



**Crowthorne Community  
First Responders**



## Contents

1. Summary
2. About Crowthorne Community First Responders
3. History and membership.
4. What kinds of calls do we go to in Crowthorne
5. When are responders available?
6. How often are we called out to an emergency?
7. What do you actually do?
8. Examples of patients we have helped.
9. An inclusive organisation.
10. How would a donation be spent?
11. An economic, efficient service.
12. Our plans for the future.
13. Caring for patients and their families.
14. Relationship with the Ambulance Service.
15. Some figures/key facts.
16. Why Community Responder Schemes save lives.

### 1. Summary.

Crowthorne Community First Responders (CFRs) are **local people saving local lives.**

Volunteer Responders attend emergency calls for the Ambulance Service, with the potential to reach patients more quickly as all Responders live in Crowthorne.

It is one of many similar Schemes across the UK; Crowthorne is relatively fortunate compared to neighbouring areas in that it has a rapidly growing, and active Scheme. The Crowthorne Scheme has never received any local government funding; it is a registered charity.

The Scheme is close to achieving its goal of providing a seven day a week service (8am to 11pm) to businesses and residents in Crowthorne and outlying areas.



The Scheme is receiving regular media coverage. This is Fran – one of our responders - who starting attending call outs in April 2010. She made front page news when she recently dealt with an emergency for her own daughter who became unwell and 'turned blue'; she was treated using our CFR equipment!

The story was carried in two local papers, as well as on the South Central Ambulance Service website. In 2009 we also received coverage describing our first cardiac arrest call out. Please read on to find out more about the types of call we attend.

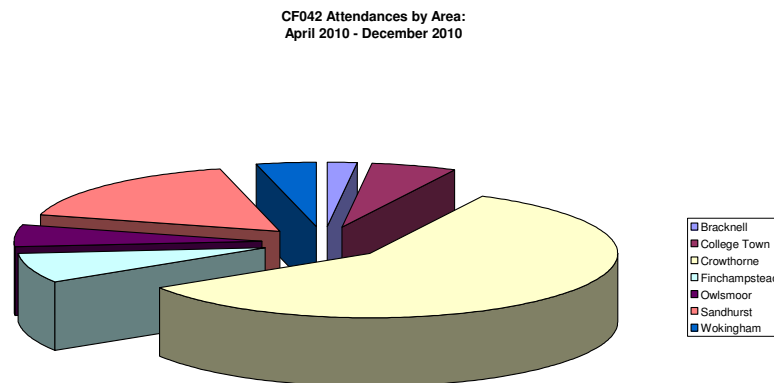
## 2. About Crowthorne Community First Responders.

Crowthorne Community First Responders (CFRs) are local volunteers – just members of the public - who all live in Crowthorne. They help our village by going to medical emergencies; and have been trained by **South Central Ambulance Service**. Most had no prior first aid or medical training.

Because all our CFRs live in Crowthorne they can reach the scene of an emergency very quickly, providing life-saving treatment and reassurance to the patient and close family in the vital first few minutes. In some cases this is before an ambulance arrives.

It is proven that in the case of serious illness, the quicker a patient receives treatment, the better their chance of recovery. Just a few minutes can make an enormous difference if you are having a heart attack or have stopped breathing.

Although the Scheme is based in Crowthorne (about 2/3 of all calls are in the village), we will attend emergencies in the surrounding area such as Finchampstead, South Wokingham or Sandhurst if help is needed. **In the first half of December 2010, 90% of calls attended were in Crowthorne.**



*Full data for December 2010 not yet available*

Responders go to offices, shops, nursing and care homes, golf courses, schools, public places, sports centres, flats, houses, pubs, schools ... wherever someone needs help. We attend 999 calls for all sections of the community – from the elderly to toddlers/pre-school children.

## 3. History and membership.

We started in September 2008, with our two co-founders going through the application and training process; this takes approximately two/three months. In early **November 2008** the Scheme went live. During our first year the aim was to learn more about how the scheme operated, and whether it could benefit our community.

During **2010** we have concentrated on building up our membership and raising funds.

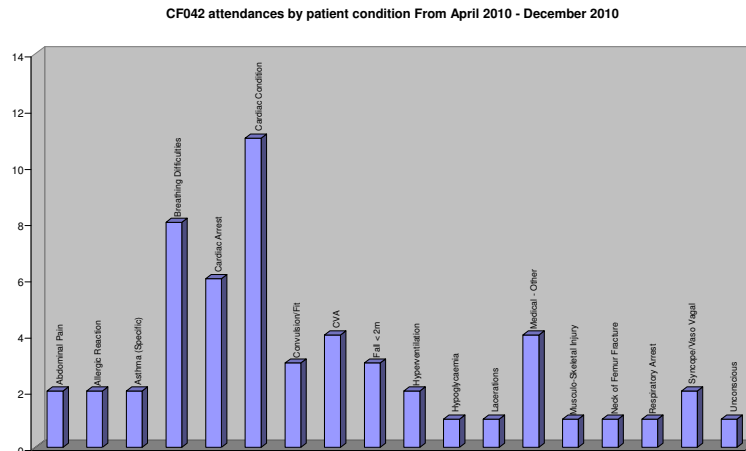
We now have **10** members who are either fully operational, or currently going through the application and training process.

Our aim is to have **10-15** operational members. Our members range from those in their early/mid twenties to mid fifties. It has brought together people who would never otherwise have met, through a common aim. Community Responder Schemes are not a new concept; their success has been proven over many years elsewhere in the UK, and abroad.

## 4. What kind of calls do we go to in Crowthorne?

The most common calls are:

- Cardiac conditions (chest pain, heart attack)
- Breathing Difficulties (asthma, chronic respiratory problems)
- Cardiac arrest
- Medical Other – collapse/generally unwell
- CVA/TIA – strokes



Full data for December 2010 not yet available

Additionally we go to a range of other conditions including falls, fractures, epilepsy or febrile convulsions, abdominal pain, diabetic emergencies and traumatic injuries such as cuts/bleeding. We attend the majority of emergency calls the ambulance service receives but are not sent to incidents which could put us in danger e.g. car accidents.

## 5. When are responders available?

The Scheme aims to provide cover between 8am and 11pm, 7 days a week. From April 2011, when our most recent new members will have completed their training, our aim is to be regularly providing call-out cover during this time. Additionally some members are also proposing to provide overnight cover on a trial basis.

## 6. How often are we called out to an emergency?

As the scheme has grown, so has the number of calls we attend. In early Autumn 2010 we were attending an average of **1-2 calls a week**. As new volunteers have recently completed their training, we are now attending (December 2010) far more call outs.

Recently we have averaged **3-7 call outs a week**; we anticipate attending approximately **180** calls in **2011** based on current trends.

## 7. What do you actually do?

Community First Responders are trained in the use of defibrillators (AEDs), can give oxygen, measure heart rate and how effectively the heart is getting oxygen around the body, and know how to assist with a wide range of potentially life threatening conditions.

As well as saving a life, and preventing the condition of a patient from worsening, they are able to gather vital information about the patient before an ambulance arrives.

By knowing what the ambulance crew will require, they can help speed up the transfer of a patient to hospital.



## 8. Examples of patients we have helped.

(\* Names and some details have been changed to protect confidentiality)

**James\*** was a young toddler who had collapsed and had a seizure whilst eating his tea. His parents called 999 and a Crowthorne responder was first to arrive, living just a few minutes away by car. James was given oxygen, and assessed. Information about his medical history was obtained from his parents and the Responder stayed with James and his parents, providing much needed reassurance. She explained what else they could do before the ambulance arrived, ensuring that his parents remained fully involved with his care. She advised them on what to take with them to hospital and what information could be useful for the medical team there. James's parents had heard of community responders but never imagined they would need their help.

**Martin\*** was a patient with a significant long-term disability. He was found in cardiac arrest outdoors, near his home late at night. Our responder was first on scene and resuscitated him with the assistance of a police officer for over twenty minutes in temperatures just above 0°C in very difficult conditions, but was sadly unable to revive him. The responder was at the incident for over an hour and a half in total.

**Annie\*** was an elderly lady with a terminal lung illness. She became unwell at home and the responder was able to give her oxygen and reassure her until the ambulance arrived.

## 9. An inclusive organisation.

We welcome volunteers from a wide range of backgrounds. The main requirement is that a Responder must live in the village and be a car driver with a maximum of three points on their car insurance. No previous medical experience or training is needed although a caring attitude and being able to cope in sometimes pressurised situations is important, as well as the discipline to work to set procedures.

Whilst volunteers may need to provide emergency first aid, often it is about providing comfort and reassurance to a patient and their family. Volunteers must be able to pass a two day course, and commit to undertaking regular update training. Due to liability requirements the minimum age is 18 years of age. Volunteers undergo an enhanced criminal records bureau check. Insurers often require that additional business vehicle cover is taken out although this varies.

Current volunteers include a student, several previously unemployed people (both who have gained employment since joining the Scheme), full-time parents, a local businessman, and several other professionals. At the moment we have slightly more female members.

## 10. How would a donation be spent?

**£2500** would allow us to purchase a second responder kit. As our Scheme has grown we are keen to purchase a second bag so that our day team can have their own equipment – reducing the amount of ‘transferring’ around of the equipment that is required at the moment between different responders on the team.

**£500** will cover our running costs per annum (this does not include clothing or equipping new members).

**£575** will clothe and equipment five new community responders.

**£550** will allow us to purchase a training defibrillator and a training suction unit – to allow our members to practice their skills more regularly, and also for us to use at talks/demonstrations.

**£500** will purchase a full set of training manikins and consumables – to allow members to practice and also for use at talks/demonstrations.

**£115** will pay for the set up costs for one new community responder.

**£100** to provide collecting tins, and pay for copying costs, postage, display material holders and associated for publicity costs for a year.

## Setting up a new community first responder – clothing & footwear



## 11. An economic, efficient service.

Our members pay for their own vehicle insurance (usually business insurance) and do not claim mileage or charge for fuel, servicing etc. They drive at normal speed. A number have 4x4 vehicles which are extremely useful in the winter. They provide their time free of charge. Our Scheme is entirely staffed by volunteers. A breakdown of our running costs is provided at the back of this proposal.

The initial equipment needed – defibrillator, first aid equipment, pulse oximeter and oxygen, together with a mobile phone – is provided by South Central Ambulance Service NHS Foundation Trust. They represent a value of approximately **£2500**. Schemes are, however, responsible for paying their own running costs and are expected to be self-financing.

Costs include calls on the specially adapted mobile phone (which is used to receive information about call outs, and is linked into the communications system in Ambulance Control), replacing equipment such as defibrillator pads, suction (for helping patients who are not breathing), and batteries for the pulse oximeter.

Running costs are in the region of **£500** per annum. In the next financial year (April 2011-March 2012) we expect to attend in excess of 100 patients and potentially as many as 180. This makes the cost per patient in the region of £2.80 - £5.00 a head.

The main priority is for members to be available to attend emergency calls. So, this limits the amount of available time for fundraising. As the Crowthorne Scheme was established at the start of the recession it has not benefited from the volume of corporate donations that some other Schemes in the region have received, which were founded earlier.

Our village location also affects the number of larger corporate donors who can be approached.

The cost to the community of a life lost – whilst hard to value – has been estimated by various national sources to be £1-2 million. Of course the emotional cost is immeasurable.

The more significant – and rarely considered - cost is of long-term incapacity following sudden illness (such as a stroke or heart attack). This is tremendous, financially, professionally and emotionally, for the patient and their family.

The faster emergency care reaches a patient, the better the likely outcome and the lower the risk of long-term ill-health afterwards.

**This is where Community First Responders make the difference.**

### 13. Our Plans for the Future

We want to contribute more to the community. Being a part of South Central Ambulance Service NHS Trust it is essential that what we do has the full approval of the Service. Areas we are considering are:



- Providing demonstrations and talks to community groups in Crowthorne. (Training equipment is essential for this – see ‘How your donation would be spent’).
- Providing short skills sessions in essential first aid – particularly to groups such as the elderly who may not have the money, confidence or ability to travel ; reaching groups who do not traditionally have first aid skills.

- Providing a casualty service to organisations; acquiring ‘make up/moulage’ skills so that our members can act as casualties. This will allow companies, youth groups and other organisations the chance to practice their first aid skills. Skills ‘lapse’ is a recognised problem for people where people undertake first aid training and then rarely get the opportunity to use the skills.
- These activities would enable more people to develop an awareness of the need for first aid skills, as well as confidence to ‘have a go’ in an emergency. It would also allow the scheme to become more financially secure allowing a way to generate additional donations.

### 14. Caring for patients *and their families.*

Responders provide emergency treatment, but their ability to care and reassure is just as valued. Crowthorne has a high proportion of young families, and elderly residents; when they call 999 they are often worried, and unsure what to do. Responders do not just save a life, but provide compassionate care at a time of real need. Elderly residents are often extremely frightened; once we have handed over care of our patient to the ambulance personnel, we will often spend time caring for family members who may themselves be elderly whilst their relative receives further medical treatment.

We regularly attend local care and nursing homes, and have been called to the High Street on several occasions.

Our responders gain something which is truly life changing. They have made friendships, developed skills and knowledge, as well as self-confidence, self-respect, and resilience. They have varied life experiences but one common goal – to make a difference to the lives of those that live and work in Crowthorne.

## 15. Relationship with the Ambulance Service

Community Responders do not replace the ambulance service; but in particularly busy periods such as the winter months they can make a real difference to the community by being able to get to patients quickly. Local knowledge and being within 5 minutes drive of much of the village are our key assets. An ambulance is always despatched to each patient, in addition to a Community Responder.

All Berkshire's Responder Schemes are managed by The South Central Ambulance Charitable Trust. Money received is specifically allocated for the benefit an individual nominated scheme so funds will be used exclusively for the Crowthorne Scheme.

South Central Ambulance Service NHS Trust Charity  
44 Finchampstead Road  
Wokingham  
Berkshire  
RG40 2NN

### Charity Registration Number: 1049778

The Scheme is managed by South Central Ambulance NHS Trust via a manager and team of area officers.

The CFR Manager is Nic Morecroft who is based in Reading. Telephone: 0118 936 5387.

Crowthorne's Co-ordinator is Sarah Holling. Telephone: 01344 467 450/0777 618 6232.  
**Email: CrowthorneCFR@gmail.com**

### Weblinks:

<http://www.southcentralambulance.nhs.uk/our-services/communityresponders.ashx>

<http://www.scas-responders.info/Crowthorne><http://www.scas-responders.info/index.php>

## 16. Some figures/key facts:

- Expected Crowthorne Scheme call outs (April 2011 to March 2012): up to 180 patients based on current trends.
- Running costs (excluding start-up costs) of approximately £500 a year; the Scheme is required to be self-financing and does **not** receive any NHS or other local government funds.
- Scheme has been operational for over two years and is a registered charity.
- It benefits from equipment loaned by South Central Ambulance Service valued at c. £2500.
- In cases of cardiac arrest, for **every minute** that passes without cardio-pulmonary resuscitation (CPR) and defibrillation, a patient's chances of survival decrease by **14%**.

## 17. Why Community Responder Schemes Save Lives:



In a cardiac arrest, when a patient's heart has stopped, a locally based Responder really can make the difference between life and death. The heart can only be returned to a normal rhythm using a defibrillator – Responders carry a defibrillator and are trained to use it, as well as being able to taking over a patient's breathing to avoid permanent brain damage.

However, by getting there quickly Responders can also often **prevent** a patient deteriorating and avoid a cardiac arrest occurring – which is a far better outcome.



Thank you very much for your interest.

To find out more, or to arrange a visit/talk/demonstration:

Call: 0777 618 6232

Email: [CrowthorneCFR@gmail.com](mailto:CrowthorneCFR@gmail.com)

Sarah Holling, Crowthorne Scheme Co-ordinator