



**National Ambulance Service  
Medical Directors  
&  
British Association for  
Immediate Care**

**Guidance on Working  
Relationships between  
Ambulance Trusts and  
Immediate Care Responders**

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This guidance is intended to act as support for Ambulance Trust and Association Affiliated schemes in developing Clinical and Operational Governance policies covering the work of Affiliated Immediate Care Responders on behalf of Ambulance Trusts. It is envisaged that elements from this may be incorporated into Trust policy templates and memoranda of understanding to facilitate a standardised approach by Ambulance Trusts across the UK allowing for local variation where appropriate.

## DOCUMENT CONTROL INFORMATION

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## **1 Introduction**

The British Association for Immediate Care (BASICS) is a charitable organisation that was originally founded in 1977. The Association was restructured during 2020 and now encourages the terms The Association and Affiliated Immediate Care Responder rather than BASICS and BASICS Responder.

The Association promotes standards and training, encourages communication between schemes and regulates an accreditation scheme for its members. Accreditation is not mandatory for Affiliated Immediate Care Schemes or Affiliated Immediate Care Responders but is strongly encouraged and brings numerous benefits.

This document aims to support the development of Affiliated Immediate Care Schemes' standard operating procedures and policies in relation to their Affiliated Immediate Care Responders acting on behalf of Ambulance Trusts. It also outlines suggested Clinical Governance reporting and assurance processes between schemes and Ambulance Trusts.

Whilst this document offers a framework within which Association Affiliated Immediate Care Schemes and Ambulance Trusts will operate, it is expected that local variations will be required to fit in with local practice. Policies should be ratified by the relevant Ambulance Service Trust and the Affiliated Immediate Care Scheme.

Although membership of the Association brings significant benefits for individual members and schemes, it is recognised that there are a small number of immediate care schemes, which are not affiliated with the Association and sit outside the Association's guidance framework. It is recommended that this governance document remains a guide to good practice and is adopted by these schemes.

Ambulance Trusts are encouraged to support these schemes in re-engaging with the Association recognising the benefits of affiliation with a national body.

## **2 Background**

### **2.1 The Objects of the British Association for Immediate Care**

2.1.1 For the public benefit, the relief of persons suffering injury or illness including by, but not limited to:

- Advancing the education of individuals who provide prehospital immediate care including health care professionals from a wide range of professions as well as military medical personnel, associate practitioners, community first responders and first aid and voluntary rescue staff.
- Acting as a resource body for schemes, individuals and other organisations which provide pre-hospital immediate care.
- Advancing the education of the public in general (and particularly amongst health care professionals) in the subject of pre-hospital immediate care and to promote research for the public benefit in all aspects of that subject and to publish the useful results of such research.

### **2.2 Statement of Common Purpose of the Ambulance Trusts and The British Association for Immediate Care (“The Association”)**

2.2.1 To provide expert clinical care in the pre-hospital environment and facilitate safe and timely transfer to hospital, promoting recovery and preventing further harm.

2.2.2 To reduce risk to the general public and to all personnel involved in patient care and / or rescue.

2.2.3 To ensure co-operation with other all other organisations involved in the delivery of immediate care and incident management, both clinical and non-clinical, across all partner organisations.

## **2.3 Scope**

- 2.3.1 This guidance is designed to be applicable to all Immediate Care Responders who respond for an Association Affiliated Immediate Care Scheme on behalf of an Ambulance Trust.
- 2.3.2 This guidance embraces diversity, dignity and inclusion in line with human rights guidance. We recognise, acknowledge and value differences across all people. We will treat every person with respect, courtesy and with consideration for his or her individual background. All parties should ensure that everyone is treated fairly and that we convey equality of opportunity in service delivery and employment practice.

## **2.4 Roles and Responsibilities**

- 2.4.1 Immediate Care Responders work voluntarily for their affiliated scheme and are not employed by Ambulance Trusts. Even though Ambulance Trusts and affiliated schemes provide support, there is a risk of poorly defined and conflicting clinical governance and responsibility frameworks. Ambulance Trusts and Affiliated Immediate Care schemes should actively strive to optimise and unify guidance and governance procedures.
- 2.4.2 The governance arrangements concerning the relationship between Affiliated Schemes, Affiliated Immediate Care Responders and Ambulance Trusts should be based on two key documents:
- This guidance document.
  - An honorary contract between the responsible Ambulance Trust and each Affiliated Immediate Care Responder.
- 2.4.3 Affiliated Immediate Care Responders should be subject to robust clinical governance processes. This may be administered by the Affiliated Immediate Care Scheme or the responsible Ambulance Trust, but the ultimate responsibility for clinical governance will sit with the Ambulance Trust, who must be appropriately assured about the activity of any Affiliated Immediate Care Scheme responding on their behalf.
- 2.4.4 Affiliated Immediate Care Responders must only work within the realm of their training, experience and expertise and must adhere to all relevant professional guidance and their agreed scope of practice.

2.4.5 All Affiliated Immediate Care Responders must meet the criteria laid down in the person specification for their role. It is the responsibility of the responder to ensure that their proficiency is maintained. In addition to clinical skills, all Affiliated Immediate Care Responders should be currently qualified in relation to the Protection of Vulnerable Adults and Safeguarding of Children. Failure to achieve the required level of competency in either field will prevent an Affiliated Immediate Care Responders from responding for Ambulance Trusts.

## **2.5 The Role of the Affiliated Immediate Care Responders**

2.5.1 The Affiliated Immediate Care Responder provides Immediate Medical Care in support of the Ambulance Trust.

2.5.2 Immediate Medical Care is the provision of skilled clinical support in the pre-hospital environment, at the scene of an incident or emergency, and during the patient's journey to hospital. It also encompasses the medical aspects of the management of major incidents, mass gathering medicine and disaster medicine.

2.5.3 The actual care delivered on scene depends on the background, training and experience of the Affiliated Immediate Care Responder as well as the role in which they have been deployed for example as a solo responding Affiliated Immediate Care Responder or as part of a Critical Care Team.

2.5.4 Appropriately trained and experienced Affiliated Immediate Care Responders may be able to provide care that extends beyond the guidelines set out by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). Provision of such extended care options may be of significant benefit to Ambulance Trusts and patients.

2.5.5 Affiliated Immediate Care Responders who do not have scope of practice to offer extended skills, may still be of significant benefit to Ambulance Trusts and patients, especially in providing additional support in rural and remote areas.

2.5.6 As the key guidance informing care provided by Ambulance Trust, all Affiliated Immediate Care Responders must be familiar with JRCALC guidance even where they are qualified to practice beyond its restrictions.

2.5.7 The Ambulance Trust will determine which practitioners they use as responders, in agreement with Affiliated Schemes. This will depend on local circumstances and requirements. Membership of The Association and accreditation do not imply eligibility to respond for Ambulance Trusts or Affiliated Immediate Care Schemes.

### **3 Involvement of Individuals as Affiliated Immediate Care Responders**

#### **3.1 Eligibility to become an Affiliated Immediate Care Responder**

3.1.1 An individual wishing to respond for an Ambulance Trust as an Association Affiliated Immediate Care Responder will normally be expected to demonstrate a commitment to working for an agreed minimum period of time (for example two or three years) in that region. The time period should be determined by local arrangement. Individual flexibility may be appropriate on a case-by-case basis

3.1.2 To be eligible to respond for an Ambulance Trust, Affiliated Immediate Care Responders should meet the criteria in 3.1.6 and hold a nationally recognised pre-hospital emergency care qualification. Examples include:

- Pre-Hospital Emergency Care Certificate (PHECC)
- Diploma in Immediate Medical Care (DipIMC RCSEd)
- Fellowship in Immediate Medical Care (FIMC RCSEd)

Individuals whose qualification is predominantly trauma-based should also be able to demonstrate training in an appropriate level of advanced life support and pre-hospital medical care.

3.1.3 In some situations, it may be appropriate for an Affiliated Immediate Care Responder to demonstrate competence through alternative measures, for example successful completion of a recognised Pre Hospital Emergency Medicine training programme.

3.1.4 Individuals applying to respond for an Ambulance Trust as an Affiliated Immediate Care Responder must have full registration with the GMC, NMC or HCPC as appropriate with no restrictions on practice, and must have a current licence to practise.

3.1.5 The applicant must have an appropriate level of post graduate experience to practise in the pre-hospital environment. This will be agreed locally by the Ambulance Trust and Affiliated Scheme but will usually require a minimum of five years post graduate clinical experience, experience of working in an acute specialty, evidence of a mechanism for skill retention regarding acute care and appropriate training and experience in immediate care ideally through a supervised training programme if available.

3.1.6 Furthermore, the Association recommends that Doctors in training grades who respond in the pre-hospital environment should:

- Have undergone appropriate training to facilitate safe and effective work in the Pre-hospital environment.
- Inform their core specialty training body and educational supervisor of their work in the pre-hospital setting and have their approval for this work.
- Have a named pre-hospital supervisor/mentor and ensure that this individual and the educational supervisor are able to communicate.
- Undergo a period of directly supervised practice in pre-hospital care culminating in the approval of the local scheme's chair/governance lead (or equivalent) to progress to remotely supported practice when it is deemed safe and appropriate.
- Have immediate direct access to senior advice while working in the pre-hospital environment.
- Only undertake advanced procedures (as determined by responsible scheme's governance lead or equivalent) for which they are trained and competent to perform in the pre-hospital setting, and for which they have the explicit agreement of local scheme's chair/governance lead (or equivalent).
- Continue a proportion of supervised practice after sign-off.
- Have at least five years clinical postgraduate practice including experience in an acute specialty befo
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- re undertaking pre-hospital practice without direct supervision.

## **3.2 Appointment**

- 3.2.1 Individuals with the requisite experience and qualifications are invited to apply directly to their local Affiliated Immediate Care Scheme lead.
- 3.2.2 Applicants will likely be interviewed by a panel nominated by the relevant Ambulance Service.
- 3.2.3 As part of the application process, applicants should submit the necessary documents to demonstrate that the minimum criteria are met and to allow the Ambulance Trust to issue an honorary contract. The individual may be required to undertake occupational health assessment.
- 3.2.4 Once accepted, and appropriate blue light driver training has been completed as required, new Affiliated Immediate Care Responders should be allocated a mentor prior to responding. This will normally be an experienced Affiliated Immediate Care Responder, based near the new member, who can provide telephone support, and ideally co-respond in the initial period.
- 3.2.5 The Ambulance Trust has the final decision on requirements for responders and the appointment of individuals.
- 3.2.6 On leaving the scheme all property issued by the Ambulance Trust must be returned - including ID card. Failure to return these items may result in an invoice being issued to the individual member and disciplinary action.

## **3.3 Ongoing Requirements for Affiliated Immediate Care Responders Responding for NHS Ambulance Trusts**

- 3.3.1 Affiliated Immediate Care Responders responding for Ambulance Trusts must:
- Operate within the confines of their honorary contract, professional scope of practice and realm of training and expertise.
  - Maintain full registration with the GMC/NMC/HCPC and possess a full licence to practice.
  - Participate in annual appraisal for their primary clinical post which must include a declaration of their pre-hospital role(s).

- The Ambulance Trust and Affiliated Immediate Care Scheme will support this appraisal with an annual review of practice and the provision of a letter of support (and other evidence if required).
- The Ambulance Trust may require evidence of this regular appraisal through an agreed mechanism.
- Possess adequate professional indemnity insurance that covers their role with the Affiliated Immediate Care Scheme.
- Hold adequate driving insurance including specific cover to allow them to respond to emergencies while claiming exemptions (if appropriate training has been completed and agreed by the Ambulance Trust).
- Adhere to all relevant requirements of health and safety
- Ensure their health and safety is not compromised whilst responding on behalf of the scheme.
- Operate within statutory regulations and provide information as requested.
- Maintain patient confidentiality in accordance with GMC/NMC/HCPC regulations.

3.3.2 Affiliated Immediate Care Responders must, if requested, provide relevant documents on an annual basis, to the Affiliated Immediate Scheme lead including but not limited to

- GMC/NMC/HCPC registration details
- Royal College membership number (if applicable)
- Updated vetting and barring documentation as required
- Relevant occupational health checks including up to date Immunisation certificates
- Record of pre-hospital responses
- Portfolio of pre-hospital practice containing evidence of participation in relevant audit, governance and case reviews, appropriate education and training.
- Evidence of appropriate motor insurance

3.3.3 The Ambulance Trust BASICs lead and Affiliated Immediate Care Scheme lead will have the authority to stop a practitioner responding for the Ambulance Service should there be concerns about performance or behaviour. These concerns may be brought to the attention of other employing bodies if appropriate.

3.3.4 The Association provides an accreditation process for its members helping Affiliated Immediate Care Schemes have assurance that its Affiliated Immediate Care Responders are appropriately qualified and experienced and importantly remain so.

3.3.5 It is recommended that Association Affiliated Schemes use this process as part of their governance arrangements.

### **3.4 Responsibilities of Individual Affiliated Immediate Care Responders**

3.4.1 Individual practitioners will:

- Act at all times in accordance with the principles laid out by their professional bodies, such as *Good Medical Practice*.
- Undertake annual education, skills training and CPD as required by the local Affiliated Immediate Care Scheme to maintain the agreed level of response.
- Maintain evidence of their pre-hospital practice, and agree to have this evidence reviewed at annual appraisal or during interim periods if required.
- Work closely with the rest of the emergency services at an incident to ensure the best possible patient care on scene, in transit, and on handover at hospital or discharge.
- Ensure confidentiality is respected and relevant Ambulance Trust and Affiliated Immediate Care Scheme policies are adhered to in accordance with professional and legal responsibilities.
- Activate only at the request of the ambulance control centre or clinical co-ordination desk and respect instructions to stand down.
- Ensure their actions will not bring the Ambulance Trust, partner organisations, the Association or affiliated schemes into disrepute.
- Participate in clinical debate, identify concerns about clinical care and raise them in the appropriate forum.

- Undergo relevant occupational health and HR checks as required by their Ambulance Trust.
  - Maintain all equipment to the required standard.
  - Allow their vehicle, equipment and drugs used for responding on behalf of Ambulance Trust to be inspected if requested.
  - Follow Ambulance Trust procedures with particular reference to personal safety and wearing of correct PPE at incidents.
  - Ensure that all relevant patient and clinical information is captured accurately according to local policy.
  - Follow the Ambulance Trust's procedures regarding infection control.
- 3.4.2 During an incident, the Affiliated Immediate Care Responder should work closely with other pre-hospital clinicians and in liaison with other emergency services at the incident according to JESIP principles.
- 3.4.3 The Ambulance Trust BASICs lead is responsible for providing the Trust Board, via the Ambulance Trust Governance Committees with assurance that policy has been implemented regarding Affiliated Immediate Care Responders and appropriate monitoring arrangements are in place, providing regular reports on outcomes.

### **3.5 Contracts**

- 3.5.1 It is strongly recommended that Affiliated Immediate Care Responders hold an honorary contract with the Ambulance Trust.
- 3.5.2 Affiliated Immediate Care Responders must adhere to any requirements placed upon them by an honorary contract. As the holder of an honorary contract, Affiliated Immediate Care Responders are subject to Ambulance Trust policies and procedures. Disciplinary action may be taken in line with these policies.
- 3.5.3 It is the Affiliated Immediate Care Responder's responsibility to inform the Affiliated Immediate Care Scheme lead as soon as possible, if they are unable to fulfil all contractual requirements or if there is any impairment to

their practice. Until their position has been discussed and cleared by Affiliated Immediate Care Scheme lead the individual should not respond to requests for assistance from the Ambulance Trust.

- 3.5.4 Should any Affiliated Immediate Care Responder be subject to disciplinary action as part of any other substantive employment they must notify the Affiliated Immediate Care Scheme lead of the details.

## **4 Continuing Professional Development and Governance**

### **4.1 Training and Continuing Professional Development**

- 4.1.1 Affiliated Immediate Care Responders should ensure that they engage in continuing professional development (CPD) in the area of pre-hospital care and maintain records to provide evidence of their CPD. This may include, but is not limited to:

- Attendance at recognised meetings and conferences.
- Participation in recognised courses (as either candidate or instructor).
- Observer shifts with other recognised pre-hospital care providers.

- 4.1.2 A portfolio of pre-hospital work should be maintained. It should include:

- A logbook of responses and clinical cases, and redacted reflections.
- Evidence of training and pre-hospital continued professional development.

- 4.1.3 If any learning needs are identified at annual review these must be addressed within a mutually agreed timescale or the scheme member will be unavailable to respond to requests for assistance from the Ambulance Trust.

- 4.1.4 Provided that sufficient evidence of appropriate CPD is collected, scheme members will not be expected to maintain currency in time-limited qualifications in pre-hospital care, e.g. PHTLS.

## **4.2 Supervision of Responders in Training Grades**

- 4.2.1 Appropriate arrangements should be made for supervision of Affiliated Immediate Care Responders in training grades. These arrangements should be specified in local policies. Account should be taken of profession specific recommendations such as GMC requirements regarding Approved Practice Settings.
- 4.2.2 Training grade Affiliated Immediate Care Responders should have a nominated mentor. The mentor will be a senior Affiliated Immediate Care Responder, usually from the same professional background.
- 4.2.3 The Ambulance Trust and local Immediate Care scheme should ensure that immediate clinical advice and support is available for trainee responders. This will vary between regions but may take the form of the Ambulance Service Medical Incident Officer or a network of senior Affiliated Immediate Care Responders.
- 4.2.4 Senior (non-trainee) Affiliated Immediate Care Responders should also have a clear advice and support mechanism in place.

## **4.2 Governance**

- 4.3.1 Governance arrangements should be agreed between the Ambulance Trust BASICS lead and Affiliated Immediate Care Scheme which should include:
- Clear methodology for monitoring and audit, including its frequency.
  - Designated lead for conducting monitoring and audit.
- 4.3.2 Adverse events will be monitored and reviewed through the Affiliated Immediate Care Scheme and Ambulance Trust governance groups.

#### **4.4 Audit**

- 4.4.1 All staff involved in the delivery of pre-hospital care may be required to participate in audit (including the collection, analysis and presentation of data) in accordance with data protection, research governance and Ambulance Trust policy.

#### **4.5 Standard Operating Procedures (SOPs) and Clinical Directives**

- 4.5.1 The Affiliated Scheme and Ambulance Trust should jointly develop, review and maintain a range of SOPs. In addition, any relevant clinical directives and memos will be communicated to guide clinical practice in pre-hospital care. All staff are expected to be familiar with and adhere to current SOPs, Clinical Directives and updates to these as they are made available.
- 4.5.2 Action may be taken in respect of individuals who deviate from SOPs, PGDs and guidelines relevant to their scope of practice without clear or adequate clinical justification, or whose practice fails to conform to trust procedure and policies.

### **5 Documentation and Reporting**

#### **5.1 Clinical Records**

- 5.1.1 Affiliated Immediate Care Scheme members will be expected to make contemporaneous clinical notes summarising their findings and interventions including drug administration, in accordance with local Ambulance Trust Policy.
- 5.1.3 Each Affiliated Immediate Care Scheme must ensure it complies with all Information Governance requirements.
- 5.1.4 Affiliated Immediate Care Responders will use agreed formats for keeping medical records. These may be completed jointly with the Ambulance Trust clinicians, but if advanced interventions, drugs or decision making has been used, it must be explicit on the record where responsibility for these lie.

5.1.5 If there are any safeguarding concerns the practitioner must report this using the Ambulance Trust reporting pathways. In the event of concern about the possibility of immediate harm the police must be informed.

## **5.2 Logs of Incidents**

5.2.1 All scheme members are required to keep a log of incidents that they attend to provide evidence of activity at annual appraisal.

## **5.3 Data Protection**

5.3.1 Ambulance Trusts and Association Affiliated Schemes must agree policies for management of data and records. These must conform to the relevant legal requirements.

5.3.5 Requests for non-clinical information relating to an Affiliated Immediate Care Scheme should be referred to Scheme Lead in the first instance.

## **6 Incident Review and Complaints**

### **6.1 Complaints and Concerns**

6.1.1 Concerns or complaints raised relating to an Affiliated Immediate Care Responder should be managed under the auspices of the Ambulance Trust concerns and complaints policy, with the involvement of the Affiliated Scheme lead and/or Ambulance Trust representative.

### **6.2 Adverse Incidents**

6.2.1 Incidents should be reported using the Ambulance Trust adverse incidents policy.

6.2.2 In addition Affiliated Immediate Care Responders working as part of an Affiliated Scheme should also continue to use any adverse incident reporting system required by the scheme.

- 6.2.3 If a serious adverse incident is identified, a joint analysis of the event should take place by the Affiliated Immediate Care scheme and the Ambulance Trust using all information available.
- 6.2.4 Any lessons learnt from analyses of untoward incidents or near misses must be cascaded to other pre hospital care providers locally or nationally if applicable.

## **7 Equipment**

### **7.1 Clinical**

- 7.1.1 Ambulance Trusts and Affiliated Immediate Care Schemes should agree policies and procedures with regard to equipment and drugs carried by Affiliated Immediate Care Responders.
- 7.1.2 These policies and procedures should include guidance to ensure drugs and equipment are sourced through appropriate suppliers.
- 7.1.3 Agreed standard equipment lists are recommended to ensure consistency
- 7.1.4 There should be a clear understanding regarding who is responsible for funding and maintenance of equipment. As a minimum it should be reasonable for Affiliated Immediate Care Responders who respond for Ambulance Services to restock consumable equipment (that is routinely used by front-line ambulance crews) from Ambulance Trust supplies.
- 7.1.5 Affiliated Immediate Care Responders are responsible for ensuring that the equipment and drugs they carry are safe, functioning correctly and in date. A clear mechanism should be in place to ensure equipment and drugs carried by Affiliated Immediate Care Responders are checked regularly.

### **7.2 Personal Protective Equipment**

- 7.2.1 Affiliated Immediate Care Responders must be issued with appropriate PPE to allow them to undertake their role effectively and safely. The exact arrangements will vary between areas, including whether this is provided by the Ambulance Trust or the Affiliated Scheme.
- 7.2.2 Affiliated Immediate Care Responders are responsible for ensuring that their PPE is safe, functioning correctly and in date.

## **8 Activation & Tasking**

### **8.1 Activation**

- 8.1.1 When acting as volunteers, Affiliated Immediate Care Responders have the right to decline any request to attend an incident. However, when “logged on” as available, Responders should be expected to make themselves available as far as reasonably possible according to local policy.
- 8.1.2 When accepting a request to attend an incident it is the Affiliated Immediate Care Responder’s duty to ensure that they are fit to practice. This includes ensuring adequate rest periods between their main employment duties.
- 8.1.3 Under no circumstances should an Affiliated Immediate Care Scheme Responder respond to an incident on behalf of the Ambulance Trust until they have been assigned to the incident by the control room. This does not apply if a responder comes across an incident.
- 8.1.4 It is recognised that there are advantages to Affiliated Immediate Care Responders being able to respond using blue lights and sirens and claiming appropriate driving legislation exemptions. Ambulance Trusts should have clear policies as to which practitioners can respond using blue lights and audible warnings.
- 8.1.5 Ambulance Trusts should ensure that practitioners claiming exemptions to driving legislation have had appropriate training according to current legislation requirements
- 8.1.6 It is the responsibility of the Affiliated Immediate Care Responder to ensure their vehicle is roadworthy, and insured adequately to respond legally.
- 8.1.7 There should be agreement between the Affiliated Immediate Care Scheme and the Ambulance Trust in place regarding how to respond to a notification of intending prosecution for a traffic offence while an Affiliated Immediate Care Responder was responding to an incident on behalf of the Ambulance Trust.
- 8.1.8 Where Ambulance Trusts have policies regarding how and when exemptions to driving legislation may be applied, these should be shared with, and adhered to, by Immediate Care responders.

8.1.9 On arrival at scene all Affiliated Immediate Care Responders should be identify themselves by identification card, call-sign and name to emergency service personnel at scene.

## **8.2 Tasking**

8.2.1 A tasking policy should be agreed between the Ambulance Trust and the Affiliated Immediate Care Scheme. Affiliated Immediate Care Responders may also be requested by ambulance crews if their input would be beneficial to patient care.

## **8.3 Major incidents**

8.3.1 In the event of the ambulance service declaring a Major Incident (or Standby), a policy should be in place for the Ambulance Trust to contact Affiliated Immediate Care Responders.

8.3.2 It is vital that members of the Association and local immediate care schemes do not self-activate, but liaise with ambulance control first, to ensure the most effective use of available resources.

## **9 Indemnity**

9.1 The Ambulance Trust will cover scheme members for personal accident and/or injury at the scene of an incident, or if travelling in a statutory ambulance vehicle. Practitioners must make every effort to minimise risk including wearing appropriate personal protective equipment.

9.2 Although Affiliated Immediate Care Responders will be indemnified by the Ambulance Trust through “Crown Indemnity” each responder should also ensure that they possess professional indemnity for providing immediate medical care in the pre-hospital environment and this should include an outline of the scope of practice to be indemnified.

## **10 Observers**

- 10.1 Occasionally, individuals may accompany pre hospital care teams (including Association Affiliated schemes) as observers. The term observer applies to any person who is not a current member of that pre-hospital team. It therefore applies to doctors, health care professionals and students who are not members of that scheme, as well as members of the press and public.
- 10.2 Observers must receive prior approval from the lead of that Association Affiliated scheme (and the Ambulance Trust if appropriate).
- 10.3 It is the responsibility of the supervising staff to ensure that all observers have appropriate personal protective equipment, which is used correctly at all times, and that they are not exposed to any undue risk.
- 10.4 Observers may not participate in clinical care.
- 10.5 Observers must respect patient confidentiality. They must not take photographs, videos or other images.

## **11 Operational Strategies**

- 11.1 Each region should develop their own Standard Operating Policies with regards to responder operational strategies. These could include but are not limited to:
  - Working Time Arrangements
  - Tasking Responding Area Coverage
  - Clinical SOPS
  - Communications
  - Personal Protective Equipment
  - Hospital Bypass Protocols
  - Cross Border Assistance
- 11.2 There should be a continual review process of local SOPs, which involves the ambulance Trust, Affiliated Immediate Care schemes and individual responders.

## **12 Consultation, Approval and Ratification Process**

- 12.1 It is recommended that local policies based on this document are developed jointly by Ambulance Trusts together with officers of the Association Affiliated scheme, prior to approval.
- 12.2 Following approval, the policies should be presented to the Clinical Governance Committee of the Ambulance Trust for ratification.
- 12.3 The policies should be subject to appropriate review and revision arrangements to an agreed timescale but also taking into consideration
- Changes in legislation
  - Adverse incident reports
  - Request of the Trust Board/Clinical Governance Committee
  - Result of internal audit
  - Any other identified relevant event