



Registered Charity 1092333

Hart First Response

Safety & Suitability of Premises Policy

Title: Safety & Suitability of Premises Policy
Filename: Safety and Suitability of Premises Policy.doc
Pages: 6
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Approved by: HFR Executive Committee
Issue 1: 06/01/11
Review Date: 06/01/14

1. Summary

- 1.1. Hart First Response (HFR) is committed to providing our patients and service users with excellent clinical care, together with safe and efficient ambulance transport if required. In the context of the Care Quality Commission, premises is so defined as to include vehicles, so that HFR's ambulances are defined as premises.
- 1.2. The HFR Executive Committee accepts its responsibility for the effective management and performance of HFR in providing safe and suitable premises, the Exec will ensure that:
 - This policy is integrated into the wider organisational governance;
- 1.3. Outcome 10 of the 'Essential standards of quality and safety' published by the Care Quality Commission (CQC) in March 2010 provides prompts to providers on how to demonstrate compliance with Regulations. This policy contains a series of statements on how HFR meets the required outcomes defined by the CQC.

2. Related Policies, Procedures and Acts

The Health and Social Care Act 2008 (regulated Activities) Regulations 2010.
The Road Vehicles Lighting Regulations 1989
Road Traffic Act 1988

3. Responsibilities

- 3.1. The Executive Committee is responsible for the effectiveness of this policy. They will therefore monitor performance of HFR in respect of its response to all issues regarding the provision of safe and suitable premises, including ambulances.
- 3.2. The Chair is the Executive lead responsible for ambulances.
- 3.3. All volunteers have a responsibility to read and understand this policy.

4. Ensuring that the vehicles are adequate (Outcome 10A)

- 4.1. As a registered charity providing first aid and ambulance cover at local public events the vehicles used are judged to be fit for purpose by the Executive Committee. As a registered charity entirely reliant on donations HFR has to operate second hand vehicles. When a replacement vehicle is required, these are carefully selected and vetted prior to purchase.
- 4.2. It should be noted that HFR ambulances are not routinely used for on-road transport of either non-emergency or emergency patients, rather they are used as locations at which



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First Aid or Ambulance Aid can be provided at public events. As part of civil contingency planning HFR may be called upon to support other local services.

- 4.3. HFR has sought independent expert advice on the provision of fire fighting equipment on board its ambulances from Richard Thorpe Fire Safety Services. Fire fighting equipment is inspected on a pre-event basis as part of the vehicle checking process and maintained annually by Richard Thorpe Fire Safety Services.
- 4.4. HFR provides detailed guidance in the vehicle folders on the actions required to deal with fires involving medical gases.
- 4.5. The vehicles protect the right to privacy and dignity by being fitted with highly tinted glass and in certain instances with window blinds.
- 4.6. All HFR ambulances are fitted with Ferno trolley cots which are fitted with cot restraints and safety belt systems which are subject to annual inspection and maintenance by the manufacturer Ferno (UK) Ltd.
- 4.7. HFR ambulances have sufficient space for the purposes for which they are required. 4x4 vehicles intended for rescue work off road in difficult environments need to be small and hence will to a certain degree be cramped and provide little spare accommodation for accompanying persons or personal belongings.
- 4.8. At a minimum lighting, heating and ventilation systems are provided as per the original vehicle manufacturer's specification. These systems are maintained in a working condition.
- 4.9. HFR operates second hand vehicles and as such these may not comply with the requirements of the Disability Discrimination Act 1995. As ambulances are upgraded these requirements will be considered.
- 4.10. HFR ambulances are cleaned in line with HFR's Infection Control Policy. This should ensure that the ambulances are free of preventable offensive odours. All ambulances are provided with means of fresh air ventilation such as windows, doors and vents, and as such these can be used to maintain an internal atmosphere that should be acceptable to patients.
- 4.11. Where possible HFR will review and implement any new guidance on ambulances provided by expert bodies. To ensure that HFR remains abreast of new guidance it holds subscriptions to specialist ambulance publications such as 'Ambulance UK' and 'Ambulance Life', receives MHRA alert messages and attends ambulance related trade shows and conferences.
- 4.12. The safety of persons using the ambulance is a key concern of HFR and its volunteers. Training is used to ensure that patients are kept safe whilst on board the ambulance, such as the use of safety belts, loose equipment is tied down where possible, pinch points identified, and trip hazards marked.
- 4.13. HFR ambulances all contain sufficient space for a relative, carer or friend to be able to accompany a child patient safely.



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4.14. The inspection, maintenance and calibration of all equipment (including specialist equipment and medical gas cylinders) carried on-board the ambulance is described in HFR's Medical Devices Policy.

5. Leading and managing ambulance related risks (Outcome 10B & 10O)

5.1. HFR use the services of Smiths Medical Ltd to inspect and maintain medical gas equipment on an annual basis

5.2. HFR use the services of Medical Gas Solutions Ltd to inspect, test and maintain medical gas cylinders.

5.3. HFR are registered with the MHRA to receive alerts relating to medical devices.

5.4. HFR has a Waste Management Policy.

5.5. HFR is registered with the Environment Agency (PCDGN5413ZB) as a professional collector and transporter and dealer /broker of controlled waste. This is also relevant to Outcome 10D.

5.6. HFR has an arrangement with Fleet Medical Centre for the disposal of clinical waste. This is also relevant to Outcome 10D.

5.7. HFR has a separate COSHH policy.

5.8. It should be noted that the CEN standard, or BS EN 1789:2007 - Medical Vehicles and their Equipment - Road Ambulances, is a voluntary standard and as such is not a legal requirement. The Executive Committee will where possible (and suitable to HFR's operational requirements) take due notice of this standard and any subsequent amendments when purchasing replacement vehicles. (Outcome 10O).

5.9. It should be noted that there is no mandatory requirement for existing ambulances to be upgraded to BS EN 1789:2007.

5.10. HFR maintains suitable fully comprehensive insurance on all ambulances including emergency transport, evidence of this is held in the insurance file. (Outcome 10O)

5.11. HFR has a Driving Policy to document the requirements for non-emergency, emergency and off-road drivers as well as guidance on vehicle operation. (Outcome 10O)

5.12. Emergency lighting fitted to Ambulance will be in compliance with Schedule 16 of The Road Vehicles Lighting Regulations 1989.

6. Security (Outcome 10C)

6.1. The only relevant premises that HFR operates from are ambulances. HFR normally has no control over the 'grounds' around an ambulance, although care will be taken to select an appropriate and safe position where possible.

6.2. Ambulances are fitted with manufacturers locking systems.



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- 6.3. Operation of ambulances at events by first aiders and ambulance aiders is covered by risk assessments.
- 6.4. The risk of harm due to unauthorised access to vehicles whilst patients and crew are on-board is judged to be as low as is reasonably practicable (ALARP) for the nature and places of work that HFR performs. This risk assessment will be modified if the nature of HFR's work changes.
- 6.5. There are no special security arrangements due to the in-community aspects of the provision of ambulance based care. An operational ambulance has a minimum crew of two persons.
- 6.6. HFR uses training of its volunteers to protect the personal possessions of people who are using services.

7. Maintenance (Outcome 10D)

- 7.1. All ambulances are subject to an annual MOT test.
- 7.2. At a minimum, ambulances are serviced in accordance with manufacturer's instructions.
- 7.3. The HFR Executive Committee keep under review the serviceability, function and specification of HFR's ambulances with respect to the needs of service users, any relevant guidance issued and legislation.

8. Emergency Procedures

- 8.1. HFR provides guidance in each vehicle folder for the ambulance crew on how to handle different categories of emergency, including, but not limited to:
 - Accident
 - Breakdown
 - Fire

9. Policy Consultation

This policy has been circulated to the HFR Executive and Medical Advisor for consultation.

The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

10. Dissemination

Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the policy placed by a member of the Exec on the member's section of the website: www.hartresponse.org.uk

11. Monitoring of Compliance and Effectiveness

Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from



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incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive.

Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

12. Implementation

The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.

13. Archive Statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

14. References

- Outcome 10, Essential standards of quality and safety, Care Quality Commission, March 2010.
- BS EN 1789:2007 - Medical Vehicles and their Equipment - Road Ambulances
- The Road Vehicles Lighting Regulations 1989



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Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	Y	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	Given the nature and type of vehicles that HFR use, access by a person using a wheelchair will not be possible. In this event it is likely that assistance will be sought from the NHS ambulance service if required.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.