South Western Ambulance Service NHS
NHS Foundation Trust

Responder Governance Policy

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responsive committed effective

Trust Policy Foreword

South Western Ambulance Service NHS Foundation Trust (SWASFT) has a number of specific corporate responsibilities and obligations relating to patient safety and staff wellbeing. All Trust policies need to appropriately include these.

Health and Safety - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

Risk Management - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.

Equality Act 2010 and the Public Sector Equality Duty - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

NHS Constitution - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to understand and uphold the duties set out in the Constitution.

Code of Conduct and Conflict of Interest Policy - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

Information Governance - SWASFT recognises that its records and information must managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

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1. Executive Summary

1.1 In line with the organisation's mission statement: 'To respond to patients, emergency and urgent care needs quickly and safety to save lives, relieve anxiety, pain and suffering', South Western Ambulance Service NHS Foundation Trust (the Trust) is committed to providing the population of the South West with the highest standard of out-of-hospital care. The Trust provides emergency care to around 2,500 people every day. All UK Ambulance Trusts have to respond to 75% of incidents triaged as potentially life-threatening, within 8 minutes. The enlarged organisation covers the largest rural area of the UK, providing ambulance services to a population which serves a resident population of over 5.3 million people, plus an estimated annual influx of more than 17.5 million tourists and covers almost 10,000 square miles, which is approximately 20% of the English mainland.

1.2 During a cardiac arrest (when a patient's heart stops beating), evidence demonstrates that the likelihood of survival decreases in excess of 10% with every minute that passes. The management of cardiac arrest can be divided into four stages, known as the Chain of Survival (figure 1):

- Early recognition and call for help - to prevent cardiac arrest
- Early cardio-pulmonary resuscitation - to buy time (CPR)
- Early defibrillation - to restart the heart
- Post resuscitation care - to restore quality of life

1.3 Figure 1 - The Chain of Survival

1.4 During the 1970s, ambulance staff were only able to provide a rapid response and basic life support, in the hope of the patient receiving more advanced care at hospital. However, with the development of the concept of Paramedics during the 1980s, it became possible to deliver defibrillation in the pre-hospital environment, significantly increasing the patient's chance of survival. Over the past decades Paramedics have become skilled in advanced life support (ALS), enabling the entire chain to be delivered at the scene of the cardiac arrest itself.

1.5 With time clearly being of the essence, modern defibrillators have been developed which can be utilised by lay members of the public. The development of Automated External Defibrillators (AEDs) has enabled the creation of responders.

1.6 The Trust utilises Responders to supplement core ambulance resources. Responders are volunteers who have been trained to attend medical emergencies and deliver basic life support, oxygen therapy and defibrillation using an AED

2. Principles

2.1 This policy aims to provide a robust framework for the recruitment, management and deployment of Responders across the organisation. The objectives of the policy are to ensure patient safety, Responder welfare and compliance with all relevant legislative and regulatory requirements.

3. Scope

3.1 There are a range of Responders and Responder Schemes within the Trust including Community First Responders; Establishment Based Responders; Clinical Staff Responders; Co-Responder Groups including Fire; Police; RAF; RNLI Lifeguards and Coastguard; St John Ambulance and British Association for Immediate Care (BASICS).

3.2 There already exists a policy for Clinical Staff Responders and a separate application process and an honorary contract for BASICS. This policy governs all other types of Responders in conjunction with any separate Memorandum of Understandings (MOU) and Standard Operational Procedures (SOP) as referenced within this document.

4. Definition of Terms

4.1 The National Health Service Litigation Authority (NHSLA) defines a responder scheme as:

> *"A voluntary responder scheme is made up of groups of volunteers who within the community in which they live or work have been trained to attend emergency calls received by the NHS Ambulance Service, providing basic life support until the arrival of the statutory emergency ambulance".*

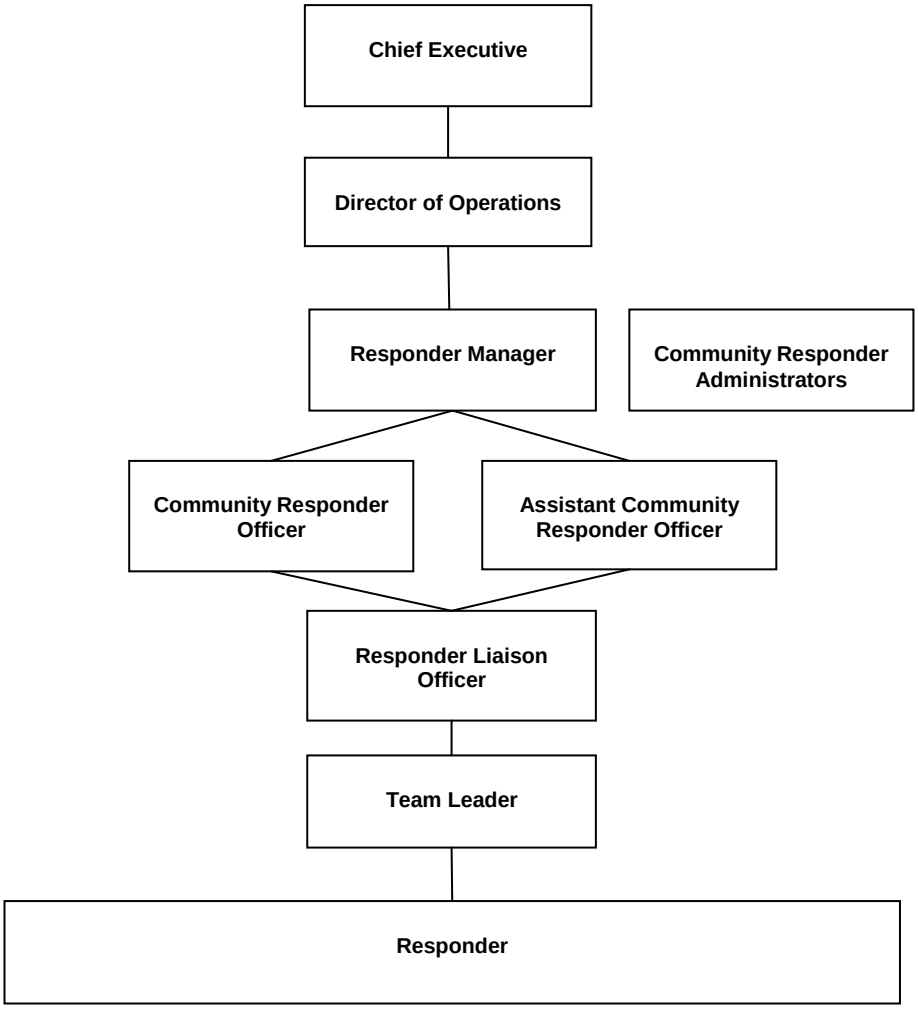
4.2 For the purposes of this policy the generic term 'Responder' should be read as including Community First Responders, Co-Responders and Establishment Based Sites.

5. Management

5.1 Management Structure

5.1.1 The Trust provides a dedicated management structure for Responders, with clear lines of accountability (Figure 2).

5.1.2 Figure 2 - Management Structure:



5.2.1 Categories of Responder

5.2.1 Community First Responders are volunteers who operate either individually or more usually within organised local groups known as schemes. They are managed directly by the Trust and operate as agents of the Trust while acting on its behalf.

5.2.2 Clinical Staff Responders are Technicians, Advanced Technicians, Nurses, Pharmacists, Paramedics and Emergency Care Practitioners who are employed directly by the Trust (including bank/fixed term contracts). Staff who are not listed in this paragraph are governed as a Community First Responder; this includes their initial and refresher training together with their role and standards of care they deliver to patients.

5.2.3 Co-Responders are individuals who respond to emergency calls through a separate organisation as listed in section 3.1. Although Co-Responders respond on behalf of the Trust, in contrast to Community First Responders, the individual Co-Responders act on behalf of and are directly managed by their own

organisation, with an overview from the Trust through a Memorandum of Understanding.

5.2.4 Establishment Based Responders are volunteers or employees of an organisation who are available during their normal working day to act as a Responder within the confines of the organisation's site; examples include railway station staff and shopping centre security guards. Unless jointly agreed by the Trust and the employing organisation, these Responders do not normally attend incidents outside of the designated site as governed by a Memorandum of Understanding.

5.2.5 BASICS are Doctors in Medical responder groups who have specific and advanced training with considerable experience operating in a pre-hospital emergency environment. These Doctors are available to attend incidents at the request of the Trust, acting in a voluntary capacity within an honorary contract.

6. Duties

6.1 The Board

6.1.1 Board members are collectively responsible for providing leadership and direction on operational, clinical and health and safety matters. The Board are responsible for monitoring the effective implementation of this policy, through the assurance provided in the Annual Responder Report.

6.2 Chief Executive

6.2.1 The Chief Executive has a key role in ensuring that management and systems are in place to ensure compliance with this policy. The Chief Executive is ultimately responsible for Responders; a responsibility which is delegated to the Executive Director of Operations.

6.3 Executive Medical Director

6.3.1 The Executive Medical Director is responsible for overseeing the clinical practice of Responders.

6.4 Director of Operations

6.4.1 The Director of Operations is responsible for ensuring that the policy is applied fully across all areas of the Trust. The post holder is responsible for ensuring that robust monitoring procedures are in place, to identify any deviation from the standards detailed within the policy and act as direct line manager for the Responder Manager.

6.5 Head of Operations

6.5.1 The Head of Operations are responsible for ensuring that the policy is applied fully across all areas of their Division. The post holder is responsible for ensuring sufficient operational resources are provided to support the Community Responder program; responsibility which is delegated to the Operational Locality Managers.

6.6 Operational Locality Managers

6.6.1 The Operational Locality Managers are responsible for ensuring that the policy is applied fully across all areas of their Sector. The post holder is responsible for the direct line management of any staff member who applies to join the scheme as per the Responder's existing contract of employment and the current Staff Responder Policy together with the provision of payment for these Staff to respond. Operational Locality Managers are responsible for ensuring sufficient operational resources are provided to support the Community Responder program.

6.7 Head of Operations - Clinical Hub

6.7.1 The Head of Operations - Clinical Hub is responsible for ensuring that Responders are only dispatched to incidents within the agreed list of response determinants. The post holder is also responsible for the provision of an efficient system to log Responders on and off of duty and ensuring that Responders are activated to all suitable incidents. The Head of Operations – Clinical Hub is responsible for the line management of any Staff Responder employed within the Clinical Hub and the provision of payment for these Staff to respond.

6.8 Responder Manager

6.8.1 The Responder Manager is responsible for the day to day management of all Trust Responders. The post holder is responsible to the Director of Operations and is required to ensure that this policy is applied fully across the Trust. The post holder must ensure that central and local monitoring procedures are in place to identify and rectify any deviation. The Responder Manager is responsible for the department budget and the correct use of the Charitable Fund. The post holder is responsible for the direct line management of the Community Responder Officers, Assistant Community Responder Officers and the Community Responder Administrators.

6.9 Community Responder Officer

6.9.1 Community Responder Officers are responsible for ensuring that the policy is applied fully within their geographical area of responsibility, and that local monitoring procedures are in place to identify and rectify any deviations. The post holder is responsible for ensuring the effective provision of Responders within their designated geographical area, managing recruitment, selection and operational issues. They are responsible for the education, requalification and welfare of Responders as per this Responder Policy. The post holder is responsible for the maintenance of accurate paper records, databases and spreadsheets for the designated area, to ensure that information regarding recruitment, training, and performance is kept up to date.

6.10 Assistant Community Responder Officer

6.10.1 Assistant Community Responder Officers provide support to the Community Responder Officer to ensure this policy is applied fully within their designated geographical area.

6.11 Responder Liaison Officers

6.11.1 Responder Liaison Officers are operational employees of the Trust who volunteer to act in a liaison role between Responders and the relevant Community Responder Officers. They are responsible for assisting with communication and education at a local level.

6.12 Clinical Support Officers

6.12.1 Clinical Support Officers (CSO) are operational Bronze Commanders under the line management of the OLM. They act as an out of hours support for the Community Responder Officer by facilitating replacement consumables and provide debriefs as required.

6.13 Team Leaders

6.13.1 Team Leaders are Responders who volunteer to act as a point of contact for their group and liaise with the county Community Responder Officer.

6.14 Responders

6.14.1 Responders are responsible for ensuring that are familiar with this policy and comply with its requirements at all times. Responders must adhere to all applicable Trust policies and procedures and work within their defined scope of practice.

7. Recruitment

7.1 Recruitment and Selection Process

7.1.1 In conjunction with the Responder Manager, Community Responder Officers are responsible for ensuring that Responder recruitment is targeted in areas that will achieve the greatest impact to communities. Any decision should be supported by data which demonstrates the need for Responders within the geographical area.

7.1.2 All Responders will be recruited in-line with the principles of the Trust's Recruitment and Selection Policy.

7.1.3 The Responder Recruitment Standard Operating Procedure (SOP) compliments the Trust's Recruitment and Selection Policy, identifying the specific process that must be followed when recruiting volunteers.

7.2 Disclosure and Barring Service

7.2.1 An Enhanced Disclosure, the highest level of verification for anyone working within the NHS, must be completed for all Responders prior to responding unsupervised to emergency calls. The DBS request is processed by the Human Resources Department Recruitment Team, with the decision communicated to the recruiting Community Responder Officer.

7.2.2 Should a Responder be informed that the outcome of their DBS check prevents them from becoming a Responder, they have a right to appeal to the HR Services Manager, as per the Trust's DBS Policy.

8. Education

8.1 Initial Education

8.1.1 All Responders will receive an initial period of education, typically consisting of a minimum of three classroom based days. The initial education course will be based on the standard lesson plan and slide set, as agreed with the Deputy Clinical Director and Head of Education and Professional Development.

8.1.2 As a minimum, the education course will ensure that Responders receive tuition in, and are assessed as competent, in the following areas:

- Core induction
- Clinical Hub activation procedure
- Responder Governance Policy
- Responder code of conduct
- Personal and scene safety
- Patient Assessment Skills
- Basic life support for adults and paediatrics (including the use of oropharyngeal airways and bag-valve-mask)
- Oxygen administration
- Automatic external defibrillation
- Medical emergencies (including shortness of breath, chest pain, diabetic emergencies, stroke, seizures and haemorrhage control)
- Infection prevention and control
- Providing a patient handover
- Completion of patient clinical records
- Conflict resolution training
- Risk management, including the completion of incident report forms
- Information Governance

8.2 Post-qualification Proficiency Assessment

8.2.1 In order to ensure that Responders retain the knowledge and practical skills learnt during the initial education course, all Responders must attend a proficiency assessment every six months. Establishment Based Responders must attend a proficiency assessment on an annual basis.

8.2.2 Community Responder Officers must ensure that sufficient proficiency assessment opportunities are provided and manage any Responder who fails to attend an assessment within the 6/12 month period. Any Responder who fails to achieve the required standard, or has not attended a proficiency assessment within seven months of their last course for Responders and on an annual basis for Establishment Based Responders, will be withdrawn from responding until the required standards have been achieved and/or training has been completed.

8.2.3 The Responder Manager is responsible for monitoring compliance against the proficiency assessment standards.

8.2.4 Regular meetings will be held for Community First Responders where refresher training will be delivered. This will typically be on a monthly basis. Responders who do not attend sufficient refresher training sessions within a 12 month period will need to re-qualify at the discretion of the Community Responder Officer.

8.2.5 Community Responder Officers must ensure that all Responder Liaison Officers and Team Leaders involved in the provision of education to Responders are confident and competent to carry out their role. Responder Liaison Officers and Team Leaders with additional qualifications, which may enable them to deliver an enhanced range of training, should present a portfolio of evidence to the Responder Manager. The Responder Manager, with the assistance of the Training Manager, will review the portfolio and issue a letter confirming the scope of training the individual can provide for Responders.

9. Ceasing Responding

9.1 Responders may elect to cease being a Responder at any time; there is no requirement for a formal period of notice. In order to ensure that Responders are supported with any issues and to maintain operational performance, Responders should discuss their potential wish to cease being a Responder with their Community Responder Officer at the earliest opportunity.

9.2 Upon ceasing to be a Responder, all Trust assets, communication devices, medical devices, consumables, uniform and ID card must be returned promptly to the appropriate Community Responder Officer.

9.3 An informal interview will take place between the Community Responder Officer and the Responder to discuss why the Responder is leaving.

10. Clinical Practice

10.1 Scope of Practice

10.1.1 The education of Responders is standardised across the organisation. All Responders must operate with the agreed Trust Responder scope of practice at all times. With the exception of oxygen, Responders must not supply or administer any medicines.

10.1.2 Responders must not undertake any invasive procedures.

10.1.3 Responders are not authorised to assess and leave patients on-scene without the clinical responsibility being taken by a responding Clinician or a Clinical Supervisor in the Clinical Hub.

10.1.4 Where a Responder is a registered health professional such as a Paramedic (not employed by the Trust), Nurse or Pharmacist they may apply to the Deputy Clinical Director for authorisation to use appropriate additional skills. The Trust's Enhanced Skills Policy will be applied to ensure the achievement of consistent

clinical standards. The health professional must only practice those skills authorised by the Trust; failure to do so will invalidate the Trust's liability insurance.

10.1.5 Trust employed clinicians must practice within their standard scope of practice, according to all Trust policies and procedures.

10.1.6 The practice of clinical skills or assessment outside of the agreed scope of practice will be regarded as misconduct and will result in the right to respond being withdrawn until the completion of an appropriate investigation.

10.2 Infection Prevention and Control

10.2.1 Responders must adhere to the Trust's Infection Prevention and Control policy at all times and help ensure continued compliance of the Trust with the Health and Social Care Act (2008). Alcohol handrub must be carried at all times when in uniform; good hand hygiene must be maintained. Medical devices must be cleaned appropriately after each patient, and must always meet the Trust's high standard of cleanliness. Responders must ensure that the infection prevention and control supplies provided by the Trust are available and used appropriately.

10.2.2 The responding Ambulance Crew is responsible for disposing of any clinical waste and this should not be taken by the Responder.

10.3 Clinical Supervision

10.3.1 The Community Responder Officers are responsible for the effective provision of clinical supervision arrangements to all voluntary Responders.

10.4 Completion of Patient Clinical Records

10.4.1 Where time and the patient's condition permits, Responders should complete a Patient Clinical Record (PCR) according to the Records Management Policy. When completed, the record must be handed to the attending Ambulance Clinician as part of the patient handover process. As a minimum, a verbal handover must be passed to the Clinician and all skills used must be recorded accordingly.

10.5 Providing Frontline Experience

10.5.1 It is vital that Responders are provided with an opportunity to observe clinical practice during Double Crewed Ambulance (DCA) and Rapid Response Vehicle (RRV) shifts, in order to build their experience. Responders must complete one frontline emergency shift as part of their initial training with a further two shifts completed on a DCA or RRV within the first six months of responding.

10.5.2 All observing shifts must be arranged by the appropriate Community Responder Officer; Responders must not approach staff or stations directly. The shifts must comply with the requirements of the Trust's Practice Placements and Third Manning Policy.

10.5.3 Observing shifts can be facilitated through the year for Responders to maintain skills. Due to the demand for placements this is limited to a maximum of two shifts per year and must be agreed by prior arrangement of the Community Responder Office.

11. Operational Utilisation

11.1 Booking On/Off Duty

11.1.1 Responders must ensure that they contact the relevant Clinical Hub via airwave pager, text message, telephone or email to book both on and off duty. Individual Responders or schemes booking on duty for continual periods over 24 hours, must repeat the booking on procedure every 24 hours to ensure that their availability is kept up to date.

11.2 Activation

11.2.1 In order to ensure their safety, Responders must only attend calls that they have been dispatched to by the Clinical Hub. Under no circumstances must Responders self-activate to an emergency call. In the case of being approached by a member of the public to attend a local incident, a 999 call must first be made. This does not prevent Responders from providing assistance should they happen to come across the scene of an incident although a call must be made as soon as possible to the Clinical Hub.

11.2.2 Responders must only be dispatched by the Clinical Hub to incidents which fall within the agreed list of response determinants detailed within the Responder Deployment SOP, with consideration of the Trust's Lone Working Policy. No Responder should be dispatched to calls where the safety of the scene may compromise their personal safety; as listed in the Responder Deployment SOP.

11.2.3 All relevant available information surrounding the incident should be passed to the Responder prior to mobilisation, with only information vital to the call being passed subsequently, to avoid the need to unnecessarily update Responders whilst en route to the call.

11.2.4 Responders are not obliged to attend an emergency call. If they are unable to attend, or feel that it would be unsafe to do so, this must be identified to the Clinical Hub Dispatcher at the time of receiving the initial dispatch notification.

11.2.5 If en route or on arrival at the incident the Responder believes that their personal safety may be compromised by entering the address, they should withdraw to a safe location away from the incident. The Responder must contact the Clinical Hub to advise that they have not attended the call and identify any risks to the attending ambulance response. If a Responder requires immediate assistance as their safety is in imminent danger, they must contact the Clinical Hub using the Crew at Risk dedicated telephone line or the Emergency button on the Airwave Pager. This must not be used for any other purpose.

11.2.6 The Clinical Hub is responsible for contacting the Responder if no communication has been received more than 20 minutes after their dispatch, in order to ensure their safety.

11.3 Stand Down

11.3.1 If it transpires that the call falls outside the agreed list of determinants, the Responder will be stood down by the dispatcher immediately by Airwave message, SMS or voice as per the Responder Deployment SOP.

11.3.2 If there are any risks that may endanger the safety of the Responder then the Dispatcher must stand them down immediately by Airwave message, SMS or voice as per the current Responder Deployment SOP.

11.4 Expectations

11.4.1 Responders are expected to perform a minimum average of twelve hours per week of booked-on time with the Clinical Hub. This will be monitored by the Community Responder Officer and should the contribution fall below this expectation the Volunteer may no longer be eligible to be a Responder. This decision will be made by the Community Responder Officer with support of the Responder Manager.

11.4.2 Discussion between the Responder and the Community Responder Officer needs to take place to address any reasons for not being able to perform the minimum time expectation.

11.5 Debriefing and Defusing

11.5.1 In recognition of the fact that Community First Responders often work in a quite isolated environment and have less exposure to incidents than full time employees of the Trust, a process of ongoing clinical support must be maintained for all Responders.

11.5.2 The Clinical Hub are responsible for informing the relevant Community Responder Officer (or Responder Manager in their absence) in the first instance of any incident that may have caused distress to a Responder. If the Community Responder Officer cannot be contacted, a text or pager message must be sent to the Officer with details of the incident. In the absence of a response from the Community Responder Officer, the appropriate Duty Clinical Support Officer or Duty Officer must be informed. A Responder Welfare form must be completed in all instances by the Clinical Hub and forward to the relevant Community Responder Officer.

11.5.3 Once informed, the Community Responder Officer, Responder Manager or Duty CSO/Officer must contact the Responder to provide appropriate support.

12. Driving and Operating Vehicles

12.1 Personal Vehicles

12.1.1 Responders will normally be expected to use their own vehicle/s to respond to incidents. The Responder must inform their insurer that the vehicle is being used for this purpose and is liable for any claims when using the vehicle for responding. The Trust is not liable for any additional premiums the Responder may be charged or the insurance of a Responders private vehicle.

12.1.2 When using any vehicle not owned or leased directly by the Trust, the Responder is responsible for ensuring that the vehicle remains legally roadworthy at all times and is sufficiently covered by suitable motor insurance; Tax and MOT.

12.1.3 The Trust does not make any mileage payment or contribution to personal vehicles being used for Community Responding purposes. All costs, including fuel, must be met by the Responder.

12.2 Modes of Transport

12.2.1 It is expected that a Responder will have a vehicle for use to respond in such as a car or a van.

12.2.2 Vehicles with two wheels e.g. a motorcycle are not permitted for use when responding on behalf of the Trust in a Community Responder role.

12.2.3 Only vehicles registered with the Community Responder Department can be used for Responding. If a Responder changes their vehicle during their time as a Responder, the Community Responder Officer must be informed at the earliest opportunity.

12.3 Scheme Vehicles (Non-Trust Owned)

12.3.1 Responder schemes may fundraise to achieve a dedicated vehicle for use whilst responding to incidents. The vehicle must meet the Trust Responder Vehicle Specification and be approved in writing by the Responder Manager.

12.3.2 Any Responder using the vehicle is responsible for ensuring it remains legally roadworthy at all times and is sufficiently covered by suitable motor insurance.

12.3.3 The vehicle may be marked according to the Trust Responder Vehicle Specification SOP. Any marked vehicle must be restricted for activities connected with the group and used professionally at all times e.g. shopping at a supermarket in a marked vehicle would not be deemed acceptable.

12.3.4 The running and maintenance cost incurred by these vehicles will be met entirely by the group. The Trust is not liable for any costs incurred.

12.4 Trust Owned/Leased Vehicles

12.4.1 A small number of Responder groups, may, at the complete discretion of Responder Manager and approved by the Director of Operations be issued with a

vehicle which is directly owned or leased by the Trust. Subject to being authorised by the Responder Manager in writing, the Responder vehicle will be covered by the Trust's motor vehicle insurance policy. The Responder group must comply with all Trust vehicle policies and procedures.

12.4.2 These vehicles will be maintained in line with the current Fleet policy.

12.5 Audio/Visual Warnings and Vehicle Markings

12.5.1 Audio and/or visual warning devices must not be illuminated or attached either permanently or temporarily e.g. magnetic mounted lights, to any vehicle used by a Community First Responder. Alternating headlamps, brake lamps or fog lamps are not permitted. Blue, red, clear, green, yellow, orange or any other colour flashing lamps or LEDs are not permitted.

12.5.2 Personal vehicles may be fitted with a visor mounted sign stating 'Ambulance Service Responder', 'Ambulance First Responder' or 'First Responder' for use when parking.

12.5.3 The use of Trust signage, NHS logo, Ambulance Service crest or any other signage relating to being a Responder, on vehicles not owned or leased by the Trust is prohibited.

12.6 Driving Standards

12.6.1 Responders must drive in accordance with the Highway Code and are not entitled to claim any exemptions or priority over other road users.

12.6.2 Responders are responsible for ensuring that they produce their driving licence (the paper counterpart is required in addition to a licence card), MOT certificate and insurance certificate to their Community Responder Officer to be checked on a six monthly basis. Failure to provide the required evidence within 14 days of being requested by a Community Responder Officer or other Trust senior manager/director will result in the withdrawal of the right to respond until corrected.

12.6.3 Responders must have held a full UK driving licence for at least 12 months prior to commencing Responding. This does not preclude initiating recruitment or training.

12.6.4 The Trust will allow a maximum of three unspent driving licence endorsement points. Responders must notify their Community Responder Officer of any newly acquired motoring convictions within 14 days of receiving notification.

12.6.5 Drink Driving and Dangerous Driving offences are not acceptable; in the instance when the Responder acquires points for such offences, they will be ceased from responding immediately.

12.6.6 Transportation of a patient in a Responder vehicle is prohibited. In rare and exceptional circumstances, authorisation by a Trust Silver Commander will be given for the transportation of a patient to a waiting ambulance resource, for example in adverse weather conditions.

12.6.7 Whilst driving to an incident, Responders must concentrate on the standard of their driving. They must stop in a safe location to undertake other activities such as using the mobile phone or reading a map. Responders must safely park and in accordance with the Highway Code and any applicable local parking bylaws.

12.6.8 Should a Responder be involved in any accident whilst en route to an incident they must stop and provide details in accordance with the Highway Code. This incident should be reported to the Clinical Hub immediately.

12.6.9 There may be on occasions when en route to an incident, traffic congestion and the actions of other road users will increase stress and anxiety. Responders must learn to recognise this natural heightened response of the body and maintain control of their actions. No driving exemptions can be claimed by a Responder when acting on behalf of the Trust, for example, the use of the horn and flashing of lights to progress through traffic, people or animals.

12.6.10 Responders who fail to comply with section 12.6 will have their right to respond withdrawn immediately, pending the outcome of a full investigation in line with current Trust investigation procedures.

13. Equipment and Trust Assets

13.1 Initial Issue and Replacements

13.1.1 Responders will be provided with the appropriate medical devices and consumables required to deliver care within the Responder scope of practice as per the Responder Tardis Bag Checklist. Additional items detailed within the Trust's Approved Responder Medical Devices List may be purchased using charitable funds at the Responder Manager's discretion.

13.1.2 No other medical device or consumable may be used, unless stated in the Responder Tardis Bag Checklist.

13.1.3 All equipment will be issued by the appropriate Community Responder Officer or Responder Manager. The Community Responder Officer is responsible for ensuring that all medical devices are logged on Tranman by the Medical Devices Team.

13.1.4 Replacement devices will be provided at the discretion of the Responder Manager, in conjunction with the Medical Devices Policy.

13.2 Charitable Purchases

13.2.1 Any equipment that has been requested through the Charitable Account must be approved by the Responder Manager.

13.2.2 Any item purchased by the charitable funds will be considered assets of the Trust and therefore the Trust will undertake the governance of the purchased/donated equipment.

13.2.3 The running costs, repair or replacement of any equipment purchased through the charitable account will be met by the relevant Responder group.

13.3 Storage

13.3.1 All medical devices and bags must be stored safely to minimise the risk of theft or accidental damage, which would normally necessitate storage within the vehicle's boot and where it is out of sight. Special arrangements must be made by individuals to secure the equipment in the rear of an estate vehicle or any other vehicle that does not have sealed boot space.

13.3.2 In the event of theft of any equipment, the Responder must notify the Clinical Hub, their Community Responder Officer and the Police immediately.

13.3.3 All medical devices must be stored in accordance with the manufacturer's recommendations, especially concerning ambient temperatures.

13.4 Use of Medical Devices

13.4.1 Responders must only use medical devices or consumable supplied directly by the Trust, detailed within the Responder Tardis Bag Checklist. Medical devices must be checked at the interval advised by the Trust, to ensure that they are fit for purpose and within their service date.

13.4.2 Responders must ensure that they have completed the appropriate assessment sheets and that they are confident and competent in the use of all medical devices required to deliver care within their Responder scope of practice.

13.4.3 Medical devices must only be used for their intended purpose and must not be modified. Non-medical products must not be used for clinical purposes for example using an LED torch to assess pupil reaction.

13.5 Replenishment of Consumables

13.5.1 Only consumables stated on the Responder Tardis Bag Checklist should be restocked from the attending Ambulance, with the permission of the Ambulance Clinician. Where this has not proved possible, the Community Responder Officer, Responder Liaison Officer or Bronze Commander should be contacted to obtain replacements, by the Clinical Hub.

13.5.2 Responders are not permitted to enter an Ambulance Station unless accompanied by a member of Trust staff.

13.6 Maintenance

13.6.1 All medical devices that require servicing must receive an appropriate service at the time intervals recommended by the manufacturer. The date of the next service will be clearly displayed on the equipment inspection label.

13.6.2 Responders are responsible for highlighting any items requiring servicing to their Community Responder Officer prior to the expiry date.

13.6.3 The Community Responder Officer is responsible for liaising with the Medical Devices Co-Ordinator to ensure that all medical devices are serviced in line with the Trust's schedule and the manufacturer's instructions, within their county.

13.6.4 Any damaged or unserviceable equipment must be reported to the Clinical Hub and the Community Responder Officer at the earliest opportunity. Should an equipment failure occur during an incident, an incident report must be submitted and the item isolated until further instructions are received from the Community Responder Officer.

13.7 Equipment and Storage Inspection

13.7.1 The responsible Community Responder Officer will conduct an annual inspection of all medical devices used by every Responder group, normally as part of the proficiency assessment process.

13.7.2 Failure to present the requested medical devices within 14 days of receiving such a request will result in withdrawal of the right to respond until rectified. Any deficiencies identified during the inspection will be rectified where possible at the time of the audit. Where this is not possible, the Community Responder Officer may consider removal of the equipment. All deficiencies which cannot be immediately resolved must be reported to the Responder Manager, with an incident report completed as appropriate.

14. Uniform

14.1 Standard Uniform

14.1.1 The Trust provides Community First Responders with personal issue trousers, polo shirt and a high visibility jacket.

14.1.2 The minimum requirement of uniform that a Responder should wear when attending an incident includes a high visibility tabard, issued one per kit, and the Responder's ID badge.

14.1.3 Responders should ensure that sturdy footwear is worn whilst responding.

14.1.4 Special uniform arrangements may exist for Co-Responder groups as defined in the relevant MOU's, this includes St John Ambulance and Fire and Rescue services.

14.1.5 Uniform should only be worn when a Responder is booked on with the relevant Clinical Hub.

14.1.6 The wearing of uniform should be appropriate and in line with the Trust's current Uniform Wearing Policy.

14.2 Replacement Uniform

14.2.1 In the event that a Responder's uniform is damaged, the Responder must return this uniform to the Community Responder Administrator and a replacement will be issued on a one for one basis.

14.2.2 Any item of clothing with a crest or logo stitched on to it must be returned to the Trust in the event of damage or when ceasing Responding.

14.2.3 Additional uniform can be purchased by Responders or Responder Groups through the Community Responder Administrator.

15 Identification Badge

15.1 Each Responder will be allocated with a Personal Identification Number which will be printed on a Personal Identification Card to include a photo.

15.2 This Identification card must be carried at all times when responding.

15.3 Should this card be lost or stolen, this must be reported immediately to the Clinical Hub and the Community Responder Officer following which a replacement will be issued.

16. Code of Conduct

16.1 Code of Conduct

16.1.1 Responders must comply with this Responder Code of Conduct, the Responder Governance Policy and all Trust policies and procedures at all times when acting on behalf of the Trust.

16.1.2 This code aims to ensure that individual Responders understand the high standard of conduct expected of them whilst performing duties on behalf of the Trust.

16.2 Personal Standards

16.2.1 Responders must be dependable and able to be trusted to work efficiently alone without supervision.

16.2.2 A high degree of self discipline and loyalty is required. Breaches in discipline may result in suspension and/or termination from Responder initiatives.

16.2.3 It is important that Responders keep physically fit and mentally fit to minimise of risk of injury or ill health.

16.2.4 Responders must be tactful, reassuring, understanding and sympathetic. Avoid familiarity and be respectful to different customs, values and beliefs.

16.2.5 Responders must be aware of the needs of patients, relatives, friends or others. They must not be drawn into arguments or disagreements.

16.2.6 Responders must show equal respect for the privacy and dignity of patients regardless of gender, ethnicity, disability or social position.

16.3 Duty of Care

16.3.1 Responders are expected to provide care up to, but not exceeding, their level of training, contractual scope of practice and competency in order to act in the best interests of the patient.

17. Health

17.1 It is important that Responders keep physically and mentally fit to minimise risk of injury or ill health, in accordance with the Occupational Health requirements assessed during their recruitment process.

17.1.1 Responders must ensure they are not under the influence of alcohol or illegal drugs and not suffering excessive levels of emotional stress or anxiety while acting on behalf of the Trust.

17.1.2 If a Responder has a sudden change in health, physical or mental, which can affect their ability to respond, the Responder must notify their Community Responder Officer as soon as possible. The Community Responder Officer will refer the Responder to the Trust's Occupational Health provider through the Human Resources Department. Pending this review, the Responder will be unable to respond on behalf of the Trust.

17.2 Pregnancy

17.2.1 The Trust is committed to providing support for volunteers who become pregnant. In order to ensure the health, safety and welfare of Responder and their unborn child, they will not be permitted to attend emergency calls during pregnancy; this includes driving a team member to an incident or assisting them.

17.2.2 Responders are responsible for informing their Community Responder Officer that they are pregnant at the earliest opportunity, so that appropriate support and guidance can be provided. The Responder must not respond in the interim.

17.2.3 Pregnant Responders must not exceed 12 months for a requalification to remain a Community First Responder.

18. Investigations

18.1 All incidents received internally, or from other NHS organisations, will be allocated to the appropriate Community Responder Officer for investigation according to the Incident Reporting Policy and the Investigation Guide.

18.2 Making Experiences Count

18.2.1 All Making Experiences Count incidents (previously known as complaints) will be referred to the appropriate Community Responder Officer with the support of the Senior Patient Experience Manager and dealt with in accordance of the Making Experiences Count Policy.

18.3 Withdrawal of the Right to Respond

18.3.1 Where the Trust deems it necessary to protect patient safety, staff welfare and/or the organisation's reputation, the decision may be made to temporarily cease a Responder's right to respond. The decision to withdraw the right to respond may be made by a Community Responder Officer however, must be endorsed by the Responder Manager.

18.3.2 The Responder will be informed at the earliest opportunity and the decision will be confirmed in writing within 10 working days. The Responder's PIN will be disabled from the initial stage pending the investigation. The temporary withdrawal will be kept to the minimum possible period to enable a thorough investigation to resolve the issue/s identified.

18.4 Permanent Cessation

18.4.1 The Trust may, at its complete discretion, cease the utilisation of a Responder. This decision will be made by the Responder Manager and will inform the Responder in writing.

18.5 Right of Appeal

18.5.1 The Trust endeavors to investigate all issues in an open, fair and reasonable manner. If a Responder is not satisfied with the way in which an investigation has been handled or the eventual outcome, they are entitled to appeal in writing to the Director of Operations. The decision of the Director of Operations in all matters will be final.

18.6 Police and Coroner Report Statements

18.6.1 Responders may be required to provide a statement to the Police or participate in a police interview given their role as first person on scene. The Trust will undertake to fully support Responders during this process and a suitable member of the Trust management team should be present during such interviews.

18.6.2 Responders may be required to give a statement on scene and should therefore be supported by the responding Ambulance crew or duty Bronze Commander.

18.6.3 Once the Responder leaves the scene, they must not give a statement to the Police until permission is given from the Community Responder Officer to enable support and guidance.

18.6.4 Responders may also be interviewed as part of an internal investigation. These interviews will be appropriately recorded and the Responder will be allowed to have representation should they so wish.

19. Liability

19.1 Liability

19.1.1 The National Health Service Litigation Authority (NHSLA) detail that responders are:

> *'covered for Public Liability, Professional Indemnity and related risks by NHSLA under the Trust's membership of the Liabilities to Third Parties Scheme (LTPS), provided that the relevant trust has subscribed. There is no age limit (either upper or lower) under the scheme for such volunteers, although particular trusts may have their own rules'.*

19.1.2 For the purpose of insurance, Responders are classed as agents of the Trust when responding to emergency calls or conducting other authorised duties on its behalf. Responders should be advised to ensure that by acting as an agent of the Trust they do not invalidate any of their own existing insurance arrangements.

19.1.3 If Responders are required to drive their own vehicle while acting as agents of the Trust, the Trust should ensure that they have sufficient motor insurance and that the vehicle is legally roadworthy.

19.1.4 Employer Liability, Clinical Negligence Cover and Public Liability have been extended with the NHSLA to cover all Responders engaged in authorised activities and working within their defined scope of practice. The NHSLA does not cover any form of motor risk, even for NHS-owned vehicles.

19.1.5 In the case of criminal proceedings, Responders are likely to be responsible for providing their own defence at their own expense, as are all other members of NHS staff including Trust employees.

19.1.6 All Responders must comply with Health and Safety standards as set by the Trust. Such standards are detailed in the Trust's policies and procedures and during Induction training.

19.1.7 Responders are required to notify the relevant Trust immediately of any health changes, traffic violations or motoring convictions which affect their suitability for the role.

19.1.8 Responders must ensure that they do not undertake duties or make themselves available where there is a risk of them becoming fatigued or tired. The EU Working Time Regulations, 1998, cover matters such as daily working hours, rest breaks and holiday entitlement. They only apply to workers and employees working under a contract, so organisations are not obliged to follow this piece of legislation when working with genuine volunteers.

19.1.9 Responders are reminded that it is appropriate to consult their employers/Job Centre Plus and gain permission to undertake their role as a Volunteer Responder as this may have an impact on their employment/benefits.

19.1.10 The Trust will ensure that the governance framework remains fit for purpose and complies with the wider framework of regulations and best practice defined by

authorities such as the NHS Litigation Authority, Health & Safety Executive, the Care Quality Commission and our commissioning partners.

20. Risk Management

20.1 Risk Management

20.1.1 Whilst Responders are expected to operate in accordance with the arrangements described in this policy, they must also engage in a process of continual risk assessment, better known as a dynamic risk assessment. If unacceptable levels of risk are perceived, the Responder must take steps to mitigate the risk/s to the best of their ability.

20.1.2 Responders must ensure that all items of personal protective equipment provided by the Trust are used appropriately to ensure patient safety. Any deficiencies must be identified to the appropriate Community Responder Officer.

20.1.3 Responders are required to report any actual or potential incident using the Trust's incident reporting procedure, which will be detailed during the initial education course.

20.1.4 Incidents must be reported to the appropriate Community Responder Officer using a DATIX at the earliest opportunity. Incidents which represent a significant risk to the Trust, its staff, volunteers, patients or reputation must be reported immediately once clear of an incident. The incident must be reported to the appropriate Community Responder Officer or the Duty Officer (via the Clinical Hub) outside of working hours.

21. Communication and Media Relations

21.1 Communication and Media Relations

21.1.1 All contact with the media must follow the guidance detailed within the Trust's Communications Policy. All contact must be authorised in advance by the relevant Community Responder Officer, who will seek further approval from the Trust's Communication Team. Patient confidentiality must be maintained at all times.

21.1.2 All literature, advertisements, articles, press releases and letters sent either by a responder group or on behalf of a responder group must be approved in writing by a member of the Communications Team in conjunction with the appropriate Community Responder Officer. The Communications team will circulate any press releases

21.1.3 Presentations, talks to public groups and attendance at public events must be discussed with, and approved in writing by the appropriate Community Responder Officer, who will inform the Communications team of any such activity and complete the relevant Patient and Public Involvement form.

21.1.4 Any contact information listed on promotional material including, but not limited to, literature, advertisements, articles and press releases, must be details of a

Community Responder Officer or the Department. Names, addresses and contact numbers of responders are not permitted.

21.2 Social Networks and the Internet

21.2.1 Responder groups may wish to develop their own web page to promote their work. Guidance from the Trust Media and Communication Team must be sought and publication can only be following written permission of the Responder Manager.

21.2.2 Websites hosted outside of the Trust's guidance are not permitted.

21.2.3 When using Social Networking sites, Responders must not display any specific information with regards to the patient which could lead to a patient being identified, including locations of an incident, as this is a breach of patient confidentiality. Guidance can be sought from the Trust's Media and Communications Team.

22. Charitable Donations

22.1 Financial Donations

22.1.1 Responder groups may wish to raise charitable funds in order to purchase additional uniform, equipment or a dedicated vehicle. Groups should discuss the potential fundraising activities with their Community Responder Officer, who will be able to offer advice and support.

22.1.2 In order to ensure robust financial management, all funds must be paid at the earliest opportunity into the Trust's dedicated FRED (First Responder Emergency Defibrillator) charitable (Charity no. 1049230) fund for Responders. Cheques should be made payable to 'South Western Ambulance Service NHS Foundation Trust', with 'FRED Fund' stated on the back.

22.1.3 The appropriate Responder Manager will work with the Assistant Accountant to help manage the funds, enabling the ordering of approved items and fuel receipts for scheme operated vehicles, as required.

22.2 Gifts, Sponsorship and Hospitality

22.2.1 Outside organisations may wish to support their local Responder schemes through the provision of gifts, sponsorship or hospitality. It is important that all such support is discussed with the appropriate Community Responder Officer prior to acceptance. As an NHS organisation, it is vital that the Trust and its Responders demonstrate that they act impartially to any commercial interest. Particular care is required with actual or potential contractors.

22.2.2 Donated vehicles must comply with the Trust's Responder Vehicle Specification SOP.

23. Data and Records Management

23.1 Responder Database

23.1.1 The Responder database contains the minimum dataset of information required to effectively manage the responder function. The Community Responder Administrator is responsible for the day to day operation of the database. The Community Responder Officers are responsible for ensuring that data is provided on all aspects of the Responders within their area of responsibility. The Responder Manager is responsible for ensuring that the database is kept up to date, with maximum data completeness and quality at all times.

23.2 Paper Records

23.2.1 The records for each Responder are held within a dedicated Personnel File, stored at Trust HQ, which contains:

- Application and selection documents (not relevant for co-responders)
- Personal details
- Confirmation of DBS from HR
- Occupational Health clearance
- Next of kin notification details
- File notes or investigation reports
- Signed Statement of voluntary acceptance
- Relevant correspondence with the individual

23.2.2 The education records for each Responder are held within a dedicated Training File, stored at Trust HQ, which contains:

- Learner outcome plans from the initial education course
- Record of completion of six monthly post-qualification proficiency assessments
- Copies of any relevant training certificates
- Evidence of Accreditation of Prior Learning (APL) if applicable
- Copies of any external qualifications or registration
- Details of any identified training needs and the action subsequently taken

23.2.3 The Community Responder Administrator is responsible for the day to day maintenance of the files. The Community Responder Officer is responsible for ensuring that their files are maintained. The Responder Manager is responsible for ensuring that all files are kept up to date, with maximum data completeness and quality at all times.

23.3 Medical Devices Database

23.3.1 The location and service schedule of all medical devices will be maintained through the Medical Devices Database, Tranman.

24. Monitoring

24.1 Monthly Monitoring

24.1.1 The Responder Manager is responsible for working with the Trust's information cell to ensure that a report covering agreed key performance indicators is published on a monthly basis.

24.1.2 The Community Responder Officer is responsible for monitoring Responder personnel and groups, daily, weekly and monthly availability, both historically and in a forward planning capacity.

24.2 Annual Responder Report

24.2.1 The Trust's Quality and Governance Committee will receive an annual Responder Report from the Responder Manager, which will provide assurance that all aspects of this policy continue to be effectively implemented in practice. The report will provide assurance that:

- Responders are being sent to all appropriate incidents when booked on-duty.
- Responders are tasked only to incident which are within the agreed list of response determinants.
- All newly recruited Responders have received a DBS check.
- The Responder database continues to be maintained to the required level of accuracy and data quality.
- All paper based record files continue to be maintained to the required level of accuracy and data quality.
- All Responders have received a proficiency assessment at an interval not exceeding seven months.
- All Establishment Based Responders have received a proficiency assessment on an annual basis.
- All medical devices have received a service within the recommended interval.
- All medical devices have been seen by a Community Responder Officer within the past year.
- All Responders have submitted their driving licence, MOT and insurance certificate for inspection within the past seven months.
- Successful stores/achievements

24.2.2 The report will also demonstrate achievement of the key operational performance indicators over the previous year, including the total number of incidents attended and operational performance by County.

24.2.3 The report will summarise the total number of active Responders, the number starting and the number leaving over the past year.

24.2.4 The report will include a summary of all incident reports and serious incidents involving Responders. All cases where the right to respond has been withdrawn or permanently ceased will also be anonymously detailed.

24.2.5 Any areas which fail to meet the required clinical standard to provide assurance will be entered onto a Directorate action plan, which will be included within the

annual report. The Responder Manager will lead the timely completion of all identified actions, with the Clinical Effectiveness Group monitoring completion of the plan.

Version Control Sheet

Version	Date	Author	Summary of Changes
1	11/06/2013	Robert Horton	Initial creation of document, aligning GWAS and SWASFT policies.
2	19/06/2013	Robert Horton	Amendments and additions
3	21/06/2013	Robert Horton	Amendments and additions
4	11/07/2013	Robert Horton	Amendments and additions
5	22/07/2014	Robert Horton	Amendments and additions