

Training to become a HART paramedic

Graham Clark MCPara, Senior Paramedic, East of England Ambulance Service NHS Trust and Trustee for the College of Paramedics East of England region, provides an insight into the rigorous training to become a Hazardous Area Response Team (HART) paramedic.



Graham Clark MCPara

I joined the College of Paramedics in 2010 when my career in the NHS ambulance service began as part of the London Ambulance Service (LAS) NHS Trust Student Paramedic recruitment drive ahead of the 2012 Olympics. Prior to this, I held a position as the Sales and Operations Manager for a private ambulance firm based in Surrey where I worked for four years. I have also been part of the voluntary ambulance services since 1997 starting off as a cadet in Caterham, Surrey.

LAS gave me exposure to a wide variety of incidents and cultures before I decided to take a big jump from working in a dense urban environment to more rural countryside in 2013, when I joined North East Hertfordshire with the East of England Ambulance Service NHS Trust (EEAST). In 2014 I became a Senior Paramedic. I have now taken on the role of the College of Paramedics' Trustee for the East of England region. This has given me an opportunity to attend board meetings and participate in discussions regarding the development of the paramedic profession. As a result, I regularly attend conferences and universities to represent the organisation, engage with members, and promote the ongoing work of the College.

Working in the inner cordon

I became part of the EEAST Special Operations Response Team (SORT) in 2014. This team is made up of a variety of clinical grades who can be called upon at short notice to assist with a mass casualty incident or incidents where patients have been grossly contaminated, whether it be through accidental release or intentional terrorist activity. The course involves the basic understanding of chemical substances, triaging and the donning and disrobing of the Powered Respirator Protective Suit (PRPS). SORT members are introduced to rapidly deployable shelters which can be linked together to form a mobile decontamination facility for rescue teams and patients.

A new form of ballistic resilience was recently introduced following a number of marauding terrorist firearms attacks (MTFA) in foreign countries. An opportunity to join the EEAST Ambulance Intervention Team (AIT) was advertised to staff members in 2015 and I joined up to again, further my development and knowledge.

Exposure to these courses and the associated training and exercises, gave me an insight into working in the inner cordon of a hazardous environment – an area in which, prior to 2006, clinicians were unable to operate in. Instead, the process of triaging, treating and decontaminating affected individuals, was often solely down to fire and rescue teams equipped and trained to enter the environment.

I started the application process to join HART after a vacancy was advertised by the Trust in early 2016. This firstly comprised of a written application, followed by a competency based interview and an occupational health review. A fitness assessment is then designed to take you outside normal 'comfort zones' such as tunnel crawls for confined spaces, a load-bearing physical assessment, a vertical climb resulting in working at height and a swimming exercise in a wet suit and personal floatation device. Thankfully, I was successful at all stages and an offer of employment was made.

The initial course

In August last year I started my training with the National Ambulance Resilience Unit (NARU) Education Centre. The six week residential HART training was split in to two separate courses, a two week extended duration breathing apparatus (EDBA) course at the Fire Service College and a four week Incident Response Unit course at the NARU training facility in Wiltshire.

We were advised that the pace of this course was that of a 'vertical' learning curve and it quickly became apparent that this was no

exaggeration. Although intense, the structure of this course and the instructor's support was excellent. A new skill would first be introduced in theory, followed by practical demonstration and finally confirming competence in the form of both written and practical examinations.

Week 1

On our first day we were issued with our protective clothing and introduced to the use of HART breathing apparatus and its serviceability, as well as the role of the Breathing Apparatus Entry Control Officer (BAECO). Late in the afternoon we took a brisk walk around the Fire Service College in our new kit and experienced fatigue quicker than expected. This was intended to demonstrate the effects of the additional weight and unfamiliar on-demand air, supplied by the two compressed air cylinders.

We started each day with equipment serviceability checks and by the end of week one we had demonstrated our skills in search procedures in low and zero visibility environments, our understanding of fire behaviour, wearing our BA in confined spaces and procedures associated with 'operative down' situations. The instructors performed a number of very impressive demonstrations including the effects of steam created by fire fighting and the associated increase of temperature.



Week 2

Week two started with 'HAZMAT Monday' (Hazardous Materials) and a demonstration of attempting to extinguish these materials on fire with the wrong substance. Theory included hazardous material signage and management as well as an introduction in to the HART gas tight suit (GTS). The practical session involved wearing the GTS and BA and completing team tasks, puzzles and dexterity exercises.

In small teams we were now finding 'casualties' in various buildings with limited visibility. We used radio communications to send information back to our BAECO and making decisions inside the 'hot zone' as a team.

Week 3

This was the first week of our Incident Response Unit training at the NARU education facility. The focus of this element of HART training was both the accidental and intentional release of chemical, biological, radiation, nuclear and explosive (CBRNE) materials, MTFA, railway incidents and many other types of hazardous incidents.

HART teams carry a wide variety of personal protective equipment designed to protect the operative from different substances. Where possible, delivering clinical care to the patient in the inner cordon is the priority and it quickly became very apparent that performing paramedic skills in our PPE was far more challenging than first expected.

CS spray was released in to a confined building in order to create an 'irrespirable atmosphere' and therefore demonstrate the effectiveness of our issued PPE. We then performed small tasks as a team including the procedure of a respirator mask canister change which, if not done properly would result in us being affected by the CS spray in the room.

Week 4

In week four we were introduced to the equipment used in the event of a major incident. This included triaging kits, mass casualty equipment cubes, large tarpaulin to segregate differently prioritised casualties and equipment designed to deliver oxygen to a large number of patients. HART also has alternative types of equipment to carry immobile casualties, which can be utilised in environments where a conventional ambulance stretcher would struggle. We were introduced to the layout of a Casualty Collection Point (CCP) and brushed up on our management of catastrophic haemorrhage control.

Guest speakers delivered presentations on risk analysis and the role of Highways England at the scene of a road traffic collision and their methods of traffic management.

Week 5

The week started with an eye opening presentation by a solicitor who specialises in the law surrounding emergency services and major incidents. This session included how to document decisions and actions at a major incident and different areas of law that we must be aware of.

Other guest speakers included a Police forensic specialist, a rail network representative and a psychologist dedicated to the health and wellbeing of emergency service staff.

We also had our first major incident exercise. Team leader and loggist roles were allocated by the instructors and teams were sent forward to triage and treat patients while others were held back to set up the CCP.

Week 6

Subject matter experts continued to deliver fascinating lectures and presentations including disaster victim identification and recovery, different types of improvised explosive devices and the role of the media at major incidents.

By week 6 instructors were having very little input into each exercise. We were expected to carry out a team briefing, allocate team responsibilities, coordinate resources, oversee the management of patients in the CCP and using the Joint Emergency Services Interoperability Principles (JESIP) liaise with other services and agencies who may or may not be already on scene.

The course concluded with a large scale major incident scenario. We were examined on our ability to respond to an overwhelming number of critically ill and injured casualties as well as the management of the walking wounded and witnesses of the incident.

Where now?

Upon completing the six week course I returned as an operative in the EEAST HART. I have since attended a 4x4 and 6x6 off-road driving course and at the time of writing this article, the 'Water Rescue Level One Technician Course' in Bangor, North Wales (as pictured on the front cover). A 'safe working at height course' is planned in March and I will still need to complete a confined space and urban search and rescue course before I have fully completed the core competencies of a HART Paramedic.



Once I am settled in to my new role I would like to register to a higher education provider to gain an education certificate which brings me in-line with the College of Paramedics' career framework. I would like to focus my clinical education on the critically ill and injured and specialise in their management whether it be in a hazardous environment or in a doctor and paramedic medical team. I hope to continue my role as trustee for the East of England region so that I can set up continued professional development opportunities around the region utilising the clinical specialities we have in the area to drive up professional standards.

More information about HART can be found at www.naru.org.uk

