

# 1<sup>st</sup> Responder Leadership Program

- Volunteer program of 1<sup>st</sup> Responders for Emergency Medical Assistance  
1<sup>st</sup> Responders create a bridge of comfort between the residents & efficient medical care. Creating an ASSET to your park.
- Volunteers of the program should be independent of Park Management; yet share program goals and changes with management keeping open lines of communication and cooperation. The Program should also be financially independent & due to HIPA laws maintain confidentiality on information.

## Steps to Organize

- Speak to residents about offering a 1<sup>st</sup> Responder Program at Park Meeting
- Request Volunteers (with or without medical backgrounds, preferably ones who are in residence more than 2 month stays)
  - CPR/AED (automated external Defibrillator) Training
  - 1<sup>st</sup> Aid Training provided as well for volunteers
  - Professional Behavior, Confidentiality & Training are key for Credibility
  - Plan Fund Raising event; fund raising meals work best for most parks, aim high \$3000-\$3500, create a visual aid like a thermometer of amount raised
  - Funds will be needed for Training, Information, Medical Equipment, Supplies, Phones & AED
- Provide Emergency Medical Sheets to residents
- Pet Care Plan Forms
- Red Envelope with completed Emergency Medical Sheets and instructions for getting assistance from 1<sup>st</sup> Responders & ambulance attached to fridge enclosed in preparation for emergency & should be taken to hospital for efficient care or some other system (improved over Vial of Life)
- Stickers/Labels with emergency contact numbers for 1<sup>st</sup> Responders & Ambulance. In many parks these attach to the back of the name badge.
- Research closest Ambulance Service to respond to your park, learn about service. Share plan for Emergency Medical Sheets for best service to Patient. What type/model of AED do they use? Consider purchasing compatible model for unplug of pads from your machine to theirs for efficient continuation of care on their machine en route to ER.
- Medical Equipment & Centrally located Cabinet –needs will be determined by size and logistics of your park, volunteers, time it takes for ambulance to arrive, residents needs, security procedures etc.
- What/How you respond will also depend on Residents needs, Volunteers & on an individual & specific basis & to what extent you provide care, etc.

**Meetings are arranged for 1st Responders throughout the Rio Grande Valley. A Focus Group of Responders shares information, knowledge & specific details as well as resources & answers. Medical presentations & tours are planned so please join us to learn more. For assistance in starting a program within your resort community call Welcome Home RGV office at 956-687-5115 or email [rita@welcomehomergv.com](mailto:rita@welcomehomergv.com)**

**Volunteer 1<sup>st</sup> Responders**  
**Membership is voluntary & open to all residents**

**Volunteers with Medical Training Needed**

***Such as Retired:***

*RNs, LPNs, Other Medical professionals from various fields  
EMT/Paramedics, Fire Fighters & Safety officers etc.*

\*Volunteers/Teams may be scheduled to be "on call" for each day of the week,  
For when they are available to go on calls, within the park & do not leave the park.

**Non-Medical Volunteers with golf carts duties:**

Collecting the Quilt, Medical Bag & Equipment brought to site. Call ambulance as needed, if not already done; requesting Advanced or Cardiac ambulance if necessary. Meet the Ambulance at the Gatehouse & escort to/from emergency efficiently & effectively. Collect spouse/red envelope medical sheets, etc if not at emergency site or residence together. Crowd and Privacy control! Make sure area is clear of traffic/parked cars remove for ambulance access. Ensure driveway is clear for gurney to bring patient to the ambulance. Remove any rugs, plants, decorations, etc. that could hinder gurney departure of patient or arrival of Ambulance personnel bringing their equipment. For Patients that can not walk, porch steps that are movable, can be moved to get the gurney flush & straight inside the residence if warranted. Secure residence as requested, pet care details handled, drive their vehicle to hospital & leave keys; if no friends available or other arrangements have not been made. Return all medical equipment to the medical bag after the patient has departed. Return 1<sup>st</sup> Responder equipment to cabinet & supplies restocked as needed.

**\*\*Patient Care:** Get medical information sheets & gather information to provide medical assistance as appropriate to your training. You or outside person/Call ambulance as needed, if not already called. Due to limited space consider max of 2 people handling patient care inside residence. Medical information sheet should be given to paramedic with any pertinent information provided, upon their arrival, when patient care is passed to them. Determine destination for further medical intervention based on emergency, hospitals on deferral notice, etc. Assist paramedics as needed in getting patient to ambulance. Secure gurney from rolling away & assist in securing patient to gurney as needed. Cover patient with quilt donated for their use (Security blanket for modesty, allows Assessment, IV treatment without coats & warmth in ER)

**\*Simultaneously during patient care: (1 additional person)** Gather information from spouse to assist with patient continued care; bag/gather their medications to go to the hospital. Inform spouse of preference to have them accompany patient with ambulance to ER & why. Assist/expedite in getting them dressed, collect cell phones, coats, purses, insurance cards, etc. Discuss home securing, pet plan & key exchange, friends to pick them up or plan to drop their car at the hospital for them. Do they request we contact anyone?

Upon arrival of the ambulance & as patient is prepared for departure; provide & maintain calm emotional support through departure of ambulance; escort spouse to the passenger seat of the ambulance, assist in getting them in & seat belt fastened. Explain that patient is having a set of vitals completed, per protocol of ambulance service before & after moving a patient. IV & Oxygen, treatment added; depending on nature of emergency it could include Treatment via Nebulizer, 12 Lead ECG, intubation, medications, etc. Tell them about the hospital, if you know information that is helpful. Remain with spouse until driver is ready for departure. Tell driver to follow golf-cart escort for efficient exit, if logistics of your park benefit from this practice.

Often it is the kindness, calm & emotional support you provide in a stressful situation, which is most remembered, over any actual treatment provided to the residents. **Maintain strict confidentiality** of patient name, condition, & medical information per HIPAA & for professional credibility. Any documentation must follow all laws on medical storage; maintaining very high standards.

# Example of Mission Statement & Objectives

Many resorts do not have a formal plan...

## Mission Statement

The Mission of the Volunteer 1<sup>st</sup> Responders is to support the medical emergency needs of \_\_\_\_\_ your park \_\_\_\_\_ residents, until further medical service is rendered. (Ambulance, ER, Urgent Care or Doctors Office)

## Goals

1<sup>st</sup> Responders will maintain the highest standards of ethical conduct. To respect & maintain the privacy of residents & abide by all HIPA & Good Samaritan requirements. Providing CPR, AED (Automated External Defibrillator), Heimlich maneuver & First Aid training & /or certification for each of the volunteers.

## Objectives

To respond to emergency calls from residents, provide medical assistance as appropriate prior to the arrival of Paramedics/EMT with the ambulance service, or seeking further medical attention beyond the resort.

Assist the ambulance in quickly locating site of emergency & patient. Assist patient/spouse for departure to medical facility, secure the residence, including pet care & transportation accommodations. 1<sup>st</sup> Responder notification of friends/family upon request.

## Funding

Separate of General & Activity Funds in the park. Annual fundraiser event, including 50/50 ticket sales. Donations accepted from individuals or organizations to cover the costs of medical equipment, training & supplies.

# Red Envelope Sample

For Emergency Patient Information Sheets

Recommend Red #10 envelopes with black imprint

Use your Park Information for the Return Address and Addressee Information would be instructions for contacting your 1<sup>st</sup> Responders & Ambulance

Welcome Home RGV Promotional Dept. (956) 687-5115  
Elizabeth in the Promotional Dept can help you place your order  
#1000 red envelopes for \$170 – price does not include sales tax

Your Park Information

Street: \_\_\_\_\_  
Lot# \_\_\_\_\_  
Alamo, Texas

ATTACH TO YOUR FRIDGE FOR EMERGENCIES



## EMERGENCY INFORMATION

1. **Your Park Information** **1st Responder Pagers:**  
in LOT NUMBER, HANG UP
2. **Your Local Ambulance Company** 72  
FIRE or Police = Call 911



Texas Doctors: Name, Clinic & address, Phone #:

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Home Physician: Name, Clinic & Address, Phone #:

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Hospital Records: Address & Phone #

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Texas Hospital Preference (hospital may not be available depending on situation)

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**Insurance Information:**

**Medicare Claim Number:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Effective:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Effective:** \_\_\_\_\_

**Medical Veteran Benefits? Yes or No- Card** \_\_\_\_\_

**\*\* Primary Insurance or Supplemental Insurance \*\***

**Company:** \_\_\_\_\_

**Plan & Policy/ID#** \_\_\_\_\_

**Claim Address:** \_\_\_\_\_

**Authorization or Contact phone #** \_\_\_\_\_

**Flight insurance Info:**

**Network Membership:** \_\_\_\_\_

EVAC Plan Code \_\_\_\_\_

Organ Donor? \_\_\_\_\_

Home Mortician Phone: \_\_\_\_\_

Funeral Plan: \_\_\_\_\_

I.C.E Contacts: Name, Address & phone #, relationship to you family/friend.

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# Pet Care Guidelines for Family Emergency

(Please complete form & place within red envelope attached to fridge)

DATE:

TYPES OF PETS:

\_\_\_ Dog Name(s): \_\_\_\_\_

\_\_\_ Cat Name(s): \_\_\_\_\_

\_\_\_ Other Name(s): \_\_\_\_\_

FEEDING ROUTINE:

Location of Food & Dishes:

Time & Amount of Feeding:

A.M.

Mid-day

P.M.

WATERING:

WALKING ROUTINE:

Leash location:

A.M. (where & when)

Mid-Day (where & when)

P.M. (where & when)

MEDICATIONS:

Name of medication, dosage & frequency, method of administration:

VETERINARIAN & CARE ARRANGEMENTS:

Name, address & phone number of vet & or boarding service:

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Contact info for PET FRIENDS & ADDITIONAL CAREGIVERS:

OTHER: (litter box placement & cleaning supplies, personality traits, tips on care, hiding places, do they escape out the door? Etc.)

Please write any pertinent medical history for pets on the back of form.