

Community First Responder Policy



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1 Statement of Aims and Objectives

- 1.1. **Scope**
- 1.1.1. This policy applies to Community First Responders.
- 1.1.2. The Trust commits to providing a high-quality volunteering opportunity comprising the following:
- 1.1.2.1. Volunteer roles based on models of care which improve service delivery for the Trust, and benefit patients in local communities
- 1.1.2.2. A transparent, consistent, and fair recruitment and induction process
- 1.1.2.3. Channels for effective communication between staff, management, and volunteers
- 1.1.2.4. Training and re-certification programmes to enable volunteers to maintain their skill sets
- 1.1.2.5. Opportunities to provide feedback on their experiences to the organisation
- 1.1.2.6. Support through clinical supervision, engagement, and welfare throughout their tenure with the Trust
- 1.1.2.7. Appropriate utilisation, to the level of their scope of practice
- 1.1.2.8. Maintenance of accurate records, in keeping with the principles of information governance, which support evaluation
- 1.1.2.9. Policies and procedures to achieve consistency in practice throughout the Trust
- 1.1.3. The Trust recognises that volunteering is a legitimate activity in its own right and is not a substitute for paid workers.
- 1.2. Aims and Objectives
- 1.2.1. The aims of this policy are to:
- 1.2.1.1. Set out the principles underpinning the Community First Responder volunteer opportunity provided by South East Coast Ambulance Service
- 1.2.1.2. Define the roles, functions and responsibilities of key personnel involved with recruitment, management, training support, governance for Community First Responders

2 Principles

2.1. Eligibility

- 2.1.1. Persons wishing to become a volunteer Community First Responder must meet the following Pre-Application Requirements:
- 2.1.1.1. Have a valid UK driving licence which has been held for over 12 months and carries no more than three penalty points
- 2.1.1.2. Have access to a B class vehicle for responding purposes
- 2.1.1.3. Be at least 18 years old
- 2.1.1.4. Must undertake an Enhanced Disclosure and Barring Check
- 2.2. Recruitment and Selection Compliance
- 2.2.1. The Trust commits to implementing a robust recruitment procedure for all of its patient facing volunteers.
- 2.2.2. Recruitment and selection compliance must be received prior to confirming a training place for a Community First Responder. Compliance comprises:
- 2.2.2.1. Application Form
- 2.2.2.2. A successful Interview with two panellists, of whom must be Trust interview trained.
- 2.2.2.3. Proof of identity with recent photographic identity and address
- 2.2.2.4. Two references to the satisfaction of the Trust
- 2.2.3. CFRs will be issued with a volunteer agreement during the Recuritment phase that must be read, signed, dated, and returned to recruitment prior to taking any equipment, uniform, or communication devices.
- 2.2.3.1. National Insurance Number
- 2.2.3.2. Full driving licence, with access to a class B vehicle which is road worthy and have adequate insurance as a volunteer on this vehicle, which must be taxed and have an MOT if applicable
- 2.2.3.3. Disclosure and Barring Service check
- 2.2.3.4. Occupational health clearance to carry out the volunteer role
- 2.3. **Scope of Practice**
- 2.3.1. Community First Responders will adhere to their relevant clinical practice limitations as outlined in the Scope of Practice and Clinical Standards

- Policy and will work to the conditions of this Policy and its related dependencies.
- 2.3.2. It is the responsibility of each volunteer to raise with their local Community Resilience Lead any perceived deficiencies or lack of contemporary experience in any practice area to ensure that the scope of practice is maintained.
- 2.3.3. Where a concern has been raised about the scope of practice (working over and above, or not in line with) of a Community First Responder a SECAmb led investigation by the Community Resilience Team will be initiated following national best practice.

2.4. **Training**

- 2.4.1. Community First Responders will complete the Future Qual Level 3 qualification in line with trust governance requirements.
- 2.4.2. Re-certifications will be carried out on a yearly basis in line with the trusts governance requirements for CFRs.
- 2.4.3. Community First Responders will complete the Statutory and Mandatory Training set out in Appendix C within the first 3 months of the new financial year. Failure to comply will result in a standdown from responding.
- 2.4.4. Should a CFR not complete their Statutory and Mandatory after a period of 6 months they will be permanatly stooddown.
- 2.4.5. CFRs will have the opportunity to attend and benefit from both local and centrally planned CPD sessions. These sessions will be designed to enhance knowledge around healthcare in an emergency setting but should not be interpreted as an extension to the CFR scope of practice.
- 2.4.6. Observing is available to all CFRs in line with the Observer Procedure.

2.5. **Equipment**

2.5.1. <u>Identification</u>

- 2.5.1.1. On successful completion of training CFRs will be issued with a photographic identity card, a personal pin number, a unique call sign and uniform.
- 2.5.1.2. Every CFR will be issued with a mobile telephone, but they may also be issued with an Airwave or National Mobilisation Application (NMA).

2.5.2. Personal Protective Equipment

2.5.2.1. Community First Responders are able to order personal protective equipment from the Trust's Stores: in line with trust Infection, prevention and control procedures.

2.5.3. Response Equipment

- 2.5.3.1. Equipment for the volunteer Community First Responder role includes a response bag, oxygen, medical equipment. and semi-automatic Automated External Defibrillator. (Two per team on initial set up). (Please see appendix H for full list)
- 2.5.3.2. The maximum number of oxygen cylinders permitted at any time is one.
- 2.5.3.3. Only medical equipment approved by the Trust may be used in the role of a Community First Responder
- 2.5.3.4. Any equipment left in a vehicle used for responding must be securely stored in line with the Trust medicines management procedure and out of public view and securely in the boot of the vehicle for safety reasons.
- 2.5.3.5. Consumable, oxygen, and medicine replenishments must be made in accordance with relevant Policies and Procedures.
- 2.5.4. Community First Responders have a responsibility to follow the guidelines on attire to respond in set out in Appendix D to minimise the risk of injury to themselves.

2.6. **Availability**

- 2.6.1. Community First Responders are volunteers and reserve the right to choose not to respond to an incident when asked to attend.
- 2.6.2. There is a requirement for the CFR to provide a minimum of 20 hours volunteering time per month or 60 hours over a period of 3 months
- 2.6.3. The Trust recognises that there will be occasions when a volunteer Community First Responder may take time out from their volunteer role and commits to providing appropriate support for someone wishing to return to active duty.

2.7. **Deployment**

- 2.7.1. Community First Responders will be dispatched to incidents in accordance with the Incident Resourcing Deployment Management Standard Operating Procedure.
- 2.7.2. All Community First Responders must wear their uniform to identify them and have their ID card with them (See appendix D for more information) on arrival at any incident and must clearly advise that they are from the Ambulance Service. It is recognised some responders will respond from their workplace and should wear a minimum of a high viz jacket (or CFR polo s)hirt carry an ID card and relevant PPE and appropriate footwear.
- 2.7.3. Community First Responders must not take family members or friends on calls with them. This would breach a patients confidentially and is wholy inappropriate.

- When attending a GoodSAM call (which should be on foot, not in your car) it is recognised that you may be in home clothing without the above uniform but would recommend carrying your ID card and must book on with EOC where possible, before attending the alert. This will allow the CFR to be updated of any scene concerns and covered by the Trust's insurance, if you are unable to book on on-route then you should notify EOC at the earliest opportunity of your attendance.
- 3.1.1. Community First Responders must **not be** dispatched to incidents involving fire, severe trauma, spinal injuries, road traffic accidents, industrial accidents, any incident involving abuse/violence or aggression, alcohol or drug related incidents including overdoses (except where the overdose is unintentional by a minor), maternity or gynaecological emergencies, however CFRs must be available to attend both C1 and C2 calls when booked on with EOC unless responding from your workplace when booking on for C1 only is permitted

3.2. Welfare

- 3.2.1. The Trust will provide induction and training opportunities appropriate for the role of Community First Responders
- 3.2.2. Community First Responders have the same access as staff to the Trust's non-denominational Chaplaincy, TRIM Practitioners, and to Trust supported counselling services. CFRs also have access to the Ambulance Service Charity, and MIND Blue Light.
- 3.2.3. Where a change in health may affect the ability of a Community First Responder to carry out their role, they will be referred via their Team Leader and Community Resilience Lead and if required to the Trust's occupational health provider. This includes any health change, eyesight problem or other condition which could impair their ability to drive safely.
- 3.2.4. The Trust will support any Community First Responder who is required to provide a statement to the police or to participate in a police interview or attend court or an inquest in relation to their role as first person at scene.
- 3.2.5. The Trust will provide support to any Community First Responder who has raised a safeguarding concern.
- 3.2.6. EOC will notify the Community Resilience Team as per the CFR welfare procedure of any incident that a CFR attends whereby their welfare may be affected. This would include for example trauma patients, child cardiac arrests and HEMS incidents. This list is not exhaustive.

3.3. Vehicles

- 3.3.1. Privately owned and scheme owned vehicles
- 3.3.1.1. Community First Responders must ensure that any vehicle used for responding duties is road legal.

- 3.3.1.2. It is the responsibility of the Community First Responder to confirm that their vehicle is taxed and insured to cover volunteering, and they hold a valid and in date driving licence for the volunteering activity they have committed to.
- 3.3.1.3. Most insurance companies will cover volunteers at no extra cost on their motor insurance policy. Should a CFR be charged a premium to cover volunteering the Trust will pick up this cost to a limit of thirty pounds. A valid receipt will be required from the insurer for this to be payable.
- 3.3.1.4. All volunteers must drive in a manner which is in accordance with the Road Traffic Act and the Highway Code.
- 3.3.1.5. No exemptions from the Road Traffic Act or the Highway Code are available for Community First Responders.
- 3.3.1.6. Community First Responders are not permitted to use blue or any other warning lights or sirens when responding on behalf of SECAmb
- 3.3.1.7. Community First Responders are not permitted, neither insured, to transport a patient in their own vehicle
- 3.3.1.8. Only signage approved by the Trust can be used on cars for the purpose of responding.
- 3.3.1.9. Community First Responders may only respond to patients in a class B vehicle.
- 3.3.1.10. The Trust will not be responsible for any parking or traffic offences occurred whilst the CFR is responding on behalf of the trust.
- 3.3.2. Trust owned / leased vehicles
- 3.3.2.1. Community First Responders responding/driving in Trust owned / leased vehicles must undertake an initial driving assessment as per the Trust's Driving Procedure.
- 3.3.2.2. If the trust vehicle is fitted with blue lights or emergency warning devices the CFR must not use these whilst driving.
- 3.3.2.3. Community First Responders must comply with Trust rules and regulations regarding Trust owned / leased vehicles.
- 3.3.2.4. Community First Responders should ensure that if they breakdown in a Trust vehicle, that the Trust must be informed immediately and follow the relevant breakdown procedure.
- 3.3.2.5. Vehicles supplied by the Trust to Community First Responder teams will be subject to a periodic review to ensure they are being used appropriately.

3.3.2.6. The Trust reserves the right to relocate / remove a Trust owned / leased vehicle from a Community First Responder team.

3.4. Public Awareness

- 3.4.1. The Trust supports volunteer Community First Responders promoting their role within their local communities and places of work.
- 3.4.2. Community First Responders must request permission from the Trust prior to creation of any item, equipment, or clothing with the Crown Badge.
- 3.4.3. Literature and promotional materials must be approved by the Trust's Communications department prior to going to print.
- 3.4.4. Community First Responders are not permitted to affix or use green or blue warning lights / sirens on vehicles whilst representing the Trust.
- 3.4.5. Contact with representatives from the media must be co-ordinated through the Trust's Communications team.

3.5. **Public Liability**

- 3.5.1. Public Liability cover awarded to Community First Responders includes acting within scope of practice, promoting their role in the wider community, and demonstrating Cardio-Pulmonary Resuscitation and Automated External Defibrillator use.
- 3.5.2. The following activities negate the public liability cover for Community First Responders and must not take place in any circumstances at a public event:
 - Providing first aid event cover
 - Accepting donations of cash or cheques

3.6. Finance

3.6.1. <u>Fundraising</u>

- 3.6.1.1. All Community First Responders have the option to fundraise under the umbrella of the South East Coast Ambulance Service Charitable Fund (Charitable Fund).
- 3.6.1.2. When using the Trust's Charitable number all monies donated must be deposited to the Charitable Fund.

3.6.2. Purchases

3.6.2.1. Community First Responders are permitted to purchase equipment from their accounts held in the Charitable Fund. The charitable objectives of the fund are 'for any charitable purpose relating to the service provided by

- the South East Coast Ambulance Service NHS Trust within the National Health Service'.
- 3.6.2.2. All equipment purchased including defibrillators must be in line with trust governance and recommendation.
- 3.6.3. Reimbursement
- 3.6.3.1. No volunteer Community First Responder will be paid for their time.
- 3.6.3.2. Community First responders will be reimbursed for appropriate mileage and expenses incurred whilst carrying out volunteer duties in accordance with the Trust guidelines set out in Appendix E.

3.7. Code of Conduct

- 3.7.1. Community First Responders are required to act in a professional manner whilst carrying out any aspect of their volunteer role and in line with the volunteer agreement and handbook.
- 3.7.2. Community First Responders must treat patients, their relatives and colleagues with dignity and respect
- 3.7.3. Community First Responders must maintain patient confidentiality at all times.
- 3.7.4. Community First Responders must comply with the trusts IT, IG and social media polices and in line with the volunteer agreement that all CFRs sign.
- 3.7.5. Community First Responders must report to the Trust any impending or actual court proceedings being taken against them relating to any criminal offence and also any proceedings / fixed penalty notices for motoring offences likely to result in the accumulation of penalty points or a driving ban.

3.8. Reward and Recognition

- 3.8.1. Community First Responders will not receive a salaried payment but may claim expenses, for example fuel whilst acting in their role as a CFR.
- 3.8.2. The Trust is committed to valuing the contribution of Community First Responders and will implement a structured set of recognition initiatives for Community First Responders, as set out in Appendix F.

3.9. Complaints Issues and Concerns

3.9.1. Where there is a complaint or issue raised about a Community First Responder a Community Resilience Team staff led investigation will take place, if required supported through the Trust's complaints team.

- 3.9.2. Investigation outcomes range from identifying additional support, mentoring or training for a volunteer through to withdrawal of the volunteering rights, depending on the nature of the issue identified.
- 3.9.3. Community First Responders will always be given the opportunity to share their version of events.
- 3.9.4. The Trust reserves the right to standdown a CFR and choose not to dispatch a Community First Responder whilst an investigation is ongoing. This may be for the protection of the CFR and/or patients.
- 3.9.5. The Community Resilience Team will endeavour to deal with a complaint, issue, or concern with 30 days, however this may not be possible; for example, if witnesses are not available or people are on annual leave.
- 3.9.6. All complaints, issues and concerns raised by a CFR or Chaplain will be submitted to the Community Resilience Team for investigation. Any that are sent direct to the CEO or Chairperson will be passed directly back to the Community Resilience Team for initial Investigation.

3.10. **Termination**

- 3.10.1. The role of Community First Responder is voluntary and may be terminated by either the Trust or the volunteer without notice.
- 3.10.2. Volunteers who choose to leave the network will be given the opportunity to explain their reasons for leaving.
- 3.10.3. All equipment belonging to the trust, including ID card, communications device and uniform must be returned once a CFR has left, the trust.

4 Responsibilities

- 4.1. The **Trust Board** acknowledges the positive effect on patient outcomes achievable by a well-managed and effectively governed Community First Responder network and is committed to providing support for this group of volunteers.
- 4.2. The **Chief Executive Officer** has ultimate responsibility for volunteer Community First Responders.
- 4.3. The Executive **Director of Operations** is responsible for the implementation of this policy.
- 4.4. The **Company Secretary** is responsible for the dissemination and review of this policy through the process outlined in the Policy on Policies.
- 4.5. The **Head of Community Resilience** is responsible for:
- 4.5.1. The creation of governance arrangements for Community First Responder schemes

- 4.5.2. Monitoring and reporting on compliance
- 4.5.3. Designing improvements based on staff and CFR feedback
- 4.5.4. Assessing and evaluating the impact of this policy and its dependent documentation
- 4.6. **The Medical Directorate** is responsible for:
- 4.6.1. Defining the model of care and scope of practice of Community First Responders
- 4.6.2. Advising on the frequency of re-assessments for clinical competence
- 4.7. The Trust's Medical Directorate are responsible for advising on the exemptions which can be offered to Community First Responders who are existing healthcare professionals
- 4.8. The **Recruitment Team** is responsible for
- 4.8.1. Advertising Community First Responder vacancies
- 4.8.2. Supporting interview and assessment centre arrangements
- 4.8.3. Carrying out all compliance checks for Community First Responders
- 4.9. The **Head of Fleet and Logistics** is responsible for ensuring that any Trust owned / leased vehicles used by Community First Responders are compliant with Trust needs and current legislation
- 4.10. **Community Resilience Leads** are responsible for ensuring that Local CFR adhere to their responsibilities within this Policy
- 4.11. **Community Resilience Managers** are responsible for the line management of the Community Resilience Leads and administrative staff.,
- 4.12. Community First Responder Senior Team Leaders (STLs) are responsible for the support, engagement and liaison with CFR Team Leaders
- 4.13. **Community First Responder Team Leaders** (CFRTLs)are responsible for their CFR teams
- 4.14. **Community First Responders** are responsible for following the guidance within the volunteer handbook and agreement

5 Monitoring

- 5.1. A schedule of compliance will be implemented and monitored by the Community Resilience Managers.
- 5.2. CFR team-based data will be monitored quarterly and reported to Community Resilience Team by Community Resilience Managers for the following assurances:
- 5.2.1. New starters have completed an induction
- 5.2.2. Active Community First Responders have been trained and educated to the required standard
- 5.2.3. Vehicle details are current and up to date
- 5.2.4. CFRs are attending team meetings and booking on for duty for the minimum hours required (4 hours per week, 20 hours per month or 60 hours over a 3 month period)
- 5.2.5. Leavers have been identified to Community Resilience Team for removal from Trust systems
- 5.3. Community Resilience Leads will develop remedial action plans where non-compliance is identified.
- 5.4. The Community Resilience Team will conduct a quarterly audit of the central repository of training records for the following assurances:
- 5.4.1. Clinical training including re-qualifications, have been completed by each Community First Responder and is up to date
- 5.4.2. Statutory and mandatory training recorded on SECAmb Discover has been completed by Community First Responders
- 5.5. Resourcing will produce a quarterly update for Voluntary Services comprising data on Community First Responder applications received, and the proportion who completed shortlisting, interview and compliance checks.
- 5.6. Community Resilience will carry out sample audits to include driving licences, identity cards, records management, and DBS renewals.
- 5.7. Community Resilience will undertake a compliance review monthly to ensure all CFRs remain compliant and up to date.
- 5.8. A quarterly summary of results, impact and analysis will be submitted to the Director of Operations, for information, and for action where relevant.
- 5.9. Any non-compliance or deviation from this policy which results in an adverse outcome for a patient will be dealt with in accordance with the Incident Reporting Procedure.

6 Audit and Review

- 6.1. This policy will be reviewed every three years or sooner if new legislation, codes of practice or national standards are introduced.
- 6.2. The Head of Community Resilience is responsible for reviewing this Policy.
- 6.3. An annual audit of this Policy will take place to confirm:
- 6.3.1. That it is relevant and up to date
- 6.3.2. That any changed practices or processes are reflected
- 6.3.3. That references to documentation, including policies and procedures and web-based sites are current and up to date
- 6.4. Where required, the Head of Community Resilience will re-draft this Policy and submit the amended document to the Trust's governance process for policy ratification.

7 Equality Analysis (extract from the Policy on Policies)

- 7.1. 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.
- 7.2. 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.

8 Associated Documentation

- 8.1. Driving Policy and Procedure
- 8.2. Health and Safety Policy
- 8.3. Incident Resourcing Deployment Management Standard Operating Procedure
- 8.4. Volunteer Agreement
- 8.5. Incident Reporting and Investigation Manual

8.6.	Managing Safeguarding Allegations Policy and Procedure
8.7.	Lone Worker Policy
8.8.	Observer Procedure
8.9.	Procedure and Guidance for Supporting Transgender Staff and Service Users
8.10.	Recruitment & Selection Policy
8.11.	Risk Management Strategy and Policy
8.12.	Scope of Practice and Clinical Standards Policy
8.13.	Social Media Policy
8.14.	Stress Policy
9	References
9.1.	Charity Commission – South East Coast Ambulance Service Charitable Fund http://beta.charitycommission.gov.uk/charity-search/?q=south+east+coast
9.2.	Disclosure and Barring Service https://www.gov.uk/government/organisations/disclosure-and-barring-service

Highway Code

9.3.

Appendix C: Community First Responder Statutory and Mandatory Training Programme

- Information Governance
- Mental Capacity
- Infection Prevention and Control
- Equality and Diversity
- Health, Safety and Welfare
- Fire Safety Awareness
- Safeguarding Adults
- Safeguarding Children
- Moving, Handling and Back Care
- Conflict Resolution
- Prevent

Appendix D: Community First Responder Clothing Guidelines

Community First Responders responding to patients on behalf of the Trust must adhere to the following principles.

- When responding from home or on a Trust vehicle full uniform as provided by the Trust (incl. boots) must be worn.
- If responding during work a minimum of a high vis jacket, boots and ID card must be worn when attending a call.
- When attending a GoodSAM call it is recognised that you may be in home clothing without the above uniform but would recommend carrying your ID card and where possible book on with EOC on route to the alert. It would be in the best interest of the CFR to let the EOC know they attended the GoodSAM incident in any case.
- Clothing must be clean and well presented Clothing provided

2 x Red Polo Shirts

2 x Pairs of black Combat Trousers

1 X High visibility jacket

1 x pair of shoes/boots

Appendix E: Mileage Guidelines

Community First Responder Mileage Expense Claims Information

The table below provides information on the claims that can be made for mileage by Community First Responders. Travel expenses are difficult to estimate correctly at the beginning of each financial year, and a timely submission of claims will greatly assist us with budgeting appropriately.

Item	Additional Information
Attending incidents	The last 4 digits of the incident number and the date of the journey should be included
CFR training course(s)	Available for course delegates, and volunteer mentors and assessors who have been asked to attend to support course delegates.
Health Clearance appointments	Any face-to-face health appointment with Optima as part of the initial clearance process, including follow up immunisations / blood tests
Collecting consumables and medicines	CFRs can claim mileage for visits to station to collect consumables and medicines
Meetings where attendance is requested by CFR Managers / Community Resilience Team	Includes Team Leader / Senior Team Leader meetings, & interviewing CFRs alongside staff
Training Events where attendance is requested by CFR Managers / Voluntary Services	Examples include re-certifications, CPD
Occupational health referral	For existing CFRs with a subsequent referral necessitating a face-to-face appointment
Events where attendance is requested by CFR Managers / Voluntary Services	Promotional public facing events in conjunction with the Trust, e.g., Brighton Pride / Annual Members Meeting
PAD Site Checks	CFRs can claim for mileage when checking PAD sites for the trust.

Appendix F: Recognition Structure

Reward & Recognition Structure for Community First Responders

This list comprises both past and current reward and recognition initiatives

Event / Action	Frequency			Remarks
Survivors Event	Annual	•	CFRs are recognised alongside staff for patient survivors	
Awards Ceremony	Annual	•	Long Service Awards at 5,10, 15 & 20 years Chief Executives Commendation Clinical Excellence Volunteer of the Year	Eligible categories
Volunteers Week	Annual	•	Initiated in 2015	Examples are a certificate of appreciation / badges / use of Weekly Bulletin
Compliments	Irregular	•	Letter along with compliment sent on behalf of Chief Executive Officer by Patient Experience team	
Thank You Letters	Irregular	•	As and when CFRs have an achievement to celebrate	Extend to letters from Exec for clinical excellence / for a long-time commitment
Christmas	Annual	•	Cards	

Appendix G: Definitions

CFR – Community First Responder

Volunteer members of their community who are trained by the Trust to respond to emergency calls. They will always be backed up by a Trust resource.

CPD – Continuing Professional Development

These can range from being invited to learn more about mental health, diabetes, or sepsis to learning where equipment is on an ambulance.

DBS - Disclosure and Barring Service

The Disclosure and Barring Service checks prospective volunteers for convictions, cautions reprimands and warnings which are relevant to the regulated activity being carried out. For Community First Responders these checks are the same as for staff. Checks are enhanced and prevent unsuitable people from working with vulnerable groups, including children.

Community First Responder Team Leader

Each CFR team has a team leader who is responsible for communicating with the Trust on their behalf, and who maintains the evidence of compliance which may be inspected by a local CFR Lead

Appendix H

Equipment List for CFRs

Community First Responder Standard Load List

Please note not all consumables will fit into the red bag and some consumables may need to kept in a safe place until required

Responder Kit		
Towel Roll	1	
Prep Razor		
Colour Coded Airways - Size 2 (If authorised to		
use)		
Colour Coded Airways - Size 3 (If authorised to	2	
use)		
Colour Coded Airways - Size 4 (If authorised to	2	
use)		
Large Conforming	2	
Small Conforming	2	
No 3 Dressing	3	
Clinical Waste Bag	4 4	
Patients own Green medication bag		
Surgical Hand Gel		
Sterile Non-Woven Swabs		
Triangular Bandage		
Adult Peak/Child flow mouth piece (If authorised to		
use)		
Paediatric peak flow mouth piece will be re-		
introduced when appropriate		
Tape	2	
Tough Cut Shears	1 2	
Safety glasses		
Over boots		
FFP3 Mask		

Disposable aprons	4		
Non rebreathing 98% mask adult single			
Non rebreathing 98% mask paediatric single			
28% Venturi mask			
*Adult Nebuliser mask	2		
*Child Nebuliser mask			
(Reintroduced when Salbutamol is reinstated)			
Adult BVM (Change with attending crew if			
required) (Must be authorised to use)			
Paediatric BVM (As above) (Must be authorised to			
use)			
Manual Suction Unit	1		
Saline Solution sachets	4		
Gloves – Power Free – Latex Free	1box		
Instant Kool Packs	2		
Medi swabs	1box		
Vomit bowel	2		
Incontinent pads	4		
Braun thermos scan P2000 covers (Must be	1box		
authorised to use)	2		
10ml syringe for BVM mask inflation	1		
Pen torch (Must be authorised to use)			
Medication			
Aspirin 300mg As per Meds SOP			
Salbutamol 2.5mg As per Meds SOP			
Oxygen Cylinder (On a 1 for 1 basis) apart from	1		
new recruits			
AED and Kit			
AED IPAD SP1	1		
LIFE PACK 1000/	1		
2x sets of Adult Life Pack quick Combo Electros	2		
ITEMS ORDERED VIA VOLUNTARY SERVICES OR CFR			
ORDER FORM IF REQUIRED	1 nor		
IPAD Adaptors supplied via Voluntary Services	1 per unit		
Motronomos (VS) OR SURRUED TO NEW	uiiit		
Metronomes (VS) OR SUPPLIED TO NEW CFRs FROM May 2019 (Request information			
from CPL			
Pulse oximeters (VS **As above			
AEDs for CFRs (VS) **As above			
Tympanic Thermometers (VS) **As above			
Kit Bags (VS) **As above			
Stethoscopes (VS) **As above			

Sphygmomanometer (VS) **As above

Cardiac Science G3 Electros ordered via standard order form

Cardiac Science G3 Batteries ordered via standard order form

IPAD Batteries ordered via standard order form

