



**Fire and Emergency New Zealand
and
St John New Zealand**

**Interagency Support
Memorandum of Understanding**

28 September 2020

Released under the Official Information Act 1982

Contents

1	Introduction	4
2	Mandate to provide services	4
3	Previous agreements	4
4	Schedules to the MOU	4
5	Safety, Health and Wellbeing	4
6	Command and control	4
7	Organisation culture	5
8	Sharing information	5
9	Volunteerism	5
10	Cooperative ventures	5
11	Stakeholder engagement	5
12	Local agreements	5
13	Costs	5
14	Resolving issues or disputes – a no surprises approach	5
15	Review of Memorandum of Understanding	6
16	Termination	6
17	Change of circumstance	6
18	Definitions and abbreviations	6
19	Signatories	7
	Schedule A: Fire and Emergency and St John support response protocols	8
1.	Introduction	8
1.1	Rationale for schedule	8
1.2	NZ Defence Force Fire Brigades	8
1.3	Industrial Fire Brigades	8
1.4	Response types	8
2	Requirements for support response requests	10
2.1	General	10
2.2	Deciding whether to request a medical support response	10
2.3	Deciding whether to provide a medical support response	10
2.4	Limitations of medical support responses	10
2.5	Stand-down or safe forward point protocol	10
2.6	Liability	11
2.7	St John personnel who are also members of Fire and Emergency	11
2.8	Personal or medical alarms	11
3	Co-response	11
3.1	Co-response	11
3.2	Fire and Emergency response	11
4	First Response	11
4.1	First Responder Fire and Emergency capacity	11
4.2	Fire and Emergency vehicles	12
4.3	Minimum First Response	12
4.4	Identification of First Responders	12
4.5	Record of First Response Units and resources available for First Response	12
4.6	Clinical governance	12
4.7	Carriage of prescription medicines by Fire and Emergency using St John clinical governance	13
4.8	Non-medical assistance by Fire and Emergency	13

4.9	Ambulance standby request.....	13
5	Performance review.....	14
6	Signatories for Schedule A.....	14
	Appendix to Schedule A: St John priority definitions and resource allocation.....	15
	Schedule B: Information sharing.....	16
1	Sharing information.....	16
	1.1 Information pathway.....	16
	1.2 Support response request information.....	16
	1.3 Information sharing following response requests.....	16
	1.4 Third party notifications.....	16
	1.5 Clinical advice from the St John Clinical Desk.....	16
	1.6 Patient information.....	16
2	Signatories for Schedule B.....	17
	Schedule C: Appliances or vehicles and equipment.....	18
1	All Fire and Emergency appliances or vehicles.....	18
2	Co-response and first aid equipment on all frontline resources.....	18
3	Signatories for Schedule C.....	18
	Schedule D: Levels of training.....	19
1	Co-response.....	19
2	First response.....	19
	2.1 Training requirements.....	19
	2.2 Continuing Clinical Education (CCE).....	19
	2.3 Training resources and records.....	19
3	Signatories for Schedule D.....	19
	Schedule E: Establishing and disestablishing First Response Units.....	21
1	St John initiates a request for a new Fire First Response Unit.....	21
2	If a new Medical First Response Unit is approved by the Region Manager.....	21
3	Fire and Emergency-initiated requests to become a Medical First Response Unit.....	21
4	Medical First Response Unit no longer required.....	22
5	Annual performance review.....	22
6	Signatories for Schedule E.....	23
	Schedule F: List of First Response Units.....	24
1	Approved First Response Units.....	24
2	Signatories for Schedule F.....	24
	Schedule G: Stations not providing co-response.....	25
1	Approved stations.....	25
2	Signatories for Schedule G.....	25
	Appendix 1 – Health and Safety Commitment.....	26

1 Introduction

- 1.1 This Memorandum of Understanding (**MOU**) between Fire and Emergency New Zealand (**Fire and Emergency**) and The Priory in New Zealand of the Most Venerable Order of the Hospital of St John of Jerusalem (**St John**) is entered into for the purpose of promoting a collaborative working relationship between the two parties that will benefit communities within New Zealand and support the duties and functions of each organisation.
- 1.2 This is an enduring MOU intent on maintaining this relationship between the parties, country-wide.

2 Mandate to provide services

- 2.1 Fire and Emergency and St John provide services to the public of New Zealand in accordance with the legislative and/or contractual provisions relevant to each service.

3 Previous agreements

- 3.1 This MOU supersedes and replaces all previous Memoranda of Understanding between Fire and Emergency and St John (and its constituent entities) including both national and local agreements.

4 Schedules to the MOU

- 4.1 The following schedules are part of this MOU at the time of signing:
- Schedule A: Fire and Emergency and St John support response protocols
 - Schedule B: Information sharing
 - Schedule C: Appliances or vehicles and equipment
 - Schedule D: Levels of training
 - Schedule E: Establishing and disestablishing First Response Units (FRUs)
 - Schedule F: List of First Response Units
 - Schedule G: Approved rural stations opted out of Co-response.
- 4.2 Further schedules may be added to the MOU as required on signing by the appropriate authorised signatories of both organisations, as delegated by the respective Chief Executive Officers.

5 Safety, Health and Wellbeing

- 5.1 The parties acknowledge they have duties under the Health and Safety at Work Act 2015 (including any statutory modification, amendment or re-enactment, and any legislative instrument issued under that legislation or legislative provision).
- 5.2 Attached to this memorandum of understanding (Appendix 1) is the PCBU agreement which outlines the commitments to the Health and Safety at Work Act 2015.
- 5.3 Fire and Emergency and St John will promote joint inter-agency debriefing for serious or unusual incidents, and especially for incidents involving death at a scene. This will consist of routine on scene (hot) debriefing whenever feasible, and as necessary after action debriefing or reviews.

6 Command and control

- 6.1 Personnel assigned to any incident will remain under the command of their respective organisation. For patient welfare issues, consultation will occur between the Fire and Emergency Officer in Charge and the most St John incident Operations Manager.
- 6.2 Control of an incident will be in line with the New Zealand Coordinated Incident Management System.

7 Organisation culture

- 7.1 The parties recognise their differences in culture and agree that they will actively promote working cooperatively and supportively, and that they will practically deal with any issues that may arise.

8 Sharing information

- 8.1 The parties share a need for up-to-date communications and information technology platforms, particularly regarding emergency response and data collection. The parties agree, to the best of their abilities, to share information that may be beneficial to either or both parties.
- 8.2 The parties agree to investigate and promote new technologies to mutually benefit the outcome and intent of this MOU.

9 Volunteerism

- 9.1 Both parties rely heavily on volunteers, especially in the rural sector. The parties agree that they will endeavour to operate in a way that supports volunteer sustainability.

10 Cooperative ventures

- 10.1 Whenever appropriate the parties will enter into cooperative ventures, such as joint submissions to parliamentary bills or regulations, community and school education programmes, or issues around volunteerism. During cooperative ventures, both parties agree to keep each other informed and to work collaboratively.

11 Stakeholder engagement

- 11.1 The parties agree to operate a focus group to oversee operational issues arising from this memorandum of understanding.
- 11.2 The focus group will be represented by one representative from each of the parties' stakeholders as detailed in section 18.1.
- 11.3 The focus group will be chaired by the Fire and Emergency National Medical Response Manager, and consist of no more than 10 representatives in total.

12 Local agreements

- 12.1 Any local response agreements between the parties will not contradict this agreement.
- 12.2 Any variation of this MOU at a local level will only occur after national agreement has been reached between the parties.

13 Costs

- 13.1 Any costs associated with this MOU (including the the schedules attached) are to be met by the party incurring the cost, unless agreed costs are specified within a schedule.

14 Resolving issues or disputes – a no surprises approach

- 14.1 For all issues, disputes and differences relative to this MOU the parties will:
- in the first instance attempt to amicably resolve locally at the earliest opportunity and at the 'operational level'
 - if local discussion is not successful, either party should refer the issue to their respective senior management in writing, articulating the concern and requesting assistance to resolve the issue
 - on receiving a request for assistance in reaching resolution, senior management of both parties will meet together and agree a mutual approach and will provide (and in line with privacy) a written response to all parties involved within 30 working days.

15 Review of Memorandum of Understanding

- 15.1 The parties' representatives (or persons on their behalf) will meet annually to review this MOU following internal stakeholder engagement. Amendments, variations and alterations to the MOU and the attached schedules may be made by the incumbents of the roles named in the schedules, or the current equivalent role, or by the Chief Executive Officers.

16 Termination

- 16.1 Either party may terminate this MOU by the Chief Executive Officer providing three months' written notice to the other party or a different time frame if mutually agreed.

17 Change of circumstance

- 17.1 Any change in circumstances or systems that have a significant impact on this MOU or its schedules, and that would have a corresponding impact on our various stakeholders, requires consultation with those relevant stakeholders.

18 Definitions and abbreviations

- 18.1 The following definitions or abbreviations have been used in this MOU.

Definition or abbreviation	Definition or meaning
AED	Automated External Defibrillators
Ambulance Comms	Ambulance Communications Centres
ATP	Authority to Practise
CAD	Computer Aided Dispatch
CCE	Continuing Clinical Education
FRU	First Response Unit
FFRU	Within the Ambulance sector, the term Fire First Response Unit FFRU is used to describe Fire and Emergency stations that provide First Response. Within this document for the purposes of St John, FFRU means Fire First Response Unit unless otherwise specified.
FRG	First Response Group (respond in own car with medical kit)
Firecom	Fire and Emergency NZ Communications Centre
Frontline appliances	Fire and Emergency NZ pump or aerial appliance which carries a medical co-response kit.
GoodSAM	Good Samaritan (smartphone) Responder
Incident Operations Manager	The St John person assuming incident command for ambulance
MEDFR	Medical First Response
Medical Priority Dispatch System	Ambulance sector colour-coded incident prioritisation system
MOU	Memorandum of Understanding
PDA	Pre-Determined Attendance
PCBU	Person Conducting a Business or Undertaking
Primary Survey	The initial assessment and treatment of immediate threats to life, usually involving a problem with a patient's airway breathing or circulation.
PRIME	Primary Response in Medical Emergencies (rural)
Region Manager	Fire Region Manager
SOCC	Strategic Operations and Clinical Committee (St John)

Focus Group Stakeholders

Fire and Emergency New Zealand
St John
Wellington Free Ambulance
NZ Professional Firefighters Union
United Fire Brigades' Association
Fire and Emergency Commanders Association
Rural Professionals Association
Fire and Emergency Comcen
On road Paramedic/Intensive Care Paramedic

Originating agency Red – FENZ Green – Ambulance Black – Generic

19 Signatories



Rhys Jones
Chief Executive Officer
Fire and Emergency NZ

Date: 28 September 2020



Peter Bradley
Chief Executive Officer
St John

Date: 28 September 2020

Released under the Official Information Act 1982

Schedule A: Fire and Emergency and St John support response protocols

1. Introduction

1.1 Rationale for schedule

- 1.1.1 Both parties have resources positioned to meet the needs of communities. Joint use of the resources has the potential to enhance patient outcomes for the people of New Zealand.
- 1.1.2 It is recognised that Fire and Emergency have established infrastructure, resources and capability in areas where St John does not, and the appropriate use of such resources for medical response aligns with the primary purpose of both agencies by protecting life.
- 1.1.3 Both organisations recognise that at times St John, as the primary provider of emergency ambulance response, may:
- be responding to (or located at) an incident where additional resource would be beneficial, or
 - have assets located geographically distant from an incident, or
 - be delayed in responding to the incident, or
 - wish to establish a response capacity in areas where Fire and Emergency already have established infrastructure, resources and capability.
- 1.1.4 This schedule defines how Fire and Emergency and St John can provide a support response to the other party.
- 1.1.5 The fact that Fire and Emergency will provide a support response to St John will not impact any decision to adjust emergency ambulance resourcing for St John.
- 1.1.6 For management reasons St John may change their resourcing model which in turn may have an impact on a local first response capability provided by Fire and Emergency

1.2 NZ Defence Force Fire Brigades

- 1.2.1 This MOU does not apply to NZ Defence Force Fire Brigades.
- 1.2.2 Should it be required, St John will negotiate directly with the New Zealand Defence Force arrangements for Co-response and First Response.

1.3 Industrial Fire Brigades

- 1.3.1 This MOU does not apply to industrial fire brigades (including airport fire brigades).
- 1.3.2 Should it be required, St John will negotiate directly with industrial fire brigades arrangements for Co-response and First Response

1.4 Response types

- 1.4.1 The types of response covered by this schedule are described in Table 1 on the following page, and are:
- **Co-response:** multiple resources dispatched simultaneously (usually in the setting of cardiac or respiratory arrest) with the intent of having additional personnel on scene as quickly as possible to assist with patient management, provide early CPR, early defibrillation, and improve the chances of survival.
 - **First Response:** a response by Fire and Emergency with personnel and equipment equivalent to the ambulance sector clinical practice level of First Responder, with the aim of providing patient assessment and treatment until an ambulance resource arrives to assume management of the patient(s).
 - **Non-medical assist:** request from St John for non-medical assistance, such as lifting or extrication.
 - **Ambulance standby** (St John supporting Fire and Emergency): A request by Fire and Emergency for an ambulance to stand by at an incident due to the potential for medical assistance being needed.

Table 1: Summary of support response types

Co-response

Any available frontline Fire and Emergency resource can provide Co-response support.

Ambulance call types	Fire and Emergency response	St John response	May be requested...
PURPLE	One fire appliance (if available and incident is accessible)	Ambulance resources as appropriate for the incident, including PRIME if available	By Ambulance Comms to Firecom when the incident is classified as 'PURPLE' or additional resources would benefit the patient.

First response

First Response Units:

must be approved and endorsed by both parties as having 'first response status' are available for first response purposes to specific emergency ambulance incidents. must have at least one (preferably two) crew with current First Responder status.

Ambulance call types	Fire and Emergency response	St John response	May be requested...
PURPLE, RED 1, RED 2, ORANGE 1	Fire and Emergency First Response Unit (FRU) (if available and incident is accessible)	Ambulance resources as appropriate for the incident, including PRIME if appropriate	By Ambulance Comms to Firecom for all incidents classified as PURPLE, for RED incidents where Fire and Emergency can arrive ahead of an ambulance resource and for ORANGE1 incidents where the First Responder skill set may make a positive difference to patient outcome (as determined by St John at time of call).

Non-medical assist

St John requests non-medical assistance, such as lifting or extrication:

Ambulance call types	Fire and Emergency response	St John response	May be requested...
Any	If available and location accessible and as required by relevant Fire and Emergency pre-determined attendance (PDA)	Ambulance resource already on scene	By Ambulance Comms to Firecom: for obese patients requiring further medical care (and there is no other reasonable alternative), or or incidents where extrication in the absence of Fire and Emergency resources will pose an undue risk to St John personnel and or patients (such as a complex extrication where the patient needs to be lifted up a bank).

Ambulance standby

Fire and Emergency may request an ambulance standby at an emergency incident where there is no reported injury but it is anticipated that St John assistance may be needed at the incident.

Fire and Emergency call types	Fire and Emergency response	St John response	May be requested...
Greater alarms, technical rescues or requested from incident ground	As per Fire and Emergency PDA	As per St John dispatch protocols	By Firecom to Ambulance Comms when Fire and Emergency is responding to or in attendance at high-risk incidents as defined within Fire and Emergency policy (<i>Emergency medical support policy G2-1 POP</i>).

Released under the Official Information Act 1982

2 Requirements for support response requests

2.1 General

2.1.1 All support responses that are provided will meet the requirements of this schedule.

2.2 Deciding whether to request a medical support response

2.2.1 Outside of legislative requirements and PURPLE incidents, St John is never compelled to request a medical support response from Fire and Emergency.

2.2.2 St John will consider the following when deciding whether to request a medical support response (as described in Table 1) from Fire and Emergency:

- the likely benefits for the patient(s)
- the skills required to deal with the incident
- the availability of any ambulance resource in the specific location
- where the patient has requested Fire and Emergency do not respond (acknowledging the patient's right to choose under the Code of Health and Disability Services Consumers' Rights).
- where a health practitioner (such as a doctor, nurse or midwife) is on scene.

2.3 Deciding whether to provide a medical support response

2.3.1 Outside of legislative requirements, Fire and Emergency is never compelled to respond to a medical support response from St John.

2.3.2 Firecom will consider the following when deciding whether to provide a Fire and Emergency medical support response:

- current local Fire and Emergency incidents involving life risk
- redirecting resources to an incident classified as PURPLE
- available resources (including Fire and Emergency personnel), and
- the arrival time of closest ambulance resource.

2.4 Limitations of medical support responses

2.4.1 The following restrictions apply to medical support responses by Fire and Emergency:

- will not provide patient transport unless under the direct supervision and direction of St John and complies with clause 4.2.2, and
- will act under St John clinical governance and
- will act under the guidance of St John pertaining to issues related to patient privacy and
- will only perform tasks for which they have successfully completed and maintained skill currency.
- Once a Fire and Emergency resource has arrived at a medical incident, St John will only divert the responding ambulance resource where this is absolutely necessary.

A firefighter may be asked to drive an ambulance at normal road speed and where this is agreed the firefighter will be returned to their station or place of work by St John.

2.5 Stand-down or safe forward point protocol

2.5.1 Once a Fire and Emergency response has occurred, stand-down protocols may be initiated by St John when:

- St John has reassessed the patient's condition and the Fire and Emergency skill set is no longer needed (for example the patient is obviously deceased), or
- the patient has refused the attendance of Fire and Emergency, or
- a health practitioner is on scene or
- a St John resource has arrived on scene and the incident is not (or no longer) PURPLE, or

- responder's safety may be impacted or under threat. This may invoke the use of a Safe Forward Point (SFP), or the Stand-down Protocol dependent on the incident details available.

2.5.2 The Ambulance Comms will advise Firecom when any one of these conditions have been met and Fire and Emergency will stand down (even where incident arrival is imminent).

2.5.3 The Ambulance Comms will provide the stand-down reason to Firecom who will communicate this to the responding crew.

2.6 Liability

2.6.1 Fire and Emergency personnel carrying out medical response or non-medical assist and acting in good faith are covered under the Fire and Emergency New Zealand Act 2017.

2.6.2 Fire and Emergency co-responders and First Responders operating in accordance with St John Clinical Governance (to include training, clinical direction and procedures of St John) will be afforded the full support of St John (in addition to Fire and Emergency) in the event that there is an unforeseen adverse clinical incident.

2.7 St John personnel who are also members of Fire and Emergency

2.7.1 St John personnel with an ATP who are responding as a member of Fire and Emergency have full authority to provide treatment in accordance with the St John Clinical Procedures and Guidelines at their delegated clinical practice level, as defined by St John.

2.8 Personal or medical alarms

2.8.1 Calls for assistance triggered by personal or medical alarms, and without discussion with Ambulance Comms and engagement of the Medical Priority Dispatch System, will not result in a Co-response request, and will not normally result in a First Response request.

3 Co-response

3.1 Co-response

3.1.1 All Fire and Emergency stations will provide this level of response, unless they are listed in Schedule G.

3.1.2 If a Fire and Emergency station does not wish to provide a co-response, they must follow the formal Fire and Emergency opt-out process. Once the decision to opt out is finalised, Fire and Emergency will inform St John.

3.2 Fire and Emergency response

3.2.1 Ambulance Comms or Firecom will advise the other party of any change in the situation at the scene prior to their arrival.

3.2.2 Fire and Emergency and St John will immediately share with each other any information related to the safety and or security of personnel responding to or attending any incident.

3.2.3 Firecom will report as soon as possible to Ambulance Comms the arrival time of any Fire and Emergency resource.

3.2.4 Fire and Emergency personnel will report the patient information via Firecom to the Ambulance Comms and in accordance with M3-2 SOP.

3.2.5 Fire and Emergency will not carry prescription medicines or controlled drugs as part of standard Co-response inventory.

4 First Response

4.1 First Responder Fire and Emergency capacity

4.1.1 Fire and Emergency may respond either First Responder personnel, or a dedicated First Response Unit from a Fire and Emergency station.

- 4.1.2 St John will maintain a record of Fire and Emergency resources that are available for First Response.
- 4.1.3 All Fire and Emergency First Responses will be backed up with an ambulance resource.
- 4.1.4 Fire First Responders will be trained by St John to the First Responder clinical practice level.

4.2 Fire and Emergency vehicles

- 4.2.1 Fire and Emergency First Responders will travel to the incident in a Fire and Emergency vehicle identified as Fire and Emergency.
- 4.2.2 Fire and Emergency vehicles will not be used for patient transportation to medical facilities, but may be used for patient relocation after consultation with the Fire and Emergency Officer in Charge and transportation is to be limited to only within the scene of the incident or to a waiting helicopter.

4.3 Minimum First Response

- 4.3.1 For a Fire and Emergency vehicle to respond to a First Response call, a minimum of one (preferably two) First Responders must form part of the crew. They may be supported by additional personnel with Co-response qualifications. This should be read in conjunction with M2-5 SC Appliance crew requirements schedule.

4.4 Identification of First Responders

- 4.4.1 First Responders will be identified by an approved patch.

4.5 Record of First Response Units and resources available for First Response

- 4.5.1 Fire and Emergency First Response Units and Fire and Emergency vehicles available for First Response will be identified in the Computer Aided Dispatch (CAD) system by both Fire and Emergency and St John, as listed in Schedule F.

4.6 Clinical governance

- 4.6.1 Fire and Emergency First Responders will operate under the clinical governance of St John:
- completing a patient handover form
 - participating in Continuing Clinical Education, and
 - clinical training, clinical direction and clinical procedures of St John
 - incident reporting.
- 4.6.2 St John will provide Fire and Emergency First Responders the same level of support which St John offers its own personnel in the event that there is an unforeseen adverse clinical incident.
- 4.6.3 **Compliance**
- 4.6.3.1 Fire and Emergency First Responder personnel will:
- comply with Fire and Emergency operational instructions and Safety, Health and Wellbeing policies
 - comply with operational policies and procedures provided by St John to Fire and Emergency stations and Fire and Emergency specifically for First Response Units.
- 4.6.4 **Standards**
- 4.6.4.1 St John will be responsible for regular and ongoing communication with Fire and Emergency National Medical Response Manager, Area Managers, Principal Rural Fire Officers and their First Response Units to ensure that:
- appropriate standards of treatment are being provided, and
 - they are following the same processes as those required of St John personnel.
- 4.6.4.2 If standards are not able to be maintained, St John will liaise with the Fire and Emergency National Medical Response Manager and Area Manager or Principal Rural Fire Officer as appropriate. The Station (or individuals) First Response Unit status will

be removed from St John's and Fire and Emergency response plans, and any additional equipment provided by St John will be removed and returned to St John.

4.6.5 First Response equipment

- 4.6.5.1 The equipment required by First Response Units is as described in the First Response Manifest as per 4.7.1.
- 4.6.5.2 Replacement of the equipment referred to in the manifest for dedicated First Response Units will be supplied by St John Field Operations.
- 4.6.5.3 For any new First Response Units agreed by both parties to be necessary and useful, St John Field Operations will supply the equipment referred to in the First Response Manifest.

4.7 Carriage of prescription medicines by Fire and Emergency using St John clinical governance

- 4.7.1 Medicines (including prescription medicines) for administration by Fire and Emergency personnel will only be stowed on Fire and Emergency vehicles that have been allocated a St John First Response pack. The pack contents must comply with the First Response Pack Manifest (a copy of the St John procedure OMF 7.2.1.1 is supplied with the pack).
- 4.7.2 Paramedic and/or Intensive Care Paramedic medicine modules may also be carried on Fire and Emergency vehicles, and the following will apply:
 - written permission will be obtained from the relevant St John Clinical Practice Manager
 - medicine modules may only be carried on the appliance when a Fire and Emergency member is present who has authority to practise (ATP) issued by St John at the relevant level
 - medicines must be stored and carried in a standard St John medicine module
 - medicine modules must be stored in a locked container or cupboard on station that is only accessible by personnel with current ATP
 - controlled drugs will not be stored on station or on Fire and Emergency vehicles without the specific written permission of the St John Medical Director.

4.8 Non-medical assistance by Fire and Emergency

4.8.1 Non-medical assistance

- 4.8.1.1 This includes any St John request for non-medical assistance, such as lifting or extrication as detailed in 4.8.1.2, 4.8.1.3 and 4.8.1.4.
- 4.8.1.2 Lifting assistance for bariatric patients will be confined to emergency transfer of patients going for further medical care. This response by Fire and Emergency will be initiated following the arrival on scene and assessment of St John resources.
- 4.8.1.3 St John may also request lifting assistance where extrication in the absence of Fire and Emergency resources will pose an undue risk to St John personnel and or patients (such as a complex extrication where the patient needs to be lifted up a bank).
- 4.8.1.4 Patient transfer to their homes will not be supported by Fire and Emergency.

4.8.2 Consideration of impact on volunteers

- 4.8.2.1 When requesting non-medical support from the Fire and Emergency, St John recognise that volunteer brigade personnel may be called away from their paid employment, and must consider other assistance options where practicable.

4.9 Ambulance standby request

4.9.1 Ambulance standby request

- 4.9.1.1 Fire and Emergency may request an ambulance to stand by at an emergency incident where there is no reported injury, because of the potential for medical assistance being

needed either by Fire and Emergency personnel, other emergency responders or members of the public.

4.9.2 Fire and Emergency policy

4.9.2.1 Any request for ambulance standby will follow the requirements of the Fire and Emergency operational instruction *Emergency medical support policy (G2-1 POP)* from time to time.

5 Performance review

5.1 An annual review of performance will be conducted between the parties (to be undertaken as part of the Medical Response Focus Group) to determine whether the application of this schedule continues to add value to the communities we protect. This review will focus upon achievement of both parties' service delivery guidelines, response performance, patient outcomes and generally any items of interest that will affect the relationship and working environment in the future.

5.2 This does not preclude the requirement of both parties to deal with any issues that arise on a day-to-day basis that have the potential to affect the joint service delivery to communities.

6 Signatories for Schedule A

The Deputy Chief Executive Officer – Service Delivery for Fire and Emergency and the Deputy Chief Executive – Ambulance Operations for St John, are authorised to agree and approve any alteration to this schedule.



Kerry Gregory
Deputy Chief Executive Officer – Service
Delivery
Fire and Emergency New Zealand



Daniel Ohs
Deputy Chief Executive – Ambulance
Operations
St John Ambulance

Date: 28 September 2020

Date: 28 September 2020

Appendix to Schedule A: St John priority definitions and resource allocation

NB: Fire and Emergency NZ responses in this table are referred to as:

Fire Co-response and Fire First Response.

Priority	% status 0, 1 or 2	Resources dispatched or requested	
PURPLE Suspected cardiac or respiratory arrest	60%	Immediately send: <ul style="list-style-type: none"> • Closest resource • Closest ICP if practical • Closest FRU/FRG • Notify PRIME • Request Fire Co-Response • GoodSAM (automatic for selected incidents) 	UNDER LIGHTS
RED 1 Appears immediately life threatening	30%	Send: <ul style="list-style-type: none"> • Most appropriate resource • Closest FRU/FRG • Notify PRIME • Request Fire First-Response 	
RED 2	25%	• Same rules as RED1. RED1 dispatched before RED2	
ORANGE 1 Appears serious but not immediately life threatening	15%	Send: <ul style="list-style-type: none"> • Most appropriate resource • Closest FRU/FRG • Consider PRIME notification • Consider Fire First Response 	ROAD SPEED (under lights if clinically significant time saving)
ORANGE 2 Appears serious but not immediately life threatening	10%	Send: <ul style="list-style-type: none"> • Most appropriate resource • Consider FRU/FRG • Consider PRIME notification 	
GREEN 1 Does not appear to be serious	5%	Send: <ul style="list-style-type: none"> • Most appropriate resource • Consider FRU/FRG • Consider PRIME notification 	ROAD SPEED
GREEN 2 Does not appear to be serious	<5%	Send: <ul style="list-style-type: none"> • Most appropriate resource • Consider FRU/FRG 	
GREY Clinical Telephone Advice	Very low incidence	<ul style="list-style-type: none"> • 111 Clinical Hub for triage. 	

Schedule B: Information sharing

1 Sharing information

1.1 Information pathway

- 1.1.1 Information sharing for all incidents will be directed through both agencies' communication centres.

1.2 Support response request information

- 1.2.1 When St John requests a Fire and Emergency support response, St John will include the following information:
- the type of response (Co-response, First Response, or non-medical assist)
 - the patient's age, gender and presenting complaint (or reason for call)
 - the estimated arrival time of any responding ambulance(s)
 - any known hazards on site that may impact on responders' safety
 - any change to the situation prior to Fire and Emergency arrival which may impact the above.

1.3 Information sharing following response requests

- 1.3.1 During incidents where support response requests have been made, both agencies will update the other agency (via their communication centres) on the incident progression, to ensure appropriate levels of resourcing are maintained.
- 1.3.2 Where a support response has been made, dispatch time and location time of the dispatched resource(s) will be shared (via their communication centres) in real time.

1.4 Third party notifications

- 1.4.1 For incidents where the sole reason for Fire and Emergency attendance is Co-response or First Response (i.e. incidents where ambulance in the absence of this MOU would be the lead agency and respond without the assistance of Fire and Emergency), notifications to third parties (for example Police) will be the responsibility of St John.

This is to avoid unnecessary breaches of patient privacy and unnecessary mobilisation of third party resources (for example not all deaths or patient self-harm incidents require police notification and attendance).

1.5 Clinical advice from the St John Clinical Desk

- 1.5.1 When providing support responses, Fire and Emergency personnel can access clinical guidance from St John Clinical Desk via **0800 111 HELP** or **0800 111 4357**.
- 1.5.2 This gives Fire and Emergency personnel direct access to clinical advice and direction from a Paramedic, Intensive Care Paramedic or a Medical Specialist.

1.6 Patient information

- 1.6.1 During any medical incident, Fire and Emergency will ensure information about the patient's (patients') condition, progress, and treatment is forwarded regularly via Firecom to the Ambulance Comms.
- 1.6.2 Any disclosure of information about patients to any third party must comply with the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994, and relevant Fire and Emergency policies and guidance.
- 1.6.3 Where media request comment from Fire and Emergency in relation to an event it has attended at the request of St John, Fire and Emergency may:
- not disclose any personal information (which may include a person's name, address, health information or other identifying features)
 - not make pro-active media alerts online, pertaining to medical events, but may:

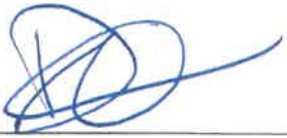
- disclose it has attended a public incident in support of St John such as car accidents, workplace or public event accidents, water incidents, etc., and then
 - refer to St John for further comment.
- 1.6.4 At no point should Fire and Emergency confirm fatalities, nor disclose any information of a clinical nature such as CAD data, patient injury or status, or information that could lead to identification of the patient.

2 Signatories for Schedule B

The Deputy Chief Executive Officer – Service Delivery for Fire and Emergency and the Deputy Chief Executive – Ambulance Operations for St John are authorised to agree and approve any alteration to this schedule.



Kerry Gregory
Deputy Chief Executive Officer - Service
Delivery
Fire and Emergency New Zealand



Daniel Ohs
Deputy Chief Executive – Ambulance
Operations
St John Ambulance

Date: 28 September 2020

Date: 28 September 2020

Released under the Official Information Act 1982

Schedule C: Appliances or vehicles and equipment

1 All Fire and Emergency appliances or vehicles

- 1.1 All frontline Fire and Emergency vehicles will carry the minimum medical Co-response kit equipment as per Schedule C paragraph 2.1, unless opted out in Schedule G.
- 1.2 All Fire and Emergency resources that are approved as Fire First Response Units will also carry additional equipment to fulfill the First Response requirements as defined by St John.
- 1.3 The list of standard First Response equipment will be maintained and approved by both parties.
- 1.4 When Fire and Emergency attends an incident as part of a medical response, St John will replace any medical consumables including AED pads used for the incident. This does not include replacing oxygen cylinders, as these are organisationally identifiable for rental purposes.

2 Co-response and first aid equipment on all frontline resources

- 2.1 Co-response appliances will maintain equipment as detailed in the emergency medical response kit manifest
- 2.2 Appliances/stations which are not providing a Co-response capability and are listed as part of Schedule G will maintain a first aid kit.

3 Signatories for Schedule C

The Deputy Chief Executive Officer – Service Delivery for Fire and Emergency and the Deputy Chief Executive – Ambulance Operations for St John are authorised to agree and approve any alteration to this schedule.



Kerry Gregory
Deputy Chief Executive Officer – Service
Delivery
Fire and Emergency New Zealand

Date: 28 September 2020



Daniel Ohs
Deputy Chief Executive – Ambulance
Operations
St John Ambulance

Date: 28 September 2020

Schedule D: Levels of training

1 Co-response

- 1.1 All Fire and Emergency operational personnel will be trained and have currency in first aid, in accordance with the Fire and Emergency *Operational first aid policy (G2 POP)*. The following unit standards apply:
- Unit Std 23406: *Provide first aid for trauma and medical emergency situations*
 - Unit Std 6401: *Provide first aid*
 - Unit Std 6402: *Provide basic life support*

2 First response

2.1 Training requirements

- 2.1.1 Fire and Emergency First Responders must successfully complete and maintain currency in the St John First Responder clinical practice level as determined by St John in discussion with Fire and Emergency. Fire and Emergency will be given access to this training free of charge.
- 2.1.2 This course will meet the requirements of a recognised standard approved by St John and may be undertaken by a variety of means such as face to face training, online and distance learning.
- 2.1.3 The St John First Responder course will be delivered as per St John curriculum.
- 2.1.4 Catering for the initial course (for face to face delivery) will be provided by St John
- 2.1.5 A minimum of eight Fire and Emergency personnel are required for a face to face First Responder Course. A number less than eight will require prior approval by the National Medical Response Manager following consultation and agreement with St John.

2.2 Continuing Clinical Education (CCE)

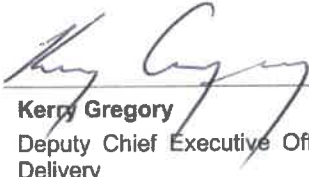
- 2.2.1 St John will either provide 2 days of CCE per Fire First Response Unit at station level per year, or alternative training in agreement with Fire and Emergency such as online or distance learning. Fire and Emergency will be given access to this training free of charge.
- 2.2.2 Any face to face CCE sessions will occur over an 8-hour day as per the agreed CCE schedule
- 2.2.3 Personnel who have not completed any CCE training for 12 months without prior agreement from both St John and Fire and Emergency will be required to recommence the First Responder training from the start of the programme, unless otherwise agreed to by St John and Fire and Emergency.
- 2.2.4 Catering for face to face CCE will be provided by Fire and Emergency.

2.3 Training resources and records

- 2.3.1 St John Clinical Administrators will provide lists of Fire and Emergency personnel's initial and refresher training outcomes to Fire and Emergency National Training.
- 2.3.2 Fire and Emergency Training will be responsible for ensuring the information is recorded in the Fire and Emergency Training Management System (TMS) and Operational Skills Maintenance system (OSM) as appropriate.

2.3.3 Fire and Emergency will supply and maintain thirty (30) Co-response kits to St John for the purpose of supporting ongoing medical training. 3 Signatories for Schedule D

The Deputy Chief Executive Officer – Service Delivery for Fire and Emergency and the Deputy Chief Executive – Ambulance Operations for St John are authorised to agree and approve any alteration to this schedule.



Kerry Gregory
Deputy Chief Executive Officer – Service
Delivery
Fire and Emergency New Zealand

Date: 28 September 2020



Daniel Ohs
Deputy Chief Executive – Ambulance
Operations
St John Ambulance

Date: 28 September 2020

Released under the Official Information Act 1982

Schedule E: Establishing and disestablishing First Response Units

1 St John initiates a request for a new Fire First Response Unit

- 1.1 Where St John identifies a need for a Fire First Response Unit (FFRU), St John will ensure this request has been approved internally by its Strategic Operations and Clinical Committee (SOCC), then make that request of Fire and Emergency via the National Medical Response Manager.
- 1.2 The relevant Region Manager will decide in conjunction with the Area Manager and Principal Rural Fire Officer as appropriate whether to approve the request.
- 1.3 The Region Manager will consider:
 - the ability of the station to perform the role, including:
 - whether they have enough personnel willing and available to undertake the additional training and response requirements
 - in the case of a volunteer Brigade, whether employers of the volunteer personnel providing this additional service are able to release their employees for this role
 - whether the station's historic response performance supports the 24/7 nature of this function
 - any additional equipment resourcing that may be required.

2 If a new Medical First Response Unit is approved by the Region Manager

- 2.1 The Fire and Emergency Area Manager or Principal Rural Fire Officer as appropriate, in consultation with the CFO/OIC, determines which operational personnel to put forward to be Fire and Emergency First Responders.
- 2.2 Approved Fire and Emergency personnel agree to accept the St John reporting protocols.
- 2.3 The St John Clinical Administrator:
 - organises delivery of the St John First Responder course to the station members who have agreed to be Fire and Emergency First Responders
 - notifies Fire and Emergency National Training as per Schedule D: Levels of training.
- 2.4 Once there are sufficient Fire and Emergency personnel in the station who have successfully completed the training, the Fire and Emergency Area Manager or Principal Rural Fire Officer as appropriate will make the following notifications to reflect the updated station capability:
- 2.5 National Medical Response Manager:
 - who will confirm the change with St John
 - update Schedule F: List of First Response Units of this MOU.
- 2.6 Planning and Performance Information Officer
 - who will make the response plan changes.
- 2.7 Communication Centres for their information.

3 Fire and Emergency-initiated requests to become a Medical First Response Unit

- 3.1 In addition to those First Response brigades identified by St John, other Fire and Emergency stations may nominate their station for this role.
- 3.2 Any station that wishes to be considered for a medical First Response Unit must first obtain an endorsement from their Region Manager before forwarding that request to the National Medical Response Manager who will forward it to the St John Assistant Director of Operations – EAS North

- 3.3 The St John Business Intelligence Team and District Operations Manager will confirm the need for a First Response Unit in that area. If needed the request to establish a First Response Unit will be forwarded to the St John SOCC for approval.
- 3.4 St John will make the final decision to accept or decline a Medical First Response unit and advise the Fire and Emergency National Medical Response Manager. The National Medical Response Manager in turn will advise the Station of the reasons for the decision.

4 Medical First Response Unit no longer required

- 4.1 If St John determines that an existing Medical First Response Unit is no longer necessary, both parties will work together to manage the transition to Co-response.
- 4.2 Fire and Emergency notification process:
- 4.3 Region Manger will liaise with:
- Area Manager and Principal Rural Fire Officer.
- 4.4 Area Manager or Principal Rural Fire Officer as appropriate will:
- liaise with the station concerned
 - make arrangements to return St John equipment.
- 4.5 National Medical Response Manager will:
- confirm the change with St John
 - update Schedule F: List of First Response units
 - advise region Planning and Performance
 - advise the Communications Centre.
- 4.6 Planning and Performance Information Officer:
- will make the response plan changes.

5 Annual performance review

- 5.1 Both parties will meet annually to review performance and address any changes or issues that may arise from that review. The Fire and Emergency National Medical Response Manager and St John Assistant Director of Operations – EAS North are responsible for ensuring that such a review occurs.
- 5.2 St John will continually review:
- the need for any new Medical First Response unit resources
 - whether existing Medical First Response unit resources are still required.
- 5.3 If St John identifies a change to current arrangements then the Assistant Director of Operations –EAS North will discuss the matter with the Fire and Emergency National Medical Response Manager.
- 5.4 If that review determines:
- an increase in Medical First Response Units, refer to section 1 of Schedule E
 - a reduction in Medical First Response Units, refer to section 4 of Schedule E.

6 Signatories for Schedule E

The Deputy Chief Executive Officer – Service Delivery for Fire and Emergency and the Deputy Chief Executive – Ambulance Operations for St John are authorised to agree and approve any alteration to this schedule.



Kerry Gregory
Deputy Chief Executive Officer – Service
Delivery
Fire and Emergency New Zealand

Date: 28 September 2020



Daniel Ohs
Deputy Chief Executive – Ambulance
Operations
St John Ambulance

Date: 28 September 2020

Released under the Official Information Act 1982

Schedule F: List of First Response Units

1 Approved First Response Units

- 1.1 Fire and Emergency NZ will maintain a list of stations providing a First Response Capability and this will be published on their intranet.

2 Signatories for Schedule F

The Deputy Chief Executive Officer – Service Delivery for Fire and Emergency and the Deputy Chief Executive – Ambulance Operations for St John are authorised to agree and approve any alteration to this schedule.



Kerry Gregory
Deputy Chief Executive Officer – Service
Delivery
Fire and Emergency New Zealand

Date: 28 September 2020



Daniel Ohs
Deputy Chief Executive – Ambulance
Operations
St John Ambulance

Date: 28 September 2020

Released under the Official Information Act 1982

Schedule G: Stations not providing co-response

1 Approved stations

- 1.1 Fire and Emergency NZ will maintain a list of stations which are not providing a Co-Response capability and this will be published on their intranet.

2 Signatories for Schedule G

The Deputy Chief Executive Officer – Service Delivery for Fire and Emergency and the Deputy Chief Executive – Ambulance Operations for St John are authorised to agree and approve any alteration to this schedule.



Kerry Gregory
Deputy Chief Executive Officer – Service
Delivery
Fire and Emergency New Zealand

Date: 28 September 2020



Daniel Ohs
Deputy Chief Executive – Ambulance
Operations
St John Ambulance

Date: 28 September 2020

Released under the Official Information Act 1982

Appendix 1 – Health and Safety Commitment

Parties

Fire and Emergency New Zealand	Fire and Emergency New Zealand (Fire and Emergency) a crown entity constituted under section 8 of the Fire and Emergency New Zealand Act 2017
Partner	St John New Zealand (Partner)
Instrument	RD4-4d Fire and Emergency NZ and St John MOU 2019 (Instrument)

BACKGROUND:

- A. Fire and Emergency and the Partner acknowledge that they are each likely to be subject to a range of duties under the Health and Safety at Work Act 2015 and related regulations (together, the **HSWA Duties**).
- B. The Instrument sets out how Fire and Emergency and the Partner will undertake certain activities (**Partnering Activities**). The Partnering Activities may involve Fire and Emergency and the Partner working together on the same project, and/or having a shared place of work.
- C. Fire and Emergency and the Partner wish to record the actions they will take to fulfil their respective HSWA Duties in the context of the Partnering Activities (**Partnering HSWA Commitments**).

PARTNERING HSWA COMMITMENTS:

1. **Fire and Emergency and the Partner both subject to HSWA Duties:** Fire and Emergency and the Partner acknowledge that they are likely to be subject to HSWA Duties set out at Schedule 1.
2. **Fire and Emergency and Partner comply with HSWA Duties:** The Partner and Fire and Emergency have represented to each other that they comply with their respective HSWA Duties, and the other party has relied on those representations when electing to enter into the Instrument.
3. **Fire and Emergency and Partner will continue to comply:** Fire and Emergency and the Partner warrant that they will continue to comply with their respective HSWA Duties through the course of the Partnering Activities, and will endeavour to update their respective health and safety processes in accordance with accepted best practice.
4. **Minimum requirements only:** This Commitment sets out minimum steps that Fire and Emergency and the Partner will undertake in connection with their PCBU Duties in respect of the Partnering Activities, and is not intended to limit any actions they may take to fulfil their HSWA Duties.
5. **Fire and Emergency and the Partner will consult, cooperate and coordinate:** Fire and Emergency and the Partner will, as far as reasonably practicable, consult, cooperate and coordinate in respect of their respective HSWA Duties, with
 - a. each other; and
 - b. all other PCBUs who have a HSWA Duty in respect of the same matter;
 in respect of the Partnering Activities.
6. **Worksafe Guidelines:** Fire and Emergency and the Partner acknowledge that they have reviewed and understood the following (**Worksafe Guidelines**):
 - a. Worksafe Quick Guide *Overlapping duties* WSNZ_2449_Jan 2017 available at <https://worksafe.govt.nz/dmsdocument/851-overlapping-duties>
 - b. Worksafe Guidelines *PCBUs working together* (June 2019) ISBN 978-1-98-856734-1 <https://worksafe.govt.nz/dmsdocument/5355-pcbus-working-together-advice-when-contracting>

7. **Meaning of consult, cooperate and coordinate:** In this Schedule, the meaning of 'consult, cooperate, and coordinate' includes the following:

General

- a. Management: Planning, undertaking, monitoring, and reporting on, the Partnering Activities carefully, including:
- b. for any purpose reasonably contemplated by the Worksafe Guidelines;
- c. for any purpose reasonably necessary to carry out either party's PCBU Duties;
- d. to identify health and safety risks;
- e. considering and planning how the Partnering Activities could affect other PCBUs;
- f. considering and planning how the Partnering Activities could affect the public;
- g. agreeing how those risks will be managed;
- h. deciding who is best placed to manage each risk;
- i. clearly defining roles, responsibilities and actions, so that everyone knows what to expect; and
- j. eliminating health and safety risks as far as reasonably practicable, or minimising them if they cannot be eliminated.

Cooperation

- k. Complying with requests of the other party to the extent reasonable and relevant to the parties' HSWA duties.
- l. **Safety Management Plan:** Complying with any Safety Management Plan (or similar document) that Fire and Emergency and the Partner develop.

Workers

- m. **Selecting workers:** Deploying only competent employees and contractors, providing them with appropriate training on health and safety matters, ensuring they understand the requirements of this Schedule, and ensuring they comply with requirements.
- n. **Health and safety contact:** Nominating a health and safety contact, who must:
 - i. have a suitable level of knowledge for the role;
 - ii. hold a level of authority in the organisation;
 - iii. is well resourced; and
 - iv. is able to carry out the role effectively.

Information and meetings

- o. Providing all information reasonably required by another PCBU to demonstrate compliance with HSWA Duties and this Commitment.
- p. Attending and running joint meetings for the purpose of health and safety. These joint meetings must:
 - i. be regular;
 - ii. be held in a way that allows free and open exchange of information;
 - iii. be documented in writing; and
 - iv. otherwise be as set out in Schedule 2 (Joint Health and Safety Meetings).

- q. **Reporting and additional health and safety requirements:** Fire and Emergency and the Partner will prepare and share the reports and any additional health and safety requirements as set out in Schedule 3.

- r. **Communication:** Communicating (on both an ongoing and as-required basis) to:
 - i. monitor the performance of any other PCBUs (including contractors and subcontractors), including their health and safety performance;
 - ii. monitor work conditions and practices;
 - iii. bring unsafe conditions or practices to the attention of relevant PCBUs;
 - iv. make sure that unsafe conditions or practices are managed;
 - v. make sure all PCBUs and workers are aware of their roles and responsibilities;
 - vi. carrying out regular monitoring and inspections, as appropriate
 - vii. raise issues that require attention by a PCBU
 - viii. investigate and respond to accidents and incidents
 - ix. regularly review the quality of work against specifications and the performance of PCBUs, including:
 - 1. how well the PCBUs fulfilled the requirements of any Safety Management Plan
 - 2. how well the PCBUs managed health and safety while completing the work
 - 3. any improvements that could be made.

Signed

<p>Fire and Emergency New Zealand</p>  <p>Kerry Gregory Deputy Chief Executive Officer – Service Delivery</p> <p>Date: 28 September 2020</p>	<p>Partner – St John New Zealand</p>  <p>Daniel Ohs Deputy Chief Executive – Ambulance Operations St John Ambulance</p> <p>Date: 28 September 2020</p>
---	--

HSWA Duties**Legal duties of Fire and Emergency and the Partner**

1. **HSWA Duties:** Fire and Emergency and the Partner acknowledge that:
 - a. each of them may constitute a Person Conducting a Business or Undertaking as defined in section 17 of the HSWA (PCBU);
 - b. Fire and Emergency may be subject to several HSWA Duties; and
 - c. the Partner may be subject to several HSWA Duties.
2. **PCBU Duties:** Fire and Emergency and the Partner acknowledge that, to the extent that either or both of them constitutes a PCBU, that party's (or those parties') HSWA Duties will include the following: (PCBU Duties):
 - a. ensuring, as far as reasonably practicable, that the health and safety of workers and other people are not put at risk;
 - b. eliminating, as far as reasonably practicable, risks that arise (if the risk cannot be eliminated, it must be minimised as far as reasonably practicable);
 - c. ensuring, as far as reasonably practicable, that workers can raise concerns and express their views on work health and safety matters and that those views are taken into account;
 - d. preserving the site where a notifiable event (as defined in section 25 of HSWA) occurs;
 - e. ensuring that workers have access to adequate first aid equipment, facilities for the administration of first aid and a trained first aider;
 - f. preparing, maintaining and implementing an emergency plan (including consulting, cooperating and coordinating with other PCBUs that they share overlapping duties with to coordinate emergency procedures); and
 - g. as far as reasonably practicable, consulting, cooperating and coordinating with all other PCBUs who have a HSWA Duty in relation to the same matter.
3. **PCBU Duties may overlap:** Fire and Emergency and the Partner acknowledge that, in the context of the Partnering Activities:
 - a. Fire and Emergency and the Partner's respective PCBU Duties will differ;
 - b. Fire and Emergency and the Partners may each have PCBU Duties in relation to the same matter; and
 - c. the actions Fire and Emergency and the Partner must take to fulfil their respective PCBU Duties depend on the level of influence and control that they each exert over the matter.

Schedule 2. Joint Health and Safety Meetings

Information	Frequency

Schedule 3. Additional Health and Safety Requirements

Additional Requirement	Responsibility
Steering Committee	The Parties
Performance review	Annually

Released under the Official Information Act 1982