



3 March 2026

Email:

Dear

FREEDOM OF INFORMATION REQUEST

Request No: 47224-26
Subject: Volunteer Responders
Date Received: 18/02/2026 18:34hrs

Thank you for your request for information received on 19th February 2026 which was dealt with under the terms of the Freedom of Information Act 2000. Northern Ireland Ambulance Service (NIAS) Health and Social Care Trust has now completed its search for the information you requested and that is detailed below.

FOI QUESTION(S)	ANSWER(S)
<p>1. Scheme overview</p> <p>1) The name(s) of your volunteer/community responder scheme(s) and the role levels (e.g., CFR / enhanced CFR / co-responder / other).</p> <p>2) Current headcount of active responders, by role level if applicable.</p> <p>3) The general use of responders in your trust (Time Critical Calls only, or Non urgent calls too?)</p>	<p>1) All Community First Responder schemes are trained to the same level and follow one scope of practice which is CFR (Community First Responder). We do not have different grades of responder.</p> <p>We currently have 25 schemes that are alerted to calls by NIAS. These are Ards Peninsula, Lisburn and Mid Down, Glenravel, Moyle, Ballymena, Loughgiel, Glens, Mid Ulster, North West, Kildress, Strabane, Heart of Foyle, Termon & Carrickmore, Lower and Upper Erne, Crossmaglen, Keady, ACE, Beragh & Sixmilecross, Armagh & Tyrone, Slieve Croob, Mourne, Newtownhamilton, and Erne East. These are all independent schemes that are alerted by NIAS. All scheme SOPs are held in each scheme.</p> <p>2) We currently have 451 active Community First Responders across Northern Ireland.</p> <p>3) CFRs attend life threatening emergency calls and potential life-threatening emergency calls.</p>
<p>2. Dispatch criteria and call types</p> <p>4) The dispatch/mobilisation criteria (CAD rule set / SOP / policy) for responders, including:</p>	<p>4) CFRs are alerted by SMS text message through AMPDS. One scheme is currently piloting/trialling a 2-way communication system between control staff and CFRs.</p>



<p>a) any maximum distance/ETA thresholds used (if held), and</p> <p>b) key exclusion/stand-down criteria (e.g., violence, hazardous scenes, RTC / entrapment, weapons, etc.).</p> <p>5) Please provide the most granular call-type list you hold showing what responders may be dispatched to (e.g., AMPDS codes, disposition/problem code sets, pathway names).</p> <p>6) Please indicate whether responders can be dispatched to: trauma, falls, mental health/behavioural, paediatrics, maternity, suspected stroke, suspected chest pain/ACS, respiratory distress, seizures, and welfare/lift-assist. If you could outline the broad groups your volunteer responders attend I would be grateful.</p>	<p>a) CFRs are only alerted to calls within their agreed mapping area. Each scheme as a unique boundary. No ETA thresholds are in place.</p> <p>b) CFRs are not knowingly dispatched to traumatic incidents, hazardous incidents (alcohol, drugs, violence, etc.), Mental Health Crisis and patients under 12 years old. Control officers can send "STAND DOWN" messages if location has flagged address or if more information gained deems a risk.</p> <p>5) CFRs are dispatched to Chest Pain, Seizures, Choking, Diabetic Emergencies, Unconscious and Cardiac Arrest. (List attached in Appendix.)</p> <p>6) Please see response to question 4a and 5.</p>
<p>3. Scope of practice – observations and interventions</p> <p>7) A list of observations / vitals responders are permitted / expected to record (tick-list acceptable), including whether they can take / record: BP, HR, RR, SpO₂, temperature, blood glucose, pain score, GCS / AVPU, and whether they can capture any ECG rhythm strip (if applicable).</p> <p>8) A list of any clinical assessments / examinations responders are permitted to perform (if defined), e.g. primary survey, focused respiratory/chest assessment, neuro screening, wound assessment, etc. (SOP reference acceptable).</p> <p>9) A list of interventions responders are authorised to perform, by role level if applicable (tick-list acceptable), including (where relevant): CPR / AED / defib; airway adjuncts (including type) / BVM ventilation / suction; oxygen therapy; haemorrhage control (dressings / tourniquet / haemostatic gauze if used);</p>	<p>7) CFRs are only permitted and required to check basic response levels (AVPU), pulse rate (by touch / feel) and check for breathing and recording a respiratory rate. Schemes can, if they receive further training where required, record; blood pressure, pulse rate, oxygen saturations, temperature, respiratory rate, GCS and pain score. This training is not facilitated by NIAS and therefore is not an expected requirement.</p> <p>8) CFRs are not required to do any clinical assessments with the exception of establishing if a patient is breathing when unconscious.</p> <p>9) CFRs perform CPR (hands only if solo). Once a second CFR arrives, they can use AEDs by following instructions on the device, insert OPAs (adult sizes only) and 2 handed BVM technique. No other interventions are within their scope.</p>

<p>wound / burns care; assisting with patient's own medicines; and any other enhanced skills relevant to your scheme.</p>	
<p>4. Medicines</p> <p>10) The list of medicines responders are issued to carry and/or authorised to administer or assist with, by role level if applicable. For each medicine, please include (if held in a simple form) the route and the governance mechanism: PGD / PSD / "assist with patient's own" / clinician direction.</p> <p>11) Please provide the current responder-relevant PGDs/PSDs (or equivalent medicines authorisation documents) and any responder-specific medicines management policy sections governing storage/carrying/administering.</p>	<p>10) CFRs cannot carry any medications.</p> <p>11) N/A</p>
<p>5. Equipment / kit contents</p> <p>12) The itemised equipment inventory issued / approved for responders (kitbag contents), by role level if applicable. Official kit checklist/stock list document preferred; CSV/Excel if held.</p>	<p>12) CFR schemes are responsible for supplying kit. NIAS requirement is AED, BVM, OPAs (1 of each adult size).</p>
<p>6. Vehicles and response exemptions</p> <p>13) How responders typically travel to incidents (own vehicle / Trust vehicle / on foot / partner vehicle) and whether mileage / expenses are reimbursed (yes / no is sufficient).</p> <p>14) Whether any responders are permitted to use vehicles fitted with blue lights and/or sirens, and/or claim any road traffic law exemptions while responding. If yes, please provide: a) the relevant policy/SOP, and b) which responder role levels are authorised and what training/authorisation is required (high-level summary acceptable).</p>	<p>13) CFRs use their own vehicle and no mileage expenses are reimbursed by NIAS.</p> <p>14) CFRs have no traffic exemptions and must abide by road traffic legislation.</p>
<p>7. GoodSAM (or alternatives)</p> <p>16) Whether you use GoodSAM for volunteer / member of public response. If yes, please specify: a) which GoodSAM function(s) you use (e.g., OHCA alerting, AED registry, video triage, etc.),</p>	<p>16) Yes, we use GoodSAM</p> <p>a) OHCA, not video triage.</p>

<p>b) which responder groups are activated (CFRs only vs wider clinicians/public),</p> <p>c) what incidents trigger activation (OHCA only vs other), and</p> <p>d) the typical geographic/ETA parameters (radius/distance/ETA thresholds) if held.</p>	<p>b) CFRs can be alerted independently but can have access to GoodSAM individually if they wish. GoodSAM can alert any individuals that have signed up following their application criteria.</p> <p>c) OHCA only</p> <p>d) 500 metres radius, location based</p>
--	---

I hope the above fully assists you.

Please note that, under the Re-use of Public Sector Information Regulations, if you wish to publish or otherwise use this information besides for your own means, you will need to seek our permission to do so.

If you are dissatisfied in any way with the handling of your request, you have the right to request a review. You should do this as soon as possible, or in any case within two months of the date of issue of this letter.

If you require an internal review to be undertaken, please request this via the email address: information.governance@nias.hscni.net

Or submit via

Director of Planning, Performance and Corporate Services, Northern Ireland Ambulance Service (NIAS) HSC Trust, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.

If following an internal review, you remain dissatisfied in any way with the handling of the request, you may make a complaint under Section 50 of the Freedom of Information Act, to the Information Commissioner's Office and ask that they investigate whether the Trust has complied with the terms of the Freedom of Information Act.

You can write to the Information Commissioner at:

Email: ni@ico.org.uk
Website: [ICO Website](http://ico.org.uk)
Post: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, CHESHIRE SK9 5AF
Telephone: 028 9027 8757 or 0303 123 1114 (Belfast based Office)

Please be advised that NIAS replies under Freedom of Information may be released into the public domain via our website @ <https://nias.hscni.net> Personal details in respect of your request will have, where applicable, been removed to protect confidentiality.

Yours sincerely

(not signed – issued by email)

Information Governance Team

Enc

This response has been prepared for disclosure log publication. Only minor editorial or redaction amendments have been made for clarity and compliance with data protection legislation. The substantive content is identical to that provided to the requestor and the original issued version remains the authoritative record.