South Central Ambulance Service NHS
NHS Foundation Trust

OPERATIONAL POLICY & PROCEDURE
OPP 01

GOVERNANCE FRAMEWORK
FOR COMMUNITY RESPONDERS

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INTRODUCTION

The concept of Community Responders was conceived from the development of the framework which came to be known as the "chain of survival".

- Early Access
- Early Resuscitation
- Early Defibrillation
- Early Advanced Life Support

Research showed that when these elements were put into practice, i.e. the increase in public awareness, training in basic life support and community based defibrillators, the pre-hospital survival rate improved to between 25% and 30%.

The current United Kingdom average survival rate for an out of hospital cardiac arrest stands at just 3%, studies in Chicago and New York reported survival rates of 2.0% and 1.4% respectively (Source: American Heart Journal - 1999). Many Trusts throughout the country have developed the Community Responder initiative based on the fundamental principle that the outcome for a patient suffering from a cardiac related condition is greatly improved through ensuring that each element of the Chain of Survival is put in place. The National Service Framework for Coronary Heart Disease has provided further drive for the concept. Standard 5 states:

"People with symptoms of a possible heart attack should receive help from an individual equipped with and appropriately trained in the use of a defibrillator within 8 minutes of calling for help to maximise the benefits of resuscitation should it be necessary …"

The purpose of this document is to ensure that the Trust uses its volunteer Community Responders appropriately and that they are supported throughout for the valuable contribution that they add. In addition, this document will provide background information and confirm best practice guidance on the integration and utilisation of Community Responders within the out of hospital environment. By producing this document, the Trust confirms its commitment to the development and management of volunteer Community Responders, the importance of which was highlighted in the Department of Health Report, *Taking Healthcare to the Patient: Transforming NHS Ambulance Services*, which states:

"There should be continuing improvement in governance and support for Community Responder Schemes."

1.0   Vision

1.1   The vision of Ambulance Community Responders is:

> To increase the provision of Basic Life Support and Defibrillation to the patient suffering a cardiac arrest in an out-of-hospital environment.
>
> To contribute to the goal of reducing premature death from coronary heart disease, respiratory and cerebral events.
>
> To develop partnerships across all sectors of the community.

2.0   The Role of Community Responders

2.1   Community Responder Schemes are partnerships between South Central Ambulance Service NHS Trust (the Trust) and individuals who have formed groups within the local community, to support the provision of emergency pre-hospital care within a defined set of protocols, before the arrival of an ambulance resource. Other groups of professionals acting as 'Co-Responders' also come under the broad umbrella of Community Responders. When required, the Community Responder will provide continuing care under the direction of the healthcare professional. If this continued presence is not required, then the Community Responder will pass over the relevant hand-over details and leave the scene.

3.0   Definitions of Community Responders

3.1   The Resuscitation Council UK defines a 'Community Responder' as follows:

"A person trained as a minimum in basic life support and the use of a defibrillator, who attends a potentially life-threatening emergency. This response may be by the statutory ambulance service or complementary to it."

3.2   The Trust utilises different models of Responders, which all require support and commitment. These groups can be classified as follows:

3.3 **Community Responder Schemes** – Volunteers who operate within the community they live or work in and respond to incidents within a pre-determined geographical area. They are managed by the Trust and operate as agents of the Trust.

3.4 **Co-Responder Groups** – Groups of associated professionals or support services. Such groups would include the RAF who are trained to FPOS Intermediate (First Person on Scene) as a minimum with doctors and medics when available, Fire and Rescue Services, First Response, and the HM Coastguard, all Co-Responder Groups are regulated through an appropriate Memorandum of Understanding between both organisations.

3.5 **Static Sites** – These will be Schemes that are predominantly resourced through the National Defibrillator Programme and will involve, amongst other projects, shopping centres and residential care homes.

3.6 The regulation of Community Responders is achieved through the application of dedicated policy documents, Memorandum of Understanding (MoU) and effective operational management. The governance framework should be formally defined in the policy or MoU.

3.7 **Pad Sites** – These are AED's kept in cabinets in locations throughout South Central Ambulance Service so that in the event of a cardiac arrest the device can be used by any member of the public. All identified sites are held on our CAD system as well as the iPhone application to inform our members of the public as to where their nearest AED is.

4.0 Structure

4.1 In order to provide the necessary management support, the Trust will ensure that an appropriate framework is in place. It is acknowledged that the successful engagement of volunteers does require investment from the Trust in order to develop and succeed in the achievement of the goals and aims that have been identified for the Responder initiative.

4.2 The Chief Operating Officer will have overall Trust Board responsibility for the Community Responder Department and Schemes

4.3 A team should be in place which will consist of the following members:

4.4 Lead Community Responder Manager

The Lead Community Responder Manager reports to the Director of Operations and will have as part of their portfolio the accountability for the Community Responder initiative. The key responsibilities will be:-

- To have responsibility for the strategic direction of the Community Responder initiative across the Trust and to report developments to the Executive Board of the Trust

- To ensure that the responders within the Trust deliver a high level of consistent and appropriate care

- To provide leadership and direction to Community Liaison and Training Officers within the Responder Department to ensure the continued development of the initiative.

- To lead the Community Responder activities across the Trust.

- To develop and support the Community Responder Team to ensure the delivery of high quality and timely patient care, as well as contributing to the overall achievement of national ambulance standards.

- To lead the development of effective and sustainable collaborative working arrangements with other agencies, and to support the achievement of national ambulance standards.

- To ensure that the corporate and clinical governance requirements of the Community Responder Department are addressed, which will include the health and safety and welfare of the volunteers.

- To lead on the development and implementation of Community Responder Trust strategies.

- To performance manage and develop the Community Responder Team to ensure the delivery of high quality and timely patient care, as well as contributing to the overall achievement of national ambulance standards.

- To develop effective and sustainable collaborative working arrangements with other agencies, to support the achievement of national ambulance standards.

- To ensure that the corporate and clinical governance requirements of the department are addressed, which will include the health and safety and welfare of the volunteers.

- To develop and implement strategies and work closely with the Community Liaison and Training Officer to achieve this.

4.5   Community Liaison and Training Officer (CLATO)

- To support the Lead Community Responder Manager in the implementation of the Trusts' strategic plan by ensuring the provision of efficient, consistent and cost effective delivery of Community/Co-Responder training within the Division.

- To ensure that all current professional body and Trust policies, procedures and guidelines, applicable to the Department are implemented and remain in compliance and are understood by volunteer groups.

- To work collaboratively with representatives from the volunteer schemes, acting as a bridge between the groups and the Trust, supporting and encouraging volunteers.

4.6   Assistant Community Liaison and Training Officer (ACLATO)

- To assist the Community Liaison and Training Officer in the implementation of the Trusts' strategic plan by ensuring the provision of efficient, consistent and cost effective delivery of Community/Co-Responder training within the Division.

- To assist the Community Liaison and Training Officer in ensuring that all current professional body and Trust policies, procedures and guidelines, applicable to the Department are implemented and remain in compliance and are understood by volunteer groups.

- To assist in working collaboratively with representatives from the volunteer schemes, acting as a bridge between the groups and the Trust, supporting and encouraging volunteers.

4.7   Community Responder Coordinator

- To co-ordinate the diaries of the Community Responder Team.

- To carry out the administration of the recruitment and selection for Community Responders and co Responders where appropriate.

- To ensure that the arrangements for Co-ordinator meetings (Agendas and Minutes) are maintained.

- To ensure that all filing is actioned in a timely way.

- To maintain stores of Community Responder Corporate wear and medical equipment

- To administer the day-to day charitable fund transfers

5.0 Recruitment Processes

5.1 Recruitment practices should be in line with Department of Health guidance and the wider policies of the Trust. It is important that links are made with other parts of the organisation including Human Resources, and to reach agreement in mutual ways of working.

5.2 To facilitate and capture the interest of an individual who has expressed enthusiasm in becoming a Community Responder, the process should be easy for them to follow. The local Scheme Co-ordinator will invariably be the first point of contact to answer any local/operational queries and the Community Liaison and Training Officer should be available to answer the queries relating to the application process. All queries will be dealt with promptly, so that applicants' motivation, enthusiasm and interest is maintained.

5.3 Standard application forms will be used to ensure that appropriate records are kept and to ensure that the process is managed effectively. The application form will be clear and straightforward, as complex application forms have the potential to be off-putting for volunteers. NHS Employers require all NHS staff (including volunteers) to provide two references and be subject to health screening. In the case of Community Responders, Data Barring Service will be applied for, as the role involves access to patients as part of their normal duties. Community Responders may not become operational until all of these requirements have been successfully met.

5.4 Volunteer interviews will be informal and they offer the potential Community Responder the chance to find out about the role and what it is like to work with other healthcare professionals. The interview will be conducted by either the Scheme Co-ordinator and/or Community Liaison and Training Officer will be held in a friendly and private environment. A standard interview format will be used, that will also provide for a two-way process where the candidate can ask questions. Notes will be made by the interviewers which will be used for feedback. This is especially pertinent for those candidates that are deemed to be unsuitable.

5.5 Two references will be sought and these will be fresh references rather than pre-prepared letters. Family members are not appropriate. While it is useful for one referee to be a previous employer or volunteer supervisor, it is important to remember that not all volunteers will have such a referee. It is therefore important to have a degree of flexibility.

5.6   If a prospective volunteer is not suitable for volunteering as a Community Responder, then they will be provided with honest and constructive feedback. Where possible, the candidate will be offered support to identify alternative forms of voluntary work.

5.7   Enhanced Data Barring Service checks will be carried out in accordance with NHS guidance. Should a Disclosure be returned that has details of criminal convictions, the following questions need to be considered:

- What was the nature of the offence(s)?
- Is it relevant to the job?
- How long ago was it?
- Is there a pattern of offending?
- Were there personal circumstances associated with the offence that have now changed?
- What is the person's attitude to their conviction?
- Was it declared on the application form?

5.8   Volunteer roles working with children may fall into the definition of a regulated position under the Criminal Justice and Court Services Act 2000. People with convictions for certain offences against children will have a disqualification order attached to their conviction. This makes it an offence to offer them work in a regulated position and an offence to offer them a regulated position.

5.9   Health Screening

The Application form will provide the volunteer with the opportunity to confirm whether they keep good health and are fit for a physically demanding role. The Trust will seek to introduce an Occupational Health Screening Process. All Responders will be advised to seek vaccination against Hepatitis B. In the first instance the Responder should contact their GP to confirm whether the inoculation can be provided free of charge. If a charge is levied, this should be provided for through the local schemes' funds. Should the Scheme not have appropriate levels of funding, the Trust will cover the cost.

6.0   Induction and Training

6.1   The Trust recognises the cost implication of providing well structured quality induction and training and as such, allowances for costs will be included in budgets. Volunteer Community Responders provide enormous benefits to the Trusts and represent excellent value for money, but they are not free.

Their induction and subsequent training must therefore be properly resourced.

6.2   All Community Responders volunteers are required to undertake the Induction programme for volunteers. Volunteers who fail to complete the local induction programme as specified are deemed by the Trust as unfit for service. Community Liaison and training Officers will record attendance and completion of the induction programme on the Responders' training record and will report compliance, as requested by the Head of Education. Initial training for volunteers who have no previous medical or First Aid experience will be provided appropriately. During the training period, candidates will be assessed by approved qualified instructors and will have to pass satisfactory practical and written examinations before being allowed to participate as a Community Responder. The Trust will hold all training records on a secure electronic record training database.

6.3   Training venues may not always be Ambulance Service Training Centres so it is the responsibility of the Trainer to risk assess each venue. The Trainer will then open the course by making any relevant Health and Safety announcements particular to that venue.

6.4   The training delivered to Community Responders addresses the scope of the calls they are asked to attend. The training package is endorsed by the relevant Medical Director and is referenced to the following:-

- Voluntary Aid Society Manual
- UK Resuscitation Council Guidelines
- IHCD First Person on Scene Award
- Joint Royal Colleges Ambulance Liaison Committee

6.5   Any training provided will be for the sole purpose of allowing the individual to carry out their role. Any training that the Trust provides that is over and above that which is required to carry out the role of Community Responder will be regarded as a development opportunity and will be available to expand knowledge. It is important that the volunteer Community Responder works within their clearly defined role as any additional skills may be deemed as a consideration, which will affect the legal status of the volunteer.

6.6   Throughout the training, candidates will be assessed on theoretical knowledge and practical skills. In particular, their ability to demonstrate competence in all core subject areas:

- Question papers require an 80% pass mark
- A test scenario with associated oral questioning measuring practical ability.

6.7 Not reaching the required pass mark will result in the candidate failing to meet the minimum required standard.

6.8 Individuals who do not reach the required standard can in certain circumstances be reassessed and this will be decided by the Community Responder Liaison Officer. Candidates who fail one aspect of the assessment (theory or practical) will only be required to re-sit that aspect. Those who fail on more than one aspect will be expected to re-sit the entire theoretical and practical assessment. The period prior to re-sitting the assessment will be agreed between the candidate and the Trainer.

6.9 Candidates who have marginally failed a written paper (by up to 5%) may be offered an oral assessment to establish knowledge in areas where a candidate may have answered insufficiently or incorrectly. This assessment is discretionary and will only be granted by the Community Liaison and Training Officer after a full review of the training records.

6.10 Candidates who are unsuccessful in all areas of the assessment may be offered another course. This option is discretionary and will be approved by the Community Liaison and Training Officer, once all training records have been reviewed and the candidate interviewed. The Community Liaison and Training Officer will individually assess the candidate's suitability to attend further Induction Courses, and where appropriate will provide pre-learning material to enable the individual to prepare for future courses.

6.11 Assessments are deemed to be fair, reliable and consistent and therefore are based entirely on practical competence and examination results.

6.12 Any candidate who feels that this has not been applied in their case can instigate an appeals procedure.

6.13 Once the appeal is received we will acknowledge a written reply will be received within 10 working days. If the candidate is not entirely satisfied with this reply an interview can be arranged between the candidate, the Community Liaison and Training Officer and the Scheme Co-ordinator if necessary. If both parties fail to reach an agreement, the matter may be referred to the Lead Community Responder Manager for a decision.

6.14 Individual volunteers who are considering a career in health or related professions may benefit from informal learning opportunities such as Observer Attachments, and this will be supported and facilitated wherever possible. .

6.15 The Trust will require all active Community Responders to undergo re-qualification training every six months in order to comply with the guidelines set down by the UK Resuscitation Council. The ability to remain as an active

Community Responder may be withdrawn if re-qualifications are not completed or are of an unsatisfactory standard.

6.16   Re-qualification sessions will focus on the following core components:-

- The safe use of an AED
- The safe use and storage of Oxygen
- Practical CPR sessions including a scenario
- A short written paper including some multiple choice questions covering the theoretical core elements

6.17   In such circumstances when the Responders' re-qualification has expired, their Community Liaison and Training Officer will liaise directly with the individual concerned so that a date can be confirmed to carry out the re-qualification. Should this period extend beyond 4 weeks from the date of expiry, the Responder will be asked to stand down and not to log on until the Re-Qualification session has been satisfactorily completed. However, should this time period lapse beyond the 4 weeks the responder will be asked to attend a full two day induction course.

7.0   Scope of Practice

7.1   The Indirect Resource Desk or area dispatcher are able to provide the balance of rapid mobilisation whilst maintaining an acceptable level of Responder protection. It is the relationship between the Indirect Resource Support Desk and the responder that creates the confidence/reassurance for the responder to complete their role.

7.2   There are two types of communication systems that are provided to the responders, a fully integrated SMS system and an ambulance airwave pager. To protect the Computer Aided Dispatch (CAD) from non associated mobile phone numbers, only mobile phones with the Trusts Java script are to be used. The CAD will only recognise officially allocated telephone numbers.

7.3   All communication mediums that are linked to the Trusts CAD will be under the ownership of the Trust. The communication devices are tracked to assist in the activation and location of the responders.

7.4   In order to ensure the safety of Community and Co-Responders and to provide the patient with the most appropriate care, the following indicators for the dispatch of Community and Co-Responders has been established. This list has been developed following an analysis of the dispatch codes used by the CAD systems currently used within the Emergency Operations Centre.

- A patient in cardiac arrest
- A patient who has a serious uncontrolled bleed

- A patient who is in need of immediate airway maintenance or will benefit from early high flow oxygen therapy
- Unconscious patient
- Patient with decreased level of consciousness (as a result of sudden medical illness or trauma)
- Choking
- Severe respiratory distress
- Signs of shock
- Cardiac emergencies
- Diabetic emergencies
- Epileptic emergencies
- Suspected Cerebral Vascular Accident (CVA)

7.5 For the safety of Community/Co-Responders and patients, the EOC will not dispatch them to incidents where the following criteria are present or appear to be present and which fall out of the Trust's scope of practice and training:-

- The scene is violent or is thought to be violent
- Someone has been assaulted
- A patient is suffering from a mental or emotional condition
- The patient is on a motorway or dual carriage way
- The incident is a gynaecological or maternity call
- The scene is dangerous without PPE
- Fire
- Road Traffic Collision
- Chemicals or other dangerous materials involved

7.6 The activation of Community Responders is under constant review taking into consideration new and revised clinical guidelines to ensure that the patient receives the highest standards of appropriate care, whilst ensuring the Community Responder operates within a safe environment.

8.0   Call Out Procedure

8.1   Community Responders must **ONLY** attend emergency calls when dispatched by the Emergency Operations Centre (EOC).

8.2   Should a Community Responder, whilst on duty, be notified of an emergency by any other means, e.g. neighbour knocking on the door, they **MUST** immediately contact the Ambulance Communications Centre by the '999' system, and obtain authorisation to attend. If a Responder is approached whilst off duty, again the procedure is to dial '999' for ambulance assistance; this will activate an ambulance and the Responder colleague who is on duty.

8.3   When the EOC receives an appropriate '999' emergency call they will contact the duty Community Responder using the pagers and mobile telephone.

8.4   If a pager message is received when the Community Responder is not available but they find themselves in a position to respond, they should immediately contact the Communications Centre on the priority number provided and seek permission to attend. The same would apply should a Community Responder be notified of an emergency by any other means. If approached whilst off duty, Community Responders should dial 999 for ambulance assistance, as this will activate an Ambulance Response and if the Community Responder has access to their Kit, advise the Communication Centre of the fact and seek permission to attend as a Community Responder.

8.5   Under no circumstances should a Community Responder deploy to an emergency without the prior knowledge of the Communications Centre.

8.6   On receipt of a '999' call the Community Responder will be alerted by the EOC with the location and type of incident.

8.7   The Community Responder should proceed to the call as quickly and as safely as possible. The Responder will be required to make a personal decision as to the appropriate and safe mode of transport to attend the incident. On arrival at the scene, contact should be made using the pre-programmed mobile phone with the EOC to confirm arrival. If this is not possible an accurate note of the time should be recorded, which can be passed onto EOC later.

8.8   It is important that the appropriate Patient Report / Handover Form is completed by the Community Responder, as it forms an integral element of the patients' treatment history. The completed Patient Report / Handover Form must be handed to the attending ambulance resource. The Patient Report Form can also be used to compile a portfolio of skills utilised by the Community Responder.

8.9   It should be remembered that at any stage a GP or Clinical colleague from the Trust may arrive, so the Responder should be prepared to accept their help and to provide assistance to them.

8.10   When an emergency ambulance arrives, hand over to the attending Clinician and be prepared that they may wish the Responder to continue helping with the treatment of the patient, particularly if it is a cardiac arrest situation.

8.11   When the ambulance crew have released the Responder, confirmation of availability, again using the mobile phone should be provided to the EOC. If there are no further emergencies to deal with, the Community Responder's status will revert to being 'on call'. All equipment that has been used should be replaced.

8.12   If a Responder attends a distressing call the Community Liaison and Training Officer / Duty Officer or your group Co-ordinator will make contact to ensure that all is well.

8.13   As Community Responders are volunteers they are under no obligation to attend an emergency call offered to them. However Responders are encouraged to make themselves fully available to responds and provide a high level of service to their community. If a Community Responder repeatedly turns down calls, having previously booked available, the Lead Community Responder Manager will contact them or the Scheme Co-Ordinator to clarify whether the individual requires any supportive training etc.

9.0   Communication

9.1   All volunteers deserve feedback on their work. By the same token, it is just as necessary to receive feedback from the volunteers. To ensure that volunteers have a forum where they can raise concerns, regular meetings will be held. Primarily these meetings will be attended by Co-ordinators who will have the opportunity to act as the conduit between the Trust and local Scheme and subsequently feedback information from both directions. Copies of SCAS News will be sent to the Community Responder Schemes for distribution and Scheme Co-ordinators are encouraged to submit articles for inclusion.

9.2   When concerns arise relating to competence and compliance with policies and procedures, these should be dealt with informally in the first instance. Most matters can be resolved simply and internally, through supportive training and clarification of the role and associated responsibilities. This process should be recorded and agreed by both parties, should it need to be referred to in the future. If it becomes apparent that the informal measures detailed above have not addressed the concerns, then a more formal route will be adopted that will involve the individual, the local Co-ordinator and the

Community Liaison and Training Officer, who will jointly agree a Performance Improvement Programme (PIP), which will have regular review stages. If at the end of the PIP, the Community Liaison and Training Officer considers that there has not been a sufficient improvement, then discussions will take place between the individual, the local Co-ordinator and the Lead Community Responder Manager (or their representative) as to the continued operational involvement of the individual concerned. Formal procedures that are in place for Trust employees will not be used.

10.   Liability

10.1   For the purposes of insurance cover, Community Responders are classed as agents of the Trust, when they are responding on behalf of the Trust.

10.2   The Trust's insurance cover is provided by the NHS Litigation Authority. Employer Liability, Clinical Negligence Cover and Public Liability have been extended to cover all Community Responders engaged in authorised activities and working within a defined scope of practice.

10.3   For Co-Responders, the fundamental principle that underpins the success of these initiatives is that the employment relationship between the partnership organisations is retained and the individuals who respond will do so operating as agents for the Ambulance Service. What this means in reality is that whilst the Co-Responders are responding as agents for the Trust, the employer liability will remain with their employer. Consequently, Co-Responders, when authorised to act on behalf of the Ambulance Service are covered for clinical negligence under arrangements with the National Health Service Litigation Authority. Likewise, when officially on call and performing the duties of a Co-Responder, personal injury and third party liability cover is provided for under arrangements with the insurers of the Ambulance Service. Clearly, the Co-Responders will have to abide by the defined protocols, regardless of any previously acquired knowledge. Any actions or treatments that are taken outside of these protocols will mean that the individual will not be afforded the cover detailed above. This principle forms an important element of the training package.

10.4   In the case of criminal prosecution, both Community and Co-Responders are responsible for providing their defence at their own expense, as are all other members of NHS staff, including Trust employees. However, support will be provided wherever possible should a Community or Co-Responder find themselves in such a position.

10.5   Community Responders must have sufficient car insurance for the purposes of the Scheme and evidence of this will be required by the Trust on an annual basis.

11.   Lines of Responsibility

11.1   Community Responders must ensure that they do not exceed their levels of training and ability.

11.2   All Community Responders must remain within the governance framework defined by the Community Responder Policy of the Trust or the relevant

MoU. It is the responsibility of the Responder to ensure they are familiar with the governance framework and remain compliant with it.

11.3   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, the Healthcare Commission and the Trust's commissioning partners. This policy will be reviewed and monitored for its effectiveness on an annual basis and amended as required.

11.4   Community Responders should ensure that by acting as an agent of the Trust, they do not invalidate any of their own existing insurance arrangements.

12.   Risk Management

12.1   While Community Responders are expected to operate in accordance with the governance provided within this framework, they must also engage in a process of continual dynamic risk assessment. If unacceptable levels of risks are perceived, the Community Responder is expected to take steps to mitigate that risk to the best of their ability.

12.2   The management of risk associated with the activities of Community Responders will be managed in line with the Risk Management Policy already in existence within the Trust. This means that despite being responsible for a voluntary group, the Trust will approach the subject of risk management for Community Responders as if they were full time employees.

13.   Incident Reporting

13.1   Community Responders are required to participate in the Trust's reporting procedure. Any adverse incident or any identified risks which are beyond normal expectations must be reported on an incident report form and submitted to their Lead Community Responder Manager.

14.   Auditing

14.1   All clinical records generated by Community Responders will be monitored via the Trusts' Clinical Audit Department, as with all patient clinical records. An audit report will be generated on a bi-annual basis and will be monitored via the Clinical Governance Committee.

15   Logistics/Asset Management

15.1   An Asset Intelligence database will be maintained for all Responder equipment within the Trust. One point of reference would then account for all assets assigned to Schemes. Intelligence will also include all relevant serial numbers, make and model numbers and due service dates.

15.2   If a Scheme ceases to be in operation, the equipment that has been purchased through charitable donations and fund-raising will be re-distributed to other Schemes within the locality. This will ensure that the equipment will continue to be used for the purpose that was initially intended and will ensure that the charitable object is confirmed.

16   Inventory Inspections

16.1   Scheme Co-ordinators are required to maintain clear records of equipment held within their Scheme. Periodically the Community Liaison and Training Officer will conduct an inventory check to ensure that equipment assigned by the Trust or held by the Responder Scheme is properly maintained and remains fit for purpose. Each inventory check will be recorded for internal or external audit.

17   Performance Effectiveness

17.1   A comprehensive performance monitoring system will be introduced to record and analyse the effectiveness of all Responder Schemes. The performance monitoring will include the following aspects:

- Monthly activity reports detailing the number of incidents that each Scheme has been assigned and their response times.
- The contribution made by Community Responders to the National Ambulance Performance Standards on a monthly basis.

18.   Standards of Training

18.1   The training programs for Community Responders will be standardised across the Trust and scopes of practice will be defined for each Responder group. The training programme will be reference to the following:

- Voluntary Aid Society Manual
- UK Resuscitation Council Guideline
- IHCD First Person on Scene (Basic/Intermediate) Award
- British Heart Foundation – Heartstart Programme
- HSE First Aid at Work
- Joint Royal Colleges Ambulance Liaison Committee
- Equipment – Manufactures construction and use guidelines

18.2   Initial training is conducted over a two day period and where necessary is referenced to JRCALC. The initial training is supported with regular update and refresher sessions. All CFR and Co-Responders are expected to 're-qualify' their skills at least every six months.

18.3   Some of the static sites will have received Site specific training. This will be detailed within the Memorandum of Understanding.

- **Static Site – Level One** (Heartstart programme and AED manufactures guidelines)
  - o   The safe use of an AED
  - o   Practical CPR sessions including scenario

19.   Clinical Record Keeping

19.1   All Community Responders will complete a dedicated Patient Handover Form (designed to capture the skills and tool used by the responder) for every patient they deal with or are assigned to respond to. The standard Trust

incident report form. Advanced/Enhanced Trained Responder will use the Patient Clinical Record.

20 Clinical Debriefing

20.1 In recognition of the fact that Community Responders often work in a quite isolated environment and have less exposure to cases than contracted members of staff, a process of ongoing clinical support will be maintained. The Community Liaison and Training Officer / Trusts Duty Officer will be the first point of contact to provide a clinical debrief within a reasonable timeframe post incident. Should the need for a debrief be required then the Responder will contact the Communications Centre who will arrange for an on duty officer to make direct contact with the Responder. Should the duty officer or Team Leader feel that the responder would benefit from a further debrief then a referral to TRIM will be made.

20.2 Aspects of Responder training, particularly resuscitation, will be refreshed every six months, which will also provide the opportunity to appraise the Responder.

20.3 Community Responders should also be encouraged to participate in peer review sessions, either among themselves or with operational staff. These events should be facilitated by the LATO. It should, however, be noted that Community Responders must never breach the obligations of confidence defined in the Code of Conduct.

21 **Maintenance of Charitable Funds Accounts**

21.1 In order to satisfy the requirements of the Charity Commission, the ordering of goods and services will be made through the Trust's Charity. This will provide a safeguard to ensure that only the charitable funds are used for approved goods and services.

21.2 It is recommended that local Schemes hold their funds within the financial systems of the Trust's Charity. There is an explicit understanding that charitable funds will not be utilised by the Trust, and all of the interest gained by individual accounts will be credited to the individual scheme. By holding the funds within the Trust's financial systems, not only is the use of funds controlled, but it negates the need for the local Scheme to administer the external account in line with Charity Commission regulations, e.g. annual external audit, managed by an appointed quorum, have in place an agreed Constitution, etc.

21.3 Upon confirmation of the appropriate framework, there is the opportunity to work in partnership with charitable organisations such as the League of

Friends who will provide the infrastructure to bank and spend monies collected for the purpose of developing the Community Responder initiative

22. Media Contact

22.1 All contact with the media should be co-ordinated through the Divisional PR/Media Department. This is to protect the individual(s) and patient confidentiality, as well as to provide clear guidance on the level of support and involvement in media activity by the Trust.

22.2 Community and Co-Responders should not discuss with the media any details of their attendance at an incident without first consulting the PR/Media Department. If this option is not available, then contact should be made to the Duty Communications Manager. This is in line with the policy for all Trust staff.

22.3 The PR/Media Department will offer guidance and assistance for individual schemes that wish to proactively promote any forthcoming initiatives.

23. Code of Conduct

23.1 No matter how well organised the Community Responder Scheme is, the reputation of the initiative depends very much on the conduct and efficiency of its members.

23.2 Each Community and Co-Responder has a responsibility to perform their duties within the limits of their training and procedures. Actions outside of these limits could have a legal implication for:

- the patient
- yourself
- South Central Ambulance Service NHS Trust.

23.3 Therefore, to gain respect from a community, ambulance staff and other emergency services, it is necessary that there is a Code of Conduct which requires high standards of behaviour and discipline.

24. Personal Standards

24.1 Patients gain confidence from the fact that the Community Responders take special care in their own personal standards.

24.1   The role undertaken by Community Responders requires the individual to be reliable and to act with integrity, and in particular the following are of great importance:

- Have high personal standards to be dependable, and able to be trusted to work efficiently for brief period, alone without supervision.

- A high degree of self-discipline and loyalty is required. Breaches in discipline may result in suspension or termination from the Community Responder initiative.

25.   Infection Control

25.1   When handling blood/body secretions from any patient or when dealing with contaminated equipment:

- Nitrile gloves should not be donned until at the patient's side.
- Nitrile gloves must be changed if contaminated with blood/ bodily fluids.
- Nitrile gloves should never be worn whilst driving either to or from an incident.
- Used disposable gloves must be disposed of in clinical waste via the ambulance crew.

Alcohol hand cleaning gels will form part of the kit carried in the Responder Bag. Hygiene techniques are enforced in the mandatory Induction Course.

25.2   It is important that when on duty, Community Responders pay particular attention to their personal hygiene and cleanliness. As a natural occurrence, Community Responders will be coming into contact with patients that may have open wounds and illnesses, therefore every care should be taken to keep infection control to a minimum.

26.   Personal Appearance

26.1   When performing the duties of a Community Responder, attention should be given to portraying a smart appearance. Not only will this inspire confidence, but will also portray the volunteer in a caring and professional light.

26.2   In particular, all Community Responders must ensure that at all times when they are attending an emergency call that they are wearing a High Visibility Jacket with appropriate identification markings. The Trust has developed a range of corporate wear which ensures that the Community Responder initiative shares a common corporate identity. These items of clothing are in

no way mandatory, and the individual volunteer may choose whether they wish to wear these items of clothing. In order to maintain a consistent approach, Schemes should only purchase items within the approved corporate wear list and should not organise and purchase their own clothing.

26.3   If clothes become contaminated or soiled, the Responder should seek advice from the Trust on an appropriate course of action.

26.4   Community Responders may be expected to wear appropriate civilian clothes under the minimum requirement of a High Visibility Jacket, and should ensure that sturdy footwear is worn. Footwear such as high heeled shoes or sandals are not appropriate. Both male and female Responders should ensure that their legs are covered to prevent injury and contamination.

26.5   Special uniform arrangements may exist for Co-Responder Groups as defined in the relevant Memorandum of Understanding.

27.   Effectiveness and Efficiency

27.1   The Community Responder training programme provides the individual volunteer with clear and effective procedures for dealing with the patient. Therefore to ensure that these principles are followed, all Community Responders must ensure that they are fully conversant with the procedures and practice.

28.   Fitness and Health

28.1   Being a Community Responder requires the volunteer to look after themselves and pay particular attention to their own fitness and health. Being called out to an emergency can be a stressful and physically draining experience. If the volunteer does not maintain appropriate fitness levels, they will not be able to give the best treatment to the patient and it may affect their own health.

28.2   It is imperative that Community Responders are fully fit when they log on and should they not feel 100%, contact should be made with the local Co-ordinator who will immediately stand them down. Other shifts will always be available.

28.3   Each Community Responder is required to inform their General Practitioner that they are a volunteer. The GP may advise a course of Hepatitis B, Tetanus and other preventative inoculations; however these can also be arranged through the Trust.

28.4   A pre-placement health questionnaire should be used to assess the general health and fitness levels, and will form an integral part of the recruitment process.

28.5   All Community Responders must ensure that they are not under the influence of alcohol or illegal drugs, and not suffering from excessive levels of emotional stress or anxiety while acting on behalf of the Trust. So that there can be no misunderstanding, Community Responders should not drink alcohol at least 12 hours before the commencement of duty.

28.6   Any changes to health or fitness which may affect a Community Responder's ability to operate, must be confirmed to the Trust/Division Occupational Health provider as soon as is practicable.

28.7   It is acknowledged that Community Responders will be involved in situations that are out of the ordinary. Welfare arrangements are made available through members of the Community Responder Team, and Occupational Health Department and if required, every effort will be made to put the Community Responder in touch with a member of their Faith.

29   Conduct and Behaviour Towards Patients and Others

29.1   Anxiety and stress can make patients and their relatives or carers seem unreasonable. It is important that Community Responders try to recognise this and react accordingly, being tactful, reassuring, understanding and sympathetic. As a matter of course, each Community Responder should:

- Identify themselves as an Ambulance Service Community Responder and say, "how can I help?"
- be aware of the patients' relatives, friends or others who may be concerned with the patient;
- Co-operate with the attending healthcare professional.

29.2   Do not be drawn into any disagreements, and always refer problems to the Scheme Co-ordinator, recording any unusual occurrences on the incident report form.

29.3   Do nothing to destroy the confidence of patients, relatives, carers and bystanders. Any problems associated with the treatment of patients should never be aired in public, but should be discussed in a confidential manner between the Community Responder and the Ambulance Service.

29.4   There is an inherent duty of care to the patient and Community Responders should:

- give a comprehensive hand over to the attending healthcare professional giving information such as what was found on arrival at scene, what treatment has been given, etc;

- never breach patient confidentiality by divulging information to unauthorised persons, the press or media, or by engaging in gossip;

- comply at all times to procedures and protocols set out in the handbook and as delivered in the training programme;

- not record incidents by photographic, video or audio recordings or by any other electronic or digital means.

- Discuss or mention any CFR related incident on any Social Networking site such as Facebook.

30.   Transport

30.1   The aim of the Community Responder initiative is to establish an operational area that takes into consideration a five minute drive time. Community Responders will normally be expected to use their own vehicle as transport to and from incidents while acting as agents of the Trust. In this case, each individual Community Responder is responsible for ensuring that their vehicle remains legally roadworthy and that they have suitable insurance.

30.2   A Community Responder's driving licence will be seen by the scheme coordinator or Community Liaison and Training Officer in the first instance and there after must notify the Trust of any newly acquired motoring conviction as soon as possible.

30.3   A standard letter will be available to Community Responders which can be sent to their insurance provider that will confirm the nature of the Scheme, which should ensure entitlement at no extra cost.

30.4   The Trust will only support the use of vehicular transport for the Community Responder Schemes when the following rules are strictly adhered:

- The Community Responder is alerted to the incident by the Communications Centre via mobile phone and pager and asked to attend as directed by the Emergency Operations Centre.

- When attending an incident the Community Responder will take with them the Responder Bag, which will contain only those items that have been authorised for use. This will include an Oxygen cylinder which will be stored within the Responder Bag. There is no expectation for the vehicle insurer to insure the equipment for theft or damage.

- In order to attend any incident as a Community Responder, confirmation must first be received that the vehicle insurance company authorises the use of their vehicle for Community Responding purposes.

30.5 As a condition of using a private vehicle to attend an incident, the following rules must be adhered to:

- It is the responsibility of the Community Responder to maintain their vehicle in a safe and road-worthy condition. The Trust will not be held responsible for any vehicular short-comings under any circumstances.

- The Trust will not be responsible any circumstances for any vehicle excise duty, MOT, insurance premium or any other sum payable in respect of the vehicle (including any hire purchase or loan repayments in respect of the vehicle).

- The vehicle must not under any circumstances be fitted with any permanent or temporary emergency warning devices, including, but not limited to lights, sirens, headlamp flash units and visor lights. En route to an incident, Community Responders have no priority over any other motorist. The manual flashing of headlamps is misleading to other motorists and should only be performed in accordance with the Highway Code.

- Community Responders will comply with all traffic laws in force at that time and will be expected to comply with the requirements of the Highway Code.

- On introduction to the Scheme and on an annual basis thereafter, all Community Responders will be asked to produce their driving licence and suitably endorsed vehicle insurance documents. This documentation will be collated on an annual basis by the Scheme Co-ordinator and verification that all active Community Responders have complied with this requirement will be sent to the Trust's central Community Responder Department.

- If a Community Responder incurs a driving conviction, the Lead Responder Manager should be informed within 14 days. Discussions will take place with the individual, the local Co-ordinator and a member of the Ambulance Service to decide whether the Trust requires the individual to continue volunteering. All aspects of the conviction will be taken into consideration.

- For the safety of the Community Responder, the equipment/bag must be stored in the boot of their vehicle. Special arrangements must be made by the individual to secure the equipment in the rear of an estate vehicle

that does not have a sealed boot space, this could include strapping the medical equipment securely.

▪ Community Responders will not under any circumstances transport a patient in their own vehicle.

▪ Whilst driving to an incident, each Community Responder must concentrate on the standard of their driving. Parking must be safe and in accordance with the Highway Code. Should the Community Responder be involved in an accident whilst en route, they must stop and provide details in accordance with the Highway Code. The accident should be reported to the Emergency Operations Centre, using the mobile telephone provided.

▪ At the scene of an incident, the attending ambulance vehicles will need to park as near to the incident or entrance to the home as possible. To assist the ambulance staff to identify the incident, the Community Responder will switch on their hazard lights on arrival.

▪ If a Community Responder has any concerns as to there own personal safety, then they must remain within their car and if it is safe to do so, drive on. Clearly there is a need to confirm this to the Communications Centre as soon as possible.

▪ Vehicles must only be driven with the owner's permission and that the Community Responder holds an appropriate driving licence.

▪ All Community Responders as part of the Induction Course will be required to sign their acceptance that confirms their agreement to abide by these rules.

▪ There will be occasions when en route to an incident, traffic congestion and the actions of other road users will increase stress and anxiety. It is important that Community Responders learn to recognise this heightened response of the body and to maintain control throughout.

▪ Whilst driving to an incident the Community Responder must pay particular attention to the standard of their driving. In accordance with the law the Community Responder must stop in a safe location to undertake other activities such as using the mobile phone or reading a map

▪ The Community Responder must ensure that they park safely and in accordance with the Highway Code and any applicable local parking laws

▪ The Trust will not be held responsible for any breach of these rules and as such following a thorough investigation, if found to be negligent in

carrying out their responsibilities, a Community Responder may be asked to leave the Scheme.

31. Sponsored Vehicle

31.1   In the event that a vehicle is provided to an individual group, the following must be adhered to.

31.2   Each member of the Scheme will be required to agree and comply with the following terms as a condition of being permitted to use a vehicle that has been provided or sponsored by another organisation:

- To only use the vehicle whilst acting as a Community Responder.
- Undergo a driving familiarisation by an approved individual.
- To comply with all relevant road traffic legislation relating to the use of the vehicle.
- Be personally responsible for any road traffic offence which occurs whilst driving the vehicle.
- Notify the Trust immediately of any accident in which the vehicle is involved whilst on duty as a Community Responder.
- Provide mileage reports to the Trust in accordance with their requirements.
- Keep the vehicle clean and tidy at all times.
- Pay for any petrol or oil required in connection with use of the vehicle.
- Return the vehicle to the suppliers if requested to do so by the Ambulance Service.
- Keep the service record and any other documents supplied with the vehicle, on the vehicle at all times.
- Ensure that whilst the vehicle is not being driven, that it is parked in a safe place and kept locked at all times.
- Provide a photocopy of both sides of your driving licence.
- The Trust will not be responsible for the insurance, (unless a local agreement is in place) servicing or maintenance of the vehicle. The prime responsibility will remain with the Scheme and this expenditure must be factored into the Scheme's budget plans before accepting a sponsored vehicle.

31.3   When considering the introduction of a sponsored vehicle, the nature of the proposed sponsors' business will be taken into account. For example, potential sponsors from the alcohol or tobacco sector will be thanked for the offer, but will not be considered.

32. Data/Records Management

32.1 Personal Files

Each Community Responder will have a personal file containing the following items as a minimum:

- Application and Selection Documents
- Personal Details
- Occupational Health Clearance Form
- Next of kin notification
- Signed receipt and acceptance of policy documents
- Official Trust correspondence to the individual.

These files will be maintained by the Divisional Community Responder Management Team.

32.2 Co-Responder Groups/Static Sites

32.3 The relevant MoU will outline who holds the records for each individual Co-Responder Group.

32.4 Training Files

32.5 The Trust is responsible for the training of all Responder groups and as such, training records will be kept. The training information held will consist of the following:

- Details and results of the attendance at the Induction Course
- Copies of their most recent Re-qualification question papers
- Evidence of accreditation of prior learning (APL) if applicable
- Summary of all external medical/clinical qualifications
- Details of any identified training needs and the action subsequently taken.

32.6 A general training database for Community Responders will be maintained, which will provide the following information as a minimum:

- Personal details
- Level of training
- Dates of when refresher training is due.

32.9 Data Protection Compliance

32.10 The management of all data records relating to Community Responders will conform to the requirements of the Data Protection Act (1998). The Trust's Caldicott Guardian will have overall responsibility for this management process and will ensure that activity in this area conforms to the Trust's wider policies on records management.

32.11 Any requests made under the Freedom of Information Act (2000) will be referred to and handled by the Information Governance Manager.

32.12 Investigation/Disciplinary Records

32.13 Initially these records will be held by the investigating manager from the relevant Division, and if the investigation is in response to an external complaint, the matter will be handled according to policies specific to Indirect Resources and will reflect good practice both in terms of disciplinary process and policy and volunteer management.. The outcome of any investigation or disciplinary action in relation to a Responder will be summarised and recorded in their personal file.

33. Complaints/Interviews

33.1 Complaints Procedure

Formal written or oral complaints relating to Community Responders should, in the first instance be handled according to the relevant Trust's generic complaints procedure.

33.2 Investigations

Community Responders are volunteers and are therefore not bound by employment law. At any point, the Trust can stop utilising the services of a volunteer or group of volunteers. However, the Trust will investigate any complaint in an open and transparent manner, and if the Responder is not happy with the way the investigation has been handled, they will be entitled to appeal directly to the Lead Responder Manager or the SCAS Director with lead responsibility for Community Responders.

33.3 Interviews

33.4 Community 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 Community Responders during this process, and in the first instance a Community Liaison and Training Officer will be present during such interviews. When a Co-Responder is asked to attend a police interview, they will need to make the appropriate arrangements to ensure the presence of an official representative from their own organisation.

Community 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 if they wish.

34.0 Monitoring

34.1 The Community Responder initiative together with the Governance Framework will be monitored and reviewed so as to ensure their effectiveness and thereby maintaining safe and appropriate working practices. If any actions become apparent, an action plan will be developed and monitored by the Governance Committee.

34.2 The following will provide the focus for the review:-

34.3 The Scope of Practice for Community/Co-Responders (7.2) will be monitored through an audit of the activations from each of the Emergency Operations Centres. This will examine the appropriateness of calls that Community/Co-Responders are sent to.

34.4 The six monthly re-qualification process will be examined to ensure that active Responders remain within the appropriate time frame for qualification. For those Responders whose re-qualifications have elapsed, evidence that the relevant process has been followed will be collated. The main focus of the re-qualifications will be the safe use of the AED and the safe use and storage of the Oxygen. The review will also note those Responders that did not re-qualify within the required time period.

34.5 Recruitment statistics will be collated and the number of applications that are not taken forward will be reported.

34.6 The review will also take into account any actions taken from the following procedures:-

- Complaints Procedure
- Whistleblowing Policy
- Adverse Incidents from IR1 forms
- Managers Appraisals
- Feedback from Locality Meetings

34.7   The review will be conducted on an annual basis by the Lead Community Responder Manager and the subsequent report will be provided to the Governance Committee.

34.8   The Community Responder Management team will keep abreast of all proposed and confirmed clinical developments that may affect the Scope of Practice for Community Responders e.g. updates from the UK Resuscitation Council and IHCD First Person on Scene.

34.9   The review will take place every two years

34.10 Other Related Documents

- Lone Worker Policy
- Health and Safety Policy
- Risk Management Policy and Procedure
- Management of Violence and Aggression Policy and Procedure
- Vulnerable children and Adults
- Security Policy

Part Two - VOLUNTEERING DECLARATION

35   The Value of Volunteers

35.1   There are a number of key benefits that can accrue from the use of volunteers, and Community Responders provide valuable services to individuals receiving care that can complement the service provided by the Trust.

35.2   From a wider perspective, volunteering promotes social inclusion and contributes towards building sustainable communities and creates opportunities for all citizens to make a positive contribution to society.

35.3   It should be recognised that individuals are motivated to volunteer in the NHS for many varying reasons which include the following:

- Wanting to give something back after they or their family have benefited from services.
- Exploring a career in health care.
- A wish to develop or maintain skills and experience.
- Wanting to help the NHS improve and develop specific services.

35.4   For an organisation to make the most of its volunteers, it needs resources and backing from the whole organisation to provide the appropriate support. Evidence indicates that when voluntary services are properly integrated into the organisation their contribution will include:

- developing services that meet the needs of the whole community
- increasing standards and the quality of care
- resolving small issues before they become formal complaints
- acting as advocates for the Trust to the community
- enabling the Trust to be Compact compliant
- supporting the Trust in meeting Healthcare Commission Standards.

36   The Legal Position of Volunteers

36.1   The Trust owes a duty of care to volunteers through, for example, good practice in health and safety matters and must take appropriate measures to ensure volunteers' safety.

36.2   Volunteers do not have a distinct legal status in the same way that paid workers do and are not covered by any employment law in the same way.

This means that equal opportunities legislation does not apply to volunteers and that they have no protection from unfair dismissal.

36.3   However, it is clear that volunteers should be afforded the same respect and care as employees, yet it should be clear that the organisation has a different, non-contractual relationship with them. They should be included in organisation-wide policies such as equal opportunities, health and safety and zero tolerance of violence. Policies relating directly to the volunteer's relationship with the organisation, (for dealing with grievance and disciplinary issues for example) should be distinct from those for paid staff.

36.4   The distinction between volunteers and paid workers must be maintained. Volunteers can be seen as a worker in the eyes of the law if they can demonstrate they are working under a contract. A contract need not be a formal document, but is a description of relationship where there is a "consideration" – the exchange or promise of something of material value – in return for work. Care will therefore be taken to avoid circumstances that imply an employment relationship. In any situations where there is doubt, the relevant issues should be discussed with the Regional Indirect Resources Manager. When a Co-Responder partnership is established with another organisation e.g. HM Coastguard, a Memorandum of Understanding will be developed. A Memorandum of Understanding is not a legally binding agreement or contract between the parties. Rather it reflects mutual understandings and agreed intent. It is intended to be binding in honour only.

36.5   Consideration could be any money over and above out-of-pocket expenses. It could also be a perk with a financial value, such as training that is not necessary for the volunteer's role. However, it is good practice that any mileage can be claimed against the incidents they are allocated to.

36.7   Volunteering is an activity that is undertaken as an act of free will, with people choosing to give their time without concern for financial gain. The lack of a legal framework for volunteers means that there is an increased need for the Trust to ensure good practice in the management of volunteers.

37   Volunteer Policy and Procedure

37.1   Having a volunteer policy demonstrates a commitment to volunteers and helps put in place a consistent approach to volunteering across the whole Trust. The Volunteer Policy will set out a framework for volunteer involvement and place it in an organisational context and service delivery context.

37.2   Having a volunteer policy in place is also important from a Trust point of view, as volunteers will be acting on behalf of the Trust and as such the policy

should be ratified by the Board and reviewed alongside other organisational policies.

38. VOLUNTEERING POLICY

38.1 Community Responder Schemes are partnerships between South Central Ambulance Service NHS Trust (the Trust) and individuals who have formed groups within the local community to support the provision of emergency pre-hospital care within a defined set of protocols, before the arrival of an ambulance resource

38.2 The UK Audit Commission has defined a partnership as a joint working relationship where the partners:

- are otherwise independent bodies
- agree to co-operate to achieve a common goal.

38.3 This document sets out the broad principles for volunteering involvement with the Community Responder initiative within the Trust. It is of relevance to volunteers, staff and members of the Trust.

38.4 The purpose of the policy is to ensure cohesion and consistency to all elements of the Trust that affect volunteers.

38.5 This policy is endorsed by the Board of South Central Ambulance Service and will be kept under review to ensure that it remains appropriate to the needs of the Trust and its volunteers.

39 Commitment

39.1 The Trust:

- values the unique and valuable contribution made by volunteers and is committed to working in ways which encourage and support volunteers;
- is committed to involving volunteers in appropriate positions which will benefit the delivery of high quality patient care;
- appreciates that volunteering is rewarding and can change and enrich the lives of individuals;
- recognises that volunteering has the capacity to build skills and confidence and contributes to individuals' personal development;
- respects volunteers in both listening and learning from what they have to say – feedback from volunteers is always welcome;
- acknowledges that volunteering is of a wider benefit to society;
- values volunteering as an inclusive act of participation;

- recognises that volunteering has an important role to play in helping people who are excluded from society to participate and become active members of their communities;
- recognises that volunteering is at the heart of the emerging civil society agenda and that through volunteering people can influence decisions;
- distinguishes volunteering from employment and puts its flexibility and informality to best effect to complement the work of paid staff.

40   Definitions

40.1   A volunteer is someone who, without expectation of financial compensation, performs a task at the request of and on behalf of the organisation.

40.2   The definition of volunteering used by the Trust is:

"Volunteering is an important expression of citizenship and an essential component of democracy. It is the commitment of time and energy for the benefit of society and the community and can take many forms. It is undertaken freely and by choice, without concern for financial gain."

40.3   Volunteering is a legitimate activity that is supported and encouraged by the organisation and is not intended to be a substitute for paid employment. The role of volunteers complements, but does not replace the role of paid staff.

40.4   Steps will be taken to ensure that paid staff, especially those directly involved in volunteer activities are clear about the role of volunteers and good working relationships are fostered between paid staff and volunteers.

40.5   Volunteers will not be utilised during times of industrial action to do the work of paid staff. However, where possible they will be asked to maintain their level of commitment.

40.6   The volunteer role is a gift relationship, binding only in honour, trust and mutual understanding. No enforceable obligation, contractual or otherwise, can be imposed on volunteers to attend, give or be set a minimum amount of time to carry out the tasks. Likewise, the Trust cannot be compelled to provide regular work, payment or other benefit for any activity undertaken.

40.7   Although volunteers offer time freely and willingly without binding obligation, there is a presumption of mutual support and reliability. Reciprocal expectations are acknowledged – both what the Trust expects of volunteers and what volunteers expect of the Trust.

41   Recruitment and Selection

41.1   The Trust is committed to equality of opportunity and believes that volunteering should be open to all regardless of age (within legal constraints e.g. driving licence), gender, ethnicity, religion, political beliefs and sexual orientation. The acceptance of volunteer assistance is made on merit, the sole selection criterion being the individuals' suitability to carry out agreed tasks.

41.2   The Trust, through local Scheme management of the process and the associated administrative tasks carried out by the Community Responder Department, will implement a fair, effective and open system in the recruitment and selection of volunteers and treats all information collected in the process confidentially.

41.3   The Trust will have in place a dedicated team to manage the volunteer Community Responders and have a designated senior manager who has overall responsibility for the management and welfare of the Community Responders.

41.4   Volunteers will have a clear and concise description of their role and tasks. These will be established by the designated officer after discussions with volunteer representatives. Volunteer representatives will be properly briefed about the activities to be undertaken and given all the necessary information to enable them to perform with confidence.

42.   Training and Development

42.1   All volunteers will be aware of and have access to all relevant Trust policies, including the Volunteering Handbook, Health and Safety Policy and the Equal Opportunities Policy.

42.2   Before the commencement of voluntary activity, all Community Responders will attend an Induction Course which will provide them with the necessary clinical skills and supplementary information e.g. dynamic risk assessment, required to fulfil their role.

42.3   The development of training and support for volunteers is a high priority for the Trust in order to equip all Community Responders with the necessary skills and information required to fulfil their role, and all of the training provided to volunteers will be relevant to their role.

42.4   All training will be provided by an appropriately qualified person and will be used in conjunction with a designated member of staff from the Ambulance Service.

43   Support and Supervision

43.1   The Trust acknowledges the need for a clear and consistent organisational framework to manage the Community Responder initiative.

43.2   Volunteers will be informed of whom to approach for support on various issues and have regular access to that person if required.

43.3   Regular meetings with Co-ordinators and the Community Responder Management Team will take place, which will provide a forum to discuss any problems or issues that arise.

43.4   The frequency, duration and format of this support and supervision is agreed between Co-ordinators and the Community Responder Management Team.

44   Conditions of Service

44.1   The Trust's liability insurance policies include the activities of volunteers and liability towards them.

44.2   The Trust does not insure the personal possessions of volunteers against loss or damage.

44.3   The Trust recognises that volunteers may cease their involvement at any time. Exit interviews will be developed and offered by Co-ordinators to ascertain why a volunteer is leaving, share any learning points and establish whether they may want to be involved again in the future.

45   Security and Confidentiality

45.1   The Trust will advise volunteers of the need for confidentiality as the duties necessarily involve the principles of patient confidentiality.

45.2   The Community Responder Department will hold a record of names and addresses of all registered volunteer Community Responders for the purposes of security and health and safety. All training records will be kept on file and individuals may see the records that are kept at any time.

45.3   This information and all other personal data is subject to the provisions of the Data Protection Act 1998 and will be treated in the strictest confidence in accordance with the Trust's Data Protection Policy 1998.

46   Settling Differences

46.1   The Trust aims to treat all volunteers fairly, objectively and consistently and seeks to ensure that volunteers' views are heard, noted and acted upon promptly. The aim is for a positive and amicable solution based on the Trust's guidelines for settling differences.

46.2   The Lead Community Responder Manager is responsible for handling problems regarding complaints from Community Responders or issues of conduct and these should be reported directly to the post holder. In the event of a problem all relevant facts should be obtained and acted upon as quickly as possible. The Lead Community Responder Manager will endeavour to resolve the problem through mediation in an informal matter.

47   Rights and Responsibilities

47.1   The Trust recognises the rights of volunteers to:

- know what is expected of them
- have clearly specified guidelines of support
- be shown appreciation
- have safe working conditions
- be insured
- know what their rights and responsibilities are if something goes wrong
- be trained and competent to carry out appropriate tasks
- be free from discrimination
- have the opportunity for personal development
- ensure that you and all others working with and dealing with the Trust are free from discrimination on grounds of race
- refuse to carry out any request they consider to be unreasonable.

47.2   And in return the Trust expects volunteers to:

- be reliable
- be honest
- respect confidentiality
- make the most of training and support opportunities
- carry out tasks in a way which reflects the aim and values of the Trust
- work with agreed guidelines and protocols
- respect the work of the Trust and its employees and not bring it into disrepute
- comply with the Trust's Health and Safety Policy
- comply with the Trust's Equal Opportunity Policy
- comply with the Trust's Data Protection Policy.

48   VOLUNTEER AGREEMENT

48.1   This Volunteer Agreement describes the arrangement between South Central Ambulance Service NHS Trust – Community Responders and *Name of Volunteer.*

48.2   The Trust wishes to assure each and every member of a Community Responder Scheme of the appreciation of your volunteering and will make every effort to ensure that the experience of volunteering with the Trust is enjoyable and rewarding.

49   Section 1

49.1   Your role as a Community Responder will be the delivery of Basic Life Support and Defibrillation to the patient suffering a cardiac arrest outside of the hospital setting and to provide appropriate medical care and support to patients suffering from other life threatening conditions, and will start once the Induction Course has successfully been completed and elements of the selection process have been carried out, e.g. satisfactory DBS Disclosure, receipt of satisfactory references etc.

49.2   The Trust will commit itself to the following:

50   Induction and Training

- To provide thorough Induction Training that will enable you to carry out the full role of a Community Responder.

51   Supervision, Support and Flexibility

- To explain the standards that are expected from Community Responders and to provide encouragement and support to maintain the high standards of patient care.
- To provide organisational support through the Community Responder Management Team and to hold regular meetings to discuss volunteering and any successes and problems.
- To promote positively the activities of Community Responders in order to develop their volunteering role within the Trust.

52   Health and Safety

- To provide adequate training and feedback in support of the Trust's Health and Safety Policy.

53 Insurance

- To provide adequate insurance to cover Community Responders whilst undertaking voluntary work approved and authorised by the Trust.

54 Equal Opportunities

- To ensure that all volunteers are dealt with in accordance with the Trust's Equal Opportunities Policy.

55 Problems

- To try and resolve fairly any problems, grievances or difficulties you may have while acting as a Community Responder.
- In the event of an unresolved problem, to offer an opportunity to discuss the issues in accordance with the procedures set out in the Grievance Procedure.

56 The Volunteer

56.1 I *State Volunteers Name* agree:

- to help South Central Ambulance Trust to contribute to the fulfilment of its services by becoming a Community Responder;
- to perform my role as a Community Responder to the best of my ability;
- to follow the organisation's procedures and standards, including those relating to Health and Safety and Equal Opportunities, in relation to its staff, volunteers and patients;
- to provide referees, as agreed who will be contacted and agree to an Enhanced Criminal Records Bureau application being carried out.

56.2 This agreement is binding in honour only. It is not intended to be a legally binding contract between the Trust and the volunteer Community Responder and may be cancelled at any time at the discretion of either party. Neither of the parties intends any employment relationship to be created either now or at any time in the future.

56.3 All volunteers sign a Volunteer agreement that is binding in honour only and is found as an appendix in the Community First Responder Handbook. This is

signed by the volunteer and a copy is retained by the divisional CFR admin department.

Appendix 1 - Patient Handover Record

South Central Ambulance Service NHS Foundation Trust
CFR PRF – CAS130 v6.2 – Front

A

South Central Ambulance Service NHS — NHS Foundation Trust

Use Capital Letters and Black Biro

Responder Skills / Equipment Record CAS130 v6.2

Incident Date	Incident Number	Responder Call Sign		Call Time
/ /		Responder PIN (1)		Mobile Time
Patient Initials Date Of Birth		Responder PIN (2)		At Scene
/ /				

Basic Observations

Response	Airway	Breathing	Circulation	Patients Pain Score
O A - Alert	O 1 - Clear	O Normal	External blood loss?	Pain Score
O V - Voice	O 2 - Part. Obstructed	O SOB / Unable to speak full sentences	O Yes O No	
O P - Pain	O 3 - Obstructed		BP Sys	
O U - Unresponsive	O 4 - Vomited	O Abnormal / Absent (Commence CPR)	BP Dia	Entonox Administered?
Time of Observations :	Duration of symptoms O Hours O Days		Heart Rate	O Yes O No

Resuscitation

Was BLS given?	O AED Used	Time AED pads applied :	Did the patient's breathing return?	O Yes O No
O Yes O No	O Adult AED pads used	How many shocks were given?	Time breathing returned :	
	O Paed AED pads used (Under 8 years old)			

Aspirin should be made available to any patient presenting with cardiac sounding chest pain unless there is a clear contra-indication:

Any known allergy or hypersensitivity?	O Yes O No	Haemophilia or other blood clotting disorders?	O Yes O No
Under 16 years of age?	O Yes O No	Severe liver disease?	O Yes O No
Current active gastrointestinal bleeding?	O Yes O No	300mg already taken since the 999 call?	O Yes O No

If all of the above answers are 'No', administer aspirin   O 300mg Aspirin   Time administered   :

Use of Oxygen - Normal healthy patient range (94 – 98%). Known COPD patient range (88 – 92%)

SPO2 reading without O2	SPO2 reading with O2	Oxygen administered? O Yes O No

Recognition of a Stroke | **Diabetic - Suspected or known blood sugar level imbalance**

FAST Performed	O Yes O No	Arm - Right Weakness	O Yes O No	Blood Sugar Level in mmol	.
Face - Paralysis	O Yes O No	Speech - Slurred	O Yes O No	High sugar food / drink given	O Yes O No
Arm - Left Weakness	O Yes O No			Glucogel administered?	O Yes O No
		Time Onset of Symptoms :		Estimated Dose in Grams	

Responder Actions | | | | | Size

Did you use Pocket Mask?	O Yes O No	Did you use an OP airway?	O Yes O No
Did you use Bag, Valve, Mask (BVM)?	O Yes O No	Was the patient put into the recovery position?	O Yes O No
Did you use suction?	O Yes O No	Did you dress a wound and elevate to stop serious blood loss?	O Yes O No
Does the patient have any allergies?	O Yes O No	Does the patient currently take any medications?	O Yes O No

Presenting complaint / previous medical history -

Do you feel there is a Safeguarding Child / Adult issue?   O Yes   O No   If 'Yes', have you informed the attending clinician?   O Yes   O No

To maintain patient confidentiality, when possible this form should be handed to a SCAS clinician or immediately sent to: -
Northern House, Winchester (Licence Number RSAH-SGUZ-UZZE), Winchester, SO21 2RU

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Responder Skills / Equipment Forms Coding Information (v2.0)

No Pain	Mild Pain	Moderate Pain	Severe Pain
0	1 - 3	4 - 6	7 - 10

| 0 NO HURT | 2 HURTS LITTLE BIT | 4 HURTS LITTLE MORE | 6 HURTS EVEN MORE | 8 HURTS WHOLE LOT | 10 HURTS WORST |

RESPIRATORY RATES

AGE	RESP. RATE
< 1 Year	30 - 40
1 - 2 Years	25 - 35
2 - 5 Years	25 - 30
5 - 11 Years	20 - 25
Adult	12 - 20

HEART RATES

AGE	HEART RATE
< 1 Year	110 - 160
1 - 2 Years	100 - 150
2 - 5 Years	95 - 140
5 - 11 Years	80 - 120
Adult	60 - 100

MINIMUM AGE

EQUIPMENT	MINIMUM AGE
BAG / VALVE / MASK	8 Years
OP AIRWAY	As Sized
SUCTION	8 Years
ADULT AED PADS	From 8+Years
PAEDIATRIC AED PADS	Up to 8 Years
ASPIRIN	16 years

DIABETIC CONDITIONS

CONDITION	BLOOD SUGAR LEVEL
Hypoglycaemic	From ≤ 4.0 mmol
Hyperglycaemic	From ≥ 7.0 mmol

Appendix 2 - Letting Volunteers Go

Most volunteering comes to a natural conclusion when a volunteer feels that s/he is ready to leave an organisation and move on to other things. Occasionally, there may be circumstances when the Trust considers it necessary to ask a Community Responder to leave. This policy suggests the circumstances and measures for dealing with this.

Policy and Process

A Community Responder will automatically be asked to leave if, after investigation, he or she is found to have committed:

- Theft of property belonging to the Trust, another volunteer, member of staff, patient or service user
- Acts of violence towards another Responder, member of staff, patient or service user
- Malicious damage to property belonging to the Trust, Community Responder Scheme, staff or service user
- Harassment
- Serious breaches of the letter or spirit of the Equal Opportunities policy.

When such allegations are presented, the Community Responder can be suspended immediately while an investigation is carried out. The decision to suspend a volunteer will be made by the Lead Community Responder Manager or appropriate officer and will be confirmed in writing.

Please note that criminal proceedings may also be brought against a volunteer by the injured party in these cases.

The steps below in this policy will be taken in instances such as (this is not an exhaustive list):

- Breach of the applicable Trusts' policies and procedures, especially those concerning clinical protocols, confidentiality and health and safety
- Criminal convictions which affect the volunteers' suitability for a role
- The provision of false information or failure to disclose information relevant to their suitability for the role
- Inappropriate behaviour, including sexual or racial harassment

Investigation

The Trust is committed to thoroughly investigating all concerns, complaints and allegations about Community Responders and their work. In the event of a complaint, the Lead Community Responder Manager will:

- Assign a Community Liaison and Training Officer (CLATO) to investigate the issue. The Investigating CLATO will not be the CLATO from the locality where the issue has alleged to have taken place. The Lead Community Responder manager will issue the CLATO with Terms of Reference which the investigation will be carried out under. Under normal circumstances, the investigation will be concluded within 20 working days of the Community Responder being advised that the matter for concern is being investigated. Any extension to this time-frame will be communicated to the Community Responder by the Lead Community Responder Manager or similar appropriate officer.

- Only in exceptional circumstances investigate complaints made anonymously

- Identify the facts of the matter, through discussion with the volunteer and other relevant parties, to determine whether there is any cause to continue with the steps outlined below. Throughout the interview and discussion, the Community Responder should be advised that it is acceptable to be accompanied by a fellow Community Responder or Union representative.

- On completion of this process the Investigating CLATO will compile a report for submission to the Lead Community Responder Manager with recommendations as to whether the matter need not be taken further or whether a Formal Meeting should be convened to explore the matter further.

- The Lead Community Responder Manager will inform the volunteer of the decision taken and of the next steps.

Conducting the Formal Meeting

Should it be deemed appropriate to conduct a Formal Meeting to examine in greater detail the pertinent issues, a Formal Meeting will be arranged. Taking into account the volunteering element of the role, flexibility will be shown as to the timing and the location of the meeting.

A panel will oversee the Formal Meeting and will be composed of 2 appropriate officers.

The Appointing Manager will ensure that there is a timely exchange of documentation prior to the hearing being held. This will normally arranged at the time of the confirmation of the Formal Meeting.

The Investigating CLATO will present their case first. This presentation will clearly outline what has occurred and the processes followed to confirm these events. The Investigating CLATO may call witnesses as necessary.

The Community Responder will then have the opportunity to ask questions of the Investigating CLATO any witnesses.

Upon completion of the Investigating CLATO's presentation, the Community Responder will be invited to respond to the Investigating CLATO case and call witnesses as appropriate.

The Investigating CLATO will have the opportunity to ask questions of the Community Responder and any witnesses.

If either case contains new facts /additional evidence not previously disclosed, the Appointing Manager will consider adjourning the meeting in order to clarify the new facts/information.

The Appointing Manager may at their discretion adjourn the Meeting in order that further evidence may be produced by either party if relevant and/or for any other reason.

Once both parties have presented their case the Appointing Manager will invite both parties for a short adjournment in order that they may prepare a short summary statement.

Both the Investigating CLATO and the Community Responder will have the opportunity to summarise their case if they so wish. In their summary, neither party will be able to introduce any new matter.

Once these summaries have been completed, the meeting will be adjourned for the Panel to make a decision.

Before making a decision to cancel the Community Responders agreement we will look at:

Does the volunteer fully understand the rules or procedures of the Trust? The Community Responder Manager will review the support and supervision of the volunteer to ensure that:

- The Community Responder understands how they should fulfil their role
- The Community Responder understands what is appropriate and inappropriate behaviour

- The Community Responder has all the information they need to perform their duties to the required standards
- Any problems identified can be resolved

Training – The Lead Community Responder Manager will with the assistance of a CLATO, assess the knowledge and skills required for the role and will arrange further training to address any gaps in knowledge. Where further training is not suitable in the circumstances the Lead Community Responder Manager or appropriate Manager will make the decision to ask the Community Responder to leave the Trust by holding a private meeting with the volunteer. The meeting will be followed up with a letter re-iterating the decision and providing information on any arrangements for leaving. The Lead Community Responder Manager will inform the Trusts' staff and volunteers of the decision.

Should the outcome not be relevant to any training issues then the Community Responder will have the agreement with SCAS terminated.

If the individual wishes to continue volunteering, they should be referred to the local volunteer centre for information on opportunities available in other organisations.

Appendix 3 – Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy:

Governance Framework for Community Responder/Co Responders and Static Site AED's

Officer completing assessment: Nic Morecroft, Responder Manager

Telephone: 01962 898088

1.   What is the main purpose of the strategy, function or policy?
The purpose of this policy is to ensure that there is clear governance around Community/Co-responders and Static Site AED locations. The object of the document is to formulate a consistent way of working across the SCAS network. Document and to act as a reference document for managers and responders.
2.   List the main activities of the function or policy? (for strategies list the main policy areas)
Role, Structure, Recruitment, Training, Charity Account , Audit,
3.   Who will be the main beneficiaries of the strategy/function/policy?
- Organisational direction   - Patient wellbeing and safety   - Responder wellbeing and safety   - Trust in terms of having robust governance arrangements

4.   Use the table overleaf to indicate the following:-
 	
    a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could a disadvantage to them?
 	
    b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	Yes	N/A	Certain religions require female to female.
	Men	N/A	N/A	No impact either positive or negative identified
RACE	Asian or Asian British People	Yes	Yes	Possible Language difficulties for those whose first language is not English however, this could benefit the diverse groups that live in our communities.
	Black or Black British People	N/A	N/A	Possible Language difficulties for those whose first language is not English however, this could benefit the diverse groups that live in our communities.
	Chinese people and other people	N/A	N/A	Possible Language difficulties for those whose first language is not English however, this could benefit the diverse groups that live in our communities.
	People of Mixed Race	N/A	N/A	Possible Language difficulties for those whose first language is not English however, this could benefit the diverse groups that live in our communities.
	White people (including Irish people)	N/A	N/A	Possible Language difficulties for those whose first language is not English however, this could benefit the diverse groups that live in our communities.
	Disabled People	N/A	Yes	Possible learning difficulties and problems understanding
	Lesbians, gay men and bisexuals	N/A	N/A	No impact either positive or negative identified
	Trans people	N/A	N/A	No impact either positive or negative identified
AGE	Older People (60+)	N/A	N/A	No impact either positive or negative identified
	Younger People (17 to 25) and children	N/A	N/A	No impact either positive or negative identified
	Faith Groups	N/A	N/A	No impact either positive or negative identified
	Equal Opportunities and/or improved relations	Yes	N/A	Clear policy available on Trust's web site

Notes:

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Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	**No**
Legal (it is not discriminatory under anti-discriminatory law)	N/A	N/A
Intended	N/A	**N/A**
	High	**Low**
Level of Impact	N/A	N/A
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
N/A		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
Recruit groups in the community to work with our patients needs		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
N/A		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:		
Name: Nic Morecroft, Divisional Community Responder Manager		
Date: July 2013		