



Joint Response Unit (JRU) Operational Procedure

Contents

1	Statement of Aims and Objectives.....	2
2	Procedure.....	2
3	Start/ End Shifts and Standby	3
4	Meal Break.....	3
5	Deployment.....	3
6	Man Down / Personnel Safety.....	4
7	Shift Vacancies	4
8	Transportation of Detained Persons.....	4
9	Neutrality	4
10	Consent / Confidentiality	5
11	Driving	5
12	Tasking.....	5
13	Information Disclosure	5
14	Untoward Incident Reporting	6
15	Addressing complaints about Joint Response Unit.....	6
16	Clinical Governance, Training & Audit	7
17	Definitions	7
18	Responsibilities	7
19	Monitoring	8
20	Audit and Review.....	8
21	Equality Analysis.....	8



1 Statement of Aims and Objectives

- 1.1. The Joint Response Unit (JRU) is an operational deployment model used within the South East Coast Ambulance NHS Foundation Trust (SECamb) working in collaboration with our partner constabularies. It will operate out of a SECamb Ambulance Station or Make Ready Site, providing a clinical response across an agreed operational area.
- 1.2. The SECamb JRU shift rota is available through the Clinical Scheduling team and will be published using the Global Rostering System (GRS) web.
- 1.3. SECamb are tasked to provide one band 6 Paramedic and a single response vehicle in support of the unit.
- 1.4. This procedure sets out the processes to be followed to ensure that SECamb provide the best possible service in support of the joint response unit.
- 1.5. The procedure is to be used by the SECamb Clinical Scheduling teams, Emergency Operation Centres (EOC), and all staff rostered on to the service who form the joint response unit.

2 Procedure

2.1. Instructions for staff rostered on the JRU vehicle

- 2.2. The JRU shifts will be available for specific Paramedic staff who have had an induction about the JRU and relevant Police constabulary. SECamb staff who are working on this unit must understand they work within the Trust's scope of practice and operate within all current working practices and procedures. Paramedics who are assigned to work on the unit will place an expression of interest via the local leadership team in Kent. Trac is used for the selection process for both seconded and ad hoc JRU staff. Using Trac ensures standardisation across the Trust and enables a pool of suitable staff to be identified across each unit with a fair recruitment process.
- 2.3. They must be band 6 Paramedics. The Paramedic will have a reference from their line manager via a recruitment process.
- 2.4. All staff rostered on the JRU shift will be expected to complete the full shift as agreed locally, and as reflected on GRS.
- 2.5. All members of staff allocated to this unit are to ensure familiarity with the vehicle and equipment before commencing the duty.



- 2.6. Prior to the duty commencing, staff must complete a full daily inspection of the vehicle and equipment and record this on the daily vehicle check list or Make Ready documentation.
- 2.7. Staff will book on with the EOC who are to ensure they have the crew contact details – all tasking will be through the SECAMB EOC.
- 2.8. Any requests for direct tasking by the Police Force Control Room, details should be taken and referred back to SECAMB EOC to generate an incident to ensure all the information and activity is captured.
- 2.9. The Joint Response Unit (JRU) will have a shared joint call sign between SECAMB & Local Constabulary.
- 2.10. At the beginning of the shift the SECAMB member of staff will sign onto the mobile data terminal and contact the EOC and confirm their standby location and contact details.
- 2.11. Staff will liaise with the police constables to confirm rest periods which will be taken in accordance with the SECAMB rest break policy.
- 2.12. Staff will maintain contact with the EOC during the shift to ensure full awareness of the shift progression, welfare and supportive needs are met.

3 Start/ End Shifts and Standby

- 3.1. The JRU shift will start and finish from the designated Ambulance or Make Ready Station.

4 Meal Break

- 4.1. The Trust's Meal Break Policy applies to the JRU vehicle.

5 Deployment

- 5.1. The JRU will not be exempt from the auto dispatch to C1 calls.
- 5.2. The JRU will be tasked to calls as outlined and defined in a local standard operating procedure.
- 5.3. The JRU will respond to calls from the police requesting ambulance attendance and the ambulance service requesting police assistance for medical calls.
- 5.4. In the event of a police call for assistance with an unsafe scene, if the JRU is a closer response, the JRU can be tasked however the SECAMB



staff member will withdraw to a safe position until they have been updated that it is safe to enter. This will be documented in the CAD record when the scene is safe.

6 Man Down / Personnel Safety

- 6.1. The Trust operates a man down functionality via the Airwave radio network. In the unlikely event that this is activated, the Trust will follow its standard procedure for these and notify the police as well as dispatching the closest available response capable manager to scene. Where present and received training, the SECamb staff member will also carry a police airwave handset on their person to have direct communication with the JRU officer, and the police control room where applicable.
- 6.2. In the event of specialist equipment being used by police officers e.g. PAVA spray / Taser whilst SECamb staff members are in close proximity, the SECamb staff must withdraw from the scene or comply with the officer's advice and guidance.

7 Shift Vacancies

- 7.1. In the event that the JRU has a short notice shift vacancy due to sickness, this will be dealt with via the local standard operating procedure.

8 Transportation of Detained Persons

- 8.1. Detained patients (not under section) can be transported to hospital if appropriate. However, under no circumstances must the JRU transport a detained person into a custody suite.

9 Neutrality

- 9.1. During its operational deployment, the JRU will be used for police incidents requiring ambulance service attendance and ambulance attendance requiring police intervention. Under no circumstances will the JRU be used as a covert tactical option to deploy police officers into a scene.
- 9.2. If the JRU is deployed to a C1 call, the police officers are able to assist the paramedic on these incidents, with consent gained via the patient or family members at scene. If at any time the presence of police officers is aggravating or delaying treatment to the patient and the crew member's safety is not in question the police officers will be asked to withdraw back to the vehicle.



10 Consent / Confidentiality

- 10.1. When attending a medical call not requiring a routine police attendance (for example an auto dispatch to category one call) the JRU paramedic will ensure that consent has been gained for the police to be present. If this is impractical (eg Cardiac Arrest in a public place) the JRU staff will work in the best interests of the patient.
- 10.2. Each incident the JRU attends will generate a CAD and ePCR/ PCR record for both the Police and SECamb, thus ensuring both parties adhere to policies and procedure with regards to confidentiality.
- 10.3. Breaches of confidentiality by either organisation is covered under the memorandum of understanding between the two organisations and will be dealt with under the relevant policy and procedures.

11 Driving

- 11.1. The Trust's insurance for driving of SECamb resources does allow for persons that are not SECamb employees to drive vehicles provided they hold the relevant driving category on their driving licence.
- 11.2. It is recognised that blue light partners undergo driver training and assessments to drive for their constabulary. Officers are permitted to drive JRU vehicles both routinely and on emergency conditions providing they are trained and have been deemed competent to do so by their constabulary. They must ensure they undergo a familiarisation of the specific JRU vehicle before driving commences. Further guidance on this can be found in the Driving Standards Policy.
- 11.3. If the vehicle is involved in a road traffic collision with a police officer driving, the normal processes for the Trust and police force are commenced.

12 Tasking

- 12.1. The JRU tasking to incidents is as per the JRU tasking flow chart. As part of regular review with EOC colleagues the tasking will be reviewed and, if required, modified as part of the lessons learnt.

13 Information Disclosure

- 13.1. Any information recorded as a result of this collaborative project will be covered by both Freedom of Information (FOI) and Data Protection legislation. Should a request for information be received, the receiving



organisation should refer to their own policies for dealing with such requests and liaise with the other party.

- 13.2. With specific regard to FOI requests where release would result in disclosure of information recorded by or relating to any other agency (whether party to this MoU or not), consultation must be carried out as part of the consideration to disclose, as detailed within the Section 45 Code of Practice under that legislation.
- 13.3. For further advice please contact the FOI/Data Protection officer within your own organisation, or contact SECamb at the following e-mail address foi@secamb.nhs.uk
- 13.4. Any media press releases whereby patients have been treated by the JRU must go via SECamb's media department to ensure no patient identifiable information is released and that compliance is met regarding patient confidentiality. For Out Of Hours media enquires please call call 01622 740562 and choose option 1.

14 Untoward Incident Reporting

- 14.1. Any untoward Incidents that Police staff witness or are party to whilst responding for SECamb should be reported as soon as possible to the SECamb local JRU lead as well as local Police lead via e-mail using the Trust's approved document.

The untoward incident will then be added to SECamb's incident reporting database and investigated by the local JRU lead manager. When the investigation is concluded, feedback will be sent to the member of staff who raised the concern.

- 14.2. SECamb will investigate any reported incidents involving JRU which are of an untoward nature. This will be in conjunction with the Police representative and a nominated SECamb operational manager as appropriate.

15 Addressing complaints about Joint Response Unit

- 15.1. Any complaints (as per the Trust's complaints procedure) received about JRU staff while responding on behalf of SECamb will be handled in much the same way as complaints received about private providers. Complaints are graded levels 1, 2, 3 and 4. Complaints will be registered by SECamb's Patient Experience Team.
- 15.2. **Informal complaints - Level 1 complaints** will be those that can be dealt with by the Patient Experience Team themselves, and **Level 2 complaints** will be complaints of a less serious nature but which have to



be forwarded by the Patient Experience Team to another manager/team to investigate. Level 1 and 2 complaints will be classed as 'informal complaints'. Level 2 involving Police complaints will be dealt with by the Project Lead in conjunction with a local Police manager.

- 15.3. **Formal complaints - Level 3 and Level 4 complaints** (the most serious), along with less serious complaints that complainants specifically request be handled in this way, will be classified as formal complaints, i.e. being dealt with 'formally' in that the complainant will receive an acknowledgement letter within three working days, will be contacted by the investigating manager to discuss their concerns, and will receive a written response from the Chief Executive. For Level 3 complaints the response should be received within 15 working days, and for Level 4 complaints, which are Serious Incidents Requiring Investigation, within 45 working days. Level 3 and 4 complaints will be dealt with by the SECamb project lead and support from a local Police Project Officer and a SECamb operational lead.
- 15.4. The investigating manager will contact the nominated local Police representative to request that they speak to/obtain statements from/interview the staff in question with the Project Lead, as appropriate (investigations must be thorough but proportionate). They will then draft an investigation report which will be forwarded to the Patient Experience Team.
- 15.5. If a complaint is received directly by local Police about a member of JRU staff's actions while working for SECamb, this must be passed immediately to the SECamb Patient Experience Team so that the complaint may be registered and actioned as in 7.1, above. The Patient Experience Team can be contacted on 03001239242

16 Clinical Governance, Training & Audit

- 16.1. Police constables undergo training in Cardio-Pulmonary Resuscitation (CPR) as part of their training course and this is refreshed annually. In the event that the paramedic requires assistance on providing medical care the police officers will do so under the guidance of the paramedic.

17 Definitions

- 17.1. JRU – Joint Response Unit

18 Responsibilities

- 18.1. The procedure is to be managed by the Operating Unit Manager for the relevant joint response unit along with the local JRU lead



- 18.2. Responsibility for implementing the procedure lies with line managers from departments as follows:
- 18.3. Scheduling – Production Manager East/West.
- 18.3.1. EOC – Head of Emergency Operations Centres.
- 18.3.2. Staff rostered on JRU – Responsible Operational Team Leader (OTL), Operations Manager (OM) and staff member.
- 18.3.3. Police – Duty police officer supervisor.

19 Monitoring

- 19.1. The Operating Unit Manager in conjunction with the local Police JRU Lead & will review the JRU monthly or sooner if required as an operational working group chaired by the OUM.
- 19.2. During the initial phase the JRU Paramedics working on the vehicle will have a debriefing event for their first three shifts to review against this procedure but also look at near misses, untoward events and ensure these are captured and learning shared.

20 Audit and Review

- 20.1. The monitoring and audit of the procedure will take place at the regular monthly meetings with local Police constabulary. Any significant issues will be reported to the operating unit manager.
- 20.2. 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.
- 20.3. 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).
- 20.4. 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.
- 20.5. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

21 Equality Analysis



- 21.1. 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.
- 21.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature, then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.