



## 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.

**Contents**

<b>Paragraph</b>		<b>Page</b>
1.	Introduction	4
2.	Purpose and Definitions	4
3.	Duties, Roles and Responsibilities	5
4.	Role of the Community First Responder	6
5.	Recruitment/Selection	7
6.	Code of Conduct	9
7.	Management and Administration	15
8.	Training and Assessment	18
9.	Equipment and Uniform	19
10.	Vehicles	21
11.	Responding to a call	24
12.	Liability	26
13.	Media Policy & Fundraising	27
<b>Appendices</b>		
1	Monitoring Table	29
2	Volunteer Specific or Linked Documents	30
3	Equality Analysis	31

## 1. Introduction

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, has the authority to suspend or terminate the services of any volunteer following any breach of this policy.

## 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. Co-responders comprise of members of another organisation (for example military, fire service, and coastguard) who provide an emergency first response, normally close to their work location.
- 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.
- 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 or co-responder. 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.

### **3.0 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 is delegated to the Consultant Paramedic 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 Deputy Director of Service Delivery**

A nominated Deputy Director of Service Delivery will have a portfolio and therefore overall oversight of volunteer responders and co-responders. Senior leadership and responsibility will be delegated to the Head of Tactical Operations and Community Response, with the Lead Community Response Manager being responsible for delivery.

#### **3.5 Lead Community Response Manager (LCRM)**

The Lead CRM is responsible for the delivery of Community Collaboration Strategy and Volunteer Policy to meet the needs of patients and the Trust. They have direct responsibility for effectively managing the CRMs regionally and associated governance and safeguarding processes. They also have responsibility for the development of CFRs, co-responders and Defibrillator/Community Public Access Defibrillator (CPAD) 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 Partnership Training Officers (CPTOs)**

CPTOs support volunteer responders by preparing (and where required) delivering CFR training courses for new volunteers. This will be achieved through a train the trainer route of volunteer trainers who will support local group refresher training to enable all CFRs to maintain their clinical competency. CPTOs can also be involved in training members of the public.

#### **3.8 Locality Operations Managers (LOMs)**

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

3.9 Trust Volunteer Link

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 Emergency Operations Centre (EOC)

The EOC activates CFRs to an agreed scope of calls and acts as a conduit for information during that call. EOC is also the first point of call for welfare checks for the volunteers.

3.11 CFR Coordinators

CFR coordinators are volunteers who manage local CFR volunteers in a defined group (or groups). See also section 7.

3.12 Volunteer Operational Representatives

Volunteer Operational Representatives are responders who represent their volunteers from each county or service (in the example of co-responders).

3.13 Volunteer Trainers/Assessors

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

3.14 Volunteer Training Representatives

Volunteer Training Representatives are responders who represent their volunteers from each county or service (in the example of co-responders)

**4. Role of Community First Responder**

The role and responsibilities of volunteers include:

- Attending local emergency calls to patients within the defined call out criteria as set out by the Trust. Volunteers will not knowingly be asked to attend unsafe or potentially violent incidents, or any other incidents which require specialist skills e.g. major trauma, maternity cases, or mental health patients. Volunteers reserve the right to decline any incident they do not wish to attend. Where this occasion may arise, EOC may inform the relevant CRM or CPTO to follow up (for example for welfare purposes).
- Providing emergency care for patients until the ambulance response arrives. Volunteers must be prepared to stand back once more highly qualified help arrives e.g. ambulance crew or another healthcare professional, but when required to, will assist or provide continuing care under direction of the ambulance crew or attending healthcare professional.
- Having a calm and confident approach in order to provide reassurance both to the patient and their relatives.
- Using an Automated External Defibrillator (AED) and Trust approved equipment where indicated, on patients and provide effective and professional care until help arrives.

- Providing a concise verbal hand-over to the ambulance crew on their arrival and where time and patient condition permits, to start completing a Volunteers Form.
- Completing paperwork as appropriate (e.g. Volunteers Report Form (VRF).
- Attending regular meetings held locally, with a minimum requirement of 6 per year CFR Groups are required to hold regular monthly meetings for training, development and administration).

## 5.0 Recruitment/Selection

5.1 EEAST will identify priority locations for CFR groups to be developed to assist with best patient care and using information such as historical demand and operational deployment model. CFR recruitment can take a variety of routes including via local community networks, local media and District/Parish Councils. EEAST will also use existing networks and community groups to raise awareness of the scheme, to attract volunteers and to assist in the establishment and maintenance of a local group. Other organisations approved by EEAST may be used in the recruitment and training process.

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

- All new potential volunteers will be required to attend an interview locally or via telephone with the community coordinator. A set standard of questions will be asked and scored to determine if the candidate is suitable for the role. If unsuccessful in this process feedback will be available upon request.
- Completion of the volunteer application form which needs to be submitted to EEAST to be processed (*See Appendix 2a*).
- References covering a minimum of 3 years employment history and/or training, although 5 years is preferable. These must be satisfactory to the Trust (as a minimum one of these must normally be the individuals current line manager or most recent employer/academic institution), all of which must be requested through the previous/current employers Human Resources (HR) department, where appropriate, rather than to a specific individual. Where the applicant has been in full time education within the preceding 3 year period, a reference should be obtained from the relevant academic institution.
- Occupational Health clearance relevant to the volunteer role.
- Two forms of photographic proof of identity and one document confirming the applicant's permanent address, or one form of photographic identity and two documents confirming the permanent address (any copies of original documents should be certified by a solicitor). Reference should be made to the (HR) department for suitable identification documentation.
- An original signature, where a signature has not previously been provided by the applicant, e.g. where an electronic application is made, the individual should be

asked to provide a signature at interview for checking against relevant documentation. The person taking a copy of the documentation must sign and date the copy to show it has been certified.

- Proof of entitlement to work in the UK- as the volunteer is not working for the Trust, only an identity check is required as above; Evidence of relevant qualifications (i.e. those listed as essential on the person specification); Proof of membership of any professional bodies applicable to the post; An appropriate driving licence.

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 years but must submit an EEAST declaration form at the age of 70 then 3 yearly in line with the DVLA driving license renewal.

On completion of the safer recruitment process (which includes the Disclosure and Barring Service as shown below), EEAST will contact the individual to facilitate course joining details. This will include course registration payment, pre-study and pre-course competence paper. Once all pre-course elements are completed the volunteer will be offered appropriate course dates.

Volunteers who are trained to respond are required to be inoculated against Hepatitis B. This can be facilitated by Occupational Health.

If a volunteer leaves the scheme they must inform their Coordinator and EEAST of their intention in writing. The Coordinator and/or CRM will offer volunteers 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

## 5.2 Disclosure and Barring Service (enhanced level)

The Trust will utilise the EEAST DBS Employing Persons with Criminal Convictions policy in any case of an unclear DBS. For a preferred candidate(s) who has met the requirements of the person specification and has disclosed a criminal record, the relevance of each offence will be considered by the Trust and/or where appropriate discussed with the applicant, taking into account the following issues (*see Appendix 2b*):

- The seriousness of the offence and its relevance to the safety of other employees, customers, clients or property
- The honesty of the applicant in disclosing the information when requested
- The length of time since the offence occurred
- Any relevant information offered by the applicant about the circumstances which led to the offence being committed, for example, the influence of domestic or financial difficulties



- Whether the offence was a one-off, or part of a history of offending; Whether the applicant's circumstances have changed since the offence was committed, making re-offending less likely; Whether the offence has been decriminalised by Parliament; The country in which the offence was committed. Some activities are offences in Scotland and not in England and Wales, and vice versa; The degree of remorse, or otherwise, expressed by the applicant and their motivation to change.

All new volunteer responders (or those existing where an unclear DBS is identified) will be required to join the DBS update service and be subject to annual checks.

On 29 May 2013, legislation came into force that allows certain old and minor cautions and convictions to no longer be subject to disclosure under the Exceptions Order (1975), this is known as filtering. In addition employers will not be able to take certain old and minor cautions and convictions into account when making decisions about an individual and their employment with the Trust.

Under the new provisions of the Exceptions Order 1975 (2013) , all cautions and convictions for specified serious violent and sexual offences and other specified offences of relevance for posts concerned with safeguarding children and vulnerable adults will remain subject to disclosure. In addition, all convictions resulting in a custodial sentence will remain subject to disclosure. Guidance on the filtering rules and offences that will never be removed from a certificate can be found at [www.gov.uk/dbs](http://www.gov.uk/dbs).

EEAST will comply with the relevant Trust Policy in relation to storage, handling, use, retention and disposal of disclosures and disclosure information.

EEAST has the right to terminate the recruitment process at any stage if an applicant is deemed unsuitable for the role.

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

## 6.0 Code of Conduct

### 6.1 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 suspend or terminate the services of any volunteer following any breach of this code.

### 6.2 Integrity and reliability

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

### 6.3 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. CFR's may deal with injuries including open wounds and illnesses, including infectious diseases, so it is important to minimise risk of cross infection by performing hand hygiene in accordance with the 5 moments principles and wearing appropriate personal protective equipment (gloves, aprons etc.) when in contact with blood, bodily fluids or invasive devices(See Appendix 2c).

Volunteers are required to keep all parts of reusable patient equipment visibly clean with no dust, dirt, debris or spillages, using Trust approved hard surface combined cleaning & disinfectant wipes. Volunteers are required to keep disposable patient equipment (e.g. airways etc.) sealed within the original packaging until required for use (See *Appendix 2c*).

Appearance – Volunteers are expected to have clean, smart appearance. Each CFR is issued with a reflective jacket, which must be worn at all times when responding to a call. On arrival at the incident the CFR, in a high visibility jacket, should show their ID card and explain 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 it is appropriate the responder may remove their high visibility jacket following introduction to the patient. If the patient is in a public place the responder must wear their high visibility jacket at all times. Only CFR inserts may be worn. Any other form of uniform must be approved by EEAST. Long hair should be tied up and appropriate footwear should be worn. Nails should be kept short and free from nail polish or extensions, as these can harbour bacteria and put patients at risk of infection. Bare below the elbows should be adopted when in contact with the patient, ensuring hands and wrists are free from jewellery, apart from a single wedding band to allow effective hand washing/ hand hygiene to reduce the risk of infection to patients (See *Appendix 2c*).

Health and fitness – a health questionnaire is used to assess general health and fitness levels and forms part of the recruitment process. It is important for volunteers to keep fit to minimise risk of injury and increase effectiveness. Responders should report any significant changes to their health to their local CRM and coordinator.

Volunteers at the age of 70 will be required to undertake a health screening process as part of the DVLA requirements. EEAST will require a proforma to be completed and submitted to confirm fit to practice.

#### 6.4 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:

- 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.

6.5 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.

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.

6.6 **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 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 safeguarding training in line with the Intercollegiate Document 2014 and is mandatory. There is initial training followed by yearly updates in line with the Trust's training strategy. This training is monitored by the Trusts Safeguarding team. There are Safeguarding Policies for Adults, Children & Young People available. There is

also supporting safeguarding information for volunteers. Any update or changes in training will be cascaded via the CRM and CPTO'S.

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 single point of contact (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 on the Volunteer Report Form (VRF).

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 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. E EAST 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.

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.

#### 6.7 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 a peer/panel review will take place to decide the volunteer outcome.

#### 6.8 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.

#### 6.9 Complaints, Commendations and Incidents

Any correspondence concerning a compliment or complaint with responders should be documented. 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.

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 with the NHS complaints policy. A compliance time will be provided where required. The timescale for complaint investigations to be fully completed is within 28 working days. It would not be normal practice to accept a complaint after a 12 month period.

The coordinator 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 a peer review 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 notified to the Deputy Director 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 Deputy Director and as a volunteer there is no right to appeal.

In terms of co-responders, the employing organisation may also hold an independent investigation and inform EEAST of the outcome.

All commendations are recorded and the individual concerned will receive a personal letter of thanks and congratulations from the CRM.

Any incidents or complaints will be reported on a quarterly basis through Datix and shared at relevant meetings. Meeting notes will be used to show evidence of reporting. Lessons

learned will be disseminated throughout the schemes within the Trust to minimise the risk of the incident occurring again.

## **7.0 Management and Administration**

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

7.2 Volunteers are bound by EEAST Volunteer Responder Policy and other Policies/Procedures as detailed within this document. The lead CRM and CRMs have the authority to stand down any volunteer who breaches the agreed policy and/or procedures and will notify the Deputy Director at the earliest opportunity to inform and obtain further direction. In exceptional circumstances the group coordinator can stand down a CFR but must immediately inform the local CRM.

7.3 Part of the lead CRM role is to be part of the VAF. 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.

7.4 The role of the CRM includes the following:

- Ensure the delivery of any relevant volunteer strategy
- Ensure services are provided in line with the Trust's mission (to provide a safe and effective healthcare service to all of our communities in the East of England) and strategic objectives
- Promote and embed EEAST visions and values
- Provide leadership and a link for the volunteer groups
- Promote and effectively support the volunteer groups within the Trust
- Explore and identify further opportunities for the introduction of volunteer groups
- Ensure all volunteers are "fit to practice"
- Ensure the process of safer recruitment is operated effectively
- Ensure appropriate training is being provided, including providing assurance that training records are up to date and compliant with Trust requirements
- Support the CPTO to monitor and audit the training of volunteers including ongoing training to ensure it meets and exceeds the standards required.
- Audit and evaluate volunteer groups, including a quarterly review of all established volunteer groups to ensure efficiency and effectiveness
- Provide advice, support and guidance to the volunteer coordinators
- Act as a liaison service between responders and the Trust including day-to-day operation and clinical audit
- Hold regular review meetings with coordinators to provide feedback on performance and clinical effectiveness
- Collate and process CFR paperwork on a regular basis
- Assist in raising the profile of Volunteers in the community in line with Media & Fundraising policies
- Undertake appropriate welfare checks as appropriate and refer to TRiM where required
- Record all untoward incidents involving Volunteers using Datix.

- Assist and investigate where necessary any complaint or incident that relates to Volunteers
- Audit the timeliness and delivery of care by Volunteers
- Attend appropriate meetings to represent volunteers internally and externally
- Engage with communities to develop partnership opportunities
- Engage and promote EEAST services with other organisations
- Undertake a lead role or portfolio

7.5 Where possible, volunteer groups will be supported by an operational member of staff known as the Trust volunteer link with the following role and responsibilities:

- To liaise with CFR groups and attend regular meetings with their local groups, this will ensure regular contact between EEAST and each CFR group.
- Provide feedback on clinical performance and effectiveness as well as clinical updates at group meetings. The EEAST management team will also review the clinical effectiveness of each group on a regular basis to ensure that the scheme is providing maximum benefit to the local community.
- Provide feedback to the community collaboration team on group progress and any local concerns
- Deliver training packages (or support volunteer trainers) as directed by the Trust
- Identify and assist in rectifying and reporting any shortfall in clinical ability of the volunteers to the CRM
- In conjunction with the Group's Coordinator and Training Officer ensure all CFR training records are completed and submitted
- Act as a communications link between the group and the CRM and CPTO
- Where appropriate and required, assist the group in restocking consumable items available from Trust stores
- Offer clinical advice and incident debrief as and when required
- Maintain an awareness of CFR policies, procedures and training

7.6 EEAST will support the appointment of a local coordinator from within each group. Group members will nominate via a voting process with an annual review. The following define the remit of the group coordinator responsibilities:

- Manage the local Volunteers within the group
- Support and motivate the team of local Volunteers and act as the point of contact or the group
- Organise and manage a rota system to ensure the best level of cover for their community (a copy of each monthly rota should be retained for reference in case of investigation by EEAST)
- Cascade information from EEAST to all group members
- Arrange regular meetings with group members
- Attend locality Coordinators meetings as or nominate a group representative to attend
- Support the volunteer trainer to deliver the EEAST training plan
- Support clinical review of cases and complete necessary administration
- Liaise with the CPTO to ensure that reassessments are carried out



- Support the trainer to ensure that individual training and reassessment records are kept up-to-date and submitted to EEAST.
- Collect, collate and submit monthly governance returns and VRFs in the required manner and by the required date
- Keep accurate records where appropriate (expenditure, insurance documentation).
- Assist in raising the local profile of Volunteers
- Ensure policies and procedures are adhered to by all group members
- Hold a small stock of consumables where appropriate
- To informally review and resolve any concerns raised by group members and where this not possible, ensure escalation to the appropriate CRM.
- Resolve issues or disputes raised locally by the volunteers, seeking guidance where appropriate. Note the coordinator retains responsibility for local group membership and can therefore make a decision to remove a CFR from the group, for example if they do not abide by the code of conduct including the Trust values. This must be communicated to the CRM (whom the CFR can then appeal this decision to).
- Support EEAST as required with appropriate volunteer investigations
- Undertake informal interviews for potential new volunteers
- Ensure volunteers wear the correct uniform for the group (and be the point of contact for new or replacement uniform)
- Ensure leavers from the group return all EEAST equipment including ID badge
- Ensure volunteers undertake equipment checks to the required level of equipment carried when booking on duty
- Assist with undertaking exit interviews
- Ensure all equipment is maintained and to inform EEAST of any equipment failure or required calibration
- Oversee charity fund expenditure and ensuring appropriate monitoring and authorisation

7.8 EEAST will support the appointment of a volunteer Trainer for each Group. In some areas this will be achieved by groups operating as a “cluster” for training purposes. The role will include:

- Receive information and resources about the EEAST plans and programmes for Volunteers’ training, CPD and assessment
- Arrange delivery of required training to their CFR Group using Trust authorised resources and materials
- Assist with the maintenance of Group training records
- Report any unsatisfactory clinical performance observed from colleagues.
- Work in harmony with the Group’s Coordinator and volunteer link and liaise with their CPTO and CRM as necessary
- Provide feedback on training content and material to the CFR training group representatives

The trainer will be required to attend Train the Trainer (TTT) workshops on a quarterly basis.

## 8.0 Training and Assessment

- 8.1 EEAST or approved organisations will provide the training in emergency care for Volunteers. Formal training courses will be delivered at the appropriate EEAST training centre. EEAST CRMs and CPTOs will co-ordinate all training for volunteers.

All new volunteers will be required to attend 5 day initial induction training and will be required to undertake prior learning, all course material will be made available to students to support learning.

At the end of the training course each volunteer is required to pass a written knowledge test and practical assessments. The assessment will include AED and Basic Life Support skills. There is a portfolio of evidence to be completed and maintained during the volunteer role.

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.

All elements of the course are required to be passed successfully to become an active volunteer.

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 monthly via the local group meetings and volunteers are required to attend a minimum of 6 training sessions per year.

The mandatory reassessment will cover patient scenario, AED, BLS skills, basic airway management and include the use of bag valve mask for adult and paediatric. All documentation from the re assessments will be updated on to the CFR personnel database and will be managed locally by the CRM's, CPTO's and team administrator.

- 8.2 There are two levels of volunteer training; CFR and Co-Responder. Training for Volunteers will include the following subjects as part of the Level 3 Futurequals qualification:
- Cardiopulmonary resuscitation (CPR) To National UK Resuscitation Council Guidelines
  - Management of patient in respiratory/cardiac arrest
  - Use of AED
  - Oxygen administration
  - Management of choking patient, unconscious patient and fitting patient
  - Recovery position
  - Safety procedures
  - Use of CFR equipment
  - Safeguarding vulnerable children and adults
  - Moving and handling to current HSE standards familiarisation
  - Infection Prevention and Control
- 8.3 Volunteers also receive instruction in:
- Patient and scene management
  - How to respond to a call

- How to report untoward incidents or unusual occurrences
- How to fill out EEAST Volunteer Report Form (VRF)
- Providing appropriate verbal hand-over to attending clinicians
- Consent, confidentiality and right of entry

8.4 In addition to the above Co-Responders will receive further training in trauma including the following subjects:

- Mechanisms of Injury
- Trauma Primary Survey
- Secondary survey
- Simple management of fractures
- A greater in depth knowledge of:
  - Burns
  - Drowning
  - Airway management
  - Ventilation
  - The effects and management of haemorrhage
  - More advanced trauma management including assisting crews.

8.5 The Trust may vary the above to encompass a smaller scope of practice (such as for specific co-responders attending cardiac arrest only) which will be specified in a MOU/SLA type agreement.

8.6 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 to the CRM/CPTO for safe disposal of. Any adverse incidents involving drugs will be recorded on Datix and investigated as appropriate.

8.7 Due to the nature of the calls, Volunteers can be exposed to stressful and potentially disturbing situations. The Trusts TRIM 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 coordinator or Trust staff without breaching patient confidentiality. The CRM will support and guide volunteers to the direction of support if required.

8.8 In relation to moving and handling, volunteers are required to perform a dynamic risk assessment should the occasion arise to ensure their own safety. This would also include any request from an attending EEAST crew.

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

## **9.0 Equipment and Uniform**

9.1 EEAST will provide a standard set of equipment when a new scheme is identified as being required and approved to commence.

9.2 EEAST holds an approved equipment list. The CFR kit includes:

- Automatic External Defibrillator (AED) with one set of defibrillator pads

- Responder Bag containing an oxygen cylinder, assorted oxygen masks, disposable pocket face mask, a range of oropharyngeal airways, gloves, suction kit, different sized dressings, yellow bags for clinical waste, Glucogel and disposable razors
- Mobile telephone
- Volunteer Report Forms

This list is not exhaustive (*See Appendix 2d*)

- 9.3 In addition to above Co-Responders will have the following equipment:
- Entonox
  - Collars
- 9.4 Only equipment authorised by EEAST may be used when responding to a call. Any unauthorised equipment will be immediately removed by the CRM or CPTO and disciplinary procedures may be taken against the individual or group.
- 9.5 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. 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.
- 9.6 Any defective or unserviceable equipment must be withdrawn from use and reported immediately, via the group coordinator to the CRM or CPTO. This will be arranged for collection of the faulty equipment and provision of a replacement. 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.
- 9.7 Consumables can be replaced as necessary from stock held on each ambulance but only after receiving permission from the ambulance crew. CRMs and group coordinators will 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 Coordinator and if not able to restock locally then contact with the CRM should be made.
- 9.8 Oxygen and consumable supplies can also be replenished at designated ambulance stations. This should be facilitated via the local CRM who can communicate with the station / depot prior to the volunteer arriving. 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.
- 9.9 Each responder group is responsible for ensuring that the AED is maintained as per manufacturer's instructions. This includes the care of equipment in extremes of temperature (it should be noted that AEDS and some equipment require storing indoors in low temperatures). Any faults with the AED must be reported immediately to their coordinator and CRM. The AED must also be kept clean in line with the IPCI guidance.

- 9.10 For the purposes of Volunteers the term 'patient care record' (PCR) applies to the 'Volunteer Report Form (VRF)'. All Volunteers are required to complete an EEAST VRF for every patient they attend. This is a duplicate document and the bottom copy must go to the attending crew with the patient even if the VRF is not fully completed. This ensures that the form is returned with the crew's paperwork in line with EEAST Patient Care Records Policy. The top copy must be completed by the end of the CFR's shift and passed to their coordinator who will submit them on a monthly basis to medical records, to be included for quality monitoring purposes at the end of each month.
- 9.11 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.
- 9.12 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 3<sup>rd</sup> party. All uniform that is no longer valid is to be returned to the CRM via the local coordinator to be destroyed in the appropriate manner. Volunteers who fail to follow this process will be reported to EEAST security manager to appropriately address.

There is an approved uniform supplier that has to be used if the EEAST crest is to be displayed. This uniform can only be ordered through the charity accounts and finance department. If opting to provide uniform locally, the whole group must wear the same uniform. It is the coordinator's responsibility to monitor uniform that is issued and worn by the volunteers. No volunteer has the authority to purchase uniform directly and all orders are to be processed through the coordinator and authorized by the CRM. Any uniform supplied must be recorded by the coordinator and in the volunteers' personal records.

## **10.0 Vehicles**

- 10.1 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 vehicles need to be maintained by the group not EEAST and therefore the group must fund raise separately for this purpose.
- 10.2 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.
- 10.3 It is the Volunteer's responsibility to maintain their vehicles in a safe and roadworthy condition in accordance with the relevant legislation. EEAST will not be held responsible under any circumstances.
- 10.4 Unless formally agreed in advance, transport of patients in a CFR vehicle is strictly forbidden. Patient transport is not a responder responsibility.

- 10.5 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 the vehicle (including any hire purchase or loan repayments in respect of the vehicle).
- 10.6 Volunteers must operate within the conventions of the Road Traffic Act and have no exemption for driving under emergency conditions. The vehicle must not under any circumstances be fitted or driven with any permanent or temporary emergency warning devices including but not limited to light, sirens and headlamp flash units. En route to an incident a volunteer has no priority over any other motorist other than that in every day driving. The manual flashing of headlamps is misleading to other motorists and should be only performed in accordance with Highway Code.
- 10.7 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 regulation dated 1989.

Any vehicle that is used for the purpose of Community First Response 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 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 illumines 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 illumines 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.
- 10.8 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. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of

- Properties of the gas
- Correct operating procedures for the cylinder
- Precautions and actions to be taken in the event of an emergency

10.9 On introduction to the scheme and on an annual basis thereafter Volunteers will be asked to produce their driving licences, MOT and vehicle insurance documents. This will be undertaken by the Coordinator of the group, trainer, or CRM/CPTO and records held. Volunteers who receive a driving ban or any endorsements must notify the coordinator and CRM immediately. Driving licences will be checked on an annual basis by the CRM or CPTO.

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

10.10 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.

10.11 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.

10.12 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.

10.13 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.

10.14 Once a sponsored/funded/personalised responder vehicle is decommissioned from responder duties, all graphics must be removed from the vehicle prior to it being used as a normal means of transport.

10.15 Sponsored/Charity Vehicles

The following points are in addition to 10.1 to 10.14 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:

- i. The vehicle is only to be used whilst engaged in CFR duties i.e. responding or PR events. The vehicle must not be marked up Battenberg signage.
- ii. The group must comply with all relevant road traffic legislation relating to the use of the vehicle

- iii. The driver is personally responsible for any road traffic offence which occurs whilst driving the vehicle
- iv. The driver must notify EOC immediately of any accident in which the vehicle is involved in whilst undertaking responder duties
- v. The group must keep the vehicle in a road worthy condition and clean and tidy at all times
- vi. The Trust is not financially responsible for vehicle upkeep, maintenance or liable for any fuel or oil costs associated in connection with the use of the vehicle
- vii. The group must keep the service record and any other documents supplied with the vehicle at all times
- viii. The group must ensure that whilst the vehicle is not being driven that it is parked in a safe and appropriate place and kept locked overnight
- ix. All trust equipment must be removed and stored in a safe place when the vehicle is not on duty
- x. The group must ensure that adequate vehicle insurance be obtained and a copy forwarded to the trust annually
- xi. 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

## 11.0 Responding to a Call

- 11.1 All emergency calls will come from EEAST EOC via the mobile phone (or other 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 EOC will operate an exception list to which CFRs will not be sent.
- 11.2. Volunteers will be activated to calls either by voice activation or by SMS activation. Voice activation should be the preferred method of deploying volunteers to calls.

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

- Check for a confirmation message when booking on or off duty
- If self-deploying via the appropriate command, a CFR **MUST** always check their phone before entering a location/address to confirm if EOC has attempted to contact them.

EOC 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.



- 11.3 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. No exemptions are available for Volunteers - this includes parking restrictions (any parking tickets issued will be the responsibility of the driver to resolve and pay).
- 11.4 Use of audible and visual warnings i.e. horn and headlights must be accordance with the Highway Code and are not to be used to intimidate other road users.
- 11.5 When the CFR arrives on scene they should park up safely and sensibly allowing access for the ambulance when it arrives. It is acceptable for the CFR to be accompanied in their vehicle by a relative or friend for the purposes of driving or assisting with navigation but it must be remembered that only authorised Volunteers are permitted to enter the patient's home.
- 11.6 On arrival at the incident the CFR, in a high visibility jacket 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 it is appropriate the responder may remove their hi-visibility jacket following introduction to the patient. If the patient is in a public place the responder must wear their hi- visibility jacket at all times.
- 11.7 Guidance on when not to start CPR  
The following advice is provided to ensure clarity when faced with a relative or anyone else who requests that the CFR does not commence CPR. In terms of documentation, there are three formats Volunteers need to be aware of and will be required to check when one is produced.
- 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.

If a CFR is sent to a cardiac arrest and is presented with a valid, Do Not Attempt Cardio-Pulmonary Resuscitation (DNA-CPR) order/advanced directive, which has been signed and dated by a medical professional then CPR should not be commenced. If unsure of the validity the CFR should immediately consult EOC. If the document is not able to be produced immediately, CPR should be started until a qualified clinician attends the scene.

If whilst carrying out the resuscitation efforts, the valid DNA-CPR form is produced, the resuscitation attempts should be discontinued. If resuscitation has commenced, and the volunteer feels threatened from objections made from relatives, then they should discontinue the resuscitation attempt. Where appropriate, the CFR should withdraw from the scene, inform EOC and document this on the Volunteer Report Form.

In any circumstance, a CFR must inform the EOC if presented with a DNA-CPR in order that the attending clinician is made aware of the situation and all such events noted on the Volunteer Report Form.

Volunteers are not to attempt CPR on a patient who is decomposing, decapitated, and exhibits injuries incompatible with life; rigor or pooling. This must be documented on the VRF and handed over to the attending clinician. Volunteers are covered in the EEAST Resuscitation policy which also details their responsibilities (*See Appendix 2e*).

- 11.9 Volunteers are not authorised to cancel the ambulance response which is dispatched to the call they are attending.
- 11.10 When the ambulance response arrives the Volunteer is to give a concise verbal hand-over to the crew and offer assistance if necessary.
- 11.11 The Volunteer's 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.
- 11.12 If a volunteer finds themselves in a violent or aggressive situation they should leave the incident, inform EOC via the mobile phone and do not return to collect equipment.
- 11.13 The CFR should inform EOC via the mobile phone (or other mobile device such as handset radio) when clear and available.
- 11.14 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 and CRM should also be informed so that the relevant paperwork can be completed without delay.
- 11.15 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.
- 11.16 If a volunteer comes across an incident in which they may safely assist, they may respond appropriately and at the earliest opportunity contact EOC either using the preprogrammed number in their mobile phone (other mobile device such as handset radio) or by dialling 999. EOC should be given the incident address, brief details and call sign. The CFR should render assistance as normal until the arrival of an ambulance.

## **12.0 Liability**

- 12.1 EEAST medical indemnity insurance cover is provided by the NHS Litigation Authority (NHSLA) (established 1995).
- 12.2 Volunteers are classed as agents of the Trust.
- 12.3 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.

- 12.4 In the case of a criminal prosecution, Volunteers are responsible for providing their defence at their own expense, as are all other members of NHS staff including EEAST employees.
- 12.5 EEAST is also responsible for the replacement of any disposable consumables.
- 12.6 Volunteers must have sufficient car insurance for the purposes of the scheme.
- 12.7 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 and traffic violations.
- 12.8 Volunteers are advised to ensure that by operating as a responder they do not invalidate any personal insuring arrangements that include life cover.
- 12.9 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 purchases needs to have sufficient insurance cover should any damage occur.

### **13.0 Media Policy and Fundraising**

#### **13.1 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 CRM 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 CRM before 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, twitter, Instagram etc. 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.

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 (*See Appendix 2f*).

#### **13.2 Fundraising**

Any fundraising activity, which involves the use of the EEAST name or logo, must be approved by the CRM 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 should have a dedicated endowment 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.

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

Groups are not permitted to provide First Aid cover on behalf of the Trust at events in any circumstances.

Whilst attending fundraising event's only the training kit is permitted to be used for demonstrations, 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.

<b>Monitoring Schedule</b>		
<b>Timeline</b>	<b>Action</b>	<b>Comments (i.e. viewed, or reviewed, amended by person or committee)</b>
February 2020	Annual review	
February 2021	Annual review	
February 2022	Formal Policy Review	



**Appendix 2 Volunteer Specific or Linked Documents**

Reference	Document	Access to document
A	Application pack	By request EEASTCFRS@eastamb.nhs.uk
B	DBS Employing Persons with Criminal Convictions policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
C	IPC Management Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
D	Audit and recorder form	By request EEASTCFRS@eastamb.nhs.uk
E	Resuscitation Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
F	Media	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
G	Patient Care Records (Including Submission) Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
H	Lone Worker Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
I	Safeguarding Adults Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
J	Safeguarding Children & Young People Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
K	Safeguarding Policy Supporting Documentation	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
L	Moving & Handling Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
M	Disciplinary Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
N	Use of Digital Media including Social Media and or Networking Sites Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
O	Whistle Blowing Policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
P	Recruitment policy	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>
Q	E-learning /development	<a href="https://www.eastamb.nhs.uk/policy-library.htm">https://www.eastamb.nhs.uk/policy-library.htm</a>

### Appendix 3 Equality Analysis



Equality Analysis  
screening Volunteer R

