



## GoodSAM Procedure

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## **1 Scope**

- 1.1. Annually, in the United Kingdom, more than 30,000 cardiac arrests occur outside of hospital. Less than 10% of these patients survive. Early Cardio-Pulmonary Resuscitation (CPR) and Defibrillation are the key interventions in cardiac arrest.
- 1.2. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care. For every minute a patient is in cardiac arrest, the chance of survival reduces by up to 10%. The use of GoodSAM (Good Smartphone Activated Medics) will reduce the time to commence CPR and time to defibrillation in some cases and is therefore likely to afford more patients the chance of survival from Out Of Hospital Cardiac Arrest (OOHCA).
- 1.3. This procedure is applicable to all Trust staff involved in approving and deploying GoodSAM volunteers, staff choosing to act as GoodSAM volunteers, and those working alongside such volunteers.

## **2 GoodSAM**

- 2.1. GoodSAM is a smartphone application (app) which is designed to facilitate the timeliest respond to patients suffering from OOHCA.
- 2.2. Responders volunteer by downloading the app and registering within the GoodSAM portal. Verification then takes place to ensure that the responder is eligible to respond to OOHCA calls via GoodSAM. The SECamb process is described within [Appendix A](#).
- 2.3. When an OOHCA call is identified by an Emergency Medical Advisor (EM) or Health Advisor (HAA), a prompt will be displayed which will allow the activation of GoodSAM responders. This process is detailed within [Appendix B](#).
- 2.4. The only considerations in dispatching a GoodSAM responder is that the patient must be believed to be in cardiac arrest, and the scene is believed to be safe. GoodSAM responders may be alerted to patients of all ages.
- 2.5. GoodSAM responders should not be deployed to facilities where it is reasonable to expect trained personnel are already in attendance, such as police stations, prisons, nursing and care homes.
- 2.6. When GoodSAM is activated, the system will search for a responder using perimeters designated by the Trust. At present the system is set to activate no more than the closest two responders within a 600-meter radius.



- 2.7. If GoodSAM fails to identify any responders within the prescribed distance, it will cease its search.
- 2.8. Responders are under no obligation to accept a call and will be presented with an 'Accept' or 'Reject' button on their smartphone. If a responder rejects a call, the system will continue its search for another responder. EOC will be notified via a pop-up message. The responder does not receive the exact location of the call or any details unless they accept the incident.
- 2.9. If a responder accepts a call, EOC will be notified by a pop-up message.
- 2.10. All information sent to a responders' smartphone auto-deletes following 15 minutes of receipt if no response is made, and 15 minutes after clearing from a call. No information is then held on the responders' smartphone.

### **3 Responders**

#### **3.1. General**

- 3.1.1. Each organisation operating GoodSAM has undertaken to only approve responders directly employed by or governed by them as an organisation. By virtue of their approval of each responder, each organisation provides assurance that the GoodSAM responder is an appropriate person to respond to suspected cardiac arrest calls and is appropriately trained in BLS.
- 3.1.2. Other organisations responders are available to be alerted by any other organisation if they so choose, but this is configurable by the Trust sending the alert to the GoodSAM portal for dispatch.

Organisations include:

- Ambulance Services
  - Other Emergency Services
  - Red Cross
  - St John Ambulance
  - BASICS Schemes
- 3.1.3. GoodSAM also offer a generic group for appropriate individuals who can demonstrate a qualification in first aid but are not employed by an organisation that approves and governs its own GoodSAM responders.
- 3.1.4. Regardless of the clinical designation of any GoodSAM responder, SECamb staff will assume clinical primacy at the scene once they arrive. Pre-hospital care is considered to be a specialist area of practice, and as



such, SECamb staff are best placed to deliver this care.

### 3.2. **SECamb Staff**

- 3.2.1. Responding via GoodSAM is an entirely voluntary activity. Registering as a responder with GoodSAM confers no additional contract with the Trust and attracts no financial reward.
- 3.2.2. The expectation of a GoodSAM responder is to provide Basic Life Support (BLS) only. As such, no equipment will be provided by SECamb to GoodSAM responders. SECamb responders may keep a small supply of gloves in the appropriate size. Only responders who are approved SECamb Community First Responders/Staff Responders will be supplied with further equipment.
- 3.2.3. It is permitted to use any Automated External Defibrillator (AED) when responding to a GoodSAM alert. These may be privately owned or sourced from a Public Access Defibrillator (PAD) site. SECamb will not provide AED's to GoodSAM responders.
- 3.2.4. SECamb staff responding to alerts are indemnified by the NHSLA for these activities.
- 3.2.5. SECamb responders are allocated into three tiers which correspond to the GoodSAM recommended tiers for responders.
- Tier 1 – Nationally Governed – Any person with a professional healthcare registration.
  - Tier 2 – Locally Governed – Community First Responders – Associate Practitioners – ECSW's
  - Tier 3 – Any other person who has undertaken BLS & AED training.
- 3.2.6. Members of SECamb staff volunteering via GoodSAM must ensure that they are adequately rested prior to commencing any shift. GoodSAM activities must not interfere with the commencement of any planned shift.
- 3.2.7. Should a member of staff working a front-line response shift receive a GoodSAM alert whilst at work, they must not respond autonomously. They may contact the EOC to enquire as to whether they could be of assistance, however the EOC decision is final.
- 3.2.8. Staff respond voluntarily in the good faith belief that they are attending a patient with a life-threatening complaint. If upon arrival at an incident a SECamb GoodSAM responder finds that the patient is not in cardiac



arrest and does not appear to need immediate medical attention, they are within their rights to withdraw from the scene. If there is a need to update EOC, this can be done by either dialling 999 or calling the response desk. East RDC 0300 123 5826 or West RDC 0300 123 9106.

3.2.9. Staff who hold a professional registration are reminded that activities under the auspices of GoodSAM response must be undertaken according to the relevant organisations code of conduct and that direct reports to the registering body may be submitted by any party if they were so inclined.

3.2.10. Staff who register directly with SECamb to respond to GoodSAM alerts must comply with any complaint investigation occurring as a result of their GoodSAM activities. Failure to do so may result in removal from the SECamb GoodSAM platform.

### 3.3. **Staff from Other Organisations**

3.3.1. These staff generally fall into the same three categories as SECamb staff however, other categories may be generated according to the organisations need.

3.3.2. SECamb will alert other organisations staff where it is clear that the skillset includes BLS training.

### 3.4. **GoodSAM Directly Approved Responders**

3.4.1. GoodSAM responders fall into the same categories as SECamb responders. They typically work for emergency services or hospitals and have all been able to demonstrate a qualification appropriate to their approval level, which has to be renewed on a regular basis.

- Tier 1 – Nationally Governed – Any person with a professional healthcare registration.
- Tier 2 – Locally Governed – Community First Responders – Associate Practitioners – ECSW's – Specialist Police Officers.
- Tier 3 – Any other person who can demonstrate a first aid qualification. This could include Teachers, Care Workers, Fire Fighters, Shop First Aiders, essentially anyone with a first aid qualification.

3.4.2. GoodSAM do not undertake DBS checking of these responders as it is considered an excessive step which would preclude responders offering to sign up due to the process and expense incurred.



- 3.4.3. SECamb will alert all Tiers of responder.

## **4 Complaints Regarding Responders**

- 4.1. When a complaint is received regarding the actions of a GoodSAM responder, it will be initially reviewed by the Trust GoodSAM lead who will contact the responder directly and attempt to resolve the complaint informally.
- 4.2. If the complaint is considered to be serious, in that it would constitute misconduct or malpractice, it will be handled as follows:
- Where the complaint relates to a GoodSAM responder registered directly with SECamb, who is also a SECamb employee, the complaint will be passed to their line manager as per any other complaint.
  - Where the responder is registered with SECamb but is a member of a partner agency, SECamb will identify an appropriate investigator, who will lead the investigation in collaboration with the partner agency.
- 4.3. If the responder is registered directly with GoodSAM, or another partner agency, the complaint will be referred to that agency directly, who will be expected to handle the complaint as per their own procedures.

## **5 Removal of Responders Eligibility to Respond**

- 5.1. Where a responder has registered directly with SECamb, it is possible to either temporarily suspend, or completely withdraw their ability to respond to GoodSAM calls.
- 5.2. Responders who are employed by other Trusts or have registered directly with GoodSAM may continue to receive alerts even if removed from the SECamb register, as SECamb also alert responders registered with such partner agencies.
- 5.3. In cases where serious misconduct occurs, it is possible to effectively 'block' a responder via GoodSAM as an organisation.
- 5.4. The circumstances where SECamb may wish to remove a responder are limited due to the intent of GoodSAM being to provide BLS only to a carefully selected group of patients. Therefore, SECamb will only remove a responder in the following circumstances.



Event	Remove from SECAMB Register	Notify GoodSAM
Voluntary Resignation	Push to GoodSAM Direct Approval Group	No
CFR Leaving Scheme	Push to GoodSAM Direct Approval Group	No
Suspension from Duty for behavioural reasons with no safeguarding or clinical concerns	No	No
Suspension from duty aggravated by safeguarding or clinical concerns	Yes	Yes
Dismissal from the Trust with no safeguarding or clinical concerns	Yes	No
Dismissal from the Trust aggravated by safeguarding or clinical concerns	Yes	Yes

5.5. Where a member of staff who was suspended is reinstated following an investigation, they will be reinstated on GoodSAM.

5.6. Where SECAMB remove a responder from GoodSAM, this will be automatically flagged if the same responder attempts to register with another agency.

## 6 Health & Wellbeing

6.1. Staff engaged in responding to GoodSAM alerts must be as fit for duty as would be required for operational duty.





- 6.2. SECamb staff responding via GoodSAM are entitled to access all available health and wellbeing services the Trust provides.
- 6.3. SECamb staff are asked to consider the health and wellbeing of any GoodSAM responder. Where possible and appropriate, they should be included in any debrief and provided with advice as to where to access support if required. This may include talking to family members, their own GP, the Samaritans or, their own employers occupational health services.
- 6.4. Where it is clear that a GoodSAM responder has been seriously adversely affected by a call, following completion of the call, a crew on scene should generate a running call, and carry out an appropriate onward referral as for any other patient. The details of the responder should also be E-Mailed to [goodsam@secamb.nhs.uk](mailto:goodsam@secamb.nhs.uk).
- 6.5. GoodSAM responders are able to request a welfare callback via the app, which will be undertaken by either the Trust GoodSAM lead or the community resilience team.

## 7 Reporting Concerns

- 7.1. Any concerns regarding the actions of a GoodSAM responder must be reported by way of an IWR-1.
- 7.2. Any GoodSAM responder may be temporarily removed from volunteering pending the result of any investigation.

## 8 Definitions

- 8.1. GoodSAM is a smartphone app which essentially serves to crowd-source CPR for a patient in cardiac arrest.
- 8.2. Computer Aided Dispatch (CAD) is the system SECamb uses to log all calls and dispatch resources appropriately.
- 8.3. The response desk is staffed by Response Desk Co-ordinators (RDC) and oversees the operation of community responders and GoodSAM.

## 9 Responsibilities

- The **Chief Executive** is the overarching Executive Lead for the Trust.
- The **Executive Medical Director** is responsible for the care provided to patients presenting to the Trust.
- The **Executive Director of Operations** is responsible for implementation of the policy.





- The **Associate Director of Emergency Operation Centre** and the Operating Unit Manager are responsible for the day-to-day implementation in the EOCs.
- The **Consultant Paramedic (Critical Care & Resuscitation)** is responsible for the care provided to patients in cardiac arrest.
- The **Head of Critical Systems** is responsible for the configuration of the GoodSAM system.
- The **Voluntary Services Department** are responsible for the approval of new GoodSAM volunteers.
- **Emergency Medical Advisors** are responsible for identifying patients who may be in cardiac arrest and triggering GoodSAM
- **Response Desk Co-ordinators, Resource Dispatchers and Dispatch Team Leaders** are responsible for ensuring the continued appropriateness of the response to emergency calls.
- **Operational Team Leaders and Operational Staff** are responsible for patient care at scene.

## 10 Audit and Review (evaluating effectiveness)

- 10.1. GoodSAM has a rich array of reports available which include who has attended an incident, their qualifications and matches incidents with SECAMB CAD numbers.
- 10.2. All procedures 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 procedure will go through the governance route for development and approval as set out in the Policy on Policies.

## 11 Financial Checkpoint

- 11.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.

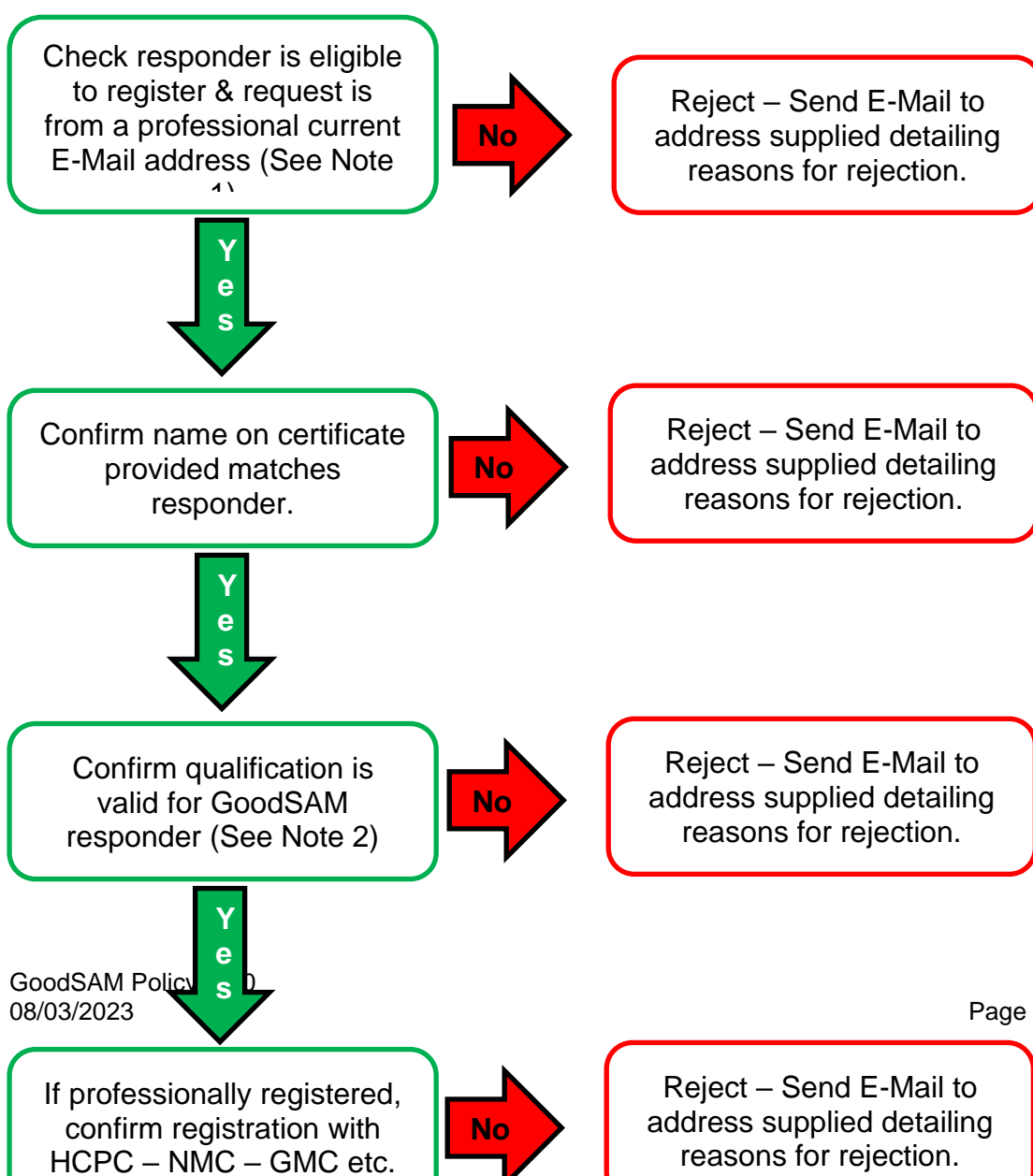


- 11.2. This document has been confirmed by Finance to have financial implications and the relevant Trust processes have been followed to ensure adequate funds are available.

## 12 Equality Analysis

- 12.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

### Appendix A: Approving GoodSAM Responders





## Appendix B: EOC Actions

The activation of GoodSAM is undertaken via a portal presented to Emergency Medical Advisor's (EMA) or Health Advisor's (HA) during the completion of NHS Pathways, which requires the following input:

1. Process the emergency call in line with standard procedures.
2. When the EM or HAA reaches a disposition for an immediate threat to life due to suspected cardiac arrest as per Fig.1, the screen in Fig.2 will be the next displayed.

Fig.1

Fig.2

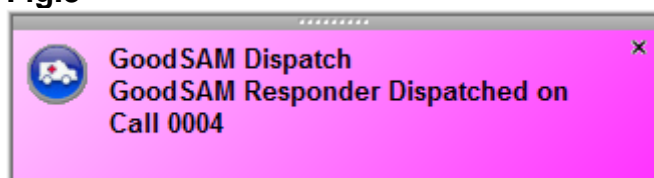
3. Where scene safety issues are apparent from information volunteered during the call, OR the call is for a health care setting, including care and nursing homes, the EMA or HA should click “**Not Suitable for CFR**” and select an appropriate



reason from the Reason drop down box.

- Where the scene appears to be safe **and it is suspected the patient is in cardiac arrest**, the EMA or HA should click **“Suitable for ANY CFR”**. This will send the call to GoodSAM.
- When a responder accepts an incident, Resource Dispatchers (RD) will see the popup in Fig.3. They will also see the responder’s details in the GoodSAM tab on the Emergency Call Taking (ECT) screen (Fig.4). There will also be relevant automatic entries in the call notes. No further action is required on the part of the RD, however, if scene safety issues become apparent, the RD is responsible for standing down the GoodSAM responders (See Below).
- The volunteer’s progress is trackable via the GoodSAM tab on the ECT screen.

**Fig.3**



**Fig.4**

Resources *	Call Notes *	Notifications	History Loc	Crew Notes *	Suggestions	Documents	Duplicates	Times	CMS	ECAL	GoodSAM
Surname	Forename	DT With Pat	DT On Scene	DT Accepted	DT Dropped	DT At Patient	Identity				
Woolgar	Phil	09/05/2019 12:23	09/05/2019 12:23	09/05/2019 12:18			Phil Woolgar				
Woolgar	Phil	09/05/2019 12:23	09/05/2019 12:23	09/05/2019 12:18			Phil Woolgar				

### **Standing Down GoodSAM volunteers**

The standing down of GoodSAM volunteers is undertaken by RD's or Response Desk Co-Ordinator's (RDC) and should only be done in the following circumstances;

- An obvious scene safety issue becomes apparent.
- It transpires that the incident is not a cardiac arrest.
- The patient is obviously deceased and beyond help.

### **The procedure to stand down GoodSAM volunteer is as follows:**

- Open the ECT screen
- Click on the GoodSAM tab
- Click “Stand Down”
- Select “Send to All” from the popup screen

This will send a message and a very loud audible alert to the volunteer. There is no need to make verbal contact.



## Appendix C: Response Desk Oversight of GoodSAM

### 1 Introduction

- 1.1. The response desk is responsible for oversight of the dispatch of GoodSAM responders.
- 1.2. The Response Desk Co-Ordinator (RDC) overseeing the GoodSAM operation is intended to serve the following aims:
  - Ensuring GoodSAM responders are only dispatched to patients believed to be in cardiac arrest.
  - Stand-down of responders where it transpires that the patient is not in cardiac arrest, where it transpires a patient is obviously deceased, or a DNAR is in place for the patient.
  - Consideration of the activation of GoodSAM where dispatch was initially rejected but the patient appears to be in cardiac arrest.
  - Evaluating the safety of any said incident and standing down the GoodSAM response should any safety issues become apparent.

### 2 Operations

- 2.1. The RDC must ensure the GoodSAM portal is open on the “Incidents” tab and remains open on their computer for the duration of their shift. (Figure 1 below)
- 2.2. Upon a dispatcher alerting a GoodSAM responder to an incident, there will be an audible siren alert to draw attention to the GoodSAM portal. The incident together with the unique CAD number will be displayed in the left-hand column. In the incident box will be information relating to the number of responders who have been alerted, how many have accepted the alert, or how many are clearing from the incident. Clicking on the incident will zoom to it on the map.

The RDC should check the incident on the CAD and ensure that the call is a confirmed cardiac arrest. If it appears not to be, such as the patient being awake, or regaining consciousness, the RDC should follow the instruction in Appendix B above “Standing Down GoodSAM Volunteers”. Where any doubt exists, seek advice from a Clinical Safety Navigator (CSN). If CPR is in progress, do not stand down the GoodSAM responder.



- 2.3. Should the attending SECamb resource be closer than the GoodSAM responder, the responder should be stood down.
- 2.4. Once SECamb resources are on scene, if the responder has not yet arrived, they should be stood down.
- 2.5. If it becomes apparent that a call is not a cardiac arrest, the responder should be stood down.
- 2.6. If a call is recategorized to a lower category than C1 and it is apparent a GoodSAM responder has arrived on scene, this should be regarded as a Grade 2 back-up request.
- 2.7. If a GoodSAM responder attends a particularly distressing incident, the RDC should highlight this by e-mailing [goodsam@secamb.nhs.uk](mailto:goodsam@secamb.nhs.uk) and one of the team responsible for GoodSAM will reach out to them.





# South East Coast Ambulance Service **NHS**

NHS Foundation Trust

## 1. Location of Incident.

## 2. Available Responder

## 3. Message Button

## 4. Cancellation Button

## 5. Incident Tab Button

The screenshot displays the GoodSAM app interface. At the top, there's a navigation bar with tabs: MANAGE, INCIDENTS (highlighted with a red '5'), RESOURCES, RECORDINGS, MONITORING, VIDEOS, CONSULTATIONS, and LOG OUT. Below the navigation bar, there's a search bar and a list of incident details. The main area shows a map of Crawley with various incident markers. A red circle with a '2' highlights a responder location on the map. On the left side, there's a sidebar with buttons: Video, Message (highlighted with a red '3'), and End (highlighted with a red '4').