



**East of England
Ambulance Service**
NHS Trust



Operational Handbook

Table of Contents

Section		Page No
1	Glossary of Terms	4
2	Summary of the role and routine duties	4
3	Summary of patient transport services within the East of England Ambulance Service NHS Trust	5
4	Summary of core standards – what we require of you	6
5	Summary of core standards – what you can expect of us	10
6	The legal issues	11
7	General guidance to support you in your day to day role	15
8	General guidance for non-routine and acute situations / emergencies	16
9	Financial issues	19
10	Human Resources	20
11	Quality	21
12	Equipment	21
13	Summary – what next?	22
Appendix 1	A typical day in the life of an EEAST ACS Driver	24 - 25
Appendix 2	Written consent from vehicle insurance company	26
Appendix 3	Basic hand-washing guide	27 – 28
Appendix 4	Occupational Health Questionnaire	29 - 30
Appendix 5	Occupational Health eye test document	31
Appendix 6	Volunteer driver registration form	32 – 33
Appendix 7	Copy of letter inviting you to participate in the Trust Induction	34
Appendix 8	Passengers with a difference	35 - 36
Appendix 9	Your bank details for payment	37

Welcome to the Ambulance Car Service. Thank you for volunteering your time to undertake this essential element of our delivery of patient care to the population of the East of England. Our service to the public is commissioned by among others Clinical Commissioning Groups, some acute hospitals, local healthcare trusts and foundation trusts. They set the criteria to which we must deliver, evidencing that we are consistently able to provide a high-quality service within a well managed financial framework.

When you are undertaking journeys, you will be the 'face' of the East of England Ambulance Service NHS Trust (EEAST). Patients expect high standards from us and we should deliver these high standards to them. We believe that high quality patient care starts as the individual introduces themselves to the patient and this impression will stay with them for many days after their journey is completed. Many patients will be travelling to hospital for the first time in a number of years, other will have regular journeys. Each patient journey can be stressful for the patient, irrespective of the number of times they visit hospital. A friendly face and an understanding attitude will always put them at their ease.

The service that you provide demands the highest levels of integrity. Our service is home to home and often drivers become an integral part of the needs of the patient. For some patients, their journey to and from hospital may be their only trip out of their house for many weeks.

As an ambulance car service driver, you are now the 'face' of the ambulance service for many patients. Good luck with the work that you undertake for us!

1. Glossary of Terms

ACS	Ambulance Car Service
ALO	Ambulance Liaison Officer
ATO	Ambulance Transport Office
CCG	Clinical Commissioning Group
LBM	Locality Business Manager
ECR	Extra Contractual Referral (a journey not within contract)
EEAST	East of England Ambulance Service NHS Trust
H&S	Health & Safety
ISO	International Organisation for Standardisation (Quality Standards we must comply with)
NES	Non-Emergency Services
ORA	Operational Resource Administrator
PALS	Patient Advisory Liaison Service
SPLA / PLA	Senior Patient Liaison Assistant / Patient Liaison Assistant
PTS	Patient Transport Services
PPE	Personal Protective Equipment
RTC	Road Traffic Collision
SLA	Service Level Agreement

2. Summary of the Role and routine duties –

2.1 Fundamentally the role of a volunteer car driver with the East of England Ambulance Service NHS Trust (EEAST) requires you to collect patients from their home, ensuring that they have their appointment card with them, any medications they may need, ensure that they have secured their home, have the door key with them, then assist them safely into your vehicle. Once the patient is comfortably secured into your car, you will then go and collect the other patients who you have been allocated to convey, delivering all patients to their correct destinations in a safe and timely manner.

The patients will be able-bodied individuals, capable of getting into your vehicle with the minimum of assistance. You are not expected to do any lifting of patients and if you feel that a patient you have been asked to convey does need more help than you can safely provide, then this needs to be

reported as soon as possible to the ambulance transport office, so that a more appropriate resource may be arranged for future journeys.

- 2.2 All patients need escorting to their clinics or treatment areas, but some may be more independent than others. You may convey the same patients on numerous occasions and will no doubt get to know them as time goes on, but equally, new patients will also be travelling and you will be required to assist them if required, for example: providing a comforting arm to and from the car.
- 2.3 When the patients we have asked you to take home are ready, the ambulance transport office will inform you and you will either collect your patients from the clinic, or escort them from the waiting area, or discharge lounge to your vehicle.

At some hospitals you may have access to designated ACS parking spaces to allow you to park your vehicle nearer to the outpatient entrance, so that your patients do not have far to walk to and from their transport.

You will probably be asked to take several patients home on each journey and we rely on you to transport these patients who we have asked you to convey. Obviously, we appreciate that unforeseen circumstances can arise that may change the planned journeys, your responsibility is to discuss these with the ambulance transport office as soon as possible, to ensure that we can work together, to deliver all patients within a reasonable timeframe.

- 2.4 As you carefully and safely drive your patients back home, you may need to assist them out of the car and up to the front door. You are not normally required to go into the patients' homes, **but to ensure that they are able to access their home and that you have left them safely indoors.**

3 Summary of Patient Transport Services (PTS) within the East of England Ambulance Service NHS Trust (EEAST).

- 3.1 PTS deal with all non-emergency patient transport, for those patients who have a medical need for health funded transport. None of our patients pay us directly for their transport, as their journeys are funded by health care organisations which purchase the transport from the East of England Ambulance Service NHS Trust (EEAST). The Clinical Commissioning Groups (CCGs) fund most of the health journeys, for patients who are registered with GP's within the CCG catchment areas, but we also have contracts held directly with some acute / mental health hospitals and some social care providers.
- 3.2 The contracts to provide these journeys are awarded, through rigorous commercial tender processes and they are also time limited (*usually a contract lasts three to five years only*). The contracts then have to be bid for again and hopefully won! If we lose any contracts, then EEAST no longer have any part in providing the PTS services in that area and the services are then provided by the alternative organisation who won the contract. There is no other funding into PTS except through these contracts.
- 3.3 The competitiveness for these contracts increases year on year and as well as having to be as cost efficient as possible, we also need to maintain an extremely high quality of patient care. This is where we rely upon all our salaried staff and upon you, as our voluntary car drivers, in your role at the forefront of the Ambulance Service.

- 3.4 Our standards of patient safety and care, punctuality, politeness and courtesy are extremely high and contractually we are monitored in our compliance against these, as well as many other standards. This monitoring is through a variety of methods, including patient satisfaction surveys, hospital / CCG staff satisfaction surveys, audits of arrival times against appointment times and audits of accurate completion of patient journey log sheets etc. We have to meet these high-quality standards to meet our contractual obligations, but also to maintain the high-quality reputation of the EEAST.
- 3.5 As part of the EEAST PTS Team, it is essential that everyone carrying out any journeys on our behalf, in the name and reputation of East of England Ambulance Service NHS Trust, adheres to these same high standards at all times when they are carrying EEAST patients and that includes you as a volunteer car driver. Section 4 summarises some of these core standards which we require all our salaried staff and volunteers to adhere to.
- 3.6 If you are prepared to rise to the challenge of supporting us and volunteering with the EEAST and feel ready to work with us to deliver the high standards that we are committed to deliver, then read on. If you are not, or feel that you are not ready to sign up to this level of commitment at this time, then thank you for taking the time to enquire about volunteering and we wish you well in your chosen alternative path.

4 / 5 Summary of core standards

- What we require of you;
 - What you can expect from us;
- 4.1 As a volunteer car driver, you are expected to work with us to deliver and maintain the high contractual standards that the EEAST are contracted to deliver.
- 4.2 You are required to always treat patients, colleagues and all staff with dignity, respect and courtesy at all times, presenting a professional and caring image.
- 4.3 You are expected to be honest, reliable, a safe and conscientious driver, punctual and polite and respect patient and staff confidentiality.
- 4.4 You are required to have a valid, full driving licence, with no more than **THREE** penalty points. You need to be a careful driver, who considers the comfort and safety of their passengers at all times. If you have ever been banned from driving then your application will not be processed. Our drivers are required to pay particular attention to gentle acceleration, braking and careful cornering to reduce the discomfort to the passengers.
- 4.5 You are required to attend in person an informal interview with an EEAST Ambulance Liaison Officer (ALO) or Operational Resource Administrator (ORA), where the role will be explained to you in more detail and your suitability to undertake patient journeys on our behalf will be discussed. At this meeting, the ALO / ORA will need to see the car that you are proposing to use and the originals of your vehicle documentation.
- 4.6 If you do commence voluntary work for the EEAST then it will initially be on a three-month trial basis. At the end of this first three months you are required to attend a review meeting, to discuss

how we are doing in supporting you in this role and to give you some constructive feedback on your progress.

- 4.7 In line with the EEAST's 'DBS Criminal Record and Barring Checks Procedure', (*copies of which are available from your local ALO / ORA*), you are required to undertake an enhanced Disclosure and Barring Services (DBS) clearance check, before we can offer you any patient journeys. During your interview with the ALO / ORA any previous criminal history, convictions or cautions must be disclosed, even those classified as 'spent'. Whilst you are volunteering for EEAST, you are also required to disclose any further convictions, or cautions you may receive at anytime.
- 4.8 You are required to wear an EEAST picture identification badge at all times when doing voluntary work for EEAST. This must be clearly visible for patients to see, you are expected to introduce yourself to patients, as well as showing your ID badge. Misuse of your ID badge is considered a criminal offence.
- 4.9 You are required to have your own vehicle, with at least four seats, four doors and seat belts fitted in the front and rear. If the vehicle is not registered to you personally, then we will need to see written consent from the vehicle owner, giving their permission for you to use their vehicle for voluntary work, conveying patients.
- 4.10 You are required to inform your insurance company that your vehicle is being used for voluntary work, carrying patients. Written consent from your insurance company, confirming that your insurance policy remains fully valid whilst your vehicle is being used for voluntary driving duties transporting patients is essential before we can offer you any journeys. The form for this is attached as Appendix 2.
- 4.11 You are required to show us the original copy of your driving licence every 12 months and the original copies of your vehicle registration document (*plus a letter from the owner if the vehicle is not registered to you personally – see 4.9 above*), your current MOT certificate and your vehicle insurance documents (*plus agreement from them for you to use the vehicle for voluntary work – see 4.10 above*) annually.

If you change your vehicle or insurance company, or if there are any changes to your licence (i.e.: points issued against you) then you have an obligation to inform us immediately and show us the original documents again. These documents must be seen and approved in advance of us offering you any further journeys.

- 4.12 You are required to maintain good basic levels of personal hygiene and although there is no strict dress-code, clothing must be clean and of a smart-casual style (*beach shorts, vests and flip flops are unacceptable*). Your car must also be clean and tidy when transporting EEAST patients. In the rare event of a patient accidentally soiling the upholstery in your car, please arrange for your car to be inspected by your ALO / ORA, who may feel that an interior vehicle clean is required, which will be funded by the ambulance service.
- 4.13 You are required to assist the ambulance service as part of their commitment to reducing cross-infection.

You will be issued with a bottle of alcohol hand-gel, which must be used in between every patient contact. At every opportunity, you must also wash your hands with soap and water to reduce the risks of infections spreading. A basic hand-washing guide is provided in Appendix 3, please ensure

that you make all efforts to reduce cross-infection. It is advisable for you to wipe your car door handles regularly to help prevent cross contamination. Your personal hygiene and vehicle cleanliness is also important, as previously stated in section 4.12 above.

- 4.14 EEAST has a 'No Smoking Policy' (*a copy of which is available from your local ALO / ORA*), clarifying that neither ACS drivers nor patients are permitted to smoke during a PTS journey. Under the No-Smoking laws if you volunteer for more than 45 hours per week, then nobody is permitted to smoke in your vehicle at any time. Furthermore, 'No Smoking' stickers must be easily visible from inside the vehicle. If you volunteer for less than 45 hours a week and you do smoke, then the interior of your car must be well ventilated and free from odours in advance of and during all patient journeys.
- 4.15 EEAST enforces a strict no drugs and alcohol policy and will not tolerate any patients being conveyed by anyone who is in any way under the influence of drugs or alcohol. It is recommended that you do not take alcohol or non-prescription medications that may affect your ability to drive for at least 24 hours prior to transporting patients on behalf of EEAST.
- 4.16 You are required to be reliable and ideally able to support us at least one day per week. We understand that this is not the case for all and you may be away for some weeks during the year, but ideally that level of commitment from you allows us to build up a reliable and robust cohort of drivers and offer some consistency to our journey planners and regular patients. However, if you are able to offer less than this, then we would still very much appreciate the time that you are able to volunteer to support us.

In order to provide a reliable service to our patients and commissioners, we do however need as much notice as possible if you are not available to work on days when we had expected you to be available. This will then allow us to find an alternative resource to cover the journeys we may have planned to you.

- 4.17 All applicants to the ACS driver scheme must be deemed fit for duties by the Trust's Occupational Health Team. The Trust requires ACS drivers to be cleared to DVLA Group 2 medical standards, further details of these standards can be found on the DVLA website, www.dvla.gov.uk/medical.

Applicants must –

- a) Attend their GP surgery to see their practice nurse, taking along the letter provided within your application pack, where you must have a blood pressure and urine check.
 - b) Complete in full the occupational health questionnaire (Appendix 4) and return to Occupational Health. If you have answered yes to any of the questions, then you may be required to have an appointment or telephone consultation with an Occupational Health Nurse, or Physician.
 - c) In addition to this, applicants must pass the DVLA Group 2 eye test. To do this we require you to take an EEAST form (Appendix 5) to a qualified optician for completion and then return it to occupational health (*the cost of this eye-test will be refunded by the Trust, should you be taken on as a volunteer, subject to satisfactory receipts*).
- 4.18 If at any time, you have a health concern, or are diagnosed with any conditions that are likely to affect your ability to drive safely, then you have a duty to inform your local ALO or ORA and the DVLA as soon as possible.

- 4.19 Following any period of ill health in excess of one calendar month, or following time spent in hospital as an in-patient, drivers may be required to produce a fit note from their GP, showing that they are fit to resume volunteer driving duties. Drivers taking medication should check with their GP and / or insurance company and the DVLA, regarding their fitness to drive.
- 4.20 You will be required to provide two references to support your volunteering application and these should be from people who can comment on your character and driving ability from a passenger's perspective. These references cannot be from relatives.
- 4.21 We recommend that you have a mobile phone with you during patient journeys, to ensure patient safety and to communicate with the transport desk if there are any problems. We may also need to contact you if a patient's journey has been cancelled for any reason. Any changes to your mobile number or any other contact details we have for you must be notified as soon as possible to either your local ambulance transport office, or the Operational Resource Administrator (ORA). A copy of the ACS driver's registration form is attached in Appendix 6 and we ask to be informed of any changes to any of the information detailed on this form.
- 4.22 You are not permitted to use your mobile phone, for any reason, whilst the vehicle engine is turned on, or the vehicle is in motion. If one of your patients becomes unwell, or collapses, you are expected to stop the vehicle and call 999 for assistance. A call to PTS control is also extremely helpful, so we can assist if needed. Please remember if your hands-free kit still requires you to touch the phone to accept a call or dial out, then it is not best practice to use your phone at all whilst driving.
- 4.23 If you wish to use your own satellite navigation system then this can be used to assist you with your journey directions, but again must not be touched whilst the car engine is on. They must be programmed prior to the journey commencing.
- 4.24 Although volunteer drivers are not restricted by commercial driver hours regulations it is good practice that ACS drivers do not work long days, nor should they do a late evening finish, followed by an early morning start. Drivers should also not be volunteering more than five days in any week. **It is the driver's responsibility to ensure that he / she has the correct frequency of breaks each day and is not routinely working too many hours per day, or too many days per week.**
- 4.25 Drivers must not accept responsibility for clients' personal belongings, although these may be carried for the patient. If on completing your journey you find that a patient has left property behind in the car, the transport office must be notified immediately.

5 What you can expect of us

- 5.1 Gratitude and professional respect for the voluntary service that you are providing, recognising that you are volunteering your time and fair financial reimbursement for the cost of the journeys undertaken.
- 5.2 Reciprocal honesty, politeness, courtesy and reliability.
- 5.3 Fairness and equity of distribution of allocated journeys, within the constraints of resource availability, cost efficiency and geographical cover.
- 5.4 Notification of journeys planned to you, the working day before. This will be conveyed to you from your local transport offices.

For patient confidentiality, this information will only be passed directly to you, messages containing patient details will not be left on answer-machines. The journey running sheet forms part of the documentation required for reimbursement claims and so needs to be kept safely by you until the claim forms are submitted to your local ALO or ORA for authorisation of the claim.

- 5.5 EEAST is planning to set up a 'Buddy' scheme for volunteer car drivers, where an existing ACS driver acts as your mentor during your early days of volunteering. Your local ALO / ORA will liaise with you to jointly identify your mentor. Once your mentor has been identified, you are required to spend at least half a day with them, actually shadowing them doing 'live ACS duties'. This is aimed to provide you with experience of volunteering and provide you the opportunity to ask questions of one of your colleagues. Mileage to you as the 'observer' is not paid.
- 5.6 Access to telephone support is available either through the local ALO or ORA or via the PTS on-call rota. These local numbers will be provided to you in advance of your first patient journeys and assistance can be obtained whilst you are working.
- 5.7 You will be offered the opportunity to attend an EEAST Trust induction day, whereby you will gain a much greater understanding of the Trust structure and business. These days are optional and as such, any costs associated with you attending these days will not be covered by EEAST.
- 5.8 You will be issued with a personalised ACS car drivers 'car badge'. This will identify your vehicle as being used for EEAST patient journeys. This car badge must only be on display when you are working on behalf of EEAST.

This car badge is unique to you and your vehicle, it displays your registration number and an expiry date, which is linked to the date that your insurance policy runs out. When we see your updated insurance documents we will issue you with a new car badge. Please report any loss of this car badge to your ALO / ORA as soon as possible.

- 5.9 EEAST has a zero-tolerance viewpoint on violence, or the threat of violence, on any of its staff or volunteers. If you do find yourself in a situation where you feel threatened, or in danger, then ensure that you withdraw yourself from the situation as quickly and as safely as possible and immediately report it to your ALO / ORA. We will then work to ensure that any further risk is removed or reduced significantly. You are not obliged to transport any patient who you are not comfortable to transport, or expected to enter into disputes with car park attendants.

- 5.10 You are not expected to convey patients who are only wearing night clothing. Patients you transport should be fully dressed in appropriate outdoor clothing.
- 5.11 We value the efforts and contributions of our volunteers enormously. We recognise that, at times, you may be faced with an issue we are not aware of and we would rather you raise this concern so that a remedy can be found. Remember, you may not be the only one facing a particular issue, or it may be one that a volunteer may encounter in the future.
- 5.12 We recognise that some of the best ideas on improvements come from our volunteers, these ideas are welcomed and wherever possible trialled and / or implemented. Please talk to your local ALO or ORA should you have any comments, or ideas.

6 The Legal Issues – As well as our EEAST contractual standards, we need to ensure that you are aware of the legal requirements whilst driving and carrying patients on behalf of EEAST.

- 6.1 Before undertaking any journey you should always check your vehicles condition. Things to check, but not limited to include –
 - 6.1.1 Tyres – check they are undamaged and have at least 1.6mm of tread depth;
 - 6.1.2 Oil, coolant and washer fluids are at the correct levels;
 - 6.1.3 Brakes, lights, indicators and washer / wipers are working correctly;
 - 6.1.4 Windscreen and windows are clean and free of damage;
 - 6.1.5 The interior of the vehicle is clean and tidy;
 - 6.1.6 If your vehicle has any defects you must report these immediately to your ambulance transport office and you must not carry patients until the problem is resolved and the vehicle is safe and road-worthy.
 - 6.1.7 Your vehicle may be subject to a visual and internal inspection at any time and without prior notice.
- 6.2 **Seat Belts and Child Restraints** – Please see table for details of the current legal requirements. The only exceptions to the table are if a voluntary driver or passenger holds an exception certificate on medical grounds.

	Front Seat	Rear Seat	Who is responsible?
Driver	Seat belt must be worn if fitted		Driver
Child under 3 years of age	Correct child restraint must be used	Correct child restraint must be used. If one is not available in a taxi, may travel unrestrained	Driver
Child from 3rd birthday up to 135 cms in height (or 12th birthday whichever they reach first)	Correct child restraint must be used	Correct child restraint must be used where seat belts fitted. Must use adult belt in a rear seat if correct child restraint not available - - in a taxi - for a short distance in an unexpected necessity - if two occupied child restraints prevent fitting a third.	Driver

Child 12 or 13, or over 135 cms in height	Seat belt must be worn if fitted	Seat belt must be worn if fitted	Driver
Adult passengers	Seat belt must be worn if fitted	Seat belt must be worn if fitted	Passenger

6.3 **Mobile Phones** – ACS drivers have **NO** exemptions from laws governing the use of mobile phones whilst driving.

6.4 **Speed** - ACS drivers have **NO** exemptions from national speed restrictions.

6.5 **Parking Violations** – ACS drivers have **NO** exemptions from laws governing parking restrictions or parking payments in public / private places. Your ACS ‘car badge’ will allow you to park in designated ACS parking bays at some hospitals, without payment for parking, but only whilst working on behalf of EEAST. Abuse of this privilege will not be tolerated. If you are required to pay for parking whilst on EEAST business, this should be claimed back at the end of the month, along with your mileage claim. Production of the actual receipt is essential for payment.

6.6 **Vehicle Insurance** –

6.6.1 All vehicles used for ACS must be properly insured to satisfy the requirements of the relevant law in the UK. It is important that policyholders check with their insurer that they are properly covered for the use of their vehicle for volunteer work and this must be evidenced to us through completion by your insurance company of the form in Appendix 2.

6.6.2 The Trust recommends fully comprehensive insurance cover although will accept third party. Volunteer drivers are advised that if insurance cover is allowed to lapse for any reason, or it becomes invalid, if a claim by a third party or passenger were made against EEAST, then EEAST could seek to recover the extent of its liability from that driver.

This is in addition to your personal liability under the Road Traffic Act. Please ensure you advise us when your insurance is renewed or changed. If we do not have evidence of valid current vehicle insurance details on your record we will not use your services.

6.7 **Personal** – The Trust has vicarious liability for the actions of its representatives when undertaking Trust business, if however, an individual fails to comply with working guidelines then they may be liable to a personal liability claim.

6.8 **MOT and Tax** – All vehicles used for ACS must comply with the law regarding the payment of road tax and where required vehicles will need to have a valid MOT certificate.

6.9 There is a mileage limit that volunteer drivers can travel before having to declare their income received through voluntary driving to the Inland Revenue. This limit depends on how much you are paid per mile by your organisation. In the case of 40 pence per mile the tax threshold is 10,000 miles.

To check personal circumstances and for additional information go to the Inland Revenue website – www.hmrc.gov/mileage/volunteer-drivers.htm.

Please note that any mileage in excess of the tax-free allowance may be deemed by your insurance company as 'use for hire and reward or profitable use'. Failure to inform them of this could result in your insurer withdrawing cover of your vehicle.

6.10 Confidentiality, NHS Code of Practice and the Data Protection Act 1998.

Patient information is generally held under legal and ethical obligations of confidentiality. Information provided in confidence should not be used, or disclosed in any way that might identify a patient without his or her consent. Please be mindful of this and do not leave daily work lists in open view and ensure that you shred any patient identifiable information after the journeys have been completed.

The ambulance service can arrange to dispose of this confidential waste if you are not able to safely dispose of this confidential data – please discuss with your ALO / ORA.

6.11 Fraud – the NHS is a public funded service and accountable for its own financial management.

Whilst the majority of people who work in and use the NHS are honest, there is a minority who will seek to defraud the NHS of its valuable resources. There is a regular audit process and any areas of concern are reported to the NHS Counter Fraud Services.

EEAST has a 'whistle-blowing Policy' through which the Trust is committed to sustaining a culture of openness and accountability and will encourage and support staff raising their concerns about health service issues, Trust activities, misconduct within the organisation and providing information about illegal and / or inappropriate practices.

6.12 Gratuities – EEAST volunteer drivers must not accept any tips or gratuities from patients. If patients do insist on offering a tip, then the ACS driver must inform the patient that the money will be put into the ACS driver's charitable fund, the driver must then pass this gratuity to the ALO / ORA. They will pass it onto the EEAST Finance Department, who will then in turn write to the patient, on behalf of the Trust, including a receipt. The ACS charitable fund is then used to buy ACS specific equipment.

6.13 London congestion charge and other tolls – ACS drivers are liable to the London congestion charge and other road / bridge tolls, the same as any other road user. You can claim back the charges upon production of a receipt, or evidence of the receipt number. The Trust will not be responsible for any penalty charge notices incurred.

6.14 Fines – Any fine incurred (speeding, parking etc) is the responsibility of the individual. Displaying your ambulance car service 'car badge' will not exempt you in any way.

6.15 Health & Safety – The East of England Ambulance Service NHS Trust recognises its legal responsibility under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and any other relevant statutory provisions. Copies of the Trusts Health and Safety Strategy can be viewed by arrangement with your local ALO / ORA. Every individual has a duty of care and a responsibility to consider health and safety for themselves and their patients during any PTS journeys. ACS drivers should also comply with the H&S notices at any establishments that they visit.

6.16 Personal Protective Equipment – We will provide you with a reflective high visibility tabard, which will make you more visible to traffic whilst you are carrying out your ACS duties. As good practice and to comply with H&S standards, we require you to wear your reflective tabard at all times when

you are physically exposed to moving traffic, especially in the winter when light and weather conditions make visibility poor.

- 6.17 **Oxygen** – Volunteer car drivers are permitted to carry patients who are using their own portable oxygen, as long as the cylinder is able to be stowed safely either within the vehicle or the boot of the car. If you want to display a sign on the back of your vehicle, informing other road users and emergency services that oxygen is being transported then please speak to your local ORA.
- 6.18 **Moving & Handling** – Voluntary car drivers should assess every patient to ensure that they are suitable for ACS transport. If they feel that any patients are unsuitable they must report this immediately to the ambulance transport office, so that the patient can be re-assigned to an ambulance resource. Do not transport any wheelchairs in the boot of your car. Patients need to be able to transfer from wheelchair to car. If they need a wheelchair to travel any distance then there are normally wheelchairs at the hospital. Under no circumstances must volunteer drivers attempt to convey patients who cannot bear their own weight or manoeuvre themselves to a safe and comfortable position within the transport provided. It must be remembered however, that often highly disabled patients are capable of bearing their own weight using one leg, or in the case of double amputees, even their hands. Voluntary drivers may gently guide patients towards their destination, **BUT MUST NOT PHYSICALLY LIFT OR MOVE PATIENTS OR THEIR CARERS**. If you are requested to move or lift a person travelling in your vehicle you must politely, but firmly decline. The ALO or ORA is always available to discuss concerns should the need arise.
- 6.19 **Clinical Waste** – The Trust must comply with ‘Controlled Waste Regulation’, details of which are clarified in the Trusts ‘Waste Management Policy’ which can be accessed via your ALO / ORA. Clinical waste is defined within the Controlled Waste Regulations 1992 as ‘any waste which consists wholly or partly of -
- Human or animal tissues;
 - Blood or other body fluids;
 - Excretions;
 - Drugs or other pharmaceutical products;
 - Swabs or dressings, syringes, needles or other sharp instruments which, unless rendered safe, may prove hazardous to any person coming into contact with it;
 - Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which could cause infection to any person coming into contact with it’.
- Disposal of clinical waste must be done using yellow bags only and these must be appropriately disposed of at the ambulance depots or at the hospitals. If you need advice please ask your local ALO / ORA.
- 6.20 **Occupational Health** – You are required to advise us if you develop a medical condition which affects your legal qualification to drive. Our Occupational Health Team will then advise us on how to proceed.

7 General guidance to support your day to day role as an ACS volunteer driver –

- 7.1 **Patient Categories** – Eeast categorises patients by mobility codes. Those assigned to ACS should be patients who are safely able to travel by car, although due to their individual mobility / health issues some patients may require a front car seat. The mobility codes are shown as follows –
- C** - Car suitable and independently mobile;
 - CFS** - Car front seat suitable, may require some assistance.

- 7.2 **Escorts** – Escorts should only be conveyed if they have been pre-arranged and are included on your 'planned work'. If you experience any issues with patients expecting you to take unplanned escorts then you must liaise directly with the ambulance transport office. If patients or escorts have not been booked, then we are not getting funded for their journey.

Please **DO NOT** convey either patients or escorts unless they have been pre-booked through Eeast and we have requested that you convey that individual. Please discuss directly with your ALO / ATO if this issue arises.

- 7.3 **Children** – Children aged up to and including 16 years of age must not be carried unless accompanied by a responsible adult, ideally the parent or guardian. If you have any concerns then please discuss with your local ALO / ATO.

- 7.4 **Carriage of Animals** – Animals must not be carried in vehicles being used for ACS work. The exception to this rule would be the conveyance of a registered dog for the blind or hard of hearing.

- 7.5 **Aborts** – An aborted journey is one where you arrive at the patient collection point but for any reason the patient does not travel. In these circumstances, the details need to be relayed to your local ambulance transport desk and a 'when we called' advice slip must be posted through the door (*available from your local transport office*).

As our patient's safety is paramount, it is worth checking whether there are signs of life indoors i.e.: post that may be in the letter box, milk on the doorstep, if curtains are closed, or a window open etc. You could also make brief enquiries with neighbours if you have the time. You may be able to hear signs of activity indoors, such as a television or radio. Once you have done this, you must contact the transport office, where the office staff may be able to contact friends, relatives, neighbours or professional carers, in order to inform them of the situation.

- 7.6 **Appointment delays** – If a journey takes longer than is planned and is likely to interfere with another planned patient journey, then you must contact the ambulance transport office as soon as possible, to inform them of this likely delay. To comply with quality standards around punctuality and collection times, we need to document any delays and inform the clinics of any delays.

- 7.7 **Observed patient changes** – When you transport the same people on a regular basis, you are in a privileged position of trust and quite often might be the only person to observe changes in behaviour or home circumstances. If you observe changes that concern you, then please liaise with your local ALO / ATO, who will be able to liaise with the patient's health and / or social care colleagues to help promote the best care for that patient.

- 7.8 **Journey log** – Every ACS driver is issued with a journey log sheet, or a copy of the printed out journey plan. This forms part of your financial claim verification and should be completed in accordance with the guidance given locally. Typical information required is patients name, collection

point and set down point, times and mileages. Your mentor will guide you through completion of these forms to enable you to claim your reimbursements.

- 7.9 **Deviations from planned runs** – The planning team will pass work to you in a sequence of ‘runs’. Any deviation from this pre-planned order should be notified and agreed with the planning team. This includes any swapping of patients between ACS drivers. ACS drivers should use the most direct route, given road conditions and circumstances. If route changes or patient changes are not documented on the IT planning system, then we will not be able to validate your mileage claims for payment if you are claiming for journeys that we have not planned to you.
- 7.10 **Signing patients in and out** – When arriving at, or departing from any treatment centre, the patient’s arrival / departure time must be recorded. How this is done may vary from location to location, but capturing this information accurately is critical for our contract compliance. Please establish locally the method used and ensure that all patients are accurately ‘signed in and out’ as appropriate.

8 General Guidance for Non-routine and Acute Situations / Emergencies

- 8.1 **Incident Reporting** – The Trust fully support and encourage a culture where individuals feel able to identify and report areas of concern and / or potential, or actual adverse incidents, so that improvements can be made to processes in order to prevent a reoccurrence.

An adverse incident can be described as ‘an event that has, or may have the potential to cause harm or damage’. You must, as soon as practical, report any adverse incident / cause for concern that you become aware of to your local ALO / ATO.

If you need to report an incident, then please contact your local ALO / ATO, who will offer guidance on how to complete it through the Trusts single point of contact (SPOC) telephone number, which is manned on a 24/7 basis. The telephone number is – **08456 026856**.

- 8.2 **Road Traffic Collision** – If whilst driving on ACS duties a voluntary driver is involved in an RTC, however slight, it is necessary to comply with the legal statutory requirements, which are –
- 8.2.1 **To Stop.** If a collision has occurred in which either personal injury is caused, damage to any vehicle (motorised or not) other than your own vehicle, to an animal, to any property, or adjacent to the road (bollards, road signs, fences etc) you must stop your vehicle for sufficiently long enough to allow any person having reasonable grounds for doing so, to ask for your name and address.
- 8.2.2 You must give your name and address, the name and address of the owner of the vehicle and the vehicle registration number if required.
- 8.2.3 If you do not give your name and address to any such person at the scene, then you must report the accident at a police station, or to a police officer as soon as reasonably practicable and in any event within 24 hours.
- 8.2.4 If possible, the names and addresses of all witnesses should be obtained – particularly any independent witnesses.
- 8.2.5 Your local ALO / ATO must be informed as soon as it is reasonably practicable, or in the case of injury to driver, patient or third party, immediately.

8.3 General Principles when involved in an RTC.

- 8.3.1 Always use your hazard warning lights and switch off your engine.
- 8.3.2 Do not put yourself or your patients in greater danger of injury, try to make the scene safe from further hazards (*e.g. fast-moving traffic, petrol leaking and potential fire etc*) as soon as possible.
- 8.3.3 Do not move injured patients, unless they are in immediate danger of further injury.
- 8.3.4 If a child passenger is present, or a patient with limited mental capacity to understand the situation and protect their own safety, ensure a competent adult stays with them at all times.
- 8.3.5 If you need to call the emergency services, then stay at the scene and report any important factors, such as any special health needs etc.
- 8.3.6 Remain calm and don't panic. Liaise with your local PTS Ambulance Transport Office about re-arranging transport for any of your patients who are fit enough to continue their journey, or for any other patients you had planned to collect.

8.4 Vehicle breakdown with patients on board

- 8.4.1 In the event of a vehicle breaking down, your local ambulance transport office (or the on-call PTS Manager) must be informed immediately, so that they can arrange alternate transport for your patients on board.
- 8.4.2 Use your hazard lights and warning triangle if appropriate.
- 8.4.3 Wherever possible, pull off the road.
- 8.4.4 Move passengers out of the nearside and escort them as far away from traffic and hazards as possible, keeping all patients together.
- 8.4.5 If a child passenger is present, or a patient with limited mental capacity to understand the situation and protect their own safety, ensure a competent adult stays with them at all times.
- 8.4.6 You will need to contact your breakdown company to assess / repair / transport your vehicle for repair as necessary. The ambulance service transport desk can help you with phone calls if necessary, but you will need to provide them with the numbers of the company you want them to contact and your own breakdown policy details. The ambulance service breakdown cover does not include cover for volunteer driver's vehicles.
- 8.4.7 **The patient's condition becomes acute.** If for any reason a patient's condition becomes acute (*this may, or may not be related to their primary condition i.e.: may be travelling for renal dialysis but falls on a pathway and fractures a wrist*) then you must firstly establish any risks.

As far as possible, these risks must be minimised, then the incident reported immediately to the ALO, or the on-call PTS Manager. If an emergency ambulance is required then you must call '999' and then inform your local Manager. Stay with the un-well patient until assistance arrives, whilst also maintaining the safety of other patients on board your vehicle.

As soon as possible this must then be backed up with the required incident reporting paperwork (Datix). Please contact your local ALO / ORA who will assist you in completing a Datix report. If you are unable to continue your planned journey, or deliver any remaining patients, then please inform the transport desk immediately, so that we can transport the remaining patients as soon as possible.

- 8.5 **Adult and Child Protection Concerns** – If, for any reason, you have concerns about the well-being and protection of a vulnerable adult, or child, be that neglect, acopia, physical, emotional or sexual abuse, then you have a duty of care to report this to the ALO, who in turn must report it to social services and log it with the EEAST’s Safeguarding Team. If someone is divulging a ‘secret’ to you, do not promise to keep it secret, your responsibility is to report any concerns.

If you have any concerns, or if something ‘just doesn’t feel right’, then please discretely discuss this with your ALO. Document any evidence and make a written statement of your concern, with as much detail as possible, as soon as possible.

- 8.6 **Short Notice Availability** – if you become unable to honour your commitment to the Trust at short notice, please ensure that you give us as much warning as possible. This will help to reduce any disruption or cancellation of planned work. An indication of the duration of your unavailability will also assist us with planning for the next few days or weeks.

- 8.7 **Out of Area Journeys** - Some journeys are over longer distances and extend beyond our normal working boundaries. These are referred to as ‘Extra Contractual Referrals’ or ECR’s and occur for various reasons, e.g.: repatriation (someone may need to be taken home after falling ill whilst on holiday in the EEAST region), choose and book appointments, or treatment at a specialist, or regional hospital.

If you have agreed to undertake longer journeys and are assigned one, then please liaise with the planning team, who may put you in contact with the patient, carer, ward, or nursing home to confirm the details of the planned journey, including the time that you intend to collect the patient. This will give you the opportunity to clarify whether the patient has any special requirements during the journey i.e.: frequent toilet stops etc. This will minimise any delays caused by the patient not being ready for collection and potentially not arriving at their destination on time and will also make the journey as comfortable as possible for the patient. This is especially relevant for journeys when the pickup time will be before 07:00 hours.

Ensure that you plan your route carefully, paying attention to likely traffic delays at rush-hour times and toll / bridge charges etc. Preparation is essential to the success of these longer journeys and if you need assistance, then please discuss with the planners.

- 8.8 **If you become unwell** – Your local ambulance transport office must be informed immediately, to seek assistance for you if required (*and to help with passing on a message to someone at home for you*) and to arrange alternative transport for your patients who may already be on board, or who you were on your way to collect.

9 Financial Issues

- 9.1 **Reimbursement Claims** – When completing your mileage reimbursement claim form, all journeys undertaken must be fully documented, including return journeys where applicable. Poorly completed claims might result in delay of payment, whilst confirmation of details is established. Monthly claim forms are audited, journey details and mileages are checked against our computer system and any irregularities are investigated.

The reimbursement rate will be explained to you when you meet with your local ALO / ORA and is non-negotiable.

- 9.2 **Forms** - Any claim must be made on an approved EEAST ACS claim form, these will be shown to you and explained by your ALO / ORA and during your first mentored session. Mileage expense claims must show the journeys undertaken and the full mileage details, including milometer readings.
- 9.3 **Submissions** – All submissions should be with your local ALO / ORA by the fourth working day of the following month and in exceptional circumstances, no later than the ninth working day. These will be checked and validated, then passed onto the Trust's Finance Department for payment.
- 9.4 **Payments** – Payments are made by BACS directly into a Bank or Building Society. The details we require to ensure that this system works efficiently are detailed in the form in Appendix 9. Any changes to your banking details must be re-submitted to Finance on this form. Payments are made one month in arrears and submissions received by the fourth working day will normally be processed and payments made into bank accounts on the seventh working day.

10 Human Resources

- 10.1 **ACS Representative Committee** – ACS drivers are encouraged to actively contribute to the development of the service they provide. Local representatives are nominated to represent each acute hospital group of car drivers, these representatives then form a liaison committee, who have regular meetings with the Trust Managers to help with communicating information and developing the service.
- 10.2 **Equal Opportunities and Valuing People** – EEAST is committed to raising awareness of equal opportunities in the organisation and the wider community.

Commitment to Equal Opportunities is reflected in the way that we treat volunteers, staff and other people who use our services. How you behave towards others reflects on EEAST and other volunteers. As a volunteer this means that –

- 10.2.1 EEAST expect you to treat their staff, other staff, other volunteers and people who receive our services with dignity, understanding and respect.
- 10.2.2 We ask you to recognise that others have different beliefs, values and lifestyles and to be aware of their different needs. This includes avoiding language or behaviour which may cause offence.
- 10.2.3 You will avoid expecting people to conform to stereotypes, or types of behaviour because of their age, gender, ethnic background, disability etc.
- 10.2.4 Patients are individuals - listen to them and let them direct the conversation. If you feel unsure about terms to use, ask the person how they would like to be described, or addressed. Remember that you can be very effective as a volunteer without having lots of knowledge about people's backgrounds, or knowing in-depth about how disability for example affects someone.
- 10.2.5 If you act, write, or speak in a way which could constitute harassment, bullying or discrimination to another volunteer, a member of staff, or a patient, EEAST Managers will investigate and if appropriate will no longer use your voluntary services.
- 10.2.6 If you experience harassment, bullying or discrimination by another volunteer, a member of EEAST staff, or a patient, then EEAST Managers will investigate and take appropriate action.
- 10.3 **Termination of Service** – Termination must be advised in writing and can be initiated by either party (*you or the Trust*). In all cases, please liaise with your local ALO / ORA to arrange for the return of all types of ID cards, together with any surplus paperwork and equipment.

11 Quality

11.1 **Patient Advice and Liaison Service (PALS)** work to improve local health services. It will -

- Give information about local services;
- Provide advice and support to patients, their families and carers;
- Connect you to other organisations for help and support;
- Help sort out concerns quickly on your behalf;
- Listen to your suggestions for improving services;
- Offer a confidential and impartial service.

You can access PALS for your own reasons and / or advise others on how to access it if they wish to comment in any way about the service they receive

The contact telephone number for PALS is (01234) 243320.

11.2 **Complaints** – If you or a patient wishes to complain formally and feel that the PALS service does not offer the option of a satisfactory resolution, then the Trust has a complaints team who can be contacted. The complaints team will respond to complainants and arrange investigations if necessary and are bound by strict Department of Health guidelines throughout the complaints process.

The Trust believes in continual improvement and aims to learn from complaints to help it enhance the service it provides. If an informal observation is made rather than a complaint, this can be channelled either through the PALS team, or your local ALO / ORA.

11.3 **International Organisation for Standardisation (ISO)** – This is an auditable quality management system that is used in some parts of our organisation. The ISO accreditation is valuable to PTS as a demonstration of the quality standards that we set for ourselves and strive to achieve. Your part in continuing to work with us to maintain these high standards is essential.

11.4 **Commendations** – On occasions people are so appreciative of our services they make known their thanks. These can be either verbal or written commendations. If we receive comments of praise we do our best to identify the individuals who have been involved and pass on the appreciation. We also make a note on their records. If you receive a letter of appreciation directly from a patient, please forward it to your local manager, for internal processing.

12 Equipment

- 12.1 You will be provided with your photo ID badge and your 'car ID badge'. These are for use **ONLY** when working on behalf of EEAST. Any drivers who stop volunteering for EEAST must return both ID badges, plus any unused paperwork and equipment.
- 12.2 You will be required to have available in your car the following equipment, which will be issued to you personally and can be replaced at your local ambulance station;
- Incontinence Pads
 - Vomit bowls
 - Clinell wipes
 - Box of medical gloves
 - Fluorescent high visibility waist coat
 - Box of tissues / paper towels
 - Yellow clinical waste bags
- 12.3 In addition it would be helpful to carry the following;
- Torch
 - Umbrella
 - Blanket (clean and for infection control must be washed in-between uses)
 - Basic First Aid Kit
 - It is also desirable to carry your own mobile phone
- 12.4 **Child seats and booster seats** – if you are requested to transport a child, or children, then you will need to use age-appropriate child seat(s) or booster seat(s). For infection control reasons, parents will be encouraged to provide their own car seat and they can then fit the seat, but if that option is not available, then car seats are available from your local transport office and you should liaise with the planners to arrange collection of the seat in advance of your child pickup.

13 Summary

- 13.1 We hope that you have found this ACS driver's handbook useful and that it has equipped you with an understanding of what the role is about, what the East of England Ambulance Service NHS Trust expects from our volunteer car drivers and what you can expect from us.
- 13.2 Hopefully, it has inspired you to come and join a professional team of caring staff and volunteers, who strive to provide an extremely high standard of non-emergency patient transport and care. If you are ready to take on the challenge and join this team, then we look forward to working with you in the near future.
- 13.3 **Here is a summary of your next steps –**
- a) Phone your local PTS ALO or ORA to arrange an interview with them.
 - b) Complete the registration form (Appendix 6) and Bank Details form (Appendix 9).
 - c) Prepare in advance the ORIGINAL documents required and the vehicle you are proposing to use as you need to bring them to your meeting with the ALO / ORA. We will need to see the actual car you are offering to use, but if you are not able to show it at the time of the meeting, then please request a follow-up meeting with the ALO / ORA when they can see your car. Until this has been done we will be unable to use your services, or issue a vehicle registration specific ACS Car 'ID badge'.
 - d) Consider, obtain their permission and confirm the contact details of two referees who we can contact to get a reference to support your application. Please bring this information to your ALO / ORA meeting.
 - e) Be prepared for an Occupational Health assessment and eye test, to check your fitness to be able to safely drive patients under DVLA group 2 level clearance.
 - f) Declare any criminal convictions (even if 'spent'), in advance of us carrying out an enhanced DBS check. Because of the nature of the work, dealing with vulnerable patients, certain criminal convictions will mean that we are not able to accept you as a volunteer driver and it is best to know this in advance of the DBS clearance being sought. We are not able to use your services until the DBS clearance has been received and reviewed. If EEASt has any concerns regarding your DBS clearance, we will ask to meet with you, to discuss the report.

Appendix 1

A typical day in the life of an East of England Ambulance Service NHS Trust ACS volunteer!

This has been written by one of our drivers, who wanted to give a true reflection of what the role involves.

A volunteer driver will work as a single driver all day. The drivers work load is normally pre-planned for patients who need the care of a volunteer car driver. Reliability and consistency is vital – it causes a serious operational issue if mid-way through your day's work you cancel, or do not come into work unexpectedly. Due to patient confidentiality, drivers are not allowed to be accompanied by spouses, partners, or friends.

If you do not have a sat nav, then you have the responsibility of finding your way to the patient's home using a map book and local area knowledge. It is also your responsibility to collect, drop off and care for the patients during their journey. All patients should be risk assessed, which is an ongoing process for regular patients whose condition may change day to day.

You, as the driver, will be rung at home as soon as the work has been allocated for the following day, you can either take the details verbally over the phone, if you are not available to take the phone call a message will be left, but it won't contain any patient identifiable information, alternatively you can collect your work from your local ambulance transport office. For any questions, information or help the transport offices are normally open from 08:00 until 17:00, alternatively, speak to your local ALO / ORA.

Drivers should then check their runs of planned work for the day and start to plan how they will deliver this. It involves working out a route and a logical order for collecting and dropping off patients. The pick-ups are timed and patients are required to be delivered to their appointments on time. Patient transport is not a bespoke service – the journeys are planned to minimise wasted mileage and therefore patients are approximately grouped together, according to where they live and a logical route to the destination, based on the appointment times.

Some patients may be a little early, or possibly a little late, according to how they have been planned, road conditions, the weather and if all patients are ready on time. This time factor may cause some anxiety to patients – they don't want to miss their appointment; this requires reassurance and maybe a phone call to day control or the ambulance transport office, who can advise the clinic or department in advance of arrival.

The operational day then commences and this involves driving to the patients' home, finding the home address, assessing any risks and negotiating any hazards presented (i.e.: steps, gravel, dogs etc), then collecting the patient and assisting them into your car. Once the patient is in your car, you, as the driver are responsible for caring for the patient en-route, for safely driving your car to the destination in a manner that is conducive to patient comfort, whilst still arriving on time for the appointment. You will then continue your journey to collect the second and third patients who have been planned to you for this 'run'.

The driver is responsible for the care of the patients in the car. This is achieved by reassurance, generally talking to them if they are feeling well enough (some patients like to talk, others do not) and if their condition deteriorates then the driver has to respond to this and take the appropriate action. Typical incidents include patients feeling, or being sick, feeling generally unwell and asking for the vehicle to be stopped, being in pain and shouting out (which can be disturbing for other patients) and patients trying to get out of the car when it is stationary and the driver has gone to collect another patient. The worst scenario is that a patient's condition suddenly deteriorates and immediate life support is required – in this situation the driver needs to call for A&E on 999. This could happen anywhere and at any time.

Assuming that all patients have been safely collected and the journey has taken place comfortably and event free, the patients then have to be taken to their appointment and registered with the clinic, or department. If the patient

is late for any reason then negotiation and an explanation / apology will be required, which hopefully results in the patient still being seen. Any patients that you do not collect, for any reason, must be reported to the ambulance transport office. This is so that the transport desk staff can check that the patient is okay, inform the clinic or department that the patient has not come in via ambulance transport, so may well not be attending their appointment and to ensure that any planned return journey for that patient gets cancelled.

The next journey is then undertaken, but they will be different patients, to different locations. Drivers do not always take the same patients for their inward / outward journeys and some journeys are one way journeys for admissions or discharges. The distances may be long, or short, carrying one, two, or three patients, either from rural areas or within the city centre. There is no pattern, every day is different and workloads can vary. Your flexibility and understanding of this is very helpful to the planners, the transport desk staff and to the patients.

The driver's role requires the individual to be flexible, have initiative and be able to manage and respond positively to the ever-changing situations they find themselves in. They have to risk assess and make safe decisions, ultimately they are responsible for the patients in their care – the patient must come first. On occasions, drivers do experience confrontation from patients, relatives and hospital staff and their people skills are as important as their driving skills. Drivers need to be reliable and consistent and be able to work as part of a large team.

Appendix 2

**East of England Ambulance Service NHS Trust
Insurance confirmation letter
Please send this to your motor insurance company**

Dear Sir / Madam

Re: MOTOR POLICY NUMBER AND NAME.....
ADDRESS.....

I am currently applying to register as an ambulance service volunteer car driver requiring me to transport children, elderly, disabled and other members of the community to varying healthcare appointments. The scheme is part of the East of England Ambulance Service NHS Trust non-emergency patient transport services (PTS).

As part of the scheme, a mileage allowance is payable to me, but this is within the strict guidelines laid down by the Inland Revenue and only constitutes strict reimbursement of costs. Furthermore, Section 1 (4) of the Public Passenger Vehicles Act 1981 exempts me from both Passenger Service Vehicle and Hackney Carriage / Private Hire Car licensing laws. On occasions I may be asked to carry patients who are administering their own oxygen. The cylinder will be secured in the car.

It is a condition of the scheme that I should seek your assurance that (a) my vehicle insurance policy does not contain any restriction of use/s clause/s, or any other clause which would prevent my insurance cover being fully valid whilst I am driving for this service.

I would be grateful if you could complete the tear off slip below and return it to me.

Yours faithfully.....(Policy Holder)

FROM: (Insurance Company).....

RE: (Policy Number).....

POLICY HOLDER / DRIVER.....

This is to confirm that your insurance policy covers voluntary driving (*for which a mileage allowance may be received*). There may be occasions when a volunteer ambulance car driver will be required to convey a patient when the patient is self administering their own oxygen, this oxygen will be suitably secured within the vehicle.

ISSUED BY	OFFICIAL STAMP
.....	
DATE	
.....	

Appendix 3

Infection and prevention control

Information source: extract from Infection Control Policy & NPSA Sept 2009

Hand Hygiene

Hand hygiene is the single, most important measure for preventing transmission of infection. The flow chart below demonstrates how you must wash your hands to ensure effective cleaning and therefore effective prevention of cross-infection.

When to decontaminate hands:

- Before contact with a patient or contact with a susceptible site on a patient
- After any activity where hands may have become contaminated
- When visibly dirty
- After removal of gloves
- After direct patient contact and before contact with the next
- Before and after refreshment breaks
- After visiting the toilet

Alcohol gel can be used:

- On clean hands
- After removal of clean non-contaminated gloves
- In between hand washing episodes to boost skin decontamination
- After hand washing to boost skin cleanliness prior to undertaking an aseptic technique
- Using a similar technique to that shown below, but allowing gel to dry by evaporation (*do not use paper towels*)

See hand washing flow chart over the page.....



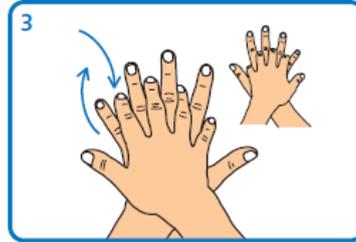
Alcohol handrub hand hygiene technique – for visibly clean hands



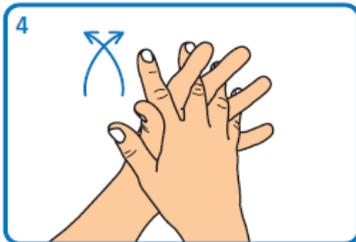
1 Apply a small amount (about 3 ml) of the product in a cupped hand



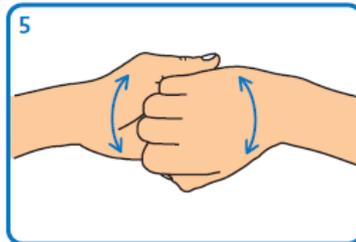
2 Rub hands together palm to palm, spreading the handrub over the hands



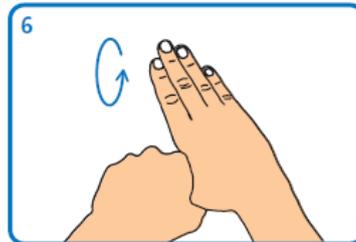
3 Rub back of each hand with palm of other hand with fingers interlaced



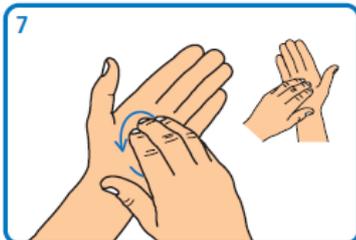
4 Rub palm to palm with fingers interlaced



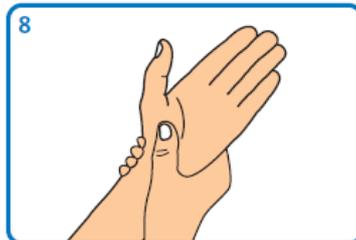
5 Rub back of fingers to opposing palms with fingers interlocked



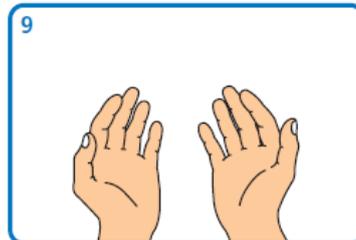
6 Rub each thumb clasped in opposite hand using a rotational movement



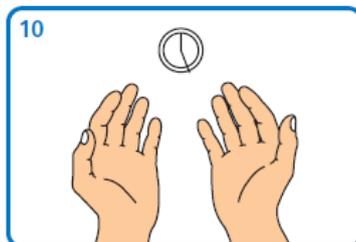
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds



© Crown copyright 2007 283373 1p 1k Sep07



Appendix 4

 <p style="margin-top: 5px;"><i>People Asset Management</i></p>	<p style="color: blue; font-style: italic; font-size: 1.2em;">Everyday things that matter..... To be the best we can be.</p> 
--	--

CONFIDENTIAL TO EAST & PAM OH SOLUTIONS HEALTH QUESTIONNAIRE

Name		Date of Birth	
Base		Job Title	
Have you / do you have any of the following?	Yes	No	Details & Dates
Frequent cough and colds			
Asthma or shortness of breath			
Stomach or bowel problems			
Heart attack, Angina, High Blood Pressure or irregular Pulse			
Epilepsy, Dizzy spells/fits/blackouts			
Rupture/Hernia			
Back, Neck or Joint problems			
Eye disease or injury			
Diabetes			
Hearing difficulty			
Anxiety/depression or stress			
Sleep Disorder			
Skin Disease/eczema			
Headaches/Migraines			
Kidney or bladder problems			
Are you currently receiving medical treatment, under investigations or taking medicines?			
Do you have any medical concerns re your suitability to drive?			
Do have or have ever had a communicable disease			

Please provide vaccination records and bring to your health assessment.

Employee Statement

I am aware of the DVLA duty to report any health conditions likely to affect my driving. I am also aware that my employer is providing this health assessment to ensure my continued safe and suitable deployment at work and the above responses are true. I am aware that this form will be retained on my OH Record and a suitability form will be provided to my employer following my health assessment which will form part of my employment record.

Employee Signature **Date:**



Appendix 5

Eyesight Form

Please take this form to your optician for completion, together with some form of photographic identity and return it to occupational Health, with your occupational health pre-employment questionnaire.

(If time constraints do not allow for return of this form with your application you will be required to provide it as soon as possible, Occupational Health cannot pass you fit for duties without this form completed correctly).

PLEASE NOTE THAT THE APPLICANT MUST MEET ANY CHARGE INCURRED FOR THE COMPLETION OF THIS FORM.

This role incorporates emergency driving and transportation of the public and therefore it is a requirement of this Ambulance Service NHS Trust that you meet the DVLA group 2 guidelines.

Name of Applicant:	Telephone No:	Date of Birth:
--------------------	---------------	----------------

For Opticians Use:

Snellen Test, or equivalent

	Right Eye	Left Eye	Binocular
Unaided	6/	6/	6/
Aided	6/	6/	6/
I certify – <ol style="list-style-type: none"> 1. That the visual acuity of the above named is within / not within the DVLA Group 2 standards. 2. The above named has undergone corrective eye surgery Yes / No* 3. I have examined evidence of identity e.g. 4. Passport (b) Other ID with photograph* (Delete as appropriate) 			
Signed (Optician)		Date	

This section must be signed in the presence of the optician

Signed (Applicant)	Optician's Stamp
--------------------	------------------



Appendix 6

Registration Form – Driver Information

Driver Details

Next of Kin

Mr/Mrs/Ms/Miss		Mr/Mrs/Ms/Miss	
Surname		Surname	
Forename(s)		Forename(s)	
Date of Birth		Date of Birth	
Address		Address	
Post code		Post code	
Tel Number		Tel Number	
Mobile Number		Mobile Number	
Email Address			

Driving Licence

Licence Number		Groups	
Valid From		Valid To	
Endorsements?	Yes / No (please circle)		
If yes, code (s)			
Date of Offence (s)			

Vehicle Details

Make		Registration Number	
Model		Mileage	
Colour		No of doors & Seats	
MOT expiry		MOT Number	
Tax disc expiry		Tax disc number	

Insurance Details

Insurance Company	
Address	
Company Tel No	
Type of cover	
Policy Number	
Expiry date	

Availability – 06:00 – 22:00

	From	To
Monday		
Tuesday		
Wednesday		
Thursday		

	From	To
Friday		
Saturday		
Sunday		

Declaration –

- I confirm that the information I have provided is true to the best of my knowledge and belief.
- I will comply with all relevant legislation regarding the use and condition of my vehicle.
- I understand that all of my details will be stored on a computer database.
- I authorise EEAST to contact my insurance company if they need to.
- I will notify EEAST if any of my circumstances that I have declared change.
- I accept that I have been given an Ambulance Car driver Operational Handbook and hereby confirm that I have read its contents and understood the information contained within it.
- I understand that if I exceed the mileage allowance as set out by HM Revenue & Customs and I am required to pay tax, I am required to inform my insurance company and the Inland Revenue of this fact.

Statement of Commitment –

I confirm that I have received a copy of the Ambulance Car Driver Operational Handbook, I understand the contents and I agree to abide by and comply with all the points raised within it.

Signed.....Date.....

Print Name.....



Appendix 7

Invitation to EEAST Trust Induction Programme

Haverhill Station
Camps Road
Haverhill
CB9 8HF

Congratulations on your appointment as a voluntary car driver for Non-Emergency Services.

As a representative of the East of England Ambulance Service, we will be providing you with information about your role and our expectations of you whilst working for us. This helps all volunteers who work with the Trust and ensures you receive as much information as is necessary for you to feel a confident ambassador.

We would like to invite you to join one of our Corporate Induction programmes, which is not a mandatory requirement for you to commence working with us, but is offered so that you can find out more about the Trust and to have a more in-depth knowledge of some health and safety topics.

All our new employed staff attend this two-day event, which are held at a number of different locations. Using a range of internal presenters, including Senior Managers, we aim to cover a range of subjects. The Corporate Induction is optional for volunteers, as no payment can be offered for attendance, or expenses, but you may still feel it would be valuable to learn more about us and we would welcome your attendance

To book your place and for further information, please contact

We look forward to meeting you,

Yours sincerely

Appendix 8

Passengers with a difference

We are all different!

We all see the world in our own way.

Unfortunately, not everyone sees the world in the same way.

These notes cover some issues that can be relevant when driving or acting as an escort with someone who sees the world differently to you.

There are obvious differences / disabilities and other differences which are not so obvious. It is the hidden differences that are the subject of these notes. These have been split into those people who think the same way as you but have difficulties and those who do not think the same way as you (autism related).

Most of our difficulties will be concerned with communication. The important message is to **be patient**. Do remember that having a disability does not necessarily mean low ability. Treat them with respect for their intelligence.

- **Dyslexia** – Difficulty with reading, writing and organisation skills; Affects 10% of the population; Individuals tend to think in pictures, rather than words; Often above average intelligence, but can have low self confidence and most probably they will not tell you. Don't make an issue and don't be patronising.
- **Dyspraxia** – (*Developmental co-ordination disorder*) affects the person's motor movement abilities; used to be known as the clumsy child syndrome; often failing to learn to ride a bike; always falling over their feet; reluctant to try new activities in case they fail; can have similar literacy difficulties to the dyslexic person.
- **Deaf (Adults)**
 - Face when talking so that they can lip read (but not when driving).
 - Keep a pencil and paper in the car.
 - Be honest if you do not understand what they are saying.
- **Deaf (Children)**
 - Be firm and not accept bad behaviour.
 - Keep them close – you cannot stop them running by shouting 'stop'.
 - An escort can play paper games like hangman to pass the time.
- **Autism** – severely affects the communication centres of the brain. They find it very difficult to understand the meaning of words and gestures; cannot express their thoughts and desires; can affect all degrees of mental ability; they often behave in bizarre and unpredictable ways. It is preferable to have an escort trained in supporting autism when carrying autistic people, whether children or adults.
- **Attachment Disorder** – problems with attachment limit; a child's ability to be emotionally present, flexible and able to communicate in ways that build satisfying and meaningful relationships. The AD child may refuse to do what is requested e.g.: to get into the taxi to go to school and it may be impossible to get them to change their mind.

- **Asperger Syndrome** – have difficulties in social understanding and social communication; usually of higher intelligence; do not understand idioms, sarcasm, jokes or irony; tend to take anything said literally; see everything as ‘right or wrong’; have difficulty in accepting compromise; don’t like change; may have problems interpreting facial expressions and body language; don’t understand personal space; don’t like being touched; can be obsessive about a subject that interests them; can appear rude, gauche and arrogant; can behave in odd, eccentric or unpredictable ways.
 - Routine – very important – be consistent and do not arrive late.
 - Always use the same route – otherwise they will say you are going the wrong way.
 - Always drop off at the same point – not the other side of the road, or round the corner.
 - Ensure that they are comfortable where and when you drop them off.
 - Avoid very busy areas when you drop them off.
 - Don’t touch them, don’t help them in or out of the car.
 - Don’t raise the tone of your voice – an AS person will be unable to cope.
 - Don’t argue, they have their view!
 - Do not ask for opinions – they have other people’s opinions.
 - Limit choices, or better – do not offer a choice.
 - Avoid using expressions such as ‘nice day’ – they may link it to other things in their day, not the weather.
 - They will need constant reassurance.
 - Don’t say ‘see you next time’ in case it is not you.

- **Obsessive Compulsive Disorder** – involves repetitive actions, sayings or rituals which must be said or done in order to avert something, or before something else can happen. Over 1% of the population have OCD. A typical example could be going to the door for the umpteenth time to check that it is locked. More bizarre will be the need to touch something over and over again, excessive hand washing, cleaning, counting, hoarding or saving things. An action which can affect transporting people with OCD is the need to do everything in the same order, which can be a problem when a change of route is necessary. They may also be continually asking for reassurance.

Appendix 9



ACS Driver Payment Details

CONFIDENTIAL

For Official Use Only

DRIVER NUMBER _____

Cost Centre _____

PAYMENT DETAILS

Bank / Building Society
Name _____

Sort Code _____

Branch _____

Account No _____

Account Name _____

Driver Signature _____

Date _____

FOR USE BY FINANCIAL SERVICES

Form Receipt Date _____

Card Index Entry _____

Completed By _____

Authorised By _____

Finance System Update _____

Finance System Account No _____