



Hart First Response

Scope of Practice Policy

Registered Charity 1092333

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1. Introduction

- 1.1. Hart First Response (HFR) has a range of roles from Observers to Doctors. Each group is required to meet standards set by the organisation internally and by external bodies. The scope of practice for ambulance aiders and paramedics is set by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) in addition to this paramedics must be registered with and meet the 'Standards of conduct, performance and ethics' and the 'Standards of proficiency' of the Health Professions Council (HPC).
- 1.2. HFR requires a document that clearly sets out the scope of practice expected of all identified roles dependent on their level of training and education.
- 1.3. Scope of practice defines the boundary within which an identified role can operate. It describes the procedures, actions and processes that are expected of each identified role.
- 1.4. When referring to scope of practice this document specifically means the scope of practice expected of each identified role in HFR.
- 1.5. The scope of practice documents (see appendices) identify the core responsibilities, skills and drug responsibilities for each identified role in HFR. However this does not entitle anyone to practice skills or use drugs for which they have not received valid appropriate training.
- 1.6. The purpose of this policy is to state the role and responsibilities of each identified role within HFR.

2. Related Policies, Procedures and Acts

- The Health and Social Care Act 2008 (regulated Activities) Regulations 2010.

3. Responsibilities

- 3.1. The Executive Committee is responsible for the effectiveness of this policy.
- 3.2. The Hon. Sec. is the Executive lead responsible for Scope of Practice.
- 3.3. It is the responsibility of each individual to ensure that they are able to fulfil the scope of practice for their role. Where they are unable to do this it is their responsibility to seek advice, guidance and additional training to enable them to meet the required standard.
- 3.4. It is the responsibility of HFR to provide training, education and support to enable each individual to meet the required standard.



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4. Guiding Principles

4.1. The specific skills and drug responsibilities for each identified role can be found in the appendices. However there are guiding principles and standards of proficiency that relate to all volunteering on behalf of HFR.

4.2. Accountability

All HFR volunteers must:

- Practice within the legal and ethical boundaries of their work role.
- Practice in a non-discriminatory manner.
- Maintain confidentiality and obtain informed consent.
- Exercise a duty of care.
- Know the limits of their practice and knowledge and know when to seek advice and guidance.
- Maintain their level of knowledge and their fitness to practice.
- Undertake self-directed learning using reflection to improve their practice.
- Undertake development in order to maintain skills and knowledge in line with developments and changes in the role.

4.3. Relationships

All HFR volunteers must:

- Know the personal scope of their practice and be able to make referrals where appropriate.
- Be able to work, where appropriate, in partnership with other professionals, patients and their relatives and carers.
- Work effectively as part of a multi-disciplinary team and in partnership with other professionals.
- Understand the need for effective communication throughout the care of the patient. This may be with client or user support staff, with patients, clients and users, and with their relatives and carers.

4.4. Identification and assessment of health and social care needs

All HFR volunteers must:

- Be able to gather appropriate information
- Be able to use appropriate assessment techniques
- Be able to analyse and evaluate the information collected

4.5. Knowledge, understanding and skills

All HFR volunteers must:

- Know the key concepts related to their level of clinical practice.
- Understand the need to establish and maintain a safe practice environment.



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5. Competence

5.1. In order to practice in any of the roles described in the appendices, the volunteer must have completed an approved programme of education and training.

5.2. In addition to work at the level of paramedic and above, clinicians must be registered professionals with the appropriate body for their role.

6. 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.

7. 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

8. 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 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.

9. Implementation

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

10. Archive Statement

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

11. References

- Outcomes 4 and 6, Essential standards of quality and safety, Care Quality Commission, March 2010.
- Scope of Practice Policy, South East Coast Ambulance Service NHS Trust, November 2008.
- Joint Royal Colleges Ambulance Liaison Committee (JRCALC)
- Institute of Health Care Development paramedic manual
- Institute of Health Care Development technician manual



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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	N	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)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
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.



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Appendix 2: First Aider

Responsibility
<p>Provide first aid in a pre-hospital setting</p> <p>Follow relevant HFR procedures</p> <p>Follow guidance in First Aid Manual</p>
Skills
<p>Primary & Secondary patient assessments</p> <p>Resuscitation:</p> <ul style="list-style-type: none"> • BLS to current RCUK guidelines, Adult, Child, Infant • Use of pocket mask • Automated External Defibrillation (where trained) <p>Taking & basic interpretation of basic observations</p> <ul style="list-style-type: none"> • Pulse • Colour • Respiratory Rate • Capillary refill • AVPU / simplified version of the GCS <p>First Aid</p> <ul style="list-style-type: none"> • Assist patients with use of own medications • Administration of medications • Minor injury / ailment assessment, and treatment in line with the current edition of the First Aid Manual • Application of adhesive wound closure strips • Recovery Position • Assist with patient immobilisation • Employ the principles, kinetics and current best practice when moving and handling patients utilising all manual handling equipment. • Comply with HFR's current policies on Infection Prevention and Control and Waste Management <p>Complete Healthcare Record</p> <p>Able to assess, treat, refer or discharge as appropriate</p>
Drugs
As listed in Appendix 5



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Appendix 3: Ambulance Aider

Responsibility
Provide first aid and ambulance aid in a pre-hospital setting Follow relevant HFR procedures Follow guidance in First Aid Manual and JRCALC
Skills
Primary patient assessment, including:- <ul style="list-style-type: none"> • Auscultation, Percussion and Palpation Secondary patient assessment Resuscitation: <ul style="list-style-type: none"> • BLS to current RCUK guidelines Adult, Child, Infant • ILS to current RCUK guidelines Adult, Child, Infant (where trained) • Pocket Mask • Bag, Valve, Mask • Oropharyngeal Airway • Nasopharyngeal airway • Laryngeal Mask Airway • Use of manual and battery powered suction • Use of ventilator Taking and interpretation of basic observations: <ul style="list-style-type: none"> • Pulse • Respiratory Rate • Automatic Blood Pressure • Manual Blood pressure • Capillary refill • Oxygen saturation • BM • GCS • Temperature First Aid & Ambulance Aid skills <ul style="list-style-type: none"> • Minor injury / ailment assessment, and treatment in line with the First Aid Manual • Assessment and treatment of medical and trauma emergencies inline with JRCALC guidance • Administration of medications • Application of adhesive wound closure strips • Recovery Position • Spinal and head injury clearance • Patient immobilisation including collars, logroll, long board, DED, orthopaedic scoop stretcher and vacuum mattress. • Application of splintage, including SAM, Box, traction and pelvic splints • Application of tourniquet • Assist patients with use of own medications • Employ the principles, kinetics and current best practice when moving and handling patients utilising all manual handling equipment. • Comply with HFR's current policies on Infection Prevention and Control and Waste Management • ECG 3 lead acquisition and diagnosis • IM injections



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• Complete Healthcare Record Able to assess, treat, refer or discharge as appropriate
Drugs
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Appendix 4: Doctor

Responsibility
Provide medical care in a pre-hospital setting
Skills
Primary patient assessment, including:- <ul style="list-style-type: none">• Auscultation• Percussion• Palpation Secondary patient assessment, including:- <ul style="list-style-type: none">• Advanced neurological, respiratory, cardiac, and abdominal assessment skills.• Advanced Head, Ear, Eye, Nose and Throat Assessment. Resuscitation: <ul style="list-style-type: none">• Advanced life support (current RCUK guidelines) – Adult, Child, Infant, Newborn• Adult / Paediatric Intubation• IV and IO cannulation• Needle thoracocentesis• Needle Cricothyroidotomy• Manual defibrillation• ECG 3 or 12 lead acquisition and diagnosis• IM injections• External jugular vein cannulation• Fluid therapy Able to assess, treat, refer or discharge as appropriate General: <ul style="list-style-type: none">• Comply with HFR's current policies on Infection Prevention and Control and Waste Management Complete Healthcare Record
Drugs
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Appendix 5 Drug Administration Summary

Key	Colour
Able to administer if over 18 years of age	Yes
Can assist patient to self administer	Assist only
Not able to administer	No
Pending	

PHECT indicates Ambulance Aiders who hold the Pre-Hospital Emergency Care Technician qualification.

Name of Drug	Grade of Responder			
	Observer	First Aider	Ambulance Aider	Doctor
Epi-pen, Ana-pen	No	Yes	Yes	Yes
Adrenaline 1:1000	No	No	PHECT	Yes
Adrenaline 1:10000	No	No	No	Yes
Aspirin	No	Yes	Yes	Yes
Amiodarone	No	No	No	Yes
Atropine	No	No	No	Yes
Diazepam PR	No	No	PHECT	Yes
Entonox	No	No		Yes
Furosemide	No	No	No	Yes
Glucagon	No	No	PHECT	Yes
Glyceryl Trinitrate	No	Assist only	PHECT	Yes
Hypostop	No	No	PHECT	Yes
Oxygen	No	No	Yes	Yes
Paracetamol	No	Yes	Yes	Yes
Ventolin inhaler	No	Assist only	Assist only	Yes
Salbutamol	No	No	PHECT	Yes
Sodium Chloride 0.9% topical	No	Yes	Yes	Yes
Sodium Chloride 0.9% nebulised	No	No	PHECT	Yes
Sodium Chloride 0.9% IV	No	No	No	Yes
Sodium Lactate	No	No	No	Yes