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Date: 15<sup>th</sup> October 2024

Dear Sirs

### **Regulation 28 Report into the death of Claire Nicole Briggs**

Upon receipt of the Regulation 28 referred to above Merseyside Fire and Rescue Service reviewed its current procedures and standards of communication with its blue light partners, in particular with North West Ambulance ('NWAS').

Whilst Merseyside Fire and Rescue Service ('MFRS') has a Memorandum of Understanding in place with NWAS for specific types of incidents for example a concern for welfare which details the actions of both parties there are also additional established procedures for communicating casualty information. There are written instructions employees must adhere to when relaying casualty information. This casualty information is transmitted in the following format.

- Gender

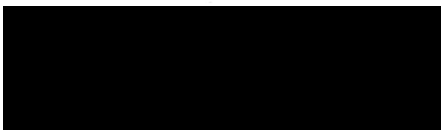
- Age – if unknown Incident Commander should confirm if child, youth, adult or elderly
- Level of consciousness, breathing and presence of pulse:
  - o Breathing and conscious
  - o Breathing but unresponsive
  - o Unresponsive, not breathing
  - o Unresponsive, not breathing, no pulse
- Suffering from:
  - o Smoke inhalation – slight or severe
  - o Bleeding – severity and location of bleed
  - o Burns – severity and location of burns
  - o Other injuries/condition
- Activity of MFRS crews:
  - o e.g. giving CPR, administering oxygen, bleeding control, burns treatment, etc.

Operational crews on scene are instructed to note any changes in the condition of casualties and report these using the same format as above to MFRS Fire Control as soon as observations change. As well as this information being passed on to NWAS's control room, the MFRS Fire Control will also relay back to crews on scene the estimated time of arrival for a NWAS resource. Where crews on scene feel that a swifter response is required they can escalate by asking MFRS Fire Control to contact the NWAS emergency operations centre direct and speak to the senior paramedic who can expedite an attendance if needed.

For situations where the casualty condition appears initially less serious there is also the option of providing a phone number to the emergency operations centre to allow a clinician to remote triage the casualty.

We believe the measures already in place are sufficient to prevent future deaths arising from the circumstances outlined in the Regulation 28 notice.

Yours faithfully,




Head of Legal and Democratic Services