



Single Responder Policy

Contents

1	Statement of Aims and Objectives.....	2
2	Principles	2
3	Scope.....	2
4.	Definitions.....	3
5	Activation.....	3
6	Types of Incident.....	4
7	Governance.....	6
8	Responsibilities.....	6
9	Monitoring.....	7
10	Audit and Review	7
10.	Appendix A	8



1 Statement of Aims and Objectives

- 1.1 South East Coast Ambulance Service NHS Foundation Trust (the Trust) takes the health, safety and welfare of all staff extremely seriously. It recognises that violence towards staff is unacceptable and that staff have the right to perform their duties without fear of abuse or violent acts. No member of staff should consider violence or abuse to be an acceptable part of their job.
- 1.2 The Trust recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision in the community, in isolated work areas and often out of hours. The purpose of this Policy is to protect staff, so far as is reasonably practicable, from the risks of responding as a single person. The Trust recognises its responsibility to staff as they are actively deciding to deploy single responders to live attend incidents.
- 1.3 Although this Policy aims to ensure the safety of single responders, all staff attending incidents where there is an identified risk to their safety, should assess the risk and take appropriate steps to ensure their safety.

2 Principles

- 2.1. There are many different situations where front-line operational staff are required to respond alone, therefore it would be impractical to address each one individually. This Policy is designed to be as wide ranging as possible, but still assist managers and staff to minimise the risks associated with single responding.
- 2.2. The purpose of this policy is to provide a robust framework for the deployment of single responders across the organisation. The objectives of the policy are to ensure staff safety, single responder welfare and compliance with all relevant legislative and regulatory requirements.

3 Scope

- 3.1. There are a range of responders within the Trust including Community First Responders, (CFR's), Emergency Responders (ER's) Clinical staff responders, co-responder such as Fire & Rescue Service, RNLI Lifeguards.
Staff, whose clinical grade are Emergency Care Support Worker (ECSW), Technician, Associate Ambulance Practitioner (AAP), Paramedic, Newly Qualified Paramedics (NQP)s, Advanced Paramedic Practitioner (APP) Advanced Clinical Practitioner (ACP) or Critical Care Paramedic (CCP) for the purpose of this document will be



referred to as Clinical Staff Responders. This also covers Response Capable Managers.

Clinical Grades are covered in Appendix A.

4. Definitions

4.1 Single Responder:

A single responder refers to personnel that respond to Incidents on behalf of the Trust, who operate alone during certain emergency situations, particularly in the initial response phase before additional support arrives. This may also include staff that respond as a single person on a DCA. This also covers Specialist roles such as AdvPPs, CCP's Operational Team Leaders and Response capable managers who provide a specialist role and function.

Communication and Coordination:

Single responders maintain communication with the Emergency Operations Centre (EOC) Dispatch teams via the Airwave radio, to provide timely updates on patient status, request additional resources if needed, and coordinate the transfer of care seamlessly.

Safety Protocols:

Single responders adhere to strict safety protocols and procedures to ensure their own safety and the safety of the patient throughout the duration of the response. This includes the use of personal protective equipment (PPE) when necessary and maintaining situational awareness in dynamic and potentially hazardous environments.

5 Activation

- 5.1. In order to ensure their safety, single responders must only attend incidents that they have been allocated to by the Emergency Operations Centre (EOC). Under no circumstances should they self-allocate to an incident, with the exception of individuals who are governed to self-task in line with their scope of practice. These individuals will, however still adhere to the criteria laid out in section 6 of this Policy and must contact EOC to request that they are allocated to the incident.
- 5.2. In the case of a clinical member of staff being approached by a member of the public whilst on duty to attend an incident, the EOC should be contacted via, phone or Airwave radio to ensure a running call is logged.
- 5.3. Single responders must only be dispatched by the EOC to incidents, which fall within the agreed list of response determinants for Single Response Vehicles. Details of the type of incidents that sit outside of the normal response determinants are covered within this policy under



Section 5. No single responder should be dispatched to incidents where the safety of the scene may compromise their personal safety.

- 5.4. Relevant available information surrounding the incident must be passed to the single responder at the point of mobilisation or as soon as reasonably possible. Further updates will follow if additional information is obtained. In the first instance updates should be passed by the EOC verbally over the radio.
- 5.5. Single responders are not obliged to attend an emergency call if they feel it would compromise their personal safety. They should make their way to the scene on receiving the incident details. Upon assessment of risk, if they feel it is unsafe to continue; this **must** be notified to the EOC and a rationale given. Individual addresses or patients may have an 'at risk' marker associated within the Computer Aided Dispatch (CAD) system, highlighting that there has been a previous incident involving aggression or violence. As with attending any incident, including those with an at-risk marker, a single responder will undertake a Dynamic Risk Assessment when arriving on scene.
- 5.6. If en-route or on arrival at the incident the single responder believes that their personal safety may be compromised by entering the address, they should withdraw to a safe location. The single responder must contact EOC to advise that they have not attended the call and relay any identified or potential. If a single responder requires immediate assistance as their safety is in imminent danger, they must contact the EOC using the Airwave emergency button.
- 5.7. **EOC Resource Dispatchers**
- 5.8. It is the responsibility of EOC to alert front line staff of any potential dangers that they may have become aware of during a live incident. Timely updates should be passed to the single responder by phone or Airwave, noting that Mobile Data Terminals (MDT's) within a single response vehicle (SRV) typically have 'message suppression' enabled, preventing notifications from being received whilst mobile to an incident.
- 5.9. Where a risk has been identified the Resource Dispatcher (RD) in EOC is responsible for contacting the single responder if no communication has been received more than 20 minutes after their dispatch, in order to ensure their safety, unless they are still mobile to the incident. If a risk has been identified then the Single Responder should not attend until communication has been established with control to the type of incident they are going to, regardless of times.

6 Types of Incident



- 6.1 In allocating a single responder to an incident, the safety of Trust staff or those acting on behalf of the Trust must be paramount. A risk assessment must be undertaken by the Resource Dispatcher, based on the information available from the caller and any other information that may be available regarding that location e.g. databases or other agencies. Such information **must** be passed to the attending ambulance staff. This information should also be documented in the CAD incident notes.
- 6.2 The risk assessment process should be conducted in line with the following types of incidents: this list is not exhaustive
- > Alcohol and Drugs
 - > Assaults
 - > Mental/Emotional
 - > Mass gatherings
- 6.3. This risk assessment **must** be conducted prior to allocating a single responder to scene. It is however important that the single responder mobilises to the incident immediately. The EOC will be undertaking the risk assessment during this time. EOC will inform the single responder that they may be required to hold off until further information is obtained. If the situation is subsequently believed to be safe (e.g.) due to a change in circumstances or other agencies such as Police attending, the Resource Dispatcher will update the single responder that it should be appropriate to approach the scene. The single responder should still complete a Dynamic Risk assessment.
- 6.4. The following incidents, whilst not exclusive, are given as examples it **may not** be appropriate to allocate a single responder:
- > Assaults where the assailant is still at the scene;
 - > Domestic violence where both parties remain at the scene;
 - > Public Disorder (not including a declared Major Incidents);
 - > Any address, location or individual where there is a current and valid feature recording a history of violence.
 - > Bomb threats/suspect package.
 - > Any incident involving Weapons/ Firearms, where there is a perceived threat.
 - > Incidents of a violent nature.
 - > Hazardous Substance.
 - > A patient experiencing an acute psychiatric illness, where there may be a threat to staff safety.
 - > Incidents where the caller is verbally aggressive or using threatening language during the primary call.
- 6.5. If police or other emergency services or security staff are confirmed as being in attendance at any of these incidents then it may be considered



suitable for a single responder to attend the scene. The single responder should continue with their dynamic risk assessment.

- 6.6. This policy reflects that some staff are less confident working on an SRV. Although we cannot guarantee staff will not be deployed on an SRV, where and if possible, reasonable adjustments will be made on day to accommodate requests.
- 6.7. This policy reflects that there are occasions whereby staff may be asked to single respond on a DCA. This policy will apply to those individuals.
- 6.8. Single responders should receive regular welfare checks during the live incident in order to provide support. This function will initially be picked up by the resource dispatcher
- 6.9. Non-compliance with the Procedure will require completion of an Datix Incident Form (DIF-1)

7 Governance

- 7.1 The governance of Single Responders is achieved through the application of this policy document and effective operational management.

8 Responsibilities

- 8.1 The Chief Executive Officer is the overarching Executive Lead for the Trust.
- 8.2 The **Trust Board** is responsible for establishing the principal strategic goals and for monitoring; progress, activity and priorities. It has a collective role to ensure that adequate organisational structures and sufficient resources exist to allow for the implementation and maintenance of these standards. All Executive Board Members have a duty to ensure the health, safety and welfare of employees and those affected by its activities. It is responsible for ensuring that there are effective systems in place to identify and manage significant risks associated with the achievement of the organisation objectives through the Board Assurance Framework.
- 8.3 The **Chief Executive Officer** is the Executive member of the Board with overall accountability in relation to meeting the 'duty of care' under health and safety legislation and is responsible for the health, safety and welfare of all Trust employees and that of any third party who may be affected by the Trusts undertakings. This includes Single Responders.



9 Monitoring

- 9.1 This can be done through the DIF-1 process.

10 Audit and Review

- 10.1 This policy will be reviewed initially after the first six months.
- 10.2.** All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 10.3. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 10.4. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 10.5. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.



10. Appendix A

Clinical Grades:

Emergency Care Support Worker (ECSW)
Trainee Associate Ambulance Practitioner (TAAP)
Associate Ambulance Practitioner (AAP)
Associate Practitioner (AP)
Technician
Newly Qualified Paramedic (NQP)
Paramedic
Advanced Paramedic Practitioner
Critical Care Paramedic