



NHS

AMBULANCE HART
Hazardous Area Response Team

Edition 2

Autumn 2009

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Russ Mansford,
Strategic Ambulance
Advisor to the
Department of
Health and HART
Programme Lead.

HART ROLLOUT MOVES UP A GEAR

Welcome to the second edition of Inside HART. Eagle-eyed readers will notice we've changed the format slightly in response to the positive feedback from our first issue, so we hope you like it.

The HART rollout continues apace with five full teams up and running in London, West Midlands, East Midlands, Yorkshire and North West (Manchester) Ambulance Services.

The North East and East of England Ambulance Services started their national HART training in September and Great Western, South East Coast and London (West team) are all currently in their recruitment phase. Meanwhile, South Central and North West (Liverpool) are busy preparing for recruitment in January 2010.

Every day I get feedback about the excellent work our HART teams are doing, and the huge impact they are having on-scene at difficult and hazardous call-outs. Throughout this magazine you will see examples of how these specially trained teams are complementing the overall ambulance service response, making it more efficient, more effective and crucially, helping save more lives.

HART is starting to draw intense international interest from around the globe, including from America, Japan, China, Sweden and France. This was particularly evident at the

recent NATO CBRN exercise Clean Care in Denmark in September, which was designed to test treatment prior to and during decontamination and demonstrated the true value of HART teams to a number of international colleagues.

We hope to have a strong international focus at our new flagship event, the HART conference in June 2010 – but more of that in the next issue.

One thing that has come out in the recruitment process for HART teams is that more female applicants should be encouraged to apply. HART is not about a 'macho' culture at all – it is about carefully chosen and specially trained personnel of both genders, working together as a team in particularly hazardous areas to save more lives – gender is definitely not an issue in the selection process.

As with any ambulance or general healthcare team, a healthy mix of male and female staff within the team can often mean a much more appropriate service for patients. Remember, physical fitness is important, but safety is also a key concern in all HART work and nobody would be asked to lift or carry anything that they, or their team leader, thought was unsafe or posed a threat to the team member concerned. So let's see more applications from female colleagues!

Finally, if you're visiting this year's Emergency Services Show in Coventry (November 24-25) be sure to call into stand 336 in the main hall and meet the HART team. It would be a pleasure to tell you more about our plans for the future and show you first hand, how we are adding significantly to the overall emergency service response.

Russ Mansford.

Advertise in this magazine!

Inside HART is one of the most targeted ways to reach the key decision makers and buyers within the UK emergency response community.

15,000 copies of Inside HART are printed and distributed to an estimated readership of around 30,000* people (*unaudited figure at time of press) working in the civil contingency and emergency preparedness fields, such as:

- HART Managers and HART operatives
- Senior people in the Department of Health and at the Home Office
- Staff at all NHS ambulance service trusts in England, and at trusts in Scotland and Wales
- Clinicians involved in emergency and urgent care
- Police, Fire and Rescue Service professionals
- Civil contingency responders and emergency planning leads across the NHS and local government
- Those with responsibility for planning for (or responding to) a chemical, biological, radiological, nuclear or explosives (CBRNE) threat or incident
- Military personnel (such as Military Liaison Officers)
- Urban Search and Rescue teams
- HM Coastguard and related marine agencies
- Academics and researchers.



ON THE GREAT WESTERN RECRUITMENT TRAIL

Christian Cooper, the HART manager at Great Western Ambulance Service, has hit the ground running in his pursuit of recruits for the forthcoming GWAS HART team.

He has been on a recruitment drive across the Trust and has been speaking to staff about the new programme and encouraging applications for HART team posts.

He is pictured here speaking to potential recruits at one of the Trust's largest stations in Bristol in August. Christian can be contacted via email at: chris.cooper@gwas.nhs.uk

For a media pack, please contact carl.rees@ambulancehart.org or telephone 01273 328140 or 07958 547727.

HART ROLLOUT CONTINUES APACE

YORKSHIRE HART PARAMEDICS' TRIATHLON CHALLENGE

Two female HART paramedics from Yorkshire Ambulance Service represented HART nationally when they took part in an Emergency Services Triathlon at Nottingham Watersports Club in May.

An email from Mick Hardaker, HART Manager at Yorkshire Ambulance Service prompted Emma Livesey and Adele Finn to take up the challenge, where they had just over two months to train for a sprint distance triathlon which included a gruelling 750m swim, 20km bike ride and a 5km run!

Adele explains, "Emma and I have trained together for a number of years now, running, gym sessions and sprint sessions at an athletics track, but neither of us could do front crawl with our heads under water, so we went to our local international swimming pool for a lesson on stroke improvement!"

On the morning of the big event there was torrential rain, and suddenly the prospect of diving into the "dark, deep, cold" lake

outdoors seemed somewhat unappealing, but the girls were determined and dived straight in, after being warned that, "if we were slow the others would swim over us, literally, to get past."

"The water was so cold, we couldn't catch our breath or put our heads under to swim properly, and when we climbed out, bare foot, our feet were so cold that we couldn't actually feel them," says Adele.

After the swim they hopped onto their bikes for a quick four laps of the lake followed by a sprint with 'legs like jelly' to the finish line, where they were greeted with a rapturous round of applause.

"We all cried afterwards with relief and exhaustion," said Emma. Since taking part Emma and Adele have signed up for three more triathlons and they are determined to improve each time, firmly believing that, "after that triathlon we can do anything!" That's good news for the HART team and for the people of Yorkshire!



Preparing for PROCLUS: The need for evidence

By Tony Zarola HART Evaluation and Monitoring Lead

As the HART roll out continues across England, the opportunities for sharing lessons learned with each other are on the increase.

Ensuring that these lessons are captured and shared is important for the continued success of HART. The call and need for evidence-based practice is also something we are hearing about more and more and HART is no exception to this. So what is available to help?

Helping HART teams capture and share learning locally, nationally and with multi-agency partners will be a system called PROCLUS. This is a bespoke web-based tool designed specifically for HART. Phase 1 launch is scheduled for the end of September.

So what can PROCLUS do? PROCLUS has various functions designed to help all staff involved with HART. Some of the features include:

- **Dynamic Incident Recording** – a quick and easy way to log incidents and review outcomes from any incidents attended.
- **Equipment Evaluation & Fault Reporting** – a system for evaluating all HART equipment and for reporting and reviewing any faults with equipment, IT or vehicles.
- **Shared Learning** – a system for collecting more in-depth local and multi-agency learning either from actual incidents or pre-planned events such as exercises or training.
- **Continuous Professional Development** - a system for recording and managing CPD activities and for capturing any future training needs. The system is compliant with the requirements of the Health Professionals Council and includes a facility that will enable personnel to automatically produce their own personal CPD reports.
- **Dynamic Surveying** – a survey facility that allows for local or national surveys to be published and the results to be viewed instantaneously.
- **Resources** – a library of resources (e.g. articles, reports, etc.) that relate to all matters associated with HART working and link specifically with any evidence that is collected through PROCLUS.



PROCLUS is managed by Zeal Solutions who will also oversee the staged implementation and training on PROCLUS for all HART Units. The plan is for PROCLUS to continually evolve as HART develops. A feedback facility is included in the tool and HART personnel will be actively encouraged to put forward suggestions/ideas on system design and improvements. If you have any questions about PROCLUS please contact Tony Zarola, HART Evaluation and Monitoring Lead via email: tony@zealsolutions.co.uk

NICOLA JOINS THE HART TRAINING TEAM



Nicola Harrington has joined the HART training faculty at Winterbourne Gunner, Salisbury, as the new PA to the HART Training Lead, Dave Bull. She will also provide HART Training and Project Admin Support.

Nicola has been seconded from the Health Protection Agency, where she was involved in setting up exercises and events for the Emergency Response Department. One recent exercise in Kent called Saxon Shore included HART, so she has been lucky enough to see the teams in action!

Nicola worked for the Metropolitan Police Service for five years as a Communication Officer, and spent two years within a Project Team, the aim of which was to relocate local police control rooms into three central control hubs.

She has also worked in the Control Room at London Ambulance Service. During her time at the LAS she saw many changes including the relocation of the control room and the move from pen and paper to a computerised call taking and dispatching system.

Says Nicola: "I am really excited to be part of HART and I hope that some of my previous experience can be transferred over to assist in delivering the team's objectives over the next two years."

Nicola's contact details are: Nicola Harrington, PA to HART Training Lead / HART Training and Project Admin Support, National CBRN Centre, Winterbourne Gunner, Salisbury, Wiltshire, SP4 0ES. Tel: +44 (0)1980 619565 and email: nicola.harrington@ambulancehart.org



HART TEAMS TAKE TO THE WATER

The innovative Sea of Change project helped ensure that UK emergency services had in place a co-ordinated way to deal with major incidents at sea. Now, the HART capability is expanding to incorporate specially-trained paramedics who will contribute towards Maritime Incident Response Groups around the coastlines of England. Inside HART editor Carl Rees reports.

Many of her 500 plus passengers were in the restaurant or buying duty-free goods when the British car ferry Herald of Free Enterprise suddenly began to list to port as she left Zeebrugge, Belgium, on the evening of 6th March 1987.

Within just 90 seconds, the vessel had settled on her side on the bottom of the sea. Despite rescue craft being on the scene in as little as 15 minutes, a total of 193 passengers and crew were lost - the worst British peacetime accident since the Titanic went down in 1912.

Three years later, at 21.45 hours on 6 April 1990, the ferry Scandinavian Star left the Norwegian town of Oslo bound for Frederikshaven in Denmark. On board were 482 passengers and crew. A little after 02.00 hours early the next morning, a fire started in the aft section of the starboard corridor of Deck 3. It was not extinguished quickly enough and soon spread, eventually claiming the lives of 158 people on board.

Sadly major incidents at sea like these continue to occur. The United Kingdom is an island with more combined kilometres of coastline than many of its European counterparts.

Complicating matters is the English Channel, the busiest commercial waterway in the world. Alongside the steady flow of commercial boats and pleasure vessels that pass through the Channel, a huge number of large ferries also criss-cross the main marine traffic flow at virtual right angles to the rest of the boats. Many of them carry hazardous cargo, not to mention hundreds of people. So being prepared for 'at sea' emergencies like these is vital.

This is why the HART programme – already a major success on land - is now expanding its operations to encompass the highly specialist Maritime Incident Response Group capability. The background to this development builds on the success of the 2003 Sea of Change project.

This was instigated by the UK Maritime and Coastguard Agency (MCA) and the Chief Fire Officer's Association with support from key NHS ambulance services. The primary goal of the Sea of Change project was to formalise an integrated Fire & Rescue Services response to assist the MCA in dealing with incidents involving fire, chemical hazards and rescue at sea.

The MCA, through its Search and Rescue (SAR) branch – HM Coastguard – and its Counter Pollution branch, and by close association with the salvage control functions of the Secretary of State's Representative (SOSREP), is deeply involved in the response to all emergencies occurring around the coasts of the UK, leading that response in most cases.

Andy Parr, Head of Emergency Preparedness for South East Coast Ambulance Service NHS Trust – the patch for which includes many miles of British coastline - led the Sea of Change project from the paramedic side, and is now leading the development of the MIRG capability within HART teams. The project is called, 'Ambulance MIRG in HART'.

Says Andy: "HART teams are perfectly placed and ideally trained to provide specialist paramedic interventions to incidents that occur within the offshore UK Search and Rescue region. This covers an enormous 1.25 million square nautical miles of sea and over 10.5 thousand nautical miles of coastline.

"With Sea of Change, the major issues we focused on were the provision of the right equipment for an 'at sea' deployment and the implementation of specific training for paramedic staff who volunteered to join 'at sea' emergency response teams.

"By bringing MIRG into the HART capability, we are now taking this one step further and formalising the structure of the teams to make them more robust."

So what are the characteristics of MIRG paramedics working in HART teams likely to be?

The first requirement for paramedics who volunteered to be part of the 'at sea' emergency response teams for MIRG was that they had some kind of marine background or could show that they were not likely to suffer from sea-sickness. A completely debilitating condition, sea-sickness would simply add another patient to the list of those requiring care at the scene.

Furthermore, being winched down from a helicopter in the middle of a force nine gale onto a casualty vessel in the middle of the night is certainly not for the faint hearted. It was clear, therefore that the paramedics who took this challenge would need to have some very specific skills and abilities.

They would also need to be physically close to the coast, or to an area close to where the local SAR helicopter could land and collect them without wasting too much valuable time. At all times during an 'at sea' rescue the helicopter crews will focus exclusively on getting as many patients off the casualty





vessel as quickly as possible, making several trips to shore and back to drop off the survivors before returning for another full contingent of passengers. In short, there is no time to waste and the pace is frenetic.

Some of the training for HART MIRG paramedics will need to take place on board SAR rescue helicopters. Sea survival and helicopter familiarisation training, including 'dunk' training (where a helicopter simulator takes you underwater in pitch black conditions) are all part of the training. Safety in helicopters and transfer from air to vessel / land via winch training are also a key part of the paramedics' development.

Other marine knowledge is also an important part of the training, including basic ship construction, working on board a ship

environment, maritime law and the use of specialist marine communications equipment.

Simulated exercises with 'patients' on working ferries or coastguard tugs will also take place, which provides the paramedics with actual-situation scenarios.

Says Andy Parr: "Bringing MIRG into HART is a very important step because it allows us to be better prepared than ever with the right equipment and staff trained to the highest levels. If 'at sea' disasters do strike, we will know exactly what to do - and HART paramedics will be a key component in dealing with the crisis."

For more information about HART MIRG see www.ambulancehart.org or contact andy.parr@secamb.nhs.uk

" HART teams are perfectly placed and ideally trained to provide specialist paramedic interventions to incidents that occur within the offshore UK Search and Rescue region. This covers an enormous 1.25 million square nautical miles of sea and over 10.5 thousand nautical miles of coastline. "

Andy Parr, Ambulance MIRG in HART Lead



HART TEAMS IN ACTION



HART SHINES IN NATO EXERCISE CLEAN CARE

Two composite HART teams and a supporting cast of command and safety staff drawn from trusts across the UK took part in Exercise Clean Care in Denmark in the first week of September.



This was a NATO exercise aimed at testing treatment prior to and during decontamination, and demonstrated the true value of HART teams to a number of international colleagues, giving them a clear idea of the level of capability that can be developed to improve outcomes for casualties.

Hosted by the Danish CBRN regiment, the exercise was conducted over three days and involved four NATO and Partnership for Peace Countries plus observers from many other Nations.

Dave Bull, Ambulance Command (CBRN) and HART Training Lead organised the event and said:

“The logistics of moving HART staff, vehicles and equipment to Denmark were thoroughly tested and as exercise coordinator I would like to thank Mr Gerry Byrne for organising the logistics and all staff who took part in the exercise with the support of their Trusts.

“Also a special thanks to East of England Ambulance Service for the use of their HART vehicles, Scottish Ambulance Service for bringing the all terrain casualty extraction vehicle, and Lt Col David Bates for the opportunity to participate.”

An in-depth feature will be published in the Winter issue of Inside HART focusing on the achievements and areas identified during the exercise.





NOTTINGHAM AMMONIA LEAK

At 9.55am on Tuesday 1st September 2009, the East Midlands HART team was called to the scene of an incident in Beeston, Nottingham. Mick Heys, HART Team Leader, EMAS explains what happened.

The team was responding to reports of a fridge explosion at a residential home. Initially it was believed that there was only one person involved and an East Midlands ambulance was sent, however it soon became apparent that there were numerous people suffering from respiratory problems amongst other effects such as sore eyes and a burning sensation to the back of the throat.

“The team prepared members of staff in their Incident Fire Ground Kit in order to support the Fire Service with medical help in Breathing Apparatus should they need to commit further crews.”

Nottinghamshire Fire and Rescue were in attendance and when they investigated the incident they found that the explosion had caused a release of Ammonia and it was this toxic gas that was causing the symptoms.

By now there were around seven people, both residents and staff from the home, who were feeling the effects. Due to the nature of the incident one of the members of the ambulance crew, a HART team member covering a shift on a double manned ambulance, consulted control and asked for HART to be mobilised. As requested HART were sent and on route the HART team leader was briefed on the situation by the staff member on scene.

By the time HART arrived there were now around 10 people near to the back of the ambulance. As an immediate response the Mass Oxygen Delivery System carried by HART was made available in case additional oxygenation was required. In addition the team prepared members of staff in their Incident Fire Ground Kit in order to support the Fire Service with medical help in Breathing Apparatus should they need to commit further crews.

The remaining team members were tasked to support the work of the ambulance in treating the patients and assessing the condition of each one. A second ambulance was also now in attendance and they too assisted by treating the patient exhibiting the worst of the symptoms.



The Fire Service had by this time contained the room with the ammonia leak, however there was still a significant level of fumes in the building. Due to the nature of the property and the numerous elderly residents, it was impossible to evacuate all of them from their rooms. With the residents contained within their own rooms assessments were made of their condition and it was necessary to commit two members of HART into the property in order to treat three patients in situ.

Entering the building in order to accompany the fire crews the HART teams located the patients and after early intervention, were able to stabilise the patients conditions so they could remain safely where they were.

There was then a period of waiting for the Fire Service to conduct the HAZMAT examination of the environment in order to decide how best to proceed. During this period medical advice was sought concerning the best form of treatment for the patients, who by now were showing very minor symptoms.

The medical director advised that the patients required clinical observation for a period of around one hour in order to ensure there was no deterioration to their conditions and that any remaining symptoms were relieved.

During this period a safe area in the building was found to move all patients to (by now 14 in total) and in this one location HART remained on scene to continue the observations whilst ensuring they still provided sufficient medical cover for the fire crews. It was possible at this time to release both of the ambulances back to other operational duties.

The Fire Service conducted all of the tests and appropriate advice was given to the home.

Fortunately in this instance the patient observations revealed that all patients were now symptom free and as a result were able to remain at the home.



HART TEAMS IN ACTION



Picture 1: Shows the initial scene as the aerial ladder platform arrives along with the HART team. Until this point a ladder was the only access to the building.



Picture 2: Shows one of the paramedics from the Midlands Air Ambulance along with two firefighters being lifted onto the roof of the warehouse. Mr Lewis can clearly be seen on the roof. It was not safe for ambulance staff or firefighters to treat the man to any great extent until the HART team arrived.



Picture 3: A close up of the above picture.

MOMENT SKYDIVER WAS RESCUED

These pictures show the moment an injured skydiver, who had fallen over 1,000 feet, was rescued and treated by the West Midlands HART team and their colleagues in West Midlands Fire and Rescue Service.

The man had been on a 10,000 foot skydive when his parachutes failed to open properly and he spiralled downwards landing on a warehouse roof near Tilstock Airfield in Whitchurch, Shropshire on Friday 14th August 2009.

The pictures show Paul Lewis, 40, still on the warehouse roof as ambulance and firefighters use an aerial ladder platform to access him.

Paramedics found the man with serious injuries but due to the location an expert team of paramedics from the Hazardous Area Response Team (HART) were sent to the scene. They have equipment that allows them to treat patients safely at height or in precarious positions such as on the warehouse roof.

Working with firefighters the HART team carefully placed Mr Lewis onto a specialist stretcher which protected his injured back and neck. He was then placed onto the aerial ladder platform which brought him to the ground in an operation taking almost two hours.

Mr Lewis was then airlifted by the Midlands Air Ambulance from Cosford to the University Hospital of North Staffordshire where a trauma team was awaiting his arrival.

Pictures courtesy of Midlands Air Ambulance



Picture 4: The HART team arrive – they had to climb up the aerial ladder platform as it was being used to ensure the man did not slip any further.



Picture 5: Shows the man on the specialist stretcher being lowered on the aerial ladder platform

HART TEAM CALLED TO FALL FROM HEIGHT

Dave Nice, HART EMT, London Ambulance Service

At 07:54 on 29th June 2009, there were reports of a man lying unresponsive on a second storey pitched roof in Brixton, South London.

All three emergency services were called to the scene at South Island Place SW9, after a loud crash was heard and debris from the internal ceiling was seen falling on CCTV from the reception building of Holland Rise, a 19 storey residential block in Brixton, South London. A casualty was reported trapped on the roof well above ground level.

Initially a motorcycle responder, fast response car, ambulance and a duty station officer attended the scene, but due to the position of the casualty and the risk of the potential fall from height, it was not safe for a conventional ambulance response to attempt to access and assess the patient.

The LAS HART Blue Team from Deptford was deployed to the scene at the request of the LAS Silver, due to the nature of the specialist ambulance response that would be required for the management of this patient.

Utilising the team's Safe Working at Height equipment and working closely with the London Fire Brigade Fire and Rescue Unit from Lewisham, it was decided to deploy a HART paramedic onto the roof from the London Fire Brigade Aerial Platform to assess the casualty.

From the initial reports gleaned from the Metropolitan Police Service (MPS) it was ascertained that the man was seen falling from the window on the landing of the 17th floor, and he had landed on the 2nd floor roof. The MPS were actively investigating as to whether there were suspicious circumstances to the incident or if it was a suicide.

The London Fire Brigade Aerial platform was able to safely access the roof and sadly, the HART paramedic was able to assess the casualty and determine recognition of life extinct (ROLE).

The close coordinated action of all three London emergency services came into fruition as the MPS had been able to identify the deceased and his medical history of depression and IV drug use with associated health problems which allowed HART to clinically advise and work with the LFB crew to safely recover the body to the ground for removal by the coroner's officers.

Despite the tragic circumstances this was an excellent example of multi agency working with all services involved and the HART team using their Safe Working at Height skills efficiently and effectively.



EMAS HART CALLED OUT TO MAJOR LINCOLNSHIRE FIRE

Melanie Bellamy, EMAS HART Team Leader and Ian McAleese, EMAS HART Operative

A major blaze broke out at 15:00 on 25th August 2009 at a Lincolnshire recycling plant and was attended by the EMAS HART team.

The fire was in a former Lancaster bomber aircraft hangar and plastic recycling plant at Hemswell Cliff, Lincoln.

EMAS HART and 20 Lincolnshire fire crews were mobilised to the scene. The fire was well ablaze on arrival and the thick black smoke plume could be seen for 20 miles. This was a major concern for EMAS with the contaminants from the smoke drifting into nearby villages. Local residents and businesses were evacuated as there were 6000 litres of Liquid Petroleum Gas (LPG) being stored very close to the scene.

Close liaison was maintained with both the Lincolnshire Fire and Rescue Incident Commander along with the EMAS Incident Commander, who were both informed of the capabilities of HART and regular multi agency briefings were held.

The Command & Control was set up quickly to establish an Ambulance RV/Control point; images of the incident location were obtained via satellite downlink, allowing us to pre-plan and view the incident footprint, access and egress points and ambulance parking zones.

Weather conditions were monitored via the on-board weather station. The mast camera on the vehicle enabled us to gain close-up images of what was happening inside the hot zone (see pictures, left) and also allowed still pictures to be emailed to the on-coming night crew at base, giving them the 'heads up' before they arrived on scene.

HART operatives were on standby and ready in appropriate Personal Protective Equipment ready to be deployed into the hot zone should they be required.

At 20:05 the LPG hazard had been reduced and was considered low risk.

The Fire and Rescue Service reduced the number of pumps to six and as a team HART was released from the scene; however Lincolnshire Fire and Rescue Service remained on scene to monitor the situation in conjunction with the Health Protection Agency (HPA).



TRAINING FOR CBRN INCIDENTS

Kerri James, PR and Communications Assistant at North East Ambulance Service, is following the progress of NEAS paramedic Angela Laybourn as she undertakes each stage of the intensive HART training programme. In this article, Kerri gets first-hand experience of the CR1 (civil responder) training at Police HQ in Northumberland, as she visits the second day of training on the two day course.

The main purpose of the CR1 training is to familiarise staff with the civil responder suit that they would be wearing in the event of a CBRN incident. I spoke with PC Paul Glendenning, Specialist Skills Learning and Development Officer to find out more:

“Over the two day course, the main purpose is to make sure that staff know their suit and equipment inside out,” he said. “It’s vital that in the event of a real emergency they can keep themselves safe so they can help others. We take them through what kind of substances they’re likely to be up against in a real emergency and in the afternoon will test them on how well they know their suits by taking them into a chamber filled with CS gas.”

I also asked Paul what he thought of the HART team as a concept. He said: “I think that the concept of the HART team is fantastic. It definitely plugs a gap that’s been needed for a long time. We need their knowledge on scene and it helps to free us up to do our job as well.”

We settle down to a presentation by Paul’s colleague PC Paul Griffiths, also a Specialist Skills Learning and Development Officer. During the background CBRN training, the team are shown a harrowing video, which is the only one of its kind, showing the devastating effects of a nerve gas attack during the 1998 gulf war. Its shocking stuff and I wonder how the team would feel about seeing this for real.

Most trainees commented that although it

would be difficult to see patients in pain, as it always is, being well trained is the most important thing they can do to help. I get the feeling that the types of people applying for the HART team are definitely not the kind to shy away from a challenge. A fair few number of the team are into very physical activities outside of work and Angela admits this was a huge draw for her:

“The whole concept of the HART team was so different from my normal job and the physical aspect was a big attraction. I’m very much into keeping fit outside of work so I didn’t think twice about applying for the team.”

One of the main things that the recruits were taught was effective use of their gas masks, with spontaneous drills throughout the day making sure they could put theirs on in under ten seconds. Any longer could mean a lethal dose of a biological or chemical agent. I tried on one of the masks to get a better understanding of how the team were feeling and they are quite restrictive. I imagine it would be easy to panic, but during training all the recruits seemed at ease.

One of the things that the whole team seemed to struggle with during the training was the heat, it was a beautiful day in Ponteland and to be wrapped up in three different layers must have been unbearable.

PC Griffiths said: “Because of the nature of wearing the suits there are different recommendations for how long they can be

worn. For example in a real incident shuttling patients back and forwards on spinal boards would be very high intensity and the suit could only be worn for 30 minutes at a time, but doing quite sedentary work means the suit can be worn for up to two hours.”



And now came the part that everybody was nervous about, the gas chamber! We were taken to the police’s main tactical training ground where they train in responding to petrol bombs, violent members of the public and also methods of entry. Sitting rather inconspicuously in the corner was a container which had windows fitted to it. This was filled with CS gas and the team was taken in, in groups of two, to test out their gas masks for real, and to see how they coped under the pressure.

I was stood well back at a distance but every now and then when the fumes drifted over it does have you coughing and spluttering so imagine how hard it was for the recruits who had to remove their masks and shout out their name before being allowed to leave the container! And lucky Angela, who I’m shadowing throughout her training, was there on her birthday, so her group had to try and sing happy birthday to her through the fumes!

The last part of the day was showing staff how to safely remove the suits and going through the decontamination process. Reflecting on HART, PC Paul Griffiths said:

“The good thing about HART is that it’s pulling all the agencies on-scene together. We need the paramedics’ expertise on scene at the point of discovering a patient in order that they can be triaged correctly. For example we, or one of the other agencies on scene, may prioritise somebody that can’t be saved over somebody that still has a chance to be rescued, and the knowledge of a paramedic would be vital in that situation.”

I had a great day and would like to thank both trainers, Paul Griffiths and Paul Glendenning, as well as the logistics staff Terry Allan and Andy Cameron for making me feel so welcome.

SAXON SHORE REVEALS BENEFITS OF NATIONAL HART TRAINING STANDARD



This picture shows the composite HART team that pulled together with fire and rescue colleagues to deal successfully with a decontamination training scenario in Kent in June 2009. Their role was to triage and treat casualties prior to decontamination by the host trust, South East Coast Ambulance Service.

Says Dave Bull, HART Training Lead: “Exercise Saxon Shore brought HART team members from the East and West Midlands as well as the North West together into one team, and proved that having a robust national standard of HART training in place means that teams can operate effectively with each other – and with fire and rescue colleagues – outside their home patches. The fact they gelled together so quickly during the exercise underlined the importance of a national HART training standard.”

ACCESS ALL AREAS

Inside HART takes you behind the scenes with Matthew England, the HART Project Manager for South East Coast Ambulance Service NHS Trust since June 2009.

Matthew England,
HART Project Manager,
South East Coast
Ambulance Service
NHS Trust



Can you give us a history of your career to date and some information about your most recent position?

I spent three years training as a nurse in Watford General Hospital and from there I went on to be an A&E nurse working in various accident & emergency departments in London. These included Hammersmith Hospital and Central Middlesex Hospital.

After six years working in London I relocated overseas and took up a position in Abu Dhabi working as a Senior Clinical Nurse in a trauma centre, treating multiple trauma victims with a whole range of presentations from road traffic to offshore accidents and a wide range of medical emergency presentations. After two years there I moved back to the UK and took up the post of A&E Charge Nurse at Brighton and Sussex University Hospitals NHS Trust.

Before taking up the role of SECamb HART Project Manager, I became the Emergency Planning Officer at Brighton and Sussex University Hospital Trust with responsibility for CBRN, HAZMAT response, MERIT Team implementation, major incident response, business continuity and ensuring compliance with the Civil Contingencies Act.

I was responsible for training all levels of staff in major incident response, and acted as a tactical advisor during incidents; which, most notably, included a HAZMAT incident onsite, business continuity during heavy snowfall in February and the implementation of a three yearly major incident live exercise.

In addition to this I have been a Community First Responder in the Rustington area for four years which has allowed me to frequently interact with ambulance staff at a range of incidents.

How did you find out about HART and why did you decide to apply for the position of HART manager?

I found out about HART through multi agency working in my previous role and decided to do some research about HART on the HART website. I applied after speaking to various colleagues that were already part of the HART team. They were extremely positive about the HART programme and encouraged me to go for it!

I knew I would really relish this challenge, and I felt I was a suitable candidate for the job because I have an understanding of the patient journey from both hospital and pre-hospital viewpoints and I have many transferable skills, from my clinical experience and my emergency planning background. I feel this brings a new perspective to the implementation of HART within the Ambulance Service.

Bearing in mind your background in acute hospitals (A&E) what impact can you see HART having on the management and handling of a major incident, both from the perspective of the patient and the perspective of the overall health response?

HART allows greater intelligence to be passed up the command structure (and out to our health colleagues) and medical interventions to be delivered earlier because the team is allowed inside the inner cordon or 'hot zone'. They initiate early medical intervention such as triage, oxygen therapy, and haemorrhage control. Triage is more likely to mean that the most severely injured patients arrive earlier in A&E departments and in a more stable condition, with other patients treated more appropriately at the scene or elsewhere. This is a huge benefit to patients and will obviously massively reduce the pressure on receiving hospitals.

What are your immediate priorities for HART at SECamb?

My immediate priority for HART at SECamb is to recruit staff into the HART team and I have set up an advertisement campaign which is aimed at Technicians and Paramedics that have spent three years on the road already.

The HART team will be based at Ashford in Kent and as well as the intensive training they receive to become a HART operative I will also support and encourage opportunities for further education over and above the HART project including supporting those who wish to participate in a Paramedic Science Degree on day release.

Another immediate priority is to communicate throughout SECamb key messages surrounding the positive contribution HART can make within the Trust. I plan to embed the HART team into operations and raise the profile of HART within the trust, so that the teams are dispatched appropriately and effectively and

therefore contribute to the improvement of the overall performance of the trust.

I also plan to work on improving relationships with Fire & Rescue and Police in my patch. I have already booked meetings with all Fire & Rescue services within SECamb to get to know my colleagues and to give presentations to inform these colleagues about HART. I have also set up an informal meeting with Surrey and Sussex Police force and I plan to do the same with my colleagues in Kent.

Where appropriate I will also be looking to our partner agencies to provide specialist training to the HART team.

What are your longer term ambitions for HART SECamb patch?

I will assist in the positive performance of the Trust and uphold the visions of the Trust as we head towards Foundation Trust Status over the next 18 months.

HART will also become responsible for the initial response to specific sites, such as the Channel Tunnel and Dover Docks, which due to its international nature will project HART onto a much wider plain than the UK. This will entail HART operatives linking with French Colleagues and building on our already excellent relationships which have been built up over a number of years both in planning and in responding. HART will also lead in the planning processes and exercising regimes for these sites.

The South East Coast area has a lot of coastline. How important will the MIRG (Maritime Incident Response Group) capability be for your HART team?

The MIRG capability in SECAMB is absolutely crucial for the HART team, and we are fortunate that Andy Parr who is the national MIRG lead is based here at SECamb. I am looking forward to building excellent working relationships in this area.



A NEW ERA IN MASS CASUALTY PREPAREDNESS

When a major, mass casualty incident occurs, such as a bomb blast or a train crash, it is vital that the casualties at the scene receive treatment from health professionals as quickly as possible.

This is why the Department of Health, through its innovative Hazardous Area Response Team programme, has developed new vehicles and equipment designed specifically to deal with mass casualty incidents.

NHS Emergency Dressings Packs have been placed at all major transport hubs throughout England, including airports, train stations and tube stations. Additionally, each NHS ambulance trust in England is taking delivery of specially designed mass casualty equipment vehicles, carrying enough clinical equipment to treat upwards of 100 Priority 1 or Priority 2 patients and 250 Priority 3 patients. The vehicles also have

mass oxygen delivery and other supporting equipment on board.

Mass casualty incidents can result in many hundreds, and even thousands of patients, all of whom need assistance and treatment quickly. Not only will they be frightened and in shock, they could also be suffering from serious burns and skin lacerations, bleeding heavily, putting their lives in danger.

Although emergency 'blue-light' ambulances will be on their way quickly, events such as the July 2005 bombings in London have shown that there is much more that can be done for patients even before the ambulances arrive, and well before they are seen by an appropriate health professional.

Andy Parr, Head of Emergency Preparedness at South East Coast Ambulance Trust has led the implementation and says:



"These two vital new pieces of kit follow the Department of Health's new principles of pre-deployment of equipment and the provision of bulk equipment supplies when mass casualty incidents take place. This is the same throughout England making Mutual Aid support much easier."

All you need to know about this new equipment is contained in a new DVD which has been produced by the HART project team, called *National Capability Mass Casualty Equipment Vehicles and NHS Emergency Dressings Packs*. The film can be viewed on the HART website (www.ambulancehart.org) but if you would like physical copies please email carl.rees@ambulancehart.org with your request.



HART DVDs AVAILABLE

Due to demand from our emergency services counterparts in France, we have now produced a number of copies of our recent HART film, *Ambulance Staff Inside The Inner Cordon* in French. These are now available.

If you would like any HART-related DVDs to help spread the word about HART, please email carl.rees@ambulancehart.org and specify how many of each of the DVDs you need:

- **Ambulance Staff Inside The Inner Cordon** (aimed at a multi-agency audience) – available in English and French
- **National Capability Mass Casualty Equipment Vehicles and NHS Emergency Dressings Packs** – (also available on the HART website)
- **So You Want To Join HART?** – aimed at potential HART team members – (also available on the HART website)

THINKING OF JOINING THE HART TEAM?

If you're considering joining the HART team in your own NHS ambulance trust, visit the recruitment section of the www.ambulancehart.org website.

You will be able to find out about the application process and see more about what the job entails. Please note to be eligible to apply you will need to have at least three years current ambulance operational experience.

INSIDE HART

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