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24th February 2026
Internal Reference: 260223
Email:

Dear ,

Thank you for your request for information, which we received on 18/02/2026.
We have considered your request under the Freedom of Information Act 2000.
Please ensure you quote the Internal Reference number above in any future correspondence.

Your Request

Please provide the following information about any volunteer/community responder schemes your Trust dispatches and/or clinically governs (e.g., Community First Responders/CFRs/Community Responders/co-responders, including partner schemes where the Trust controls dispatch criteria and/or clinical governance).

Definitions / scope:

“Responder” means unpaid volunteers responding under a structured scheme associated with the Trust (not employees on duty).

Please answer for the current position (latest SOP/policy versions) as at the date you process this request.

I am not requesting any personal data about individual responders.

Where you hold the information in documents (SOPs, PGDs, equipment lists, training manuals), please provide the document(s) and (if possible) indicate the relevant section/page, along with the publication/most recent update date.

If any item is not held, please state “not held”.

1. Scheme overview



1) The name(s) of your volunteer/community responder scheme(s) and the role levels (e.g., CFR / enhanced CFR / co-responder / other).

2) Current headcount of active responders, by role level if applicable.

3) The general use of responders in your trust (Time Critical Calls only, or Non urgent calls too?)

2. Dispatch criteria and call types

4) The dispatch/mobilisation criteria (CAD rule set / SOP / policy) for responders, including:
a) any maximum distance/ETA thresholds used (if held), and
b) key exclusion/stand-down criteria (e.g., violence, hazardous scenes, RTC/entrapment, weapons, etc.).

5) Please provide the most granular call-type list you hold showing what responders may be dispatched to (e.g., AMPDS codes, disposition/problem code sets, pathway names).

If held as a table/list, please provide as CSV/Excel.

If you do not hold a single list, please provide the relevant dispatch SOP that defines eligible incident types.

6) Please indicate whether responders can be dispatched to: trauma, falls, mental health/behavioural, paediatrics, maternity, suspected stroke, suspected chest pain/ACS, respiratory distress, seizures, and welfare/lift-assist. If you could outline the broad groups your volunteer responders attend I would be grateful.

3. Scope of practice – observations and interventions

7) A list of observations/vitals responders are permitted/expected to record (tick-list acceptable), including whether they can take/record: BP, HR, RR, SpO₂, temperature, blood glucose, pain score, GCS/AVPU, and whether they can capture any ECG rhythm strip (if applicable).

8) A list of any clinical assessments/examinations responders are permitted to perform (if defined), e.g. primary survey, focused respiratory/chest assessment, neuro screening, wound assessment, etc. (SOP reference acceptable).

9) A list of interventions responders are authorised to perform, by role level if applicable (tick-list acceptable), including (where relevant): CPR/AED/defib; airway adjuncts (including type)/BVM ventilation/suction; oxygen therapy; haemorrhage control (dressings/tourniquet/haemostatic gauze if used); wound/burns care; assisting with patient's own medicines; and any other enhanced skills relevant to your scheme.

4. Medicines

10) The list of medicines responders are issued to carry and/or authorised to administer or assist with, by role level if applicable. For each medicine, please include (if held in a simple form) the route and the governance mechanism: PGD / PSD / "assist with patient's own" / clinician direction.



11) Please provide the current responder-relevant PGDs/PSDs (or equivalent medicines authorisation documents) and any responder-specific medicines management policy sections governing storage/carrying/administering.

5. Equipment / kit contents

12) The itemised equipment inventory issued/approved for responders (kitbag contents), by role level if applicable. Official kit checklist/stock list document preferred; CSV/Excel if held.

6. Vehicles and response exemptions

13) How responders typically travel to incidents (own vehicle / Trust vehicle / on foot / partner vehicle) and whether mileage/expenses are reimbursed (yes/no is sufficient).

14) Whether any responders are permitted to use vehicles fitted with blue lights and/or sirens, and/or claim any road traffic law exemptions while responding. If yes, please provide:

- a) the relevant policy/SOP, and
- b) which responder role levels are authorised and what training/authorisation is required (high-level summary acceptable).

7. GoodSAM (or alternatives)

16) Whether you use GoodSAM for volunteer/member of public response. If yes, please specify:

- a) which GoodSAM function(s) you use (e.g., OHCA alerting, AED registry, video triage, etc.),
- b) which responder groups are activated (CFRs only vs wider clinicians/public),
- c) what incidents trigger activation (OHCA only vs other), and
- d) the typical geographic/ETA parameters (radius/distance/ETA thresholds) if held.

If you do not use GoodSAM, please state what alerting platform you use instead (if any).

Formal Response

Scheme Overview

1. All patient-facing volunteer schemes currently operate under a single role level of Community First Responder. In addition, we have a pilot scheme utilising a subset of Community First Responders who operate similarly to Community First Responders but using a marked trust vehicle with emergency warning devices, these are identified as Emergency Responders.

2. Most recent data (December 2025) shows 287 active Community First Responders.



3. Responders are used to support any category of emergency call.

Dispatch criteria and call types

4. This is included within the Trust Dispatch Standard Operating Procedure available which is here: <https://www.secamb.nhs.uk/wp-content/uploads/2024/09/Dispatch-Standard-Operating-Procedure.pdf>

The relevant section is paragraphs 11.16 to 11.33 on pages 17 to 19.

5. Please refer to the Dispatch Standard Operating Procedure (see previous question four).

6. Please refer to Dispatch Standard Operating Procedure (see previous question four).

Scope of practice

7. This is included within the Trust Scope of Practice and Clinical Standards Policy. A copy is available here: <https://www.secamb.nhs.uk/wp-content/uploads/2024/08/Scope-of-Practice-Clinical-Standards-Policy-V13.pdf>

The relevant section is Appendix A (pages 14 – 24).

8. Please refer to the Scope of Practice and Clinical Standards Policy (see previous question seven).

9. Please refer to the Scope of Practice and Clinical Standards Policy (see previous question seven).

Medicines

10. Please refer to the Scope of Practice and Clinical Standards Policy (see previous question seven).

The relevant section is appendix M (pages 32-37).

11. Responders do not utilise Patient Group Directions. All medicines are administered utilising the monographs within the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines which are subject to copyright and therefore cannot be shared. However, please note these are accessible from the publisher, Class Professional.

Equipment/kit contents

12. The standard load list for CFRs is attached.

Vehicles and response exemptions

13. CFRs respond in their own vehicles and mileage expenses are reimbursed.

14. Emergency Responders (currently operating through a pilot evaluation scheme) are permitted to respond under emergency conditions in a marked Trust vehicle only. They are required to comply with the Trust's Driving Standards Policy (including completing the Level 3 Certificate in Emergency Response Ambulance Driving). The policy is available here: <https://www.secamb.nhs.uk/wp-content/uploads/2024/09/Driving-Standards-Policy-Procedure-and-Emergency-Driving-and-the-Law.pdf>

GoodSAM (alternatives)

15a) GoodSAM is utilised by the Trust for out- of-hospital- cardiac- arrest (OHCA) alerting only.

15b) At present, registered governed responders on the app are alerted – this includes CFRs, Trust staff and verified members of the public.

15c) OHCA only is triggered.

15d) The alerting radius is 600m.

Next steps

Some information held by the Trust is routinely published on our [website](#) and may be of assistance.

If you are dissatisfied with the Trust's response to your request, you have the right to ask for an internal review.

Requests for an internal review should be submitted within **40 working days** of the date of this response and should be sent to:

Richard Banks, Head of Corporate Governance at FOI@secamb.nhs.uk

The internal review will be conducted by an individual who was not directly involved in handling your original request, ordinarily the Trust's Data Protection Officer. We aim to complete internal reviews within **20 working days** of receipt.

If you remain dissatisfied following the outcome of the internal review, you may complain to the Information Commissioner's Office (ICO). The ICO generally expects complaints to be raised promptly following the completion of an internal review.

The easiest way to raise a complaint is via the ICO's website:

www.ico.org.uk/foicomplaints



Alternatively, you may write to:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
SK9 5AF

Yours sincerely,

Corporate Governance Team
South East Coast Ambulance Service NHS Foundation Trust



Saving Lives,
Serving Our Communities

Chair: Michael Whitehouse CEO: Simon Weldon