



# **National Ambulance Service Medical Directors (NAsMeD) & British Association for Immediate Care (BASICS)**

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

Version:	12.0
Ratified by:	NASMeD & BASICS Executive
Date ratified:	5 <sup>th</sup> December 2013, revised and ratified July 15
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Date originally issued:	14 January 2014
Date version 12.0 Issued	Nov 2023
Review date:	Nov 2028
Target audience:	Ambulance Service Directors, BASICS Scheme Organisers, BASICS Responders

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 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

Version	Date	Author	Status*	Description of Change
1	21-05-12	Alison Walker	D	First draft of policy providing an overarching governance framework to be used in the care of all patients treated by BASICS on behalf of NHS Ambulance Trusts.
2	25-10-12	Andrew Pountney	D	Revision of draft 1
3	07-12-12	Andrew Pountney	D	Revision of draft 2 incorporating comments from NASMeD
4	12-07-13	Andrew Pountney	D	Revision of draft 3 incorporating comments from Richard Steyn
5	20-10-13	Andrew Pountney Richard Steyn James Hickman	D	Revision of document following meeting of Dr Andrew Pountney with Dr James Hickman & Dr Richard Steyn (BASICS)
6	05-12-13	Cathryn James	S	Old DOCCs logo removed, ratified, review, issue date added, spell check and grammar.
7	14-01-14	Cathryn James, Fionna Moore James Hickman	S	Final proofread and corrections.
8	23-07-15	Cathryn James James Hickman	S	Reviewed and revised, re-issued
9	17-09-18	Andrew Pountney James Hickman	D	Reviewed and revised
10	17-11-20	Andrew Pountney Paul Gates Tony Kemp Rowley Cottingham	D	Reviewed and revised Emphasis changed from BASICS to "The Association" Repetition minimised and phrases clarified throughout.
11	15-07-21	Andrew Pountney	S	Minor Amendments after NASMeD review
12	13-07-23	Andrew Pountney Paul Gates Tony Kemp Rowley Cottingham	D	Minor typo corrections Standardisation of terminology Grammatical and syntax corrections Review of eligibility criteria for responders Index updated
13	18-10-23	Andrew Pountney	D	Amendments made to clarify detail regarding relationship between ambulance services and BASICS responders with amendments suggested by Rowley Cottingham
14	16-11-23	Cathryn James	S	Approved by NASMeD on 16 <sup>th</sup> November 2023

- S – Signed off, D - Draft

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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 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 Immediate Care Schemes or Immediate Care Responders but is strongly encouraged and brings numerous benefits.

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

Whilst this document offers a framework within which 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 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 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 Immediate Care Scheme and are not employed by Ambulance Trusts.
- 2.4.2 Despatching Ambulance Trusts remain accountable for the care delivered to their patients. These Ambulance Trusts will require robust assurances from the local Immediate Care Scheme to ensure that responders tasked to attend incidents are appropriately trained and experienced and that the Immediate Care Scheme has robust governance mechanisms in place.
- 2.4.3 Details of the governance arrangements may vary regionally, but it is imperative that Immediate Care Schemes and Ambulance Trusts collaborate closely to develop robust mechanisms which provide the Ambulance Trusts with the required assurance and feedback required.
- 2.4.4 There may occasionally be concerns raised by the Ambulance Trust regarding governance mechanisms or the standard of care being offered. It is expected that negotiation and bilateral discussions will be able to resolve most concerns. However, it is recognised that on rare occasions concerns may remain and the Ambulance Trust, as the statutory body responsible for safe delivery of care, must have a means by which it can receive appropriate assurance and be satisfied that concerns have been addressed and appropriate steps taken where necessary. Under these circumstances, the Ambulance Trust should notify the Immediate Care Scheme, in writing, of the concern, the measures expected to deal with it and expected time-course for resolution. The Trust may suspend tasking of Scheme members pending resolution. If concerns are not addressed to the Trust's satisfaction it may rescind any honorary contracts and the relationship until such time that the issues are addressed.

- 2.4.5 In the event of conflict which cannot be resolved at a local level, the British Association for Immediate Care and NASMeD may be able to convene a neutral group to act as an impartial mediator in negotiations.
- 2.4.6 The governance arrangements concerning the relationship between Immediate Care Schemes, Immediate Care Responders and Ambulance Trusts should be based on two key documents:
- This guidance document.
  - An honorary contract (or locally agreed alternative) between the responsible Ambulance Trust and each Immediate Care Responder.
- 2.4.7 Immediate Care Responders must only work within the scope of their training, experience and expertise and must adhere to all relevant professional guidance and their agreed scope of practice.
- 2.4.8 All Immediate Care Responders must meet the criteria laid down in the person specification for their role. It is the responsibility of the Immediate Care Responder to ensure that their proficiency is maintained. In addition to clinical skills, all Immediate Care Responders should be currently qualified in relation to the Protection of Vulnerable Adults and Safeguarding of Children. Failure to achieve the locally agreed level of competency in either field will prevent an Immediate Care Responder from responding for the Ambulance Trust.

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

- 2.5.1 The 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 Immediate Care Responder as well as the role in which they have been deployed, for example as a solo responding Immediate Care Responder or as part of an Enhanced Care Team.
- 2.5.4 Appropriately trained and experienced 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 As the key guidance informing care provided by Ambulance Trusts, all Immediate Care Responders must be familiar with JRCALC guidance (or locally amended equivalent) even where they are qualified to practice beyond its restrictions.
- 2.5.6 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. This will depend on local circumstances and requirements.
- 2.5.7 Each Ambulance Trust will work closely with its local Immediate Care Scheme to determine the minimum level of training, experienced and scope of practice required of responders being tasked to incidents.
- 2.5.8 Ambulance Trusts and Immediate Care Schemes may find it useful to develop a framework to delineate “levels” of responders to provide clarity regarding an individual’s or a group’s scope of practice. This will be useful when determining which individuals to task to an incident and also when determining which individuals are eligible to respond on behalf of an Ambulance Trust.
- 2.5.9 Individual membership of The Association and accreditation do not imply eligibility to respond for Ambulance Trusts or Immediate Care Schemes.

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

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

- 3.1.1 An individual wishing to respond for an Ambulance Trust as an 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, Immediate Care Responders must be appropriately trained and experienced. Training will usually consist of a combination of supervised pre-hospital practice, pre-hospital training sessions, pre-hospital CPD and successful completion of a nationally recognised pre-hospital course. It is increasingly common for Immediate Care Responders to complete sign off portfolios during their training phase.

3.1.3 Examples of nationally recognised pre-hospital courses include:

- Pre-Hospital Emergency Care Certificate (PHECC)
- Immediate Care Course (ICC)
- Pre-Hospital Trauma Life Support (PHTLS)

Individuals whose qualification is predominantly trauma-based should also be able to demonstrate training in a variety of medical and surgical emergencies across the full spectrum of adult and paediatric cases.

3.1.4 In some situations, it may be appropriate for an Immediate Care Responder to demonstrate competence through alternative measures, such as successful completion of a recognised Pre-Hospital Emergency Medicine training programme or a national qualification such as the Diploma in Immediate Medical Care (DiplMC RCSEd) or the Fellowship in Immediate Medical Care (FIMC RCSEd).

3.1.5 Individuals applying to respond for an Ambulance Trust as an 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 license to practice.

3.1.6 The applicant must have an appropriate level of post graduate experience to allow safe and effective practice in the pre-hospital environment. This will be agreed locally by the Ambulance Trust and Immediate Care Scheme but will usually require a minimum of three years paramedic experience for paramedics, and five years post graduate clinical experience for doctors and nurses.

3.1.7 All Immediate Care Responders must have 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.

3.1.8 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. This may be the Ambulance Trust "top cover", or it may be provided by the Immediate Care Scheme, depending upon the local MOU (or equivalent)
- Only undertake advanced procedures (as determined by the responsible Immediate Care Scheme's governance lead) for which they are trained and competent to perform in the pre-hospital setting, and for which they have the explicit agreement of Immediate Care Scheme's lead (in conjunction with the assurance process between the Scheme and the Ambulance Trust).
- Continue a proportion of supervised practice after sign-off.
- Have at least five years clinical postgraduate practice including experience in an acute specialty before undertaking pre-hospital practice without direct supervision.

3.1.9 There should be an agreement in place between the Ambulance Trust and Immediate Care Scheme to determine minimum requirements for responders.

## **3.2 Appointment**

3.2.1 Individuals with the requisite experience and qualifications are invited to apply directly to their local Immediate Care Scheme.

3.2.2 Applicants will likely be interviewed by a panel nominated by the relevant Ambulance Trust or Immediate Care Scheme as per local agreement.

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 according to the legal requirements, new Immediate Care Responders should be allocated a mentor prior to responding. This will normally be an experienced

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 Immediate Care Responders and the appointment of individuals, and this will be managed through pre-determined processes between the Immediate Care Scheme and the Ambulance Trust.

3.2.6 On leaving the scheme all property issued by the Ambulance Trust and/or Immediate Care Scheme must be returned.

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

3.3.1 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 license 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 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 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.
- Further guidance for doctors in training grades has been provided in section 3.1.8 of this document and should be read in conjunction with this paragraph.

3.3.2 Immediate Care Responders must, if requested, provide relevant documents on an annual basis, to the 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
- Evidence of current blue light driving qualification if the Immediate Care Responders role requires them to drive under emergency conditions.

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

#### **4. Responsibilities of Individual Immediate Care Responders**

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 their parent 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 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 Immediate Care 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 locally.
  - 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 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.
- 4.2 During an incident, the 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.
- 4.3 The Ambulance Trust Medical Director is usually responsible for providing the Trust Board, via the Clinical Governance Group and the Clinical Quality & Governance Committees or equivalent, assurance that policy has been implemented regarding Immediate Care Responders and appropriate monitoring arrangements are in place, providing regular reports on outcomes.

## **5. Contracts**

- 5.1 It is strongly recommended that Immediate Care Responders hold an honorary contract, volunteer agreement or equivalent with the Ambulance Trust.
- 5.2 Immediate Care Responders must adhere to any requirements placed upon them by an honorary contract. As the holder of an honorary contract or equivalent /volunteer agreement, Immediate Care Responders are subject to Ambulance Trust policies and procedures. Disciplinary action may be taken in line with these policies.
- 5.3 It is the Immediate Care Responder's responsibility to inform the 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 the Immediate Care Scheme lead the individual should not respond to requests for assistance from the Ambulance Trust.
- 5.4 Should any Immediate Care Responder be subject to disciplinary action as part of any other employment they must notify the Immediate Care Scheme lead immediately.

## **6 Continuing Professional Development and Governance**

### **6.1 Training and Continuing Professional Development**

- 6.1.1 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.
- 6.1.2 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.

- 6.1.3 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.
- 6.1.4 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. PHECC, ICC or PHTLS.

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

- 6.2.1 Appropriate arrangements should be made for the supervision of 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.
- 6.2.2 Training grade Immediate Care Responders should have a nominated mentor. The mentor will be a senior Immediate Care Responder, usually from the same professional background.
- 6.2.3 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 Advisor or a network of senior Immediate Care Responders.
- 6.2.4 Senior (non-trainee) Immediate Care Responders should also have a clear advice and support mechanism in place.

## **6.3 Governance**

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

## **6.4 Audit**

- 6.4.1 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.

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

- 6.5.1 The Immediate Care 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.
- 6.5.2 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.

## **7 Documentation and Reporting**

### **7.1 Clinical Records**

- 7.1.1 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.
- 7.1.2 Each Immediate Care Scheme must ensure it complies with all Information Governance requirements.
- 7.1.3 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 lies.
- 7.1.4 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.

## **7.2 Logs of Incidents**

- 7.2.1 All Immediate Care Responders are required to keep a log of incidents that they attend to provide evidence of activity at annual appraisal.

## **7.3 Data Protection**

- 7.3.1 Ambulance Trusts and Immediate Care Schemes must agree policies for management of data and records. These must conform to the relevant legal requirements.
- 7.3.2 Requests for non-clinical information relating to an Immediate Care Scheme should be referred to Immediate Care Scheme Lead in the first instance.

## **8 Incident Review and Complaints**

### **8.1 Complaints and Concerns**

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

### **8.2 Adverse Incidents**

- 8.2.1 Incidents should be reported using the Ambulance Trust adverse incidents policy.
- 8.2.2 In addition Immediate Care Responders working as part of an Immediate Care Scheme should also continue to use any adverse incident reporting system required by the scheme.
- 8.2.3 If a serious adverse incident is identified, a joint analysis of the event should take place by the Immediate Care Scheme and the Ambulance Trust using all information available.
- 8.2.4 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.

## **9 Equipment**

### **9.1 Clinical**

- 9.1.1 Ambulance Trusts and Immediate Care Schemes should agree policies and procedures regarding equipment and drugs carried by Immediate Care Responders.
- 9.1.2 These policies and procedures should include guidance to ensure drugs and equipment are sourced through appropriate suppliers.
- 9.1.3 Agreed standard equipment lists are recommended to ensure consistency.
- 9.1.4 There should be a clear understanding regarding who is responsible for funding and maintenance of equipment. As a minimum it should be reasonable for 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.
- 9.1.5 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 Immediate Care Responders are checked regularly.
- 9.1.6 Furthermore, Immediate Care Responders have a responsibility to ensure that all drugs are stored correctly and legally, according to national legislation and local guidelines. Responsibility and mechanisms for checking that these policies are followed will be determined locally.

### **9.2 Personal Protective Equipment**

- 9.2.1 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 Immediate Care Scheme.
- 9.2.2 Immediate Care Responders are responsible for ensuring that their PPE is safe, functioning correctly and in date.

## **10 Activation & Tasking**

### **10.1 Activation**

- 10.1.1 When acting as volunteers, Immediate Care Responders have the right to decline any request to attend an incident. However, when “logged on” as available, Immediate Care Responders should be expected to make themselves available as far as reasonably possible according to local policy.
- 10.1.2 When accepting a request to attend an incident it is the Immediate Care Responder’s responsibility to ensure that they are fit to practice. This includes ensuring adequate rest periods between their main employment duties.
- 10.1.3 Under no circumstances should an Immediate Care 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.
- 10.1.4 It is recognised that there are advantages to 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.
- 10.1.5 Immediate Care schemes in partnership with Ambulance Trusts must ensure that practitioners claiming exemptions to driving legislation have had appropriate training according to current legislation requirements.
- 10.1.6 It is the responsibility of the Immediate Care Responder to ensure their vehicle is roadworthy and insured adequately to respond legally.
- 10.1.7 There should be agreement between the Immediate Care Scheme and the Ambulance Trust regarding how to respond to a notification of intending prosecution for a traffic offence while an Immediate Care Responder was responding to an incident on behalf of the Ambulance Trust.
- 10.1.8 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.
- 10.1.9 On arrival at scene all Immediate Care Responders should identify themselves by identification card, call-sign and name to emergency service personnel at scene.

## **10.2 Tasking**

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

## **10.3 Major incidents**

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

10.3.2 In the event of a major incident, it is important that members of an Immediate Care Scheme do not self-activate but work in collaboration with the Ambulance Trust via its control room.

## **11 Indemnity**

11.1 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.

11.2 Although 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.

## **12 Observers**

12.1 Occasionally, individuals may accompany prehospital care teams (including Immediate Care 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.

12.2 Observers must receive prior approval from the lead of that Immediate Care Scheme (and the Ambulance Trust if required according to local policy).

12.3 It is the responsibility of the supervising staff to ensure that all observers have appropriate personal protective equipment, which is always used correctly, and that they are not exposed to any undue risk.

- 12.4 Observers may not participate in clinical care.
- 12.5 Observers must respect patient confidentiality. They must not take photographs, videos or other images.

### **13 Operational Strategies**

- 13.1 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
- 13.2 There should be a continual review process of local SOPs, which involves the Ambulance Trust, Immediate Care Schemes and Immediate Care responders.

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

- 14.1 It is recommended that local policies based on this document are developed jointly by Ambulance Trusts together with officers of the Immediate Care Scheme, prior to approval.
- 14.2 Following approval, the policies should be presented to the Clinical Governance Committee of the Ambulance Trust for ratification.
- 14.3 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