibrillator - technical information

Information about IEC training is included in section 9 of the 'PN543 - Immediate Emergency Care (IEC) Medical first aid\_Redacted' policy (page 6 of 18).

You will see that I have redacted a form on page 15 of 18 of the 'PN543 - Immediate Emergency Care (IEC) Medical first aid' document. We do not typically provide copies of LFB forms under the FOI act as, if they are made public, there could be a risk of them being used in some element of criminal activity. Therefore this information is exempt from disclosure under the FOI act under [section 31\(1\)\(a\) - Law enforcement](#). Section 31 is a qualified exemption and I must consider the public interests for and against disclosure. By disclosing this information there is a risk that it could make the LFB more vulnerable to crime. For example, it may be possible to print and use the LFB branded forms to impersonate a Firefighter which could, in turn, put other people at risk. I am therefore of the view that it is in the public interest not to disclose this section of the policy you have requested.

We have dealt with your request under the Freedom of Information Act 2000. For more information about this process please see the guidance we publish about making a request [on our website](#).

# Immediate Emergency Care (IEC)/Medical first aid

New policy number: **543**  
 Old instruction number:  
 Issue date: **23 November 2007**  
 Reviewed as current: **19 August 2021**  
 Owner: **Assistant Commissioner, Operational Policy**  
 Responsible work team: **Immediate Emergency Care Team**

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# 1 Introduction

## Scope

- 1.1 This policy is designed to fulfil the requirements of the Health and Safety (First Aid) Regulations 1981 and Approved Code of Practice L74 (Rev. 1997).
- 1.2 The Brigade will provide sufficient first aid equipment, facilities and personnel that are adequate and appropriate, to administer first aid to its employees in the event of an accident or ill health at work.
- 1.3 Such provision is extended to visitors on Brigade premises, and when arrangements are made for contractors working for the Brigade.
- 1.4 Operationally this provision will extend to members of the public and all emergency responders.
- 1.5 Where specialist medical attention is judged to be immediately necessary arrangements will be made to transport the casualty to hospital by ambulance. **Note:** There is no requirement for Brigade personnel to be transported to hospital only by ambulance (see Policy number 401 – First aid).
- 1.6 First aid will be available to all employees through direct access to first aid equipment and through either a trained first aider or an appointed person.
- 1.7 Information where first aid can be obtained will be permanently displayed in each workplace.
- 1.8 First aid equipment in the workplace must be stored in a suitable container and conspicuously marked with a white cross on a green background.
- 1.9 Stocking of fire station first aid boxes shall be in accordance with Appendix 1. No other items than those listed should be stocked.
- 1.10 All marked Brigade vehicles will carry first aid equipment in accordance with the appropriate appendix.

## 2 References

**This policy should be read in conjunction with the guidance contained in the sources below.**

- 2.1 The Health and Safety (first aid) Regulations 1981.
- 2.2 Approved Code of Practice and Guidance L74 First Aid at Work.
- 2.3 First aid training and qualifications for the purposes of the Health and Safety (First-Aid) Regulations 1981. Guidance for training organisations, HSE 1997.
- 2.4 Basic advice on first aid at work IND (G) 215L 1997.
- 2.5 Policy number 401 - First aid.
- 2.6 Policy number 707 – The control of infection and infectious diseases policy.
- 2.7 Policy number 288 - Resuscitation equipment.
- 2.8 Resuscitation Council (UK) Resuscitation Guidelines 2016.
- 2.9 Immediate Emergency Care Update 1-day Course.
- 2.10 Immediate Emergency Care 3-day Course.

- 2.11 Immediate Emergency Care 5-day Course.
- 2.12 Senior Officers IEC Overview 1-day Course.
- 2.13 IEC station training manual.

### **3 Immediate emergency care**

- 3.1 Immediate Emergency Care (IEC) is a training package developed by the London Fire Brigade (LFB) and the London Ambulance Service (LAS) Clinical Education and Standards Department to give firefighters an enhanced capability to treat casualties whilst carrying out their duties.
- 3.2 IEC includes the standard Health and Safety, first aid at work course content with enhancements, which provides provisions for employees who become ill or injured in the workplace and enhanced techniques for dealing with operational incidents.
- 3.3 The purpose of this policy is to provide personnel with information about the London Fire Brigade's first aid arrangements including the IEC package and to give guidance on the operational considerations that should be observed whilst delivering medical assistance.

### **4 Definition of first aid**

- 4.1 Providing immediate emergency medical care to someone who has become injured or ill, to preserve life, preventing their condition from worsening, and promoting recovery.

### **5 Operating practices**

- 5.1 The IEC package has been developed for the treatment of casualties (all employees and members of the public) whilst on duty at stations, attending fire calls and at special service incidents.
- 5.2 Only personnel who are trained are authorised to use the following items of equipment. In the event that an appliance is riding without a qualified crew member, the equipment should remain within the IEC bag:
  - Nasopharyngeal (NP) airways
  - Olaes dressing
  - Blast dressing
  - Tourniquet
  - Pulse Oximeter
  - Tympanic Ear Thermometer
  - Cling Film
- 5.3 Firefighters at incidents who provide care for casualties must continue to do so until an appropriate suitably qualified medical professional arrives on scene and is ready to take over responsibility for the casualty.
- 5.4 A casualty report form (F6173) must be completed as part of the handover procedure to the emergency medical services (Appendix 5). This form is in triplicate and the following action should be taken at every incident where treatment is provided:
  - A member of the appliance crew is to be detailed to complete the form.
  - White copy - handed to the Emergency medical service in attendance.
  - Yellow copy - retained securely at station.
  - Green copy – forwarded to IEC Programme Manager, Operational Policy and Assurance, Brigade Headquarters.

## 6 Personal protective equipment (PPE) requirements

- 6.1 Medical examination gloves must always be worn when providing medical assistance.
- 6.2 Eye protection should be used when attending casualties with moderate to severe haemorrhage. Safety glasses (x2) are included as part of the IEC inventory.

## 7 Equipment (general)

- 7.1 To find the appropriate first aid package and full inventory of equipment required refer to appendix listed below:

- Appendix 1 - Fire station/Brigade premises.
- Appendix 2 - Front line appliances PL, P, FRU, Aerials, RRT and fire boats.
- Appendix 3 - Other marked Brigade vehicles.

**Note:** All personnel are to be aware that:

- No items other than those specified in the appropriate appendix are to be stowed in the first aid/IEC pack.
- It is a criminal offence under the Health and Safety at Work Act to intentionally or recklessly interfere with or misuse first aid equipment.

- 7.2 The LFB have entered into a contract with the LAS in relation to consumable items that make up the IEC pack (Appendix 6). This arrangement exists only with the LAS and not with other outlying Ambulance services. When LFB personnel use any of these consumable items at an operational incident or to treat LFB personnel at their place of work the LAS will provide a replacement item or items. The IEC pack has been designed so as to provide 100% reserve of anticipated consumable equipment within the pack to cater for multiple casualties at operational incidents or delays in carrying out replenishment. Replenishment of IEC packs can be carried out in the following ways:

- In the first instance (and if practical to do so) replenishment is to be carried out at the scene of operations with the attending ambulance crew.
- Consumable items for the IEC pack are listed on POMs. If it has not been possible to re-stock an IEC pack at an operational incident, then an order may be placed on POMs.
- If the OIC experiences any difficulty in replenishing the IEC pack, they are to contact the IEC programme manager and report the matter.

**Note:** Items used for training should always be replaced via POMs.

- 7.3 Disposal of contaminated equipment – consumable equipment that has been used or has become contaminated must be disposed of. Personnel should refer to the training notes on infection control and place all material in a bio-hazard clinical waste disposal bag. This sealed bag can then be disposed of in several ways:

- Given to the attending ambulance crew at the scene of operations.
- Left with a local ambulance station.
- Left with a local hospital.

**Note:** When transporting the bio-hazard clinical waste disposal bag, it should be placed in a steel bucket in the appliance locker. Care should be taken to ensure the bag cannot be punctured by other items placed in the bucket (see Policy number 707 – The control of infection and infectious diseases). The bucket is not to be carried in the crew compartment.

- 7.4 **Zoll 3 Automated External Defibrillator (AED)** – The Zoll AED 3 can record and store data and must be downloaded via Wi-Fi on immediate return to station.

**For detailed technical and training information refer to Policy 618 Immediate emergency care (IEC) equipment –Zoll AED 3 Defibrillator and the Immediate Emergency Care Manual.**

## **8 Oxygen equipment**

- 8.1 **An BOC (British Oxygen Company) ZD cylinder** is carried on all Front Line appliances as part of the IEC pack and can be used to either administer oxygen to a breathing casualty with the high concentration oxygen mask, a casualty requiring assisted breaths and for Cardio Pulmonary Resuscitation (CPR) with the Bag, Valve and Mask. Full procedures for the operation of Oxygen equipment are contained in Policy number 288 - Resuscitation equipment.
- 8.2 An MoU exists between LAS and LFB. Under this MOU LAS provides ZD cylinders charged with medical oxygen to LFB but they always remain the property of LAS.
- 8.3 When an ZD cylinder being used for IEC falls below  $\frac{3}{4}$  full it can be exchanged with a LAS vehicle at scene if resources allow. If it is not possible to exchange used Oxygen Cylinders at the incident, LFB must arrange for a one for one Oxygen Cylinder exchange at a LAS station (preferably a Group/Hub station during day light hours) as soon as possible.
- 8.4 The allocation of ZD cylinders is one per an IEC pack with none being held in reserve at station. There should be no oxygen cylinders at station other than the one in the IEC bag as additional cylinders distract from LAS operational stock. LFB should not allow Oxygen Cylinders to accumulate.
- 8.5 Only staff who have a current and valid IEC certificate will handle LAS oxygen cylinders.
- 8.6 LFB will store, handle and use Oxygen Cylinders in compliance with the British Compressed Gases Association Code of Practice and guidance.

### **Outline description**

- 8.7 Oxygen administration masks are carried as an integral part of the IEC pack. The masks are adult and paediatric sized high concentration oxygen masks, and the bag valve mask.
- 8.8 The use of the masks is to be actively encouraged for casualties when their condition indicates that oxygen would be of benefit.
- 8.9 The masks and connections are directly compatible with those used by the London Ambulance Service.

### **High Concentration oxygen administration mask**

- 8.10 This single use piece of equipment is designed to enhance first aid delivered by Brigade personnel and will be suitable for the majority of casualties who are breathing. The high concentration oxygen masks will be carried within the IEC pack, 2 x adult and 2 x paediatric sizes per pack.

### **Use of equipment**

- 8.11 The high concentration oxygen mask is for single use and only to be used on casualties that are breathing and require the administration of oxygen, as a part of their treatment, prior to the arrival of emergency medical services (EMS).

- 8.12 The supply tube should be connected directly to the push fit 'fir tree' connector only and cylinder turned on.
- 8.13 Oxygen should be considered for all casualties that are breathing unassisted.

### **Bag Valve mask**

- 8.14 This equipment comes in both adult and paediatric sizes and is for designed for administering breaths to a casualty who is not breathing, or for casualties that have a breathing rate that dictates that the operator must supplement them.
- 8.15 The disposable bag valve masks will be carried within the IEC pack, 1 x adult and 1 x paediatric size per pack.

### **Use of equipment**

- 8.16 The bag valve mask is for single use only and is to be used on casualties that are not breathing or require assisted breaths as dictated by casualties breathing rate.
- 8.17 The supply tube should be connected directly to the push fit 'fir tree' connector only and cylinder turned on.

**Note:** An ambulance must be ordered to any casualty who requires oxygen administration or that has an emergency medical condition.

## **9 Training**

- 9.1 Operational personnel will be scheduled to initially attend a 5-day IEC course. A 3-day IEC course will be scheduled within a 3 year time frame from the date of qualification. If the 3-year time limit has been exceeded the qualification will lapse and they will require a 5-day IEC course. In addition, operational personnel will attend an annual IEC Update course.
- 9.2 For all uniformed personnel who may be required to administer oxygen, the HSE ACOP (L74) requires compliance with the Resuscitation Council (UK) guidelines. For CPR these state that "considerable practice and skill are required to use a bag and mask" and "the same strict training that applies to healthcare professionals should be followed, and that the two person technique [for CPR] is preferable" (RCUK Resuscitation Guidelines 2016).

### **Continuation training**

- 9.3 London Fire Brigade's training provider, Babcock International will continue to support the delivery of IEC programme by providing the following service:

- Annual IEC Update course to all personnel, providing advice and guidance on the IEC programme utilising strategic resource.

Advice and support is also available from the IEC Manual and the IEC Team, Operational Policy and Assurance.

## Appendix 1 - Fire station premises – first aid kit contents

The contents of first aid containers should be examined frequently and re-stocked as soon as possible after use. Care should be taken to discard items safely after the expiry date has passed.

Each first-aid container is to be clearly identified and located so as to afford reasonably rapid access to **all** personnel including cooks, cleaners and where appropriate close support workshop staff. It is to contain the following items:

- 1x Form 4296 – notes for guidance.
- 4 x Form 5742- Health & Safety Section 8 – Records of First Aid Treatment.
- 8x Dressing No 8, medium.
- 8x Dressing, No 9, Large.
- 4x Dressing, No 3.
- 4x Dressing No16, Eye Pad with bandage.
- 2x Dressing No 7, Small Finger, sterile Lint with Bandage.
- 12x Safety Pins.
- 4x Bandage, Triangular, Calico, sterile, 90cm x 127cm.
- Dressing Adhesive, 100 assorted, waterproof.
- Dressing Adhesive, Blue, 100 assorted, waterproof.
- 1x Burns Sheet, Non-Woven, Covering, 80cm x 120cm.
- 2x Resuscitation Protection Pack/Pocket mask
- 4x Wipes Alcohol Free, Individual.
- 1x Pack of 5, Plaster for blister Treatment.



## Appendix 2 - IEC pack contents – Pump, Pump Ladder, FRU, Aerial appliances, Fireboat and RRT

The contents of the IEC pack should be examined at the change of watch and re-stocked as soon as possible after use. An agreement has been arranged with the LAS to undertake a one for one exchange of some of the disposable equipment within the IEC pack (listed in appendix 6) at the scene of an incident. If this is not possible items can be ordered on POMs. Care should be taken to discard items safely after the expiry date has passed.

Each IEC pack is clearly identified and stowed in its own location indicated so as to afford reasonable rapid access to all fire brigade personnel.

Below is a full inventory of the IEC pack:

- 2 x each size OP airway sizes 1 – 4
- 2 x each size NP airways sizes 6mm and 7mm
- 8 x Sachets of lubrication
- 1 x Suction Unit (V-Vac)
- 1 x Disposable bag valve mask (adult).
- 1 x Disposable bag valve mask (paediatric)
- 2 x Oxygen mask (adult)
- 2 x Oxygen mask (paediatric)
- 1 x BOC ZD oxygen cylinder
- 5 x each size Ambulance dressings sizes 2 & 4
- 2 x each size Peha – Haft (6cm x 4m and 10cm x 4m)
- 2 x Triangular bandages
- 2 x Opsite Dressing (15.5cm x 8.5cm)
- 5 x N A dressing
- 1 x Tourniquet
- 1 x Olaes Dressing
- 1 x Blast dressing
- 1x Water Gel Burns Dressing Kit containing (2 - 100 X 100 MM, 2 - 100 X 406 MM DRESSINGS, 1 - 305 X 406 MM FACE MASK DRESSING, 1 PAIR TUFF CUT SCISSORS, 2 CONFORMING BANDAGE ROLLS)
- 1 x Roll of Cling Film
- 1x 500ml Sterile water
- 3 x Tuff cut scissors (1pair in burns kit)
- 2 x Transpore surgical tape
- Assorted sizes of medical examination gloves
- 2 x Clinical waste bags
- 2 x Blizzard blanket
- 2x Cervical collars (Ambu Perfit ACE type Laerdal collars to be phased out)
- 1 x pad of form 6173 (CRFs)
- 1 x karabiner watch
- 2 x protective spectacles
- 1 x Pulse Oximeter
- 1 x Digital Ear Thermometer
- 1 x box of 20 Ear probe covers

In addition and stowed separately 1 x Automatic External Defibrillator

## **Appendix 3 - First aid kit contents all other vehicles with Brigade livery**

A first aid kit is available on POMs (ID – S1587) for all marked Brigade vehicles. In addition to this basic first aid kit 2 x resuscitation packs /pocket mask should be ordered and placed within the case along with a pad of casualty report forms (F6173). The contents of this kit are to be checked regularly and any shortfall in the listed contents is to be made up via POMs.

## Appendix 4 - Enhanced equipment

Immediate Emergency Care includes:

- Automatic External Defibrillator.
- Cervical Collars.
- Oropharyngeal Airways.
- Nasopharyngeal Airways.
- Manual Suction unit.
- Tourniquet.
- Olaes Dressing.
- Blast Dressing.
- Pulse Oximeter.
- Digital Ear Thermometer.
- Digital Thermometer Ear Probe Covers.
- Cling Film.

### Automatic external defibrillators (AED)

The automatic external defibrillator (AED) must only be used in conjunction with the IEC training package and by those personnel that have been assessed and certified as competent in its use by an IEC instructor.

Firefighters must be aware that when a member of the LAS arrives on scene the Technician/Paramedic/Doctor may wish to change over defibrillators to carry out advanced life support techniques.

At the conclusion of the resuscitation the appliance commander is to ensure that on immediate return to station, the data stored from the resuscitation is downloaded via station Wi-Fi. If this is not possible, the IEC Team must be informed via the IEC mailbox. Once the data has been downloaded the AED can be returned to the appropriate appliance.

For detailed technical and training information Policy 618 and the Immediate Emergency Care Manual should be referred to.

### Cervical (C-spine) collars

Cervical collars are used for immobilising casualties with suspected injuries to the cervical vertebrae. For the correct sizing and fitting of cervical collars refer to the IEC Manual.

### Oropharyngeal airways (OP airway)

OP Airways used in conjunction with manual airway stabilisation will help maintain a casualty patient airway by controlling the lips, teeth and tongue.

They must only be used on an unconscious casualty who has a loss of gag reflex.

An airway will:

- Assist respiration for those who are already breathing.
- Allow oropharyngeal suction.

## Cautions

- Clear the mouth and pharynx before inserting an oropharyngeal airway.
- Withdraw the airway if the casualty shows any signs of rejection.
- Once the airway is inserted check that air is able to pass clearly through it.
- Observe casualty's airway for any signs of obstruction or return of gag reflex.

**Note: Oropharyngeal airways will only prevent obstruction from a relaxed tongue. It will not prevent the stomach contents, saliva or blood from obstructing the casualty's airway.**

For instruction on sizing and insertion of an OP airway refer to the IEC Manual.

## Nasopharyngeal Airways (NP airway)

The NP airway consists of a tube designed to be inserted into each nasal passage to secure an airway. Together with the OP, they provide an essential airway for the casualty. The NP can be used on a casualty with an altering level of consciousness. They can provide a secure airway in a casualty with an intact gag reflex, clenched jaw or oral trauma.

## Cautions

- Lubrication must be used when inserting an NP into the nasal passage.
- NP airways must not be used when a base of skull fracture is suspected.
- Withdraw the NP should the casualty show signs of discomfort.
- Once the NPs are inserted check that air is able to pass through them.
- Observe the casualty for signs of rejection.

For instructions on sizing and insertion of an NP airway refer to the IEC Manual.

## Manual suction unit

Suction units are vital for maintaining a patent airway and to prevent complications from developing.

Great care should be taken when using suction equipment so as not to damage the soft tissue in the oropharynx or stimulation of the vagel nerve.

## Indications for use

- Regurgitation.
- Excessive sputum.
- Blood from: facial injury, internal abdominal bleeding.
- Casualties who have difficulty swallowing from injury or illness.
- Clearing obstructions in oropharyngeal airway.

## The failure to use suction equipment correctly could result in:

Airway obstruction.

- Blood, excess saliva or the contents of the casualty's stomach entering the lungs.
- For instruction in the use of suction equipment refer to the IEC Manual.

For instruction in the use of suction equipment refer to the IEC Manual.

## **Tourniquet**

The tourniquet is a rarely used device for stopping the flow of blood through an artery or vein by compressing the blood vessel. It is used to manage catastrophic haemorrhage from a limb in conjunction with the use of other haemorrhage dressings within the IEC bag. When a tourniquet is applied, it should be recorded on the Casualty Report Form. For instructions on applying a tourniquet, refer to the IEC Manual.

## **Olaes Dressing**

The Olaes dressing is a modular bandage used for the management of active haemorrhage in significant wounds. The dressing consists of a large wound pad and an integral forming bandage. It is uniquely designed to apply pressure to the wound to control active bleeding. For instructions on the application of an Olaes Dressing, refer to the IEC Manual.

## **Blast Dressing**

The Blast dressing is a bandage designed for the management of massive wounds such as amputations or blast injuries and consists of a large wound sheet and conforming bandage. The IEC Manual should be referred to for instructions on application.

## **Pulse Oximeter**

The Pulse Oximeter is a device that measures the pulse rate and oxygen saturation (SPO2) of a casualty when placed on the casualty. Oxygen will still be given to the casualty regardless of the SPO2 reading except where there are contraindications to giving oxygen. For instructions in the use, cleaning and maintenance of the Pulse Oximeter, refer to the IEC Manual.

## **Digital Ear Thermometer**

The Digital Ear Thermometer is a device capable of achieving infrared temperature reading of the casualties' core temperature, when placed in the ear canal. It is essential that an ear probe cover is applied to the probe of the thermometer on each use for infection control. For instructions in the use, cleaning and maintenance of the digital ear thermometer, refer to the IEC Handbook.

## **Cling Film**

Cling film is a sterile product that can be used in the treatment of burns.

Key advantages of using cling film as treatment for burn as are:

- Prevents any further infection of the wound.
- Is non-adhesive.
- Allows the burn to be assessed without exposure to further infection.
- Allows further cooling to the burn after application.

## Appendix 5 - Casualty report form (CRF) and IMP Database

Information available to Paramedics/Doctors working with the critically ill can have a vast impact on the casualty's diagnosis and treatment. First-hand information from firefighters who provide medical interventions gives the base knowledge for which the correct treatment can be given.

The casualty report form provides vital details for diagnosing and treatment; it is also a record of events that allow the ongoing development of treatment protocols. These records of events, combined with information on casualty outcome, are a valuable source of information which will assist in improving service delivery.

If anyone is treated by an IEC provider a casualty report form must be completed. There will be three copies coloured white, yellow and green. If the casualty is conveyed to hospital by ambulance the white copy must be handed over to a member of the ambulance crew. If an ambulance is not required, the white copy should be given to the casualty for their own records. The yellow copy is to be retained securely at station and the green copy must be sent to the IEC Programme Manager based at Operational Policy and Assurance, Brigade Headquarters.

**In addition to completion of the CRF, the incident management database will also need to be completed.**

### Instruction on completing the casualty report form

The information below should be entered into the relevant boxes.

The following details are self-explanatory

- incident number;
- date;
- call sign (Appliance IEC provider is riding);
- incident location (exact location);
- casualty name;
- age;
- gender.

### Mechanism of injury/illness

In this section the cause of the injury or the history of events leading up to the illness must be recorded.

### Presenting condition

The information in this section must relate to the actual injuries found or the signs and symptoms the casualty is complaining of.

### Observations

In each box the relevant information must be recorded:

- **Time** – the time the observations were taken.
- **Alert/Voice/Pain/Unresponsive (AVPU)** – only the appropriate letter needs to be recorded in the box depending on the condition of the casualty at the time of examination.
- **Resp Rate** – number of respirations per minute (RPM).
- **Pulse Rate** – number of beats per minute (BPM).

- **Cap Refill>2 Seconds** – if the capillary refill is under two seconds record **Y**, if it is over two seconds record **N**.
- **Pain Score (0-10)** – only the number relevant to the casualty's pain score needs to be recorded e.g. 0,1,2,3 etc.

**Note:** The pain score is scored from zero (no pain) to ten (worst pain ever felt).

### Treatment given

A cross must be placed into the relevant box.

- **Collar** – was a collar fitted?
- **Suction** – was a suction unit used?
- **OP airway** – was an OP airway fitted? If NP airway fitted mark in the Any other details / Treatment given box.
- **Oxygen** – was oxygen given?

### CPR and defibrillation

A cross must be placed in the relevant box.

- **Bystander CPR** – was bystander CPR implemented? What time did it start?
- **LFB CPR** – was LFB CPR implemented? What time did it start?
- **LFB Defib** – was a shock delivered? What time was the first shock delivered?
- **Number of shocks** – the total number of shocks delivered.

### Any other details/treatment given

The information recorded in this section relates to anything else appropriate to the treatment of a casualty e.g. what type of dressing and the number used on the casualty.

### AMB CAD No

This is the computer-generated number allocated to the incident by the ambulance service and must be recorded at the bottom of the form. This is the ambulance equivalent of the LFB incident number and will be provided by the attending personnel.

### AMB call sign

This must be the call sign of the ambulance conveying the casualty to hospital.

### Instruction on completing the IMP Database victim details

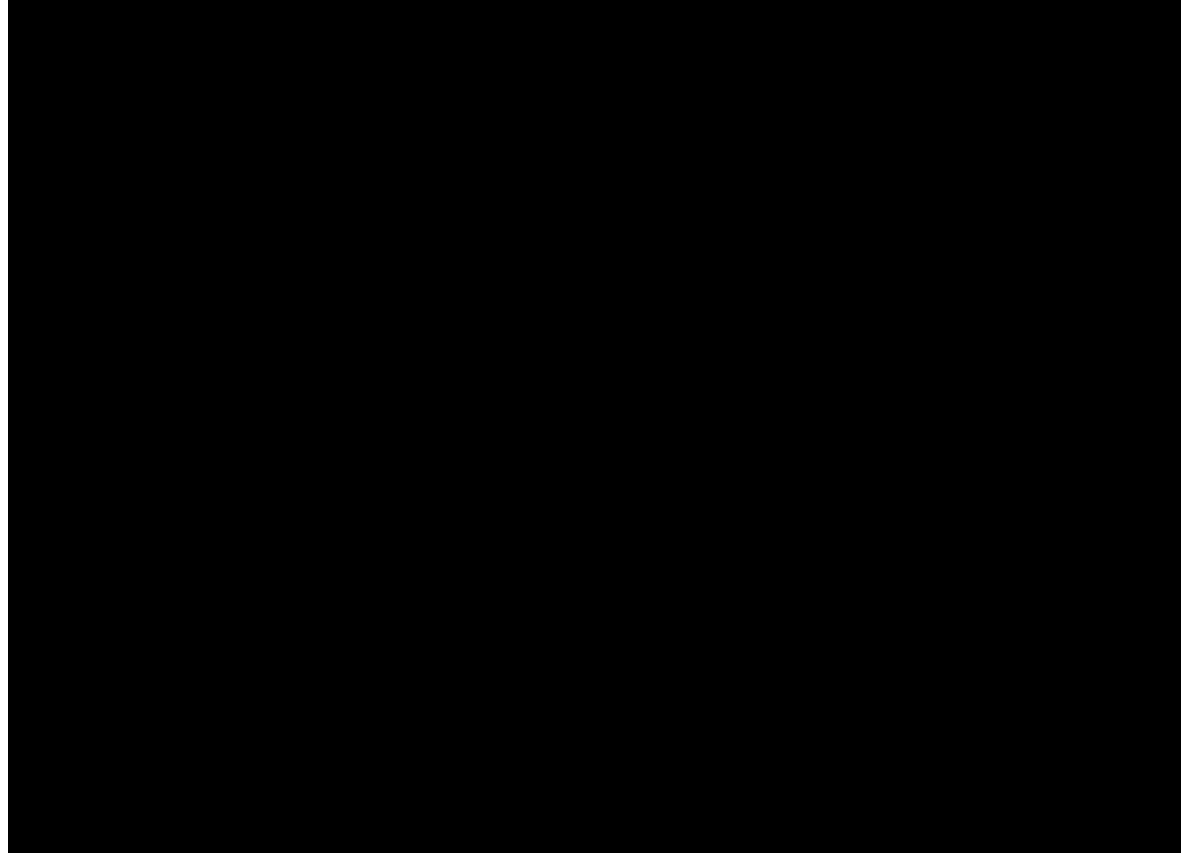
In each box the relevant information must be recorded:

- **Time** – the time the observations were taken.
- **Alert/Voice/Pain/Unresponsive (AVPU)** – only the appropriate letter needs to be recorded in the box depending on the condition of the casualty at the time of examination.
- **Resp Rate** – number of respirations per minute (RPM).
- **Pulse Rate** – number of beats per minute (BPM).
- **Cap Refill>2 Seconds** – if the capillary refill is greater than two seconds record Y, if it is under two seconds record N.
- **Pain Score (0-10)** – only the number relevant to the casualty's pain score needs to be recorded e.g. 0,1,2,3 etc.

**Note:** The pain score is scored from zero (no pain) to ten (worst pain ever felt).

### London Fire Brigade casualty report form

We do not typically provide copies of LFB forms under the FOI act as, if they are made public, there could be a risk of them being used in some element of criminal activity. Therefore this information is exempt from disclosure under the FOI act under section 31(1)(a) - Law enforcement



### IMP Database victim details

Victim Info	
Extent of Harm:	[Dropdown]
Age:	[Spinner] Enter '999' if age is unknown
Gender:	[Dropdown]
Ethnicity:	[Dropdown]
Victim When Fire Started:	[Dropdown]
Victim When Fire Started Other:	[Dropdown]
Victim Found:	[Dropdown]
Victim Found Other:	[Dropdown]
Role Victim Played:	[Dropdown]
Role Victim Played Other:	[Dropdown]
Victim Rescued:	[Dropdown]
Victim Rescued From:	[Dropdown]
Victim Rescued From Other:	[Dropdown]
Who Rescued Victim:	[Dropdown]
Who Rescued Victim Other:	[Dropdown]
Method Used:	[Dropdown]
Title:	[Text] Forename: [Text] Surname: [Text]
Circumstances of Fatality:	[Dropdown]
Death/Injury Fire Related:	[Dropdown]
Cause of Death/Nature of Injury:	[Dropdown]
Severity of Injury:	[Dropdown]
Victim Circumstances:	[Dropdown]
Oxygen Administered At Scene By Brigade:	[Dropdown]
Was A Defibrillator Used By Brigade:	[Dropdown]
Observations	
Time:	[Time Picker]
AVPU Scale:	[Dropdown]
Respiration Rate:	[Spinner]
Pulse Rate:	[Spinner]
Capillary Refill >2 Seconds:	[Dropdown]
Pain Score 0-10:	[Spinner]
Additional Information:	[Text Area]



## **Appendix 6 - Consumable items that can be exchanged with the London Ambulance Service (LAS)**

- Oropharyngeal (Op) airways sizes 1-4
- Oxygen masks (adult)
- Oxygen masks (paediatric)
- Ambulance dressings sizes 2 & 4
- Peha – Haft (6cm x 4m & 10cm x 4m)
- Opsite dressing (15.5cm x 8.5cm)
- Transpore surgical tape
- Clinical waste bag
- Cervical collars
- BOC ZD oxygen cylinder

**Note: This list of equipment may change over time and personnel are to ensure that the most up to date appendix is used.**

Items of equipment will only be supplied if the LAS have sufficient reserves at scene.

## Document history

### Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA		SDIA	07/10/13	HSWIA		RA	01/07/18
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### Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Appendix 2 page 9 - Bullet point 10 and 26	Bullet point 10 now 1 - 4 not 1 - 3 and New Bullet point 26 added	27/11/2008
Page 3, para 5.4	First bullet point - should now read 'A member of the appliance crew is to be detailed to complete the form'.	10/03/2009
Page 4 - 5	Amendment made to section 7.3 – new note added about transporting bio-hazard waste.	30/10/2009
Throughout	Policy number 707 has replaced Policy number 293 and the content of this policy has been updated to reflect this	28/04/2010
Throughout	This policy has been reviewed as current, no changes were required.	22/10/2010
Page 6 para 9.4	Reference to Training and Development (T&D) has been replaced by Training (TR) in line with the Top Management Review.	06/07/2011
Page 16	SIA date added.	08/10/2013
Throughout	This policy has been reviewed as current no amendments required.	16/12/2013
Throughout	Policy has been amended throughout. Please reread to familiarise yourself with the content.	03/11/ 2016
Throughout	Policy has been amended throughout. Please reread to familiarise yourself with the content.	01/09/2017
Throughout	Policy has been amended throughout. Please reread to familiarise yourself with the content.	01/08/2018
Throughout	This policy has been reviewed as current with changes made to team and department name to reflect the abolition of the London Fire and Emergency Planning Authority, now replaced with the London Fire Commissioner.	16/11/2018
Section 8 and Appendix 2	These sections have been amended throughout. Please reread to familiarise yourself with the content. The policy has been reviewed as current.	19/08/2021

## Subject list

You can find this policy under the following subjects.

Casualty Care	Defibrillator (Defib)
First Aid	IEC
Laerdal resuscitator	Medical
Oxygen Administration	Oxygen Mask
Rescue	Resuscitator

## Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

<b>Considered by:</b> (responsible work team)	<b>FOIA exemption</b>	<b>Security marking classification</b>

# Immediate Emergency Care (IEC) equipment ZOLL AED 3 defibrillator - technical information

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New policy number: **618**  
Old instruction number:  
Issue date: **11 August 2008**  
Reviewed as current: **16 February 2018**  
Owner: **Assistant Commissioner, Operational Policy**  
Responsible work team: **Immediate Emergency Care Team**

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## Contents

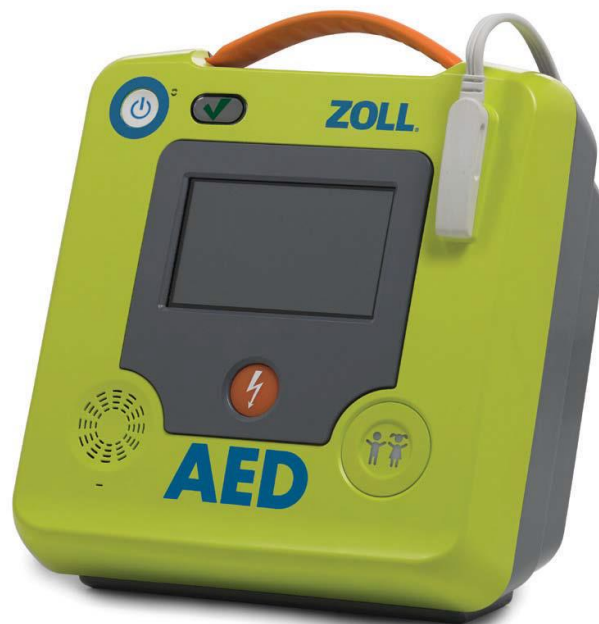
1 Introduction ..... 2  
2 Description ..... 2  
3 Safety ..... 3  
4 Maintenance and testing ..... 3  
5 Defects ..... 4  
Document history ..... 5

## 1 Introduction

- 1.1 This policy describes the ZOLL AED 3 defibrillator and explains how to test and maintain it.
- 1.2 For further information on immediate emergency care (IEC); click on the immediate emergency care web page on Hotwire, where various relevant documents/presentations are available.

## 2 Description

- 2.1 The ZOLL AED 3 defibrillator is an automated external defibrillator (AED). Small, lightweight and battery powered, it is designed for simple and reliable operation providing audio and visual prompts.

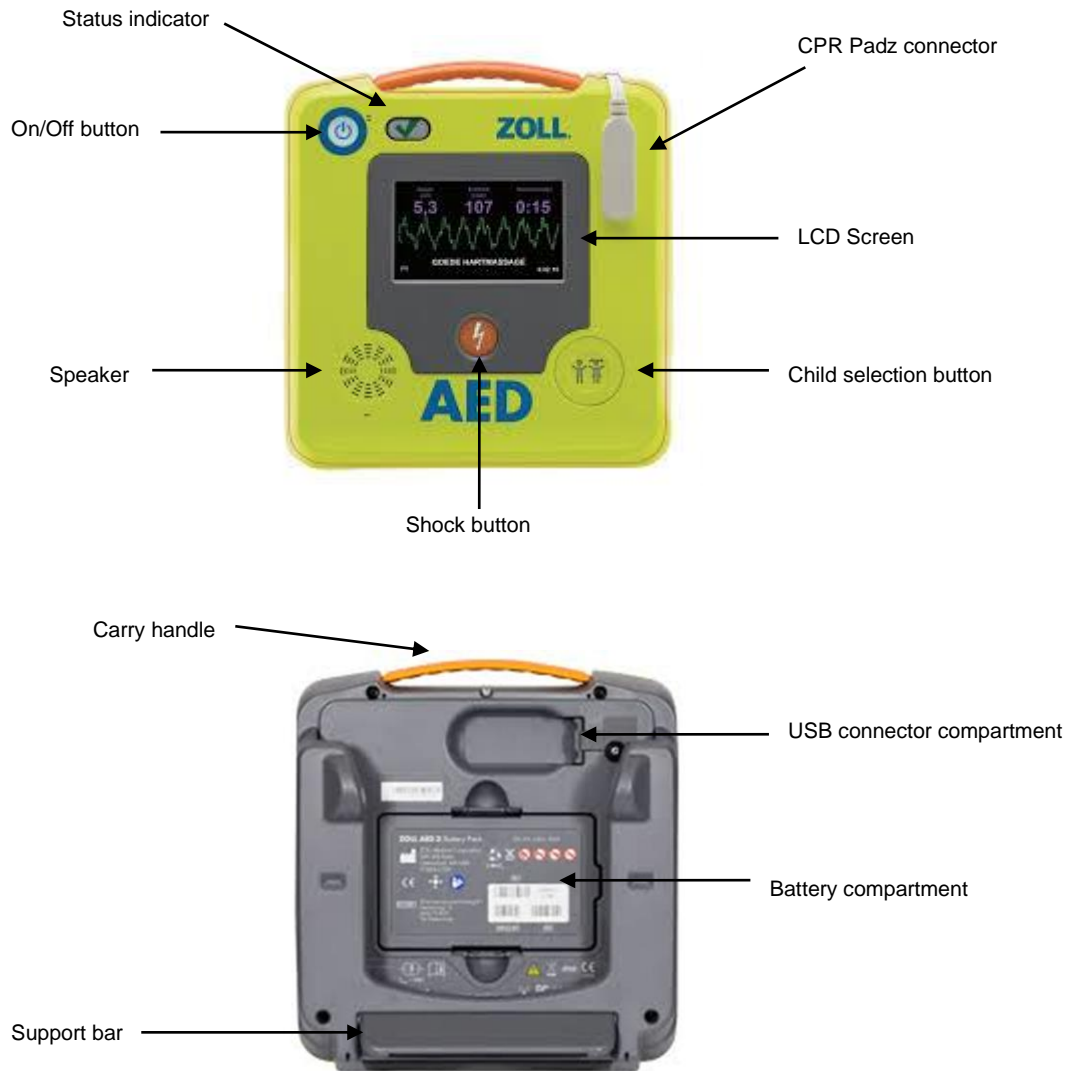


- 2.2 The AED 3 defibrillator is supplied in a green and grey protective case marked ZOLL AED.
- 2.3 The protective case will contain the following items:
  - 1 x ZOLL AED 3 defibrillator.
  - 1 x five-year battery (installed in rear of defibrillator).
  - 1 x package of CPR Uni-Padz containing a pair of single use adhesive defibrillator pads, attached to the package is a Rescue Accessory Kit. The kit includes tough cut scissors, non-latex gloves, paper towel to assure dry contact with electrodes, razor for removing hair, antiseptic wipe and a CPR face shield.

**NB: The CPR face shield should not be used as per IEC protocols.**

## Operating instructions

This equipment is to be used as per the IEC training course and in conjunction with the appropriate training note.



## 3 Safety

- 3.1 Only personnel who have successfully completed the immediate emergency care course are qualified to operate the ZOLL AED 3 defibrillator.
- 3.2 The correct PPE must be worn at all times.
- 3.3 Remove medical oxygen from casualty when delivering a shock to the casualty.

## 4 Maintenance and testing

- 4.1 The AED 3 is very simple to maintain. The defibrillator performs a self-test every day. In addition, a battery insertion self-test is run whenever a battery is installed in the device.

## **After each use**

- 4.2 On **immediate** return to station the data stored from the event **must** be uploaded as per the instruction in the defibrillator familiarisation note on the IEC Hotwire page ([ZOLL AED 3 Defibrillator Station Presentation.ppt](#)).
- 4.3 Once the data upload is complete the CPR Uni-pads are to be replaced ensuring the new CPR Uni-pads are reconnected to the AED. The AED can then be placed back on the appliance.
- 4.4 Replacement CPR Uni-pads are to be ordered via POMS using the following part no. S3083.
- 4.5 Inform the IEC Team via the IEC mailbox (ImmediateEmergencyCare@london-fire.gov.uk) that the AED has been used.

## **5 Defects**

- 5.1 If the CPR Uni-pads become defective, an order is to be placed on POMS (part no. S3083) for replacement pads. If the issue is a low battery an order is to be placed on POMS (part no S3084) for a replacement battery.
- 5.2 Replacement defibrillator case is available on POMS, part no. 3221.

## Document history

### Assessments

An equality, sustainability or health, safety and welfare impact assessment and/or a risk assessment was last completed on:

EIA	17/11/08	SDIA	H- 07/10/13	HSWIA		RA	01/10/13
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### Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Para 5.2 and 5.3, page 3 Para 6.1, page 4 Para 7.1, page 4	Amendments made to section 5. Amendment to paragraph 6.1. Paragraph 6.2 deleted. Section 7 'Out of Hours Service' added.	06/11/2009
Throughout	This policy has been reviewed as current with the following changes made:	16/08/2011
Page 2 and 3	Paragraph 1.2 added and Paragraphs 3.2 and 3.3 deleted as this information has been replaced by the labels in the photograph.	16/08/2011
Throughout	Minor wording changes made throughout, including the addition of paragraph 6.2.	07/09/2011
Page 2 Para 22	Alcohol wipes removed from list as they are no longer used.	22/06/2012
Page 1	Responsible work team changed from Engineering Fleet and Equipment Team to Fleet Liaison Engineering and Equipment Team.	11/12/2012
Page 1	Department and responsible work team updated as requested by Mark Longhurst and agreed by Leroy Hough.	15/01/2013
Page 5	SIA date added.	08/10/2013
Page 5	RA date added.	29/11/2013
Throughout	Reviewed as current with no changes made.	16/10/2014
Page 5	'Subjects list' table - template updated.	02/02/2015
Throughout Para 5.3 Para 6.1 Para 7	This policy has been reviewed as current with the following changes made: Changed to person to contact after using defibrillator. Change to what to do regarding defective defibrillator. Deleted as RMC manage all hours.	13/09/2016
Throughout	This policy has been fully reviewed throughout and title amended following the introduction of the replacement defibrillator. Please-re-read thoroughly to familiarise yourself with the changes.	16/02/2018
Page 1 Page 4, para 4.5	Owner title amended to show changes in organisational structure and governance. IEC mailbox contact added.	10/01/2019



## Subject list

You can find this policy under the following subjects.

AED	Casualty Care
Defib	Defibrillator
First Aid	Heartstart
IEC	

## Freedom of Information Act exemptions

This policy/procedure has been securely marked due to:

<b>Considered by:</b> (responsible work team)	<b>FOIA exemption</b>	<b>Security marking classification</b>