Emergency and Critical Care Directorate

National Community First Responders Implementation Guideline

December, 2019

Addis Ababa

Contents

Acknowledgement

The Federal Minister of Health would like to acknowledge the following individuals and their organizations in technical working groups and for their contribution to developing National Community First Aid Responders Implementation Guideline

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Acronym

CFAR-Community First Aid Response

CPR-Cardiopulmonary Resuscitation

ECS-Emergency Care Service

EMS-Emergency Medical Service

EMT –Emergency Medical Technician

FDRE-Federal Democratic Republic of Ethiopia

FMOH –Federal Ministry Of Health

PHCU-Primary Health Care Unit

RHB-Regional Health Bureau

TOT-Trainee Of Trainer

WHO-World Health Organization

WoHO –Woreda Health Office

ZHB-Zonal Health Bureau

Definition of Terms

CFAR: selected Community members who are get Basic first aid training and certified from organizations that has legal ground to do such activities and who provide first aid response to they need and link patient they need.

are community members that identify emergencies, provide basic emergency care for patients, and link patients to the care they need

Emergency: A sudden occurrence, a serious, unexpected, and often dangerous situation requiring immediate action.

Hazard:- is an accidental or naturally occurring event or situation with the potential to cause physical or psychological harm (including loss of life) to members of the community, damage or losses to property, and/or disruption to the environment or to structures (economic, social, political) upon which a community's way of life depends.

Response: - is the set of activities implemented after the impact of emergency /disaster in order to assess the needs, reduce the suffering, limit the spread and the consequences of the disaster, open the way to rehabilitation

A community and environment: - people that may be affected by the hazards (accident

& injury)

Communications: - Concern the means of relaying information between health

organizations, individuals with particular responsibilities, and the community.

Police and security: - Law and order must be maintained during emergencies.

Dispatch Center: is core of the alerting process and communications center that receives all warning messages and is linked by radio and phone to all services involved in emergency management.

Call center: -is community call access for emergency support and aid which is free from toll and visibly unforgettably short call number.

1. INTRODUCTION

Availability of appropriate pre hospital care system has shown to reduce trauma related mortality by 25%. Injuries and other time-sensitive illnesses such as acute cardiovascular attacks, loss of consciousness, acute &complicated infections, and obstetric emergencies are significant contributors to premature mortality and disability in low- and middle-income countries (LMICs). In these countries, the majority of early deaths from such time-sensitive conditions are the result of inadequate pre-hospital care, unavailability of proper transport, or both. Among the main challenges identified on the emergency care development are, poor coordination of prehospital and facility-based care; limited or no coverage of prehospital systems, especially in rural areas; shortage of fixed staff assigned to emergency units; lack of standards for clinical management and documentation; and insufficient budget.

Emergency care system Availability of pre-hospital care& has shown to reduces trauma-related mortality by 25%. Strengthening prehospital care by training community-based providers and using staffed community ambulances is among the most cost-effective public health interventions, and has been shown to reduce mortality by 25-50% in some low- and middle-income countries(WHO). Study done in Addis, 2018 revelled 87.6% ambulance utilized patients were for inter facility transfers followed by from home, 7.1%. Of the inter facility transferred obstetric related were 37%, and none obstetric causes, such as trauma accounts 29.1%, followed by respiratory disease 15.7%.

Emergency Care System Is an integrated platform to deliver time-sensitive health care services for acute illness and injury, (WHO) consists two levels: the prehospital phase which includes, community 1st responders, EMS providers, transportation and communication system, and the health facility level to include trauma centre. EMS is also the foundation for effective disaster response and management of mass casualty incidents.

The Ethiopian Health Minster strives to establish ECS and towards this effort many ambulances were purchased, EMT training initiated, and training of CFAR also ongoing. Though many efforts are under implementation, different challenges are identified and this document is expected to be instrumental to solve the existing challenges.

1.1. Rationale

Community First Responders are volunteers from community members that are trained to deliver basic life support, screen patients according their severity of illness or injury and activate the EMS system or communicate with nearby health facility for proper patient evacuation or referral for time sensitive illness and injuries. These cadres of first responders shall work closely with the available health system and to facilitate this communication and integration appropriate implementation guideline is essential. This implementation guideline will help the first responders and over all the emergency system to maintain the command system, to follow the activities performed and to how to deal when challenges faced and will help the health system to see the impact of the first responders on the system. But due to lack of proper linkage, coordination, follow ups and clear responsibility and accountability at each level the outcome of the established prehospital emergency service components in this country is not as expected; therefore this document is developed to overcome the above listed challenges and to make the service effective and sustainable.

1.2. OBJECTIVE:

General objective:

To improve the emergency care services of the people strengthening of prehospital and health facility emergency care service provider's integration and coordination

Specific objectives:

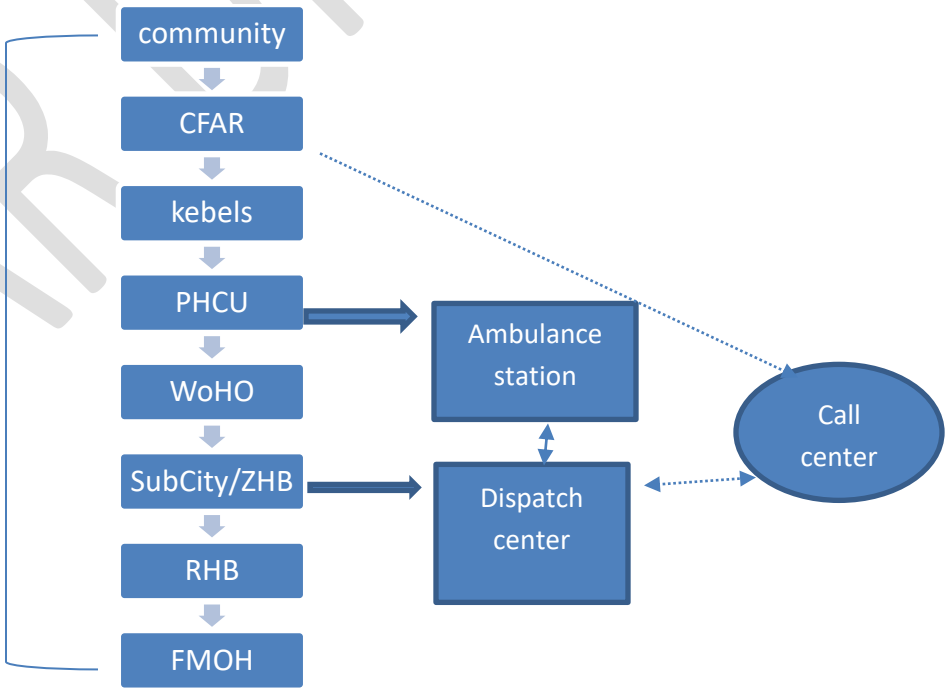
- Enabled the community to respond on emergency cases
- Reduced disability & death which occurs due to lack of appropriate community ownership/response
- Improved ambulance response time for emergency cases
- Enabled the community to easy access the Ambulance for proper patient flow to the health facility
- Integrated the community response with ambulance dispatch system
- Aligned the community responder with the existing health facility
- Improved community referral system.

- Established pilot implementation plan in selected sub-city of Addis Ababa.

2. Structure/process map of CFAR and linkage with health facility

Community first aid response is voluntary based first aid provision to person in accident, emergency or mass casualty situation. It is ways of mobilizing some individuals from the community to have given first aid service. But not only providing first aid, CFAR providers expected to link with the ambulance, dispatch and health facility.

The structural map for CFAR from urban to rural will have slight difference from the CFAR to kebele, because the city administration has no kebele structure. So CFARs has directly communicate with woreda structure.



According to the diagram illustrated the above CFAR will communicate to call centres and call centres has transfer calls to ambulance dispatching centre.

3. Legal Frame Work

This legal framework is describing the legal protection, roles and responsibilities and medico legal issues regarding practice of community first aid providers.

1. Implementation. Integration with relevant stakeholders

   Before implementation the document has to pass through all legal process and, at time of launching introduction to all stakeholder (community police , security ,community, media etc.)

   Integration with excising health system and all other governmental stake has to be made(woreda ,and kebel administration, health office ,health extension worker, influential individuals

4. Rights and Responsibilities- CFAR Legal

Criminal code of FDRE

Article 575.- Failure to Lend Aid to Another.

(1) Whoever intentionally leaves without help a person in imminent and grave peril of his life, person or health, when he could have lent him assistance, direct or indirect, without risk to himself or to third parties,

is punishable with simple imprisonment not exceeding six months, or fine.

(2) Simple imprisonment shall be in addition to fine, and shall be from one month to two years, where:

a) The victim has been injured by the criminal himself, no matter in what circumstances or by whatever means; or b) the criminal was under an obligation, professional or contractual, medical, maritime or other, to go to the victim's aid or to lend him assistance.

5. Legal Protection for First Aid Providers

GOOD SAMRITAN LAW

Ethiopia signed for Samaritan law and its applicable to Ethiopian health system .

Good Samaritan Law protects people assisting in an emergency situation from any legal liability.

The Good Samaritan Law applies to any person who seeks, provides, or assists with the provision of medical assistance.

6. Identification and Certification of first aiders

First aid responders shall be certified and has to be provided with a wallet size certificate

7. In case of medico-legal scenario

In case of medico-legal issues regarding first aider the process shall be abided by the ethics and medico-legal regulation of Ethiopia .

If any medico-legal issue raised in community regarding the first aider ,the court the case shall first be evaluated by woreda ethics and medical committee and if the committee

8. Selection Criteria

- ✓ Ethiopian Citizen
- ✓ Community based Volunteer
- ✓ Took CFAR training
- ✓ Highly influential person in the community
- ✓ Strong Commitment
- ✓ Resided in the community for >2yrs
- ✓ Knows the local language
- ✓ Spends most of his time in the community
- ✓ Physical, mental and social capability to discharge CFAR responsibility
- ✓ Not incapacitated by law to practice their rights
- ✓ Age >18 yrs
- ✓ A person who can read and writte

9. Scope of Practice

Community first aid responders are expected to practice under their training scope in the training manual. Practicing beyond the scope of training shall have legal consequence.

10. Role and responsibility of stakeholder

10.1. Ministry of health

- Develop national implementation guideline for CFAR and its linkage with health facility
- Identify gaps and work on Capacity building
- Announce the national implementation guideline
- Co-facilitate the meeting of all stakeholder, action and responsibilities of all stakeholder
- Work with other stakeholder to include in education curriculum ,Provide TOT training to Enhance the sustainability fist aid respondent
- Monitor and evaluate how the system is working.
- Provide a supporting role and motivate group members.
- To Ensure that all the activities of CFAR relevant legal framework and procedures .
- To enable the stake holders to to allocate and mobilize their own resource

10.2. RHB

- To evaluate and monitor over all activities of first responder
- To work on capacity building on first aid responders
- To create a pool that access first aid responder easily
- To discuss and try to solve anticipated or not anticipated challenges related to first responders
- Resource allocation like first aid kit. Ambulance which is necessary for emergency response.
- Ensure that CFAR plan is incorporate in their respective plan

10.3. Woreda/Sub city

- To monitor & evaluate activities performed by first aid responder
- To report challenges to health bureau which not solved .
- To report any activities performed by first responder related to emergency response
- To assure proper distribution & accessibility of ambulance to the community.
- To identify gaps and solve if it is beyond the capacity of **Sub city/woreda.**

10.4. Police Commission role and responsibility

- Co-ordination during the Emergency phase
- Protection and preservation of the scene
- Collation and dissemination of casualty information
- Protect community properties as the scene
- Application of counter measures to protect the public
- Ensuring 3rd party insurance

10.5. Fire and Emergency prevention and control

- Be alert for any Emergency calls
- Arriving with in standard at Scene
- Asses the area for danger (risk)
- Communicate with the first respondent and ask what the situation are
- Asses the Clint and provide the reasonable standard of care
- Continual review the position and deliver care as soon as possible
- Cleaning the overall ambulance and self
- Respect the patent right
- Manage, triage, treat and transport the patent
- Communicate with health facility and dispatch center about the client
- Use a great care for hand lining and arriving the patient

10.6. Role and Responsibility of CFAR

- Check the scene to avoid farther complications and danger to the causality and the near by people.

- Manage the incident and ensure the continuing safety of themselves, bystanders and the casualty
- Assess any casualties and discover the nature & cause of their injuries or illnesses.
- To provide appropriate first aid treatment as trained & avoid other treatment other than given on first aid training .
- Arrange for further medical help or other emergency services to attend. Usually by making an emergency phone call to local EMS provider.
- To reassure the patient and give psychological support.
- If trained, prioritize casualty treatment based upon medical need
- Provide appropriate first aid treatment that they have been trained to do, and that is reasonable in the circumstances
- If able, make notes and record observations of casualties, ideally monitoring Vital Signs, and SAMPLE information
- Provide a handover when further medical help arrives
- Fill out any paperwork as required following the incident
- The first aider is to provide immediate, potentially lifesaving, medical care, before the arrival of further medical help. This could include performing procedures such as:
- Placing an unconscious casualty into the recovery position.
- Performing Cardiopulmonary Resuscitation (CPR)
- Stopping bleeding using pressure and elevation
- Keeping a fractured limb still and supported
- A first aider's overall priority should be to preserve life. Other aims of first aid include preventing the worsening of the patient's condition and to promote recovery.
- Proper referral
- safety and prevention
- act as an advocator
- align with the existing health care system
- create Community awareness

- Communicate with relevant stakeholders
- Practice basic first aid response according to their level of training
- Perform Triaging of patients in need of urgent medical help

10.7. Role and responsibility of Red cross

- Respond to the emergency and build community resilience
- Provide practical help and Emotional support

11. Operation guideline for CFAR teams

11.1 Background

Training and empowering community members, providing citizens with the medical training and equipment needed to cut off precious minutes in first-aid medical response.

The role of these volunteer community based first responder does not aimed at transporting an injured or sick individual to the hospital, but in being the immediate response to save critical seconds in the start of care before an ambulance arrive. These community-based models use responders on foot, bikes or motorcycles who are already near the location.

In the case of mass causality incidents or trauma, triage can begin and immediate medical treatment can already be taking place before the ambulances arrive. The community first responder will be a good back up team for the ambulance crew which often time get bogged down in the traffic. As integrating volunteer community based first responder model with already existing health system is a new concept in Ethiopia the practice has been started decade ago in different part of the world. The concept of having community-based volunteer responders in Ethiopia to respond to every medical emergency in their proximity alleviates dependency and pressure on the often-limited EMS system and resources, while simultaneously stimulating and increasing community resiliency.

The community-based model will benefit by building a liaison between the community and the ambulance services and creates a better partnership for collaboration while lowering response times and allowing each aspect of medical care to happen faster.

11.2 Linkage and partnerships

The team should be able to have linkage with different governmental and non-governmental organization. Official linkage with local health facilities such as health post, health center and primary hospitals is important. A well designated memorandum of understanding should be written and signed by the responsible individual.

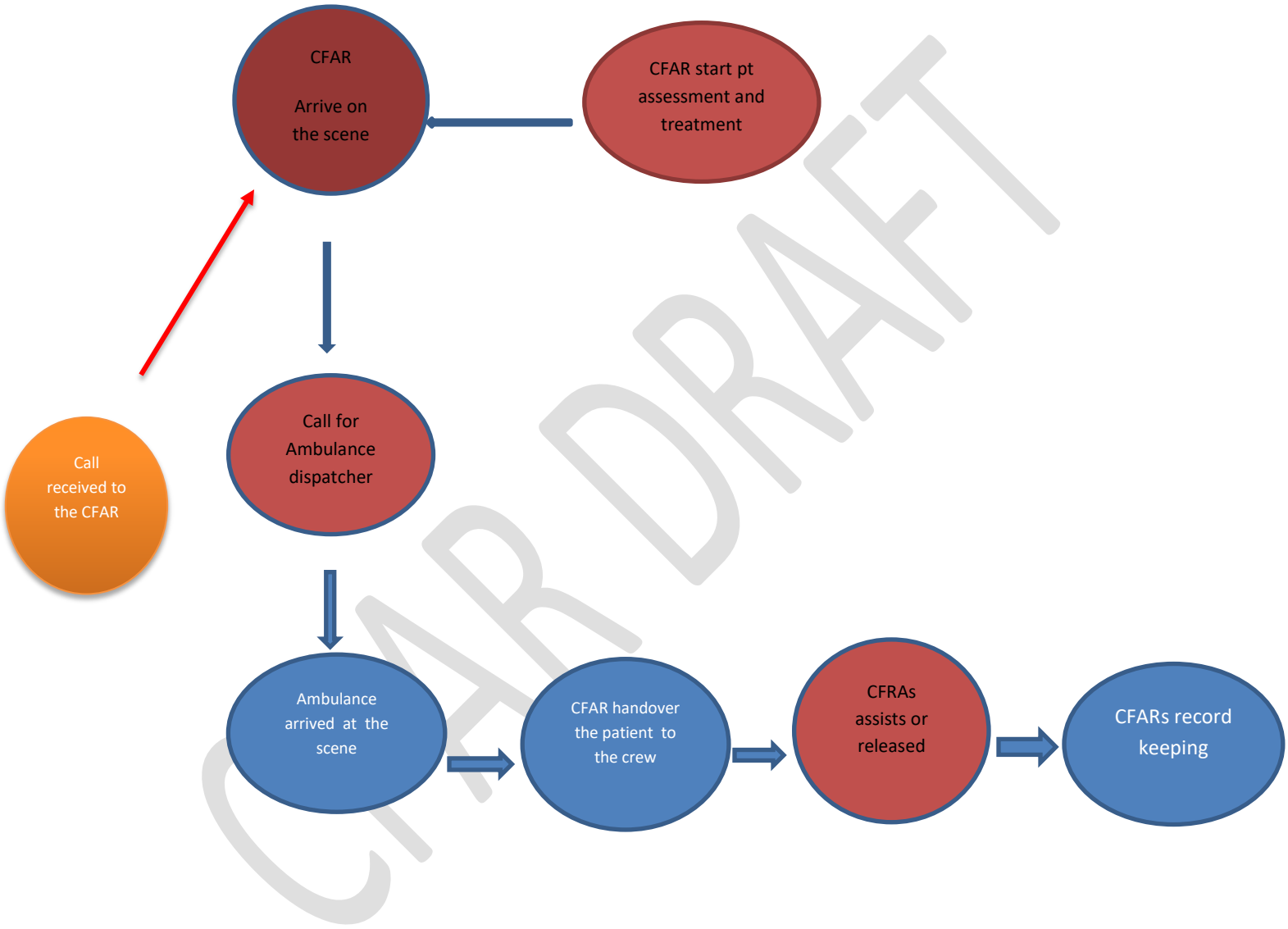
Partnership with different non-governmental organization is important as the team will be able to fundraise to ensure the sustainability and continuity of the activity. Members will be able to actively involved in fundraising activities and share their ideas as to effective methods. The entire partnership with donors along with the fundraising activity will be monitored initially by coordinator which will be quarterly audit by the legitimate body.

11.3 Call out procedure/ communication

Responding to a Call

1. All emergency calls will come from the community via the mobile phone (or other approved device as agreed by the ….) a CFAR MUST always check their phone
2. The CFAR should proceed to the incident address
3. When the CFAR arrives on scene It is acceptable for the CFAR to be accompanied by a relative or friend only authorized Volunteers are permitted to enter the patient's home.
4. On arrival at the incident the CFAR, should show their ID card explaining to the patient that they are a CFAR, an ambulance is en route and that they will provide emergency care until it arrives
5. CFAR are not authorized to cancel the ambulance response which is dispatched to the call they are attending.
6. When the ambulance response arrives the CFAR is to give a concise verbal hand-over to the crew and offer assistance if necessary.
7. The CFAR will not normally travel in the back of the ambulance to hospital except in exceptional circumstances at the request of the ambulance
8. If a CFAR finds themselves in a violent or aggressive situation they should leave the incident, inform police via the mobile phone

As the closest volunteer community first responder is notified about any emergency event in the community and responds to the emergency. He / she will call with the available phone number to the dispatcher to mobilize the closet ambulance.



11.4 Dispatch criteria

CFARs can be dispatched to all emergency calls. However, the criteria will be based on the type of call they received and level of the CFARs .

11.5 Availability of CFARs

The CFAR structures aim to provide, as far as possible, a 24/7 service. There has to be a designated coordinator. CFAR's must also be prepared for varying periods of duty whereby either no calls are received at all or many may come in within a very short space of time.

It is both CFARs responsibility when handing over, to ensure that all of the equipment is clean and serviceable. The CFAR on duty will be able to use a specific radio (walkie/talkies) that will be used. There will be a code to communicate a specific situation like police man radio for instance, there will be 3 modes of communication which starts with pressing 01 key as he/she has received the call, another key as she/he arrives at the site and last key as the CFAR has finished the task.

11.6 Advocacy/ Promotion

Information related to the community responders might be via continuous awareness creation forum at any public gathering by help of community leaders, aba gedas, religious leaders and others at churches, mosques, markets places, health care facilities, Eder etc. Additionally, through mass medias and social medias network. Information about the CFAR may include personal identification [name, address, and telephone number], role, station location and access communication.

11.7 Position to respond emergencies

The position of response of the volunteer community first responders included to respond to their locality's ranges from minor community emergencies up to natural and man-made disasters.

12. Monitoring and Evaluation

11.1 Follow up metrics for CFAR pilot site

Emergency first aid service coverage	
Number of CFAR	
Number of emergency case who first aid support by CFAR	
Number of emergency case who need ambulance	
Number of emergency case who get ambulance to facility	
Ambulance arrival time after initial call	
Community satisfaction	
Any challenge	
Type of problem or case pattern	
Feedback of CFAR	
CFAR to pilot population ratio	
Extent of community involvement during implementation	
Number of cases referred without ambulance	
Number of cases referred by CFAR	

12.2 M&E for Training

Pre and Post test score

Mode of training delivery

Trainer's qualification

Number of trainee's per session

Trainer to Trainee ratio in each session

Number of training days

Training aid (visuals, Audiovisual, Skill sessions….)

Proportion of Skill session from the whole training

Training environment (center) convenience

Refreshment training

Planned budget usage

12.3 Report Template

Reporting Date……reporting period……

Address city…….sub city …….wereda……

Number of emergency happen----------

Number of CFAR ----------

Number of emergency case who first aid support by CFAR----------

Number of emergency case who need ambulance----------

Number of emergency case who get ambulance to facility----------

Awareness creation activity

Emergency material shortage

12.4Follow up checklist for pilot CFAR

Date

Address

CFAR name

CFAR cases

CFAR documentation

Registration

Reporting

Awareness creation activity HE, RSA,

Equipment availability

Challenge faced