

# SAVING LIVES IS **NOT** ENOUGH

## HUMAN BEHAVIOUR

- > The public are active pre-attendance and the majority will undertake beneficial actions at low personal risk (and would not change anything in hindsight)
- > The emergency services need to work with, and not against, these behaviours and customer priorities
- > Emergency services need to appreciate the importance of emotions on how they handle the call and interpret the caller needs.

## WATER STRATEGY

- > Develop a hierarchy of water sources to use at scene as well as the ability to get the survivor to water asap (and within 3 hours) where no on-site supply is available.

Hospital or burns service

Rehabilitation and Recovery

### 999 CALL

- > Identify any injuries
- > Provide first aid guidance for burns or scalds – advise to start cooling if possible
- > Keep caller online until crews arrive

**EMERGENCY SERVICE RESPONSE MOBILISED**

### REMOTE ASSISTANCE (ELEMENT 1)

- > Identify, acknowledge and respect the individual concerns and priorities of the caller or others at the scene.
- > Use caller information and imagery to assess the incident and risks.
- > Based on both the above and other relevant information, guide the actions of those at the scene.
- > Empathise and inform the caller of what will happen.

**EMERGENCY SERVICE RESPONSE ARRIVES**

### SEARCH AND RESCUE (ELEMENTS 2 & 3)

- > Adopt evidence and intelligence-based searches
- > Protect casualty from further exposure to smoke/heat from first contact
- > Record the **Rescue Minutes** (the time from arrival to casualty being in a place of safety)

### TREATMENT AT SCENE (ELEMENTS 4 TO 7)

- > Apply 20 minutes of water cooling asap and within 3 hours
- > Manage water flow, temperature and contamination
- > Cover burns with cling film
- > Warm the casualty and their immediate environment

### SCENE TO SURGEON (ELEMENT 8)

- > Record details of the circumstances of injury (how, from what, how long exposed etc.) treatment provided at scene (inc. pre-arrival) and exposure to carbon monoxide or cyanide.
- > Take sample of non-domestic water if used to cool
- > Send all information to hospital/burns service

**SURVIVOR TRANSFERRED FROM SCENE**

### PSYCHOSOCIAL WELFARE MANAGEMENT (ELEMENT 9)

- > Be aware of the mental health risks of all members of the public affected by an incident. Provide advice and signposting to help/support

### CUSTOMER EXPERIENCE (ELEMENT 10)

- > The service and experience provided should be excellent by design every time. Customer reported experience and outcome measures to be introduced. Emergency responders need the ability to be able 'to do the right thing' for the customer and be supported by employers.

## DATA COLLECTION



- > More data must be collected to ensure policy and practice is demonstrably evidence-based, meet the principle of 'Do no harm' and provides a means to continuously improve the experience and outcomes for the survivor.

## AGE MATTERS



- > For the young and old, any injury is potentially life threatening and should be treated as such.

## QUALITY OF LIFE MATTERS



- > The pre-hospital phase is a crucial and active phase of care which will be very influential on the outcome achieved for the survivor
- > Consider and incorporate appropriate measures to address the long term health risks that result from a fire.

## A SUM OF THE PARTS



- > Unlike the survivor, no single agency has an end to end view of, their experience.
- > Emergency and health service providers need to adopt strategic and operational level partnerships to ensure an integrated and customer-focussed model.
- > Co—creation approaches and customer representation in decision-making forums should be adopted where not already in place