THE EMERGENCY FIRST AID RESPONDER (EFAR) SYSTEM

CONCEPT SUMMARY

Last Updated: 29 February 2016

The Emergency First Aid Responder (EFAR) System is both a passive and a coordinated process to deal with emergencies in a low-resource area. By training large amounts of people, EFARs are spread throughout the community and they can be called upon by their peers during an emergency, may already be present at an emergency scene, or can be dispatched via SMS or push notification from a communications centre or Head EFAR. To provide a more structured response, EFARs also cooperate with local EMTs and paramedics to provide care for emergency patients. **Additionally, all EFAR activity in a community is mediated by at least one Community Adviser, to ensure local appropriateness and adaptation of the system to an area's context.**
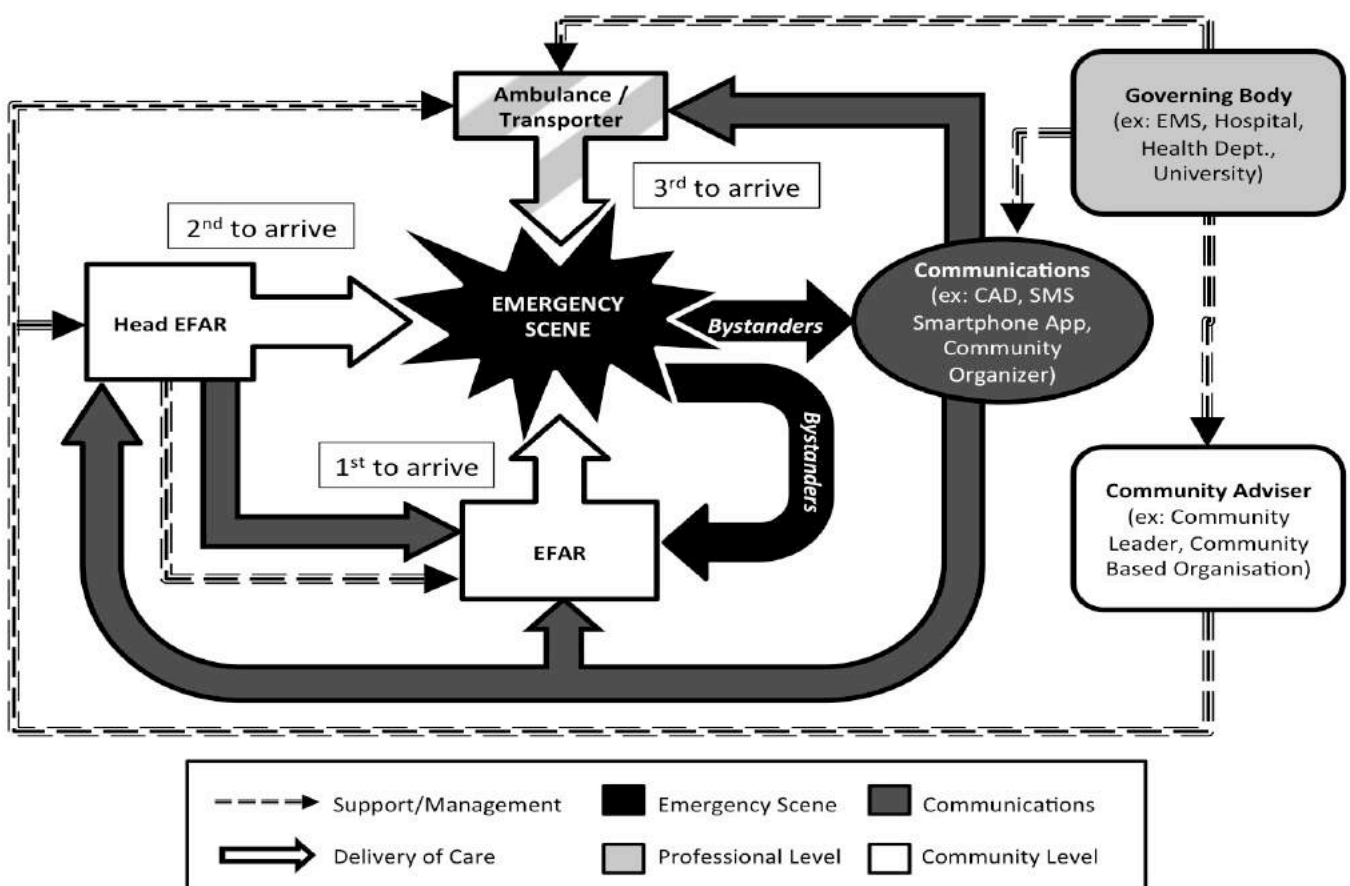
EFARS

EFARs provide the frontline of emergency care in their communities, with enough EFARs in a community to geographically cover the area by foot or whichever means of transportation is available to them. During an emergency, residents can call upon their nearest EFAR from his or her residence, or multiple nearby EFARs can be messaged via mobile phone (either directly from the EMS Communications Centre or by a coordinating Head EFAR) to respond to an emergency. EFARs can provide an instantaneous response to emergencies.

HEAD EFARS

Each community should have at least one Head EFAR to help manage EFAR dispatch and operations. These Head EFARs can also provide additional support to EFAR responses, and so could have additional training, more emergency medical supplies, and communication equipment. In the event of an emergency in a Head EFAR's community, as an ambulance and other EFARs are dispatched to the scene a signal is also sent to the Head EFAR so he or she is aware and can respond to the incident as well. Through this, the Head EFAR has a greater perspective of emergencies in his or her community, and can better oversee the community's EFARs and their activities. Additionally, if the mobile technology is available the Head EFARs can also manage and coordinate the responding EFARs in real-time during emergencies, and also communicate with the incoming ambulance.

COORDINATING EFARS AND HEAD EFARS WITH THE REST OF THE EMS

The Emergency First Aid Responder (EFAR) System is managed at both the professional level (for quality control, credibility, and trans-regional issues) and the community level (for local adaptability, local ownership/buy-in, and guidance of the Governing Body with local expertise). Additionally, the EFAR training curriculum is specifically tailored to meet the needs, capabilities, and resources of each respective area, and additional training is structured to allow for certain EFARs to advance their careers to eventually become paramedics etc. if they so choose and are able to.

GOVERNING BODY

The Governing Body is responsible for oversight of the entire system, and for supporting the entire EFAR System with its own resources, infrastructure, and connections. This includes managing the research, the quality of training, the EFAR System communications, and the ambulances (or "Transporters" if ambulances are not available). The Governing Body can be any entity that can fulfill these duties, with the most intuitive candidates being existing EMSs, Health Depts., universities, or hospitals.

COMMUNITY ADVISERS AND THE HEAD EFARS

As each developing area will have its own unique set of infrastructure and norms, within each community the community buy-in, appropriateness, and adaptability are absolutely essential for the EFAR System to function. In order to do this, Community Advisers who are from the communities and familiar with the area and people are needed to adapt, manage, develop, and guide the EFAR System within each of their own areas. The Community Advisers can take the form of community leaders, local residents, or community based organizations. Because of the importance of Community Advisers, it is critical that the Governing Body works through them and heeds their input and local expertise. Additionally, as Community Advisers may not be exclusively focused on the EFAR System, they can use Head EFARs to manage the rest of the EFARs and their operations in the community. Often times though, the Community Adviser can also be the Head EFAR.

EFAR TRAINING STRUCTURE

The EFAR training curriculum is adapted to each local area based on its needs and resources. This is done by assessing the emergencies that reach the area's clinics and hospitals, and by surveying the Community Advisers and community members on what emergencies they experience and what they could realistically do with the right training. This information is used to modify or design a brand-new curriculum so that the area's EFARs are taught to use the capabilities, infrastructure, and resources actually available to the area to address the emergencies that the community actually faces (as opposed to copying an already existing training course

EFAR MANAGEMENT STRUCTURE

that was not designed to meet the needs of that specific community). The Community Adviser(s) should also be consulted for whom the Head EFAR(s) and instructors should be, as they would know their community best. The best instructors may be official personnel or trained community members.
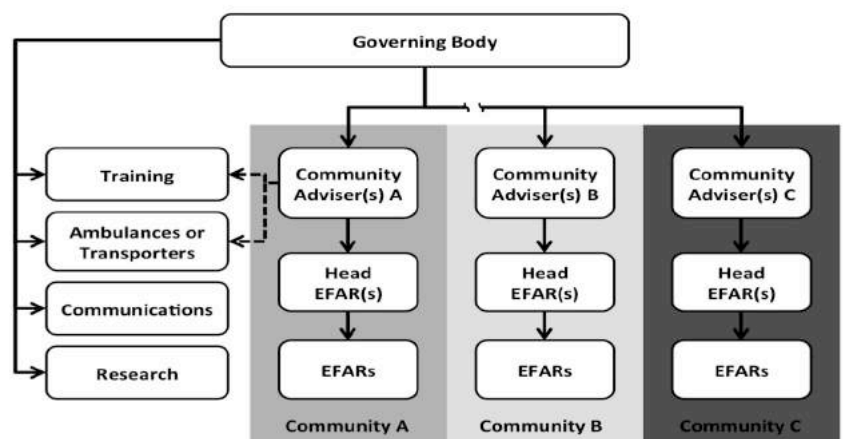
Additionally, the Governing Body should offer additional training to EFARs so that promising EFARs can progress to become Head EFARs, and additional training in addition to that for promising individuals so that they can become employed paramedics, or other skilled employees of the greater EMS. This not only provides opportunities and development for the community, but also embeds screened and qualified individuals into the professional level of the EMS and also motivates community members to invest into the EFAR System.

Updated: 29 Feb 2016. EFAR System Overview & EFAR Management and Training Structure separate.
Contact: Jared Sun (jared.sun@gmail.com), Lee Wallis (lee.wallis@westerncape.gov.za)

The Emergency First Aid Responder (EFAR) System can be implemented in a stepwise manner based on an area's **available** resources, with each step being self-functioning and able to provide a partial function without the presence of later components. Further components are added on as more resources become available to the region. This is so each region can develop an affordable, functioning emergency medical system that works with the area's existing resources (versus what is non-existent), and with the ultimate intention of the system progressing to a comprehensive EMS.

IMPLEMENTING A BRAND NEW EMERGENCY MEDICAL SERVICES (EMS)

If there is no pre-existing EMS, the EFAR System can be implemented to serve as the foundation for a future comprehensive EMS. The first steps involve the Governing Body recruiting Community Advisers for each target community and consulting with them to do a needs/infrastructure assessment, develop the training curriculum, and adapt the model in each area. Once the model and training have been adapted, the EFARs can be trained and operationalized to provide a baseline layer of care, with specialization of trainers and Head EFARs when resources are available and as recommended by the Community Advisers. With the EFARs in place, communications and Transporters/Ambulances can be implemented concurrently or later on when resources allow, to help coordinate the EFARs' response and to help expedite patients to the hospital.

Over time, the EFAR System can formalize with EFARs and Transporters upgrading to Ambulances, and still supporting the Ambulances until they can completely and adequately cover an entire area. Throughout this entire process, it is critical that the Community Advisers guide the Governing Body as to how to best achieve these goals in the respective area, and the model and training should always be re-examined with the Community Advisers to ensure local appropriateness.

SUPPORTING AN ALREADY EXISTING EMERGENCY MEDICAL SERVICES (EMS)

If an EMS already exists in an area, the EFAR System can still be used to support the Ambulances, with the EFARs providing initial on-scene emergency care and the Ambulances serving as "Transporters" that are also capable of providing emergency care. In this relationship, the EFARs and non-ambulance Transporters can help alleviate the burden on the Ambulances, and also provide quicker on-scene care and transport if an Ambulance is delayed.

STEPWISE IMPLEMENTATION OF THE EMERGENCY FIRST AID RESPONDER SYSTEM