



Volunteer Responder Policy

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality East of England Ambulance Service Trust (EEAST) recruits and trains volunteers from whom they shall deploy (along with EEAST resources) to appropriate patients as defined in this policy. The scope of practice shall be as determined from time to time by the Trust and reflected in the procedures which make up this policy. This policy will be reviewed on a bi-annual basis and EEAST Volunteer Advisory Forum (VAF) reserves the right to alter or change the policy and procedures at any time.

Volunteers are entitled to access to the relevant and approved Trust Policy and Procedures which are located in the Human Resources Policies and Procedures Folders and/or on the Trust's Intranet or Website as appropriate. Copies are also available from the Human Resources Department. It is important to note that not all Trust Policies apply to volunteers (as they are not employees) and reference should be made to the policy itself and/or the linked procedural document table above.

Volunteer responders operate within partnership arrangements between EEAST and local Community First Responder (CFR) Groups and Co-responder Groups (normally Military). This policy sets out the operating procedures relating to this partnership, including the code of conduct for volunteer responders and the Trust's responsibilities in relation to these schemes, which involves both the local groups and their individual members. Prior to acceptance as a volunteer, responder volunteers are required to agree to, and abide by the contents of this policy. The Community Response Manager

(CRM) who is the local lead manager for CFR and Co-responder volunteers within the Trust.

2. Purpose and Definitions

2.1 CFR groups comprise of members of the public who volunteer to assist EEAST in their local community by attending emergency calls within a radius of where they predominately live or work and provide basic emergency care whilst an ambulance is en-route to the patient.

2.2 Why have Volunteer Responders?

EEAST aims to provide the highest quality patient care around the clock for everyone living in or passing through Bedfordshire, Hertfordshire, Essex, Suffolk, Cambridgeshire and Norfolk. However, due to the rural nature of some areas, it is not always possible to get an ambulance to the patient with a potentially life-threatening condition within those first few vital minutes. Volunteers provide emergency care, including defibrillation if required, to a seriously ill patient whilst an ambulance is en-route to the scene. Volunteers can also provide care through admission avoidance schemes such as management of non injury falls.

2.3 Volunteer responding requires time, effort, and dedication. It can be stressful, challenging and demanding, therefore volunteers are urged to consider their personal capacity before making the commitment to becoming a CFR. Those who chose to make this commitment will find it rewarding and a worthwhile experience.

2.4 As an Equal Opportunity organisation EEAST expects all employees, including volunteers and all members of the public who use the service to be treated equally and with respect, irrespective of their age, religion, race, gender, marital status, ethnicity, disability, or sexual orientation. The Trust also expects all volunteers to act in the spirit of Trust Values and Expected Behaviours.

2.5 In summary, volunteers play a vital role in assisting EEAST to provide emergency patient care and by early intervention and

treatment (including effective CPR and defibrillation) can aid in the reduction of cardiac related deaths within their local community.

3. Duties, roles and responsibilities

3.1 Trust Board

The Trust Board is responsible for ensuring appropriate policies, procedures and resources are in place for volunteers.

3.2 Medical Director

The Medical Director has overall responsibility for managing the strategic development and implementation of clinical risk management including overseeing the implementation and development of training packages ensuring appropriate control and clinical governance is achieved. This may be delegated in respect of Volunteers.

3.3 Volunteer Advisory Forum

The Volunteer Advisory Forum (VAF) provides the EEAST Executive Leadership Board (ELB), and indirectly, the Trust Board, with advice from a volunteer perspective regarding service and future strategy, as well as assisting EEAST to develop appropriate mechanisms for volunteer engagement, input, and subsequent service innovation. VAF members will include various volunteer groups, who they represent in line with the Terms of Reference.

3.4 Chief Operating Officer

The Chief Operating Officer will have the portfolio and therefore overall oversight of volunteer responders. Senior leadership and responsibility will be delegated to the Head of Community Response who is responsible for delivery.

3.5 Head of Community Response (HCR)

The Head of Community Response is responsible for the delivery of Community Response Strategy and Volunteer Policy to meet the

needs of patients and the Trust. They have direct responsibility for effectively managing the Community Response Team regionally and associated governance and safeguarding processes. They also have responsibility for the development of CFRs, Co-responders and Publicly Accessible Defibrillator sites.

3.6 Community Response Manager (CRM)

The CRMs are responsible for the delivery of a safe and effective community first response model within this policy and associated Trust processes. This is achieved through links with the Voluntary Responder Groups and local Coordinators. See also section 7.

3.7 Community Response Training Officers Training Officers (CRTO)

The CRTOs are responsible for the delivery of CFR induction training programmes and support volunteer trainers to deliver ongoing development training in local CFR groups.

3.8 Leading Operations Managers (LOM)

LOMs provide a 24/7 operational function and therefore may provide support to volunteer responders as part of their daily role (for example for urgent out of hours issues and welfare).

3.9 Trust Volunteer Link

Where available, the volunteer link role is responsible for providing local liaison and clinical support (which may include training) to the local CFR groups. They also provide operational and clinical feedback to the CRM team (see also section 7). A volunteer link is a Trust member of staff offering this support in a voluntary capacity outside of their normal role.

3.10 Ambulance Operations Centre (AOC)

The AOC activates CFRs to an agreed scope of calls and acts as a conduit for information during that call. AOC is also the first point of call for welfare checks for the volunteers. AOC may refer issues to the Tactical Operations Centre (TOC) for support.

3.11 CFR Team Leader

CFR Team Leaders are volunteers who coordinate local CFR volunteers in a defined group (or groups).

3.12 Volunteer Representatives

Volunteer Representatives are responders who represent their volunteers from each county at Trust wide operational and strategic meetings.

3.13 Volunteer Trainers/Assessors

Volunteer trainers provide ongoing local training and development to CFR groups. Volunteer assessors support annual assessments to ensure competency for each individual CFR.

3.14 Community First Responder

Community First Responder attend local emergency calls to patients within the defined call out criteria as set out by the Trust. Community First Responders must regularly engage with their group and local members to ensure a cohesive team dynamic. Community First Responders must complete all the mandated training in line with the Trust requirements.

4. Recruitment and Selection

4.1 EEAST will identify locations for CFR groups to be developed.

Volunteers must be over 18 years of age and have a current full driving license with less than three penalty points and access to suitable roadworthy transport. EEAST does not approve motorcycles

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or pedal bicycles to be used for responding purposes. Volunteers must declare any penalty points issued to EEAST.

The following will be required as part of the application process:

- Full safer recruitment in line with Trust policies.
- Occupational Health clearance relevant to the volunteer role.

Where an individual who is recruited as a volunteer CFR has been identified as not being active or engaged with the Trust for six calendar months, the Community Response Manager will review their responding status. The individual CFR may be required to undertake the full application and training process again.

Existing volunteers may continue to volunteer from the age of 70 but will require an annual Occupational Health Review.

It is recommended that volunteers who are trained to respond are required to be fully inoculated against COVID-19 unless medically exempt and are also recommended to obtain the Hepatitis B vaccination.

If a volunteer leaves the scheme, they must inform their Team Leader who in turn must notify the Community Response Team of their intention in writing. The Team Leader and/or CRM will offer the volunteer an exit interview, to obtain feedback regarding their community responding experiences, and to thank them for their service. Trust issued identification and equipment/uniform must be returned on leaving the scheme within 7 days of resignation. This would include any personal issue items that were purchased for the volunteer role.

4.2 Disclosure and Barring Service (enhanced) All Volunteers are required to sign up to the DBS renewal service after their initial DBS check when recruited. Failure to do this will result in cessation of opportunities to volunteer for EEAST

EEAST has the right to process random DBS checks for any volunteer. This is to ensure compliance to the governance and safer recruitment frameworks.

5. Code of Conduct

5.1 Purpose of code

The purpose of the code is to ensure that all volunteers understand the high standard of conduct that is expected of them whilst they are performing their duties on behalf of EEAST. The Community Response Manager (CRM) has the authority to enact a management stand down whilst further advice is sought following any breach of this code.

5.2 Integrity and reliability

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

5.3 Personal standards and Infection Prevention & Control

Hygiene and cleanliness – Volunteers must have high levels of personal hygiene and cleanliness as they are in close contact with others, especially patients. Volunteers must follow EEAST's agreed policies and procedures for hygiene and IPC.

Appearance – Volunteers are expected to have clean, smart appearance. Each volunteer should be easily identifiable by their clinical grade of CFR by anyone on scene.

Volunteer Responders should report any significant changes to their health (including pregnancy) to their local CRM and Team Leader if this impacts their ability to perform their role.

5.4 Conduct towards patients, colleagues and others

Volunteers must be tactful, reassuring, understanding and sympathetic. Volunteers must avoid over familiarity and be respectful of different customs, values and beliefs.

EEAST embraces the values of public service and expects volunteers to be seen to, and to, act in an appropriate manner while operating as a volunteer. The Trust expects all volunteers to act in the spirit of Trust Values and Expected Behaviours, summarised as:

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- Care – we value warmth, empathy and compassion in all our relationships
- Teamwork – together as one we work with pride and commitment to achieve our vision
- Quality – we strive to consistently achieve high standards throughout continuous improvement
- Respect – we value individuals, including our patients, our staff and our partners in every interaction
- Honesty – we value a culture that has trust, integrity and transparency at the centre of everything we do.

EEAST has a zero tolerance for bullying, theft, and fraud.

Volunteers should be aware of the needs of patients' relatives, friends or others and should not be drawn into arguments or disagreements.

It is expected that volunteers will maintain professional and positive relationships with other group members, Trust employees and managers. Failure to do so could mean the individual is withdrawn from volunteering by EEAST.

5.5 Sense of responsibility

Volunteers must always respect patients' privacy and dignity whilst abiding by the Trust's Dignity at Work policy. Volunteers may be subject to investigation using the principles of such policy if deemed appropriate.

All details regarding patients, including their condition and treatment, are strictly confidential. Volunteers are required to sign an Agreement Form on joining the scheme which confirms they will adhere to these policies and procedures and respect patient confidentiality. Breaches in confidentiality may result in immediate termination of voluntary work for EEAST.

Any enquiries from the press/media regarding incidents attended by volunteers must be directed to the EEAST Communications Office. Failure to do this may result in termination of voluntary work. Volunteers have the right to make use of digital and social

media in their everyday lives and use the opportunity social media affords to engage with the community and raise their profile in order to attract fundraising, new recruits and other support. However, it is important that volunteers recognise the restrictions on social media when posting information in relation to any activity and abide by the Trust Social Media Policy and associated guidance for volunteers.

5.6 Duties of care - volunteers are expected to provide an excellent standard of patient care but must not exceed the level of their training and scope of practise.

5.7 Safeguarding

The Trust is committed to protecting, safeguarding, and promoting the welfare of all people using the Trust services. Safeguarding and protection of those most at risk is everyone's business; it is the duty on any person who may come into contact with the public either by phone or in person to share concerns when suspected. This includes all volunteers.

Volunteers also have a legal responsibility to share any concerns they may have, or they may become aware of when acting on behalf of the Trust. When something 'just does not seem right', volunteers must share their concerns using the Single Point of Contact (SPOC) Trust referral pathway.

All staff, volunteers and commissioned services have a responsibility to read, understand their legal responsibility and to adhere to the requirements of the safeguarding policies, and to maintain an up-to-date knowledge of current practice in children, young people & adults safeguarding.

All staff working on behalf of the Trust including volunteers will ensure that all patients and those members of the community who are considered to be at risk of abuse, are protected and brought to the attention of the relevant authorities/services.

All responders will receive training on safeguarding and their responsibilities when acting on behalf of the Trust. This is Level 2

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safeguarding training in line with the Intercollegiate Document and is mandatory. There is initial training followed by yearly updates in line with the Trust's training strategy.

If any responder has any issues/concerns around safeguarding whilst they are acting on behalf of EEAST they are to alert the attending clinician immediately where appropriate. If this is not possible until afterwards the responder should contact EEAST's SPOC for safeguarding issues. In the unlikely event this number is inaccessible Volunteers should contact their LOM via EOC. The referral is for all Safeguarding concerns. Details will be taken, and the appropriate Local Authority/GP informed. A reference number is generated, and this is to be documented appropriately.

Any allegation or suspicion of abuse must be taken seriously and acted on immediately. Any staff member of the East of England Ambulance Service NHS Trust, or voluntary members of the public who help the Trust deliver our service, and who may come into contact with children, young people & adults have a duty to share, and refer or report concerns regarding suspected abuse.

It is important to remember other vulnerable children/young people or adults on scene as they will require a SPOC referral as well.

Failure to act might place the victim at greater risk and they may be discouraged from disclosing the same or further details again as they may feel they were not believed. Failure to report suspected or alleged abuse may also put other people at risk.

Staff, volunteers, and commissioned services may on occasions be required to co-operate further with other agencies with their investigations or enquiries where requested. This may involve making statements and / or being involved in information sharing, rapid response or strategy meetings. These processes involve the Local Authority and in some cases the Police in investigating concerns and criminal behaviour.

All Trust staff (regardless of position within the Trust), any volunteer, commissioned service or person associated with

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delivering services on behalf of the Trust, must not have acted in a way that breaches any of the following:

- Behaved in a way that has harmed, or may harm, a child, young person or adult
- Possibly committed a criminal offence against, or related to, a child, young person or adult
- Behaved towards a child, young person or adult, that may indicate s/he is unsuitable to work in a position of Trust

Any volunteer identified breaching safeguarding regulations within this policy (or as updated when required) either within their work or as a consequence of actions within their personal life will be subject to Trust disciplinary procedures, Local Area Designated Officer (LADO) investigation (child and young person cases), criminal investigation and as appropriate investigation from their registering body (examples such as the General Medical Council (GMC) or Health Care Professionals Council (HCPC)).

Identification of such incidents can come from various sources. The Trust will take due regard of all allegations and working within the required multi-agency agreements, consider recommendations and actions necessary from all safeguarding professionals to protect vulnerable people. This can/may include a member of staff being suspended, dismissed from the Trust and a Disclosure and Barring Service (DBS) referral made.

The Trust has a duty to share intelligence regarding issues with staff or volunteers. The legislation stipulates that a referral to the Disclosure and Barring Services must be made regardless of the outcome of the Trust investigation. EEAST has in place relevant 'safer recruitment' policies, procedures, and guidance. All volunteers who are exempt from the Rehabilitation of Offenders Act, for example those who provide direct services to children, are subject to enhanced Disclosure and Barring (DBS) checks. The Trust HR policies and procedures provide support and guidance to the whole Trust on processes relating to recruitment and disciplinary procedures.

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Any allegation or suspicion of abuse must be taken seriously and acted on immediately. Any Trust volunteers who help the Trust deliver our service, and who may come into contact with children, young people & adults have a duty to share, and if necessary refer or report concerns regarding suspected abuse.

The Trust, its staff and volunteers come into contact with a large number of agencies caring for people and a potentially large number of vulnerable people on a daily basis. It is possible that whilst volunteering on behalf of the Trust you could witness a colleague/care provider abusing a child, young person or adult.

Because abuse is a sensitive and difficult area we can be tempted not to take action when we think it has happened or is occurring within our own environment. This may be particularly true when the abuser is a member of staff. However, ignoring our concerns or keeping them "in house" can risk:

- Reinforcing abusive behaviour and perhaps putting others at risk
- No action, including support and protection, for all those in the situation
- Further misery because distress is not being fully acknowledged
- Victims seen as not needing or entitled to care, treatment, support or justice
- Perpetuation of a criminal act by the perpetrator

Allegations may arise from a number of sources, both internally and externally. In the case of an allegation received from the Police or LADO, the first point of contact will normally be the Named Professional for Safeguarding. All safeguarding information including allegations against staff can be found on the safeguarding intranet page or from the safeguarding team.

The Trust also has a Whistleblowing Policy which sets out the policy, roles and responsibilities of staff and volunteers and the processes

involved. The policy is available on the Trust Intranet site and can be provided to volunteers on request.

5.8 Honesty - Volunteers enter private homes alone and are therefore in a position of trust so honesty is paramount. Responders must inform a CRM immediately if they have any new pending criminal or professional misconduct proceedings. Whilst these proceedings are pending the volunteer may be stood down from duty. A further DBS submission will be completed, and an independent panel review will take place to decide the volunteer outcome. (ECVP Panel)

5.9 Self-discipline and loyalty

A high degree of self-discipline and loyalty is required. Breaches may result in an investigation and further action being taken in line with the EEAST HR policies and procedures.

5.10 Alcohol and Substances

CFRs must not purchase or consume drugs or alcohol whilst in uniform and representing the Trust

5.11 Complaints, Commendations and Incidents

Any correspondence concerning a compliment or complaint with responders should be documented. Volunteers will be contacted regarding compliments received by the Trust in writing and the relevant information recorded on their file in the CFR database.

Complaints will be thoroughly and fairly investigated in line with the EEAST Complaints Policy, and this will include an assessment against the Code of Conduct where appropriate. Volunteers will be required to co-operate with any investigation into a complaint, adverse incident, or legal claim. This will also include providing HM Coroners statements. The Trust also has a Freedom to Speak Up Guardian who can be contacted for confidential discussions regarding any concerns.

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Dependant on the nature of the complaint, the volunteer may be stood down from duty until the investigation has been completed. Not all complaints require face to face intervention and a volunteer may be asked to provide a statement via email or a phone call. This needs to be completed in a timely manner to ensure compliance. A compliance time will be provided where required

The Team Leader is empowered to resolve local issues without involving the CRM. However, guidance and support can be given at any time from the CRM.

If the volunteer is found to be working outside of their scope of practice, they will be stood down pending investigation and this may lead to further action being taken.

Should a complaint or incident result in the need for further action, the principles in the Disciplinary Policy (Managing Conduct and Performance) will be followed, noting the following variations:

- A volunteer does not have the same rights as an employee
- As such, the term suspension is replaced with being stood down from duty. This can be actioned by the CRM but must be handed to the Head of Community Response and confirmed in writing.
- The principles of investigation will be followed in terms of obtaining witness statements etc. If the Trust holds a formal investigatory meeting the volunteer has the right to be accompanied by another volunteer but will not be entitled to bring a person acting in a legal capacity, unless exceptionally entitled to do so under common law.
- The investigation process will be supported by the EEAST HR team where required. The outcome of the investigation may be a permanent stand down of the volunteer. This will only be carried out with the agreement of the Head of Community Response and may be escalated if appropriate. As a volunteer there is no right to appeal.

6. Management and Administration

6.1 The CRM is the local management lead for volunteers operating within their area of responsibility.

6.2 Group Team Leaders will be selected by recruitment facilitated by the Community Response Team. This will ensure the Team Leader has the appropriate skills required to undertake this important leadership role.

6.3 Part of the Head of Community Response and Lead CRM role is to be part of the Volunteer Advisory Forum. They will also review the use of volunteers on a regular basis and they will also be responsible for ensuring the Trust complies with all statutory and mandatory regulations regarding the use of volunteers within the NHS.

7. Training and Assessment

7.1 EEAST or approved organisations will provide the training in emergency care for Volunteers. Formal training courses will be delivered by approved trainers in appropriate venues. EEAST CFR Training will co-ordinate all training for volunteers.

All new volunteers will be required to attend a five-day initial induction training course and will be required to undertake on-line learning, all course material will be made available to students to support learning, and must be completed prior to face to face training.

At the end of the training course each volunteer is required to pass 2 multiple choice questionnaires and practical assessments. The assessment will include AED and Basic Life Support skills.

Each CFR will confirm they have been issued, read and signed appropriate documentation confirming they understand and will abide by the CFR policies and procedures, scope of practice and all training that they have received. This forms part of the induction training.

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All elements of the course (pre learning and face to face) are required to be passed successfully to become an active volunteer. On verification of the training competency an ID card will be issued. Volunteers who require reassessment and additional support to attain the required standard will be supported in line with the education procedures for the course.

The Trust will run an ongoing training and development programme for volunteers. Elements of their induction process and ongoing re-assessments are mandatory and therefore the monitoring and compliance of this training is managed using the same processes as for any other Trust mandatory training. Ongoing training will be held regularly via the local group meetings and volunteers are required to attend these sessions to support group cohesion and mandatory training compliance.

CFR Training will develop a suite of training packages for use at local training sessions, which will enable the volunteer to maintain and enhance their skills in line with the approved training packages and scope of practice. These will be able to be delivered face to face or online dependant on learners needs.

The annual mandatory practical reassessment will cover patient scenario, AED, BLS skills, basic airway management and include the use of bag valve mask for adult and paediatric. The statutory elements of the volunteer role will be completed through the Trusts mandatory workbooks for all patient facing staff. All records will be held within Learning and Development.

Should learners be unsuccessful in their assessments (induction or mandatory annual assessments) this will be escalated to the CRTO and an individual supportive plan will be put in place to support the volunteer attaining, or maintaining, their qualification.

7.2 There are two levels of volunteer training: CFR and Co-Responder. Volunteers will undertake an appropriate nationally recognised qualification for responding.

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7.3 Volunteers also receive training in the operational aspects of the role to support them on EEAST specific procedures.

7.4 Where drugs are used all responders will be taught on how to check expiry dates and ensuring the packaging is intact. Any drugs that are out of date should be returned via the agreed Trust process for safe disposal of. Any adverse incidents involving drugs will be recorded on Datix and investigated as appropriate.

7.5 Due to the nature of the calls, volunteers can be exposed to stressful and potentially disturbing situations. The Trusts wellbeing services are available to all voluntary responders to help support when required. An informal route of support may also include a debrief with fellow volunteers, the groups co-ordinator/Team Leader or Trust staff without breaching patient confidentiality. The CRM will support and guide volunteers to the direction of support if required.

7.6 In relation to moving and handling, volunteers are required to perform within the scope of their training and equipment to ensure their own safety. This would also include any request from an attending EEAST crew.

7.7 Volunteers are to work within the scope of practice delivered through their training at all times.

7.8 Volunteers who do not maintain their training up to date, through mandatory and/or regular training will be stood down and a supported with a training plan, enabling them to meet the requirements, failure to complete the training plan will result in the volunteer opportunity being terminated.

8. Equipment and Uniform

8.1 EEAST will provide a standard set of equipment when a new scheme is identified as being required and approved to commence. Any additional equipment bags required by the group will be funded through donations

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8.2 Only equipment authorised by EEAST may be used when responding to a call. Any unauthorised equipment will be immediately removed and disciplinary procedures may be taken against the individual or group.

8.3 Each CFR is responsible for ensuring that the equipment is fit for operation at the beginning of their shift. This includes checking that all equipment is in date and functional for the shift. Specific daily checks must be carried out on the AED to ensure it is functioning correctly before use. This includes the care of equipment in extremes of temperature (it should be noted that AEDs and some equipment require storage indoors at low temperatures. CFRs are also responsible for ensuring equipment is cleaned after use (as per training and IPC requirements) and then stored correctly and safely. Any equipment that requires annual calibration must be submitted to the clinical engineering department before or on the required date. A monthly online equipment audit must be completed and submitted to EEAST for each operationally active kit failure to do so may result in suspension of the call sign until assurances can be met.

8.4 Any defective or unserviceable equipment must be withdrawn from use and reported immediately, via the group coordinator/Team Leader to the Community Response Team. At no time will a responder use faulty or unserviceable equipment on a patient. They must book off duty if they are unable to respond due to equipment failure and complete a Datix report via the SPOC. If any equipment is found to be faulty it is to be labelled appropriately to identify the fault.

8.5 Consumables can be replaced as necessary from stock held by EEAST but only after receiving permission. CRMs and group Team Leaders may also hold a small stock of consumables as back up. Not all equipment is held on ambulances so the volunteer would need to restock via their Team Leader or local logistics support, and if unable to restock locally then escalation to the CRM should be made.

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8.6 Oxygen and consumable supplies can also be replenished at designated ambulance stations/hubs. Volunteer ID should be presented and inspected prior to equipment being issued. Oxygen cylinders can also be replaced by the conveying ambulance crew upon request. Care is to be taken when storing oxygen in extremes of temperature.

8.7 Each responder group is responsible for ensuring that the AED is maintained as per manufacturer's instructions.

8.8 All volunteers have a duty to complete VRFs where appropriate, either paper or electronic. The forms should be completed accurately and in a legible manner. VRFs must be secure and protected at all times in line with the Data Protection Act 1998 and the Caldicott Guardian principles, and where appropriate posted to medical records in the provided pre paid envelopes.

8.9 Each CFR is provided with an official EEAST ID card, complete with photograph, which must be carried and visible at all times when responding to a call and attending Trust premises. On leaving the scheme CFR's are required to return their ID cards and any other property supplied by the Trust or the CFR group within 7 days. No equipment or uniform is to be issued or sold on to a 3rd party. All uniform that is no longer valid is to be returned to the Team Leader/CRM to be destroyed in the appropriate manner. Volunteers who fail to follow this process will be reported to EEAST security manager to appropriately address.

All workwear purchases for the purposes of volunteering for EEAST must be approved by the Community Response Team.

9. Vehicles

9.1 Volunteers are responsible for providing their own transport either using private cars or locally sponsored charity group vehicles authorised by the Trust. Any charity group vehicle must be pre-approved by EEAST (including external graphics or logos). All documents for charity cars must be submitted to EEAST. Charity

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vehicles need to be maintained by the group not EEAST and therefore the group must fund raise separately for this purpose.

9.2 Each volunteer must ensure that they have adequate insurance for the vehicle being used. Evidence of both vehicle insurance and MOT certification may be requested for EEAST records.

9.3 It is the Volunteer's responsibility to maintain their vehicle in a safe and roadworthy condition in accordance with the relevant legislation. EEAST will not be held responsible under any circumstances for any vehicle excise duty, MOT, insurance premiums or any other sum payable in respect of vehicles (including any hire, purchase or loan repayments in respect of the vehicle)

9.4 Unless formally agreed in advance, transport of patients in a CFR vehicle is strictly forbidden. Patient transport is not a responder responsibility.

9.5 Volunteers must operate within the conventions of the Road Traffic Act and have no exemption for driving under emergency conditions. However, volunteers operating as emergency vehicles, such as fire and military co-responders have received appropriate Trust training to operate in line with the Trust blue light policy.

9.6 Any vehicle that is used for the purpose of responding i.e. scheme funded/sponsored or individually owned vehicles must comply with the road vehicle lighting regulations.

Any vehicle that is used for the purpose of Community First Response (with the exception of military or fire co-responder vehicles) must comply with the East of England Ambulance Service Trusts requirements as follows:

- i. The vehicle must not display or be adapted or modified to display additional lighting such as permanent or temporary fit blue/orange/green lighting whilst undertaking responder duties. These requirements cover travelling to the scene and also whilst parked at the scene of an incident. If there is a requirement to display hazard lights it is

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- accepted practice to utilise the vehicles own hazard lighting that should be fitted as standard on all vehicles.
- ii. The vehicle should not be fitted with any reflective/luminous stripes, badges or signage that would infringe the DoT lighting regulations.
 - iii. Trust accepted wording to display on a sponsored vehicle is 'Community First Responder' this can be displayed down the sides of the vehicle as a permanent fix and can be in any non-reflective or illuminous colour and size but must be proportionate in size with the vehicle. It is also permitted to display the trust crest on the bonnet. It is also accepted to allow discreet and appropriate sponsorship wording on the vehicle
 - iv. Trust accepted wording to display on a Community First Responder's own vehicle is 'Community First Responder' this can be displayed as a set of two magnetic signs down the sides of the vehicle and can be in any non-reflective or illuminous colour and size but must be proportionate in size with the vehicle. When the vehicle is not being used for community response duties the magnetic signs must be removed
 - v. Whilst it is not a legal requirement to display the green O2 oxygen signage if you chose to do so then it must be removed when there is no oxygen being carried.

9.7 For the Volunteers own safety the equipment must be stored and transported in the boot of the vehicle, and a small green oxygen warning sign may be displayed so that it is visible from the rear of the vehicle. Special arrangements must be made by individuals to secure the equipment in the rear of an estate vehicle or any other vehicle that does not have sealed boot space. Compressed medical oxygen cylinders should be:

- Stored under cover, preferably inside
- Kept dry and clean and not subjected to extremes of heat or cold and away from stocks of combustible material
- Care is needed when handling and using compressed medical oxygen cylinders.

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9.8 On introduction to the scheme and on an annual basis thereafter Volunteers will be asked to facilitate driving licence checks.

If a CFR has or receives points on their licence, the Community Response Team must be notified at the time. Each case will be reviewed on an individual basis with liaison from HR and EEAST Driver Training Unit.

9.9 Whilst driving to an incident Volunteers must concentrate on the standard of their driving. They must stop in a safe location to undertake other activities such as using the mobile phone (or other mobile device such as handset radio where applicable) that has been provided, or reading a map. The CFR must ensure they park safely and in accordance with the Highway Code and any applicable local parking bylaws.

9.10 Should the CFR be involved in any accident whilst en route to an incident they must stop and provide details in accordance with the relevant legislation and Highway Code. The accident should be communicated to EEAST as soon as possible.

9.11 Should Volunteers have any concerns as to their safety at the scene of an incident, they should remain in the car and if safe to do so, drive away. The CFR must advise EOC as soon as possible.

9.12 There may be occasions when en route to an incident, traffic congestion and the action of other road users will increase stress and anxiety. The Volunteers must learn to recognise this natural heightened response of the body and maintain control of their actions.

9.13 Sponsored/Charity Vehicles

The following points are in addition to 9.1 to 9.12 above.

In the event that a vehicle is supplied to or funded by a group, the group will be required to agree and comply with the following terms and conditions to enable them to use it:

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The vehicle must be registered with EEAST Fleet department for governance of MOT Service arrangements etc.

The vehicle is only to be used whilst engaged in CFR duties i.e., responding or PR events. The vehicle must be marked up with agreed signage as approved by EEAST.

The group must comply with all relevant road traffic legislation relating to the use of the vehicle.

The driver is personally responsible for any road traffic offence which occurs whilst driving the vehicle.

The group must keep the service record and any other documents supplied with the vehicle at all times, including vehicle insurance.

All trust equipment must be removed and stored in a safe place when the vehicle is not on duty.

Once the vehicle is not to be used in a CFR capacity and the intention is to sell or hand back, all trust CFR decal and wording must be removed prior to sale or return and evidence of such supplied to EEAST.

10. Responding to a call

10.1 All emergency calls will come from EEAST AOC via an approved device as agreed by the Trust. Mobilisation to a call is the sole responsibility of EEAST. Volunteers will be mobilised to a predetermined criteria and AOC will operate an exception list to which CFRs will not be sent.

10.2 Volunteers will be activated to calls either by voice activation or by SMS activation or auto dispatch.

When using SMS functionality (including deployment), CFRs should:

- Check for a confirmation message when booking on or off duty

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- If self-deploying via the appropriate command, a CFR **MUST** always check their device before entering a location/address to confirm if AOC has attempted to contact them.

AOC will be responsible for whether a CFR is required to respond to any particular incident as they will be aware of the nature of the incident (which may change) and other responding resources.

CFRs must not enter a location if they receive a stand-down text message or have an unknown number as a missed call but should contact EOC immediately for further advice.

If there is no response from CAD from a SMS message, then an attempt should be made to resend the message, if there is still no response EOC should be contacted to check the status and to report the fault.

Volunteers **MUST NOT** at any time forward SMS to personal phones or another device.

10.3 The CFR should proceed to the incident address at normal road speed and obey speed limits in accordance with the current Road Traffic Act and the Highway Code.

10.4 On arrival at the incident the CFR, in a high visibility jacket/ or approved Trust identifiable workwear, should show their ID card explaining to the patient that they are a CFR, an ambulance is en route and that they will provide emergency care until it arrives. If the patient is in a property and the responder has used their Hi-visibility jacket as their Trust identifiable workwear, and it is appropriate the responder may remove their jacket following introduction to the patient. If the patient is in a public place the responder has used their hi-visibility jacket as their Trust identifiable workwear they must wear their jacket at all times to enable easy identification on scene for other Health Care Professionals.

10.5 CFRs should begin management of the patient within the EEAST scope of practice; this includes guidance on when not to start CPR

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- Lasting Powers of Attorney (LPA) is a legal document and has a holographic seal. There is no doubt as to its validity. It is drawn up as a legal document and will be signed. The LPA has a specific section relating to life-sustaining treatment and if the donor has agreed to their relative making that decision on their behalf. It is not enough for a relative to produce an LPA; the life-sustaining treatment section will need to be checked as well.
- Advanced Directives enable a patient to write an instruction on his/her care, regarding end-of-life care. These should be witnessed.
- DNA-CPR (Do Not Attempt Cardio-Pulmonary Resuscitation) orders are signed by a senior clinician (doctor but can be a nurse) and state that CPR would be futile in the clinical circumstances. They are not a withdrawal of treatment.

10.6 Volunteers are not authorised to cancel the ambulance response which is dispatched to the call they are attending. However, they may seek advice from Clinical Advice Line clinicians who can guide the CFR and make clinical decisions ensuring appropriate safety netting of the patient.

10.7 When the ambulance response arrives the Volunteer is to give a concise verbal hand-over to the crew and offer assistance as necessary.

10.8 The Volunteer will not normally travel in the back of the ambulance to hospital except in exceptional circumstances at the request of the ambulance crew who must inform EOC. In the event of this occurring EOC will facilitate the return of the volunteer to their vehicle.

10.9 If a volunteer finds themselves in a violent or aggressive situation they should leave the incident, inform EOC via the emergency button on their NMA device or by mobile phone and do not return to collect equipment.

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10.10 The CFR should inform EOC via the mobile phone (or other mobile device such as handset radio) when clear and available after attending an incident.

10.11 Volunteer's must inform EOC of any untoward incident or driving offence committed whilst responding to a call as soon as is practicable. The Group Coordinator/Team Leader and Community Response Team should also be informed so that the relevant paperwork can be completed without delay.

10.12 Volunteers should be aware that they may be required to contact an appropriate person at the request of the crew i.e., relative/neighbour/carer should there be a dependent who remains at the location who is unable to care for themselves.

10.13 If a volunteer comes across an incident in which they may safely assist and they have the CFR equipment with them, they may respond appropriately and at the earliest opportunity contact AOC either using the preprogramed number in their mobile phone (other mobile device such as handset radio) or by dialling 999. AOC should be given the incident address, brief details, and call sign. The CFR should render assistance as normal until the arrival of an ambulance.

11. Liability

11.1 EEAST medical indemnity insurance cover is provided by NHS Resolution.

11.2 Volunteers are classed as agents of the Trust.

11.3 EEAST has extended its Employer Liability, Clinical Negligence Cover and Public Liability to cover members of volunteer groups engaged in authorised activities and working within their skill protocols and scope of practice.

11.4 In the case of a criminal prosecution, Volunteers are responsible for providing their defence at their own expense,

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as are all other members of NHS staff including EEAST employees.

11.5 In order that accurate records are maintained, EEAST must be notified in writing of any change in a Volunteers relevant circumstances including change of address, health related issues (that affect the ability to perform their role) and any legal or traffic violations.

11.6 Volunteers are advised to ensure that by operating as a responder they do not invalidate any personal insuring arrangements that include life cover.

11.7 Volunteers need to make sure that any personal belongings taken with them are covered on their own personal insurance. The Trust will not have any responsibility for personal items lost or damaged. Any equipment that a CFR group purchase needs to have sufficient insurance cover should any damage occur.

12. Media Policy and Fundraising

12.1 Media Policy

For those individuals or organisations authorised by EEAST to act on its behalf, such as Volunteers and Co Responders, all publicity will be coordinated by the Community Response Team and the EEAST Communications Office. In particular, the Trust will provide support, advice and final approval for comments addressing all media enquiries received by those individuals/organisations as mentioned above.

With reference to proactively generated news items e.g., informing the media about a forthcoming initiative, all information must be approved by EEAST Communications Office or Community Response Team contact is made with any media. EEAST will provide support, advice and guidance should it be required.

Social media is an acceptable method of communication. However, consideration should be made prior to posting on Facebook,

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twitter, Instagram etc. All posts should meet the criteria deemed acceptable in the EEAST Social Media Policy and if there is a post from an individual that is not deemed acceptable by EEAST or believed to bring EEAST into disrepute then it will be requested to be removed and may lead to the removal of volunteering opportunities for EEAST.

This policy has been developed to protect patient confidentiality as well as to provide clear guidance on the level of support and involvement in media activity by EEAST.

Use of photography is strictly forbidden in line with the Trust's Policies. Responders are not allowed to take photographs via camera or camera phone whilst attending any calls on behalf of the Trust.

Further guidance can be found on the use of social media in the Trust Policy and CFR guidelines.

12.2 Charitable Funds

Any fundraising activity, which involves the use of the EEAST name or logo, must be approved by the Community Response and Charitable Funds Teams prior to its launch. This is to ensure that funds raised are used in a positive and beneficial way to promote health awareness or to provide equipment such as AEDs for use in the local community.

Each CFR group must have a dedicated fund set up under the EEAST charitable account arrangements. This is to ensure that all funds raised are handled as per Charity Commission rules and regulations. All monies raised must be banked with EEAST and NOT held in any other bank accounts.

The Community Response Team will assist volunteers in promoting and raising awareness at events aimed at achieving the objectives both of the Trust and of the scheme.

CFR Groups are not permitted to provide First Aid cover at events in any circumstances as Trust insurance does not cover these circumstances. Trust equipment cannot be used for the provision of

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such cover. However, if you are on call you should be able to respond to an incident if requested to. If a volunteer is at an event and an incident occurs, they **MUST** dial 999.

Any equipment purchased through Trust charitable accounts remain the property of EEAST

Appendices

Appendix 1 Monitoring Table

This policy will be reviewed on an annual basis and the Trust reserves the right to change the policy sooner if required.

Monitoring Schedule		
Timeline	Action	Comments (i.e. viewed, or reviewed, amended by person or committee)
February 2020	Annual review	
February 2021	Annual review	
February 2022	Formal Policy Review	Reviewed and amended by Community Response Management Team

Appendix 2 Volunteer Specific or Linked Documents

Reference	Document	Access to document
A	DBS Employing Persons with Criminal Convictions policy	https://www.eastamb.nhs.uk/policy-library.htm
B	IPC Management Policy	https://www.eastamb.nhs.uk/policy-library.htm
C	Audit form	By request CFR@eastamb.nhs.uk
D	Resuscitation Policy	https://www.eastamb.nhs.uk/policy-library.htm
E	Media	https://www.eastamb.nhs.uk/policy-library.htm
F	Patient Care Records (Including Submission) Policy	https://www.eastamb.nhs.uk/policy-library.htm
G	Lone Worker Policy	https://www.eastamb.nhs.uk/policy-library.htm
H	Safeguarding Adults Policy	https://www.eastamb.nhs.uk/policy-library.htm
I	Safeguarding Children & Young People Policy	https://www.eastamb.nhs.uk/policy-library.htm
J	Safeguarding Policy Supporting Documentation	https://www.eastamb.nhs.uk/policy-library.htm
K	Moving & Handling Policy	https://www.eastamb.nhs.uk/policy-library.htm
L	Disciplinary Policy	https://www.eastamb.nhs.uk/policy-library.htm

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M	Use of Digital Media including Social Media and or Networking Sites Policy	https://www.eastamb.nhs.uk/policy-library.htm
N	Whistle Blowing Policy	https://www.eastamb.nhs.uk/policy-library.htm
P	Recruitment policy	https://www.eastamb.nhs.uk/policy-library.htm
P	E-learning /development	https://www.eastamb.nhs.uk/policy-library.htm
Q	Maternity Leave Policy	https://www.eastamb.nhs.uk/policy-library.htm

Appendix 3 Equality Analysis

EIA Cover Sheet	
Name of process/policy	POL041 Responder Policy
Is the process new or existing? If existing, state policy reference number	Existing POL041
Person responsible for process/policy	Head of Community Response
Directorate and department/section	Community Response
Name of assessment lead or EIA assessment team members	Head of Community Response
Has consultation taken place? Was consultation internal or external? (please state below):	Yes- internal Volunteer Advisory Forum (VAF), CFR Operational Group, HR, CFR training team, charity funds.

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The assessment is being made on:	Guidelines	x	
	Written policy involving staff and patients	x	
	Strategy		
	Changes in practice	x	
	Department changes	x	
	Project plan	x	
	Action plan		
	Other (please state)		
	Training programme.		

Equality Analysis

The aim of this Policy is to define the scope of practice of Community First Responders (CFRs) along with the expected code of conduct, recruitment and training procedure. The policy also details the use of vehicles and equipment by CFRs and the liability associated with such. The policy will provide a clear reference point for CFR volunteers to refer to and seek guidance on all aspects that impact upon them.

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The CFR volunteers will be able to utilise this policy to help gain a full understanding into:

- Scope of practice
- Code of conduct expectations
- Recruitment process
- Training package and assessment process
- Equipment and uniform utilisation
- Responding to a call process
- Liability implications as a volunteer responder
- Media and fundraising information

This will help provide guidance for CFR volunteers or potential CFR volunteers around all areas that impact upon them in carrying out this role.

Who does the policy/procedure/practice/event impact on?

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Who is responsible for monitoring the policy/procedure/practice/event?

Community Response Team

What information is currently available on the impact of this policy/procedure/practice/event?

Full EIA

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Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Action Plan/Plans - SMART

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Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who Community Response Team

How Safer Recruitment Mandatory Training

By Community Response Team. Safeguarding

Reported to