

FIRST RESPONDER CODE OF PRACTICE & CONDUCT

*Information to assist the Volunteer attending a
call on behalf of CFRAT*

WHAT TYPE OF INCIDENTS WILL YOU ATTEND?

COMMUNITY 1ST RESPONDERS takes the health, safety and welfare of all of its volunteers very seriously, particularly those that are classed as 'lone workers' and this includes CFR's. In addition, both research and experience has shown that CFR's are particularly effective for certain types of call.

Therefore a list of the types of both suitable and unsuitable incidents for CFR's are listed below. These lists are not exhaustive and your attendance at any incident is subject to the individual circumstances at the time, with the ultimate decision to despatch always remaining with the Northern Ireland Ambulance Service (N.I.A.S.).

Incidents NOT Attended

- Fire incidents
- Known violent incidents
- (Unless a Police presence is in attendance)
- Industrial incidents involving chemicals or gases
- Obvious Suicides
- Known mental health problems
- Road traffic collisions
- Maternity and gynaecological incidents

Incidents Attended

- Collapse of known or unknown cause
- Cardio-respiratory arrest
- Respiratory emergencies
- Cardiac emergencies
- Neurological emergencies
- Other medical emergencies

Keeping Safe

Whilst problems are relatively rare, entering strange places and situations can present real dangers to both responders and emergency crews due to a combination of factors including unfamiliar surroundings, persons present, general environment etc. Therefore, the number one priority before attending any incident is your own personal safety and security and this should remain so regardless of the circumstances.

Danger can present itself in many forms including bystanders, relatives, the patient, traffic, environment, animals, chemicals to

name but a few. So you must ensure that you continually make both audible and visual observations as you approach the incident and throughout.

- If you feel that it is not safe to attend the incident (i.e. a crowd outside the house etc) then simply drive past, park up at a safe distance, out of sight from the scene and inform N.I.A.S. of the situation immediately.
- N.I.A.S. will notify the attending ambulance resource and the Police if necessary.
- Await further instruction from N.I.A.S. and never be tempted to return back to scene without prior clearance from the Police, N.I.A.S. or the ambulance resource.

Remember To:

- **Look** – Can you see any potential hazards?
- **Listen** – Can you hear anything of concern?
- **Think** – Is it truly safe to approach?
- **Act** – Only approach when you are certain that it is safe.

When Assessing A Scene Consider:

- Yourself – will approaching place you in danger?
- The Scene – Is the scene safe?
- The Patient – Can you safely assess and treat the patient?

CFR Scope of Practice

The CFR scope of practice versus professional scope of practice in respect of relevant indemnity.

When responding in the CFR capacity, it is essential that each responder adheres to the scope of the CFRAT service ensuring at all times that only the skills taught and assessed on the CFR training program can be deployed, however if an individual CFR has a professional qualification and is currently registered to practice under their Professional Body, they can utilize their additional clinical skills as need dictates in the circumstances under the 'Good Samaritan' act, however this will NOT be indemnified (insured) by NIAS and the individual concerned is solely responsible for ensuring that their professional body will provide the required level of indemnity. At this point the responder will NO LONGER be volunteering in the capacity of a CFR and this must be explained to the client, their family and where appropriate other relevant personnel in attendance.

Entering Premises

- After you have been greeted at the door introduce yourself by saying 'Community 1st Responder, how may I help?'
- Invite the person who greeted you to 'Lead the way' try not to let them get behind you as this may place you in danger if the person has an ulterior motive.

- If possible, keep an escape route open and say 'may we leave the door open as the ambulance will be here soon' if necessary state that you will close the door, however simply leave it on the latch so that it can be opened quickly and easily from both the outside and inside.
- Try to make a mental note of doors that you have come through to aid a rapid escape if needed. Many houses are large and/or with a complex layout compounded by the fact that all of the doors may be the same style and colour which may cause confusion in the event of a rapid escape being required.

As mentioned previously, problems at scene are relatively rare, however your personal safety should be your number one priority at all times, so if at any time you become uncomfortable with the situation politely but firmly say '

I am just going back to the car to get some extra equipment' this can then provide you with an opportunity to get out of the house, back to the car, and drive off.

Once at a safe distance (out of direct vision of the incident), immediately inform N.I.A.S. of what took place so that they can make the ambulance crew aware of the problem and call for police assistance if necessary. In true emergency situations, it may be necessary for you to use the 999 system and inform the ambulance call taker who you are.

Remember that situations constantly change dangers may present at any time, so be prepared to withdraw if necessary.

POST INCIDENT SUPPORT

Due to the very nature of pre-hospital emergency work, there are going to be times when you may attend a call that will potentially have lasting effects for you personally. The ambulance service takes the welfare of all its emergency staff very seriously and aims to address any problems with speed and effectiveness.

Signs That An Incident May Be Troubling You Include:

- Insomnia (trouble sleeping)
- Reduced appetite
- Increased dependence upon alcohol, tobacco or other substances
- Constant recurring thoughts about the incident
- Questioning your actions/ongoing uncertainty about an incident

This list is by no means exhaustive as everyone will deal with stress in different ways.

You must be aware that whilst certain incidents can be extremely emotive by their very nature, it is often the smaller less obvious ones that can cause problems over time.

Requesting and requiring support is not a weakness and is something that is fully available to you from both the ambulance service and specialised external services.

Support may take the form of:

- Talking to family or friends
- Contact office manager/committee member re sign posting
- Talking to a member of the ambulance service
- Talking to a trained counsellor
- Talking to you own GP

Obviously any discussions surrounding particular incidents must respect confidentiality at all times with no personal identifying information being shared.

You may also wish contact your co-ordinator who will also be aware of the procedures to follow should further support be required.

Asking for and receiving support is not a sign of weakness. It is a natural part of the role and is healthy

PATIENT COMMUNICATION

The Art of Communication

Effective patient communication is arguably one of the most important yet complex skills that anybody can have within pre-hospital care. Whilst certain elements can be taught, the majority rely upon natural abilities and experience gained throughout our everyday lives.

Therefore, here are some simple guidelines regarding communicating with patients:

- Always use a calm approach (voice and body language): people under stress will often have a heightened state of anxiety with a raised voice and erratic, rushed movements. Talking to them in a calm and controlled manner will help alleviate any stress and allow you to gain control of the situation
- Respect personal space: everybody's personal space boundaries are different and there is no ideal distance. So be mindful not to initially 'crowd' a patient and if possible, kneel down so that you are speaking at eye level as this is deemed less threatening.
- Use non-verbal techniques: such as smiling, open body language and appropriate gestures

- Always apply due respect to the cultures, values and beliefs of the patient.
- Try to pronounce names correctly: if unsure, ask the patient or relative. If the name is unknown then use sir or madam as appropriate.
- Try to avoid over familiarity with the patient and relatives.
- Introductions: introduce yourself, your role and explain your action.
- Try to use open questions: such as 'How can I help?' 'Where does it hurt?' 'Can you describe the pain for me?' Most successful questioning techniques rely upon a mixture of both open and closed (yes/no) questioning and will vary considerably between patients.
- Give patients time to answer: do not be tempted to finish sentences off for them.
- If a medical or other condition has an adverse effect upon the patient's speech capabilities, then you can ask a relative or bystander but be mindful to always include the patient in your conversation and never talk over or ignore them.
- Remember that initially patients may be anxious, frightened, confused or even aggressive, however good communication techniques can very often overcome these hurdles and afford you the trust to effectively assess and treat the patient.
- Never assume who people are in relation to a patient, always ask!
- Language or cultural barriers may hinder communication, so if possible use reliable relatives or bystanders to translate.

- Be aware that it may take longer for some patients to fully understand things, this is particularly applicable to those with learning difficulties, the elderly, the young or patients who have suffered a stroke etc.

“The single biggest problem in communication is the illusion that it has taken place.”

PATIENT CONSENT

Sometimes patients appear to make decisions concerning their health, safety and welfare that may seem at direct odds with what others may consider as 'sensible', including relatives, bystanders and professionals helping them. However it must be borne in mind that in the majority of circumstances every person has a right to refuse treatment or reject offers of help and any unlawful enforcement against the patient's wishes may be in direct contravention of the law.

Some points to remember:

- A patient may refuse treatment at any time, even if you have previously commenced treatment/provided help
- All treatment/assessment procedures should be explained clearly so that the patient can make an informed choice
- Relatives may express a view but cannot directly give legal consent in most instances. If there are any issues surrounding this, then you must contact the EOC immediately

- It is permissible to act without consent for unconscious patients or those in cardiac arrest. However, again be mindful of the concerns/thoughts of relatives/bystanders and any increased risk providing treatment may cause if they deem it unnecessary or against their wishes
- Whilst relatives generally cannot legally refuse a responder delivering care, they may become aggressive if you do not stop when asked. In these circumstances, if you feel at risk, withdraw and inform the EOC
- Attempts to treat a conscious patient when consent is not given may lead to conflict and may even instigate a charge of physical assault.

A person (adult or child) is deemed as competent when:

- They are able to understand and retain the information relating to the decision about their care, i.e. the type, reason and possible consequences of the proposed treatment, as well as the consequences of not having treatment.
- They are able to use this information to consider whether or not they should consent to the treatment offered.
- They are able to communicate their wishes.

PATIENT CONFIDENTIALITY

Patient confidentiality is treated very seriously within any field of healthcare and everybody involved in patient care has a duty under law to observe and respect that.

To remain both compliant and within the law, follow these simple rules:

- Any information provided to you as a responder is confidential and must be treated as such at all times
- You must never disclose confidential information to others (i.e. relatives, neighbours, bystanders, the press etc). Whilst this may potentially raise some issues with concerned relatives/friends, the patient's confidentiality must be respected and you may have to highlight this to the relative/friend.
- You may only hand over confidential information to the next person who will be directly responsible for the patient's care (e.g. ambulance crew). Remain mindful of the presence of others when undertaking any handover.
- Any information documented on a report form should also be handed over as above.
- Schemes are not permitted to keep or share any confidential details, regardless of the circumstances, nor are you permitted to disclose confidential information to your own relatives, friends etc.

Confidentiality is a legal right and we all have a duty to respect that. How would you feel if your GP discussed your medical file with your neighbours?

INFECTION CONTROL

Effective infection control procedures are vital in the provision of the safe and effective treatment and management of any patient to provide protection to both patient and carer. Just take a moment to consider if you would be happy to be treated by someone who has just been to the toilet yet failed to wash their hands after? The germs have to go somewhere!

Therefore a few simple rules should be followed:

- Keep cuts and grazes covered at all times.
- Maintain good personal hygiene at all times.
- Keep nails short and clean.
- Ensure that your hands are washed thoroughly after patient contact or if this is not possible, the use of an antibacterial hand rub.
- All clinical waste should be disposed of in a yellow clinical waste bag and passed to crew for disposal. **It must never be placed in domestic rubbish!**

- Consumables are for single patient use only and should not be re-used (these will be highlighted throughout your course)

Using gloves

Latex free disposable gloves are one of the main infection control measures used when directly treating a patient, but should always be complemented by good hand cleansing techniques such as washing and anti-bacterial rubs.

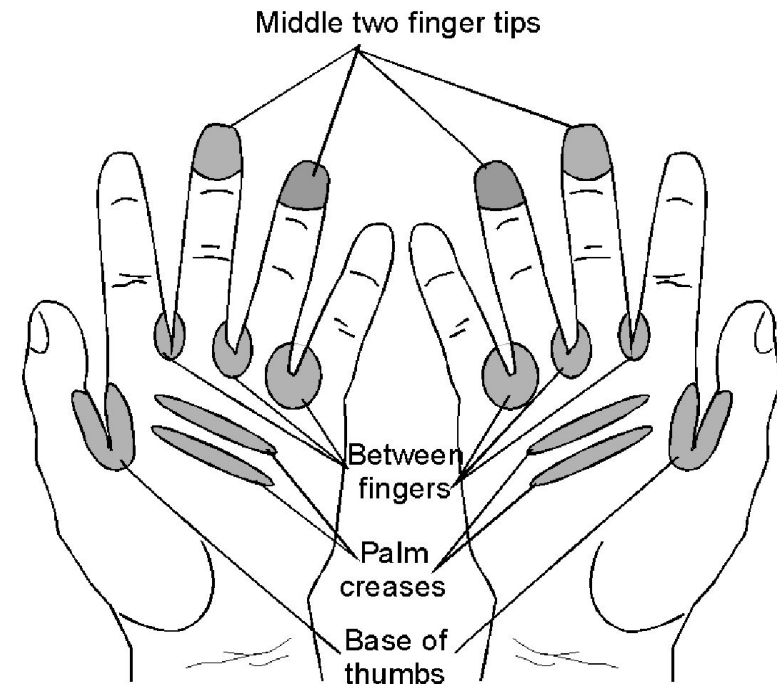
When to Wear Gloves

- Most gloves used within emergency care simply act as a protective barrier and are not sterile; therefore all attempts must be made to keep them as clean as possible before patient contact.
- Never wear gloves to or from an emergency, particularly where you have to touch other objects including steering wheels, door handles/latches etc.
- Only put gloves on once you are at the patient's side.
- If potential contact with blood, body fluids, secretions, excretions, the exception being perspiration.
- When in contact with patients under isolation precautions.
- If you are in contact with patients with obvious skin abrasions.

- If the patient is not socially clean.

The Use of Gloves

- Wearing gloves is not a substitute for hand hygiene
- Gloves should only be worn as single use items
- Gloves should be put on beside the patient
- Apply alcohol hand rub before putting on gloves (if possible)
- Change gloves between patients and between dirty and clean procedures on the same patient
- Hands must always be decontaminated after removal of gloves
- Gloves must be disposed of as clinical waste (yellow bag)
- Do not wash or use alcohol hand rub on gloves
- Wear gloves for the minimum period possible, ideally for periods no greater than 20 minutes at a time
- Frequent use increases risk of sensitisation so appropriate use of gloves is recommended.



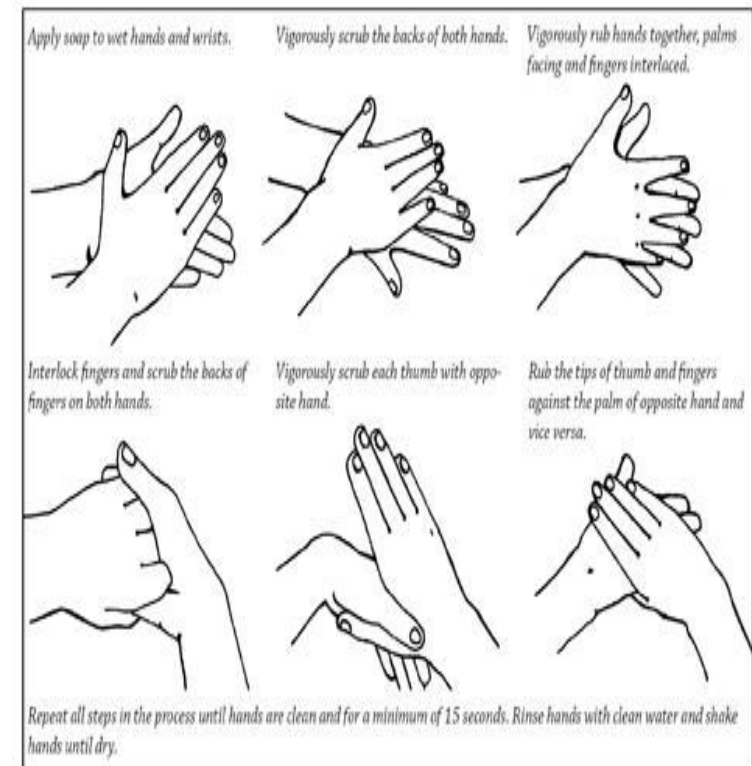
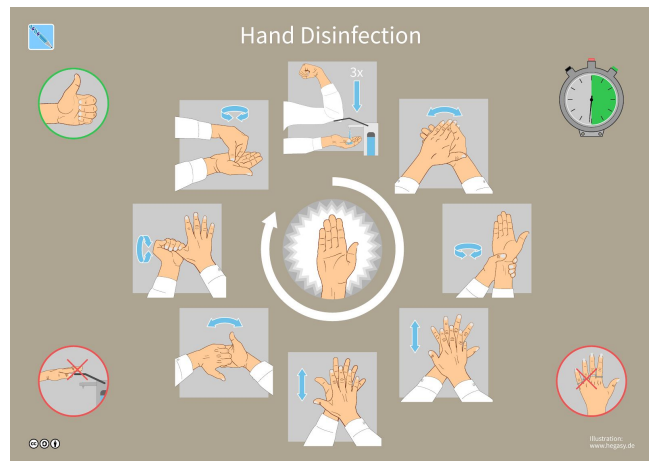
Effective Hand Washing

Technique is more important than the solution used. An effective hand washing technique involves 3 stages:

- Preparation,
- Washing & Rinsing and
- Drying.

When hands are washed in a hasty manner certain areas tend to be missed. The diagram below highlights the areas of skin that are commonly missed during poor hand washing.

1. Apply soap to wet hands and wrist.
2. Vigorously scrub the back of both hands.
3. Vigorously rub hands together, palms facing and fingers interlaced.
4. Interlock fingers and scrub the back of fingers on both hands.
5. Vigorously scrub each thumb with opposite hands.
6. Rub the tips of thumbs and fingers against the palm of opposite hand and visa versa.
7. Repeat all steps in the process until hands are clean and for a minimum of 15 seconds.
8. Rinse hands with clean water and shake hands dry.



Hand Washing Diagram

VULNERABLE ADULTS AND CHILDREN

Traditionally ambulance staff (including responders) are viewed with a high regard, a level of trust and often seen as 'the good guys' by many members of the public. This often allows us access to areas of people's lives that they would otherwise keep hidden from others.

As a result this may lead us to witness things that we could deem worthy of highlighting to others due to varying concerns.

Responders are never sent to known cases of abuse and/or neglect; however your unique position as being the first to arrive at scene may place you into a situation whereby you experience something that may raise concern.

So what constitutes 'abuse'?

- **Physical:** such as slapping, kicking, rough handling, neglect, shaking, throwing etc
- **Emotional/Psychological:** such as humiliation, harassment, intimidation, bullying etc
- **Financial/Material:** such as theft, fraud or misuse of a person's money or property etc
- **Neglect:** such as withholding care and treatment or failing to meet basic everyday needs.
- **Sexual:** such as rape (male & female), indecency, sexual harassment, any form of sexual activity (contact or non contact) without informed consent

- **Discrimination:** such as victimisation, physically/verbally abusing someone, racism, ageism, sexism (gender and orientation), disability.

Where does abuse occur?

The short answer is literally anywhere. At home, nursing or residential care, hospitals, public places, school or work place are all potentially vulnerable places.

Who abuses?

Again this can be answered very simply, absolutely anyone. The abuser may be family, friends, neighbour/tenant, paid staff, volunteers, other service users or strangers.

Signs Of Non-accidental Injury (NAI) In Children

Children are not the only members of society at risk; however they are very commonly abused due to the ease of control, physical size and naivety.

Therefore, when either treating a child or witnessing another, always be suspicious of the following potential indicators of NAI which may indicate possible abuse:

- Bruising to/around the soft parts of the ear: possibly from slapping?
- Black eye(s): possibly caused by direct trauma or a blow to the bridge of the nose?
- Suspicious patterns of bruising: possibly from finger marks or objects?

- Abnormal areas of bruising: particularly on the stomach, chest, back etc.
- Bruising at different stages of healing: possibly from repetitive abuse
- Torn fraenum (inside of the mid upper lip): possibly from a forced feeding bottle?
- Frozen awareness: does the child have a frozen look but follows your every move?
- Burn marks: possibly from irons, cookers etc
- Cigarette burns: maybe at various stages of healing
- Scalds with an inconsistent/unclear history
- Bite marks: anywhere on the body and possibly at various stages of healing.

Actions to be taken in the event of raised suspicions

If you have a cause for concern for any patient (regardless of age) that they may be subjected to abuse, neglect etc, you have a duty to report that as soon as possible.

To assist you with this, here are some guidelines:

- Never raise your concerns with anybody connected to the patient (family, friends, work colleagues etc) this also includes the patient themselves.
- Ask to speak to one of the ambulance crew, in private, as soon as is convenient.
- When speaking to crew members please remain mindful of open windows and doors of both properties and vehicles where sound may easily travel to the occupants inside.

- Should you be unable or forget to speak to the crew, then you must contact N.I.A.S. immediately and raise your concerns. All voice traffic both in and out of N.I.A.S. is recorded and stored and what you say may well act as crucial evidence later.
- Never discuss your concerns with any of your family members, friends etc. If you feel that you wish to talk to somebody, then contact N.I.A.S. who will arrange for support and assistance to be provided straight away.
- Be prepared that you may have to make a statement to either the ambulance service and/or the police about the incident. However, full support and guidance would be provided throughout these processes.
- Please be mindful that incidents of this nature are extremely rare (approximately 0.25% of calls) and will not be a regular occurrence in your role as a CFR.

MANUAL HANDLING

It should be made completely clear from the outset that responders are neither permitted nor expected to be directly involved in the manual handling/moving of patients, or operating patient handling equipment without appropriate training. Any injury that occurs as a result of moving/lifting patients, without appropriate training, will be entirely at the responder's own risk.

RESPECT FOR OTHERS

Respect and treat with dignity and fairness, the public, patients, relatives, carers and partners in other agencies. I will not unlawfully discriminate against, victimise or harass against anyone

on grounds of their gender, marital/civil partnership status, sexual orientation, community background, political opinion, religious belief, race, age disability, family status, whether or not they have dependents or are persons who have undergone, are undergoing or intend to undergo gender reassignment.

I will not use my position to receive, agree to accept or attempt to obtain any financial or other advantage for doing, or not doing, anything or showing favour, or disfavour, to any person.

I will participate in training and personal development required by CFRAT and take responsibility for the achievement of the competence essential for your role, in line with organisational requirements.

Etiquette

Each responder will be respectful, courteous, helpful and supportive to the client, family members, NIAS personnel, other professionals and their CFR colleagues at all times while acting on behalf of the CFRAT service – thus upholding the high standards of the service at all times.

If a responder is found to be in breach of this clause by acting in a manner that could potentially offend clients, intimidate, humiliate or undermine fellow responders or in any way discredit the service, they will be subject to a formal disciplinary process with potential significant consequences such as suspension or dismissal.

OTHER CFR GROUPS

There is a possibility that you may attend calls where another CFR group is in attendance. In these situations the following has been agreed:

1. Where at least two responders have arrived from one CFR Group and at least one of these is equipped with an AED the other CFR Group can stand down.
2. Where at least two responders have arrived from one CFR Group but none of these responders are equipped with an AED, if the other CFR Group have an AED they should remain on scene, otherwise they can stand down.
3. Where only one responder has arrived from each CFR Group then they will work together as per their training to assist the patient. The first CFR on scene should complete the PRF.

It should be noted that all responders regardless of which group they belong to should be treated as per our RESPECT FOR OTHERS section. If you feel this courtesy is not being reciprocated whilst attending one of these calls please report the incident at your earliest convenience.

BECOMING A RESPONDER

Initial CFR Training

In order to become a Community First Responder (CFR) you must complete our CFR Training Course which will consist of training

evenings and workbooks followed by a Scenario Based Assessment. During this training you will also need to complete an Enhanced AccessNI check. Once you have completed all this you will be kitted out with the appropriate equipment and you will be an Active Community First Responder with our group. As an active responder you will be added to NIAS text messaging services, CFRAT WhatsApp and Slack Group.

AccessNI

Initial AccessNI Application

An Enhanced AccessNI check is carried out on all trainee Responders in order to become a Community First Responder. Please review the following link which explains what an Enhanced AccessNI checks is:

<https://www.nidirect.gov.uk/articles/types-accessni-checks>

To complete the initial Enhanced AccessNI check, Trainee Responders will be required to bring the following documents in person to one of our AccessNI Signatory or Counter-signatories:

- Your drivers licence and 1 other form of Photo ID.
 - No photocopies.
- Two Utility Bill
 - showing your name and address,
 - dated within the last 12 months.
 - We accept online print outs of your bills.
 - If you do not have a utility bill a Bank Statement is acceptable.

Our AccessNI Signatory or Counter-signatories will inspect and take a photo of all the documentation provided. Photos will focus on Trainees Name, Address, Issuing Company and the date all other information will not be recorded. These photos will be taken by the Office Smart Phone and photos will be stored in accordance with our [Access NI storage & handling Policy](#). During this time a trainees photo will also be taken for the purposes of the Responders ID. All this is usually completed during Week 1 of CFR Training.

Continuous AccessNI Checks

Active Responders are required to apply for an Enhanced AccessNI check annually. CFRAT will send reminders to responders via email when their AccessNI is due.

Failure to complete your Enhanced AccessNI check in a timely manner will result in a responder being stood down. Said Responder will be given the option to either go On Leave or Retire from the Responders.

Responder Assessment

Upon completion of the CFR Training Course and associated workbooks Trainee Responders will complete a Scenario Based Assessment to become an Active Community First Responder. All Responders are required to complete a Scenario Based Reassessment and Workbook biannually.

Responders will be contact via the CFRAT Slack Group when their assessment is due and Information regarding assessment will be posted on the #reassessments channel.

Any responder who lets their biannual Scenario Based Reassessment and Workbook laps over 12 months will be stood down as a responder. Said Responder will be given the option to either join the waiting list for CFR Training and complete the Initial CFR Training again or to Retire from the responders.

Group Practice

Upon completion of the initial CFR Training Course, responders will be placed into groups. These groups will be based on your location and will generally have 10 responders per group. Each group will meet bimonthly (every 2 months) to practice different scenario. These practice evening will be scheduled by CFRAT and each responder group will be contacted through the CFRAT Slack Group about the night allotted to them to practice. Confirmation of attendance is required. If a responder cannot attend their designated scheduled practice evening then alternative nights will be offered with a different group. All practice evening must be supervised by at least one of our CFR Trainers who will be there to guide responders on different scenarios, correct technique and to answer any questions a responder might have.

Group Practice will be made available to Active and On Leave Responders. Group Practice is not mandatory but is highly recommended as it is at these practice evenings you can practice assessment scenarios.

On Leave - Inactive Responder

If an Active Responder wishes to stop responding to calls for a period of time they can be marked as "On Leave". To be an On Leave Responder, you will be required to continue with your biannual Scenario Based Reassessment and Workbook. AccessNI checks will be put on pause while a responder is On Leave but to become an Active Responder your AccessNI will need to be up to date. On Leave Responders will be removed from the NIAS Alert text messaging service and any associated WhatsApp groups but will remain on the CFRAT Slack Group and their details will be retained by CFRAT. Finally, On Leave responders will have to return any equipment issued including their Responder ID to CFRAT. Please note that upon returning to Active Responder duty you may not receive the same bag or equipment your were originally equipped with.

On Leave Responders can continue to support CFRAT through any fundraising or medical cover events and will remain part of our community group.

Retired Responders

Retired Responders will be removed from the NIAS Alert text messaging service, any associated WhatsApp groups, the CFRAT Slack Group and their details will be removed from CFRAT database. Finally, Retired Responders will have to return any equipment issued including their Responder ID to CFRAT.

Change of Detail

Responders must keep CFRAT updated of the following information:

- Current Phone Number
- Current Email Address
- Current Home Address
- Medical Leave (for example pregnancy, injury which could affect your abilities)

Change of Address

In the case of a change of address, please note that this may bring a responder outside of our area of coverage and may mean that said responder can no longer be a responder for our group. If this is the case please be aware that you will have to retire from our responder group. With a Retired responders approval CFRAT will forward their details to the NIAS Resuscitation Team who will direct you to another CFR group, if one exists, that you may wish to join.

If your change of address is within our borders we will require that you show CFRAT 2 utility bills with your name and the new address stated on it. This is required for your annual AccessNI checks.

Medical Leave

Please let CFRAT know ASAP if you feel you are unfit to fulfil your duties as a Community First Responder. This will result in said

responder being placed On Leave unless otherwise requested by the responder.

DECLARATION

I will;

- Respect patient, client and staff confidentiality;
- Not use social media to share information about the patients/incidents to whom/which I respond
- Comply with all relevant organisation policies in relation to the use of information associated with my role and in particular with reference to the personal use of social networking sites.
- Adherence to the Code is an integral part of a 1st responders responsibility during their time with the Organisation.
- The behaviour of Responders should reflect the organisation's mission and values at all times.
- Responders must not use their privileged position to neglect, harm, abuse or exploit patients or their families.
- Responders should familiarise themselves with the contents of the Code and should act in accordance with the principles set out in it.

SIGNED: