



London Ambulance Service **NHS**  
NHS Trust

**Policy and Procedure on Ambulance Response in Circumstances of Close Relationships**

## **DOCUMENT PROFILE and CONTROL.**

**Purpose of the document:** To ensure that both vehicle crew staff and Emergency Operations Centre (EOC) Staff are aware of their responsibilities, as well as the practical steps they must take, in circumstances of vehicle crew staff being sent to individuals with whom they have a close personal relationship.

**Sponsor Department:** A&E Operations

**Author/Reviewer: General Manager Central Operations** To be reviewed by January 2020

**Document Status:** Final

<b>Amendment History</b>			
Date	*Version	Author/Contributor	Amendment Details
07/02/17	3.2	IG Manager	Document Profile and Control update
27/01/17	3.1	General Manager Central Operations	Minor amendments to S7 agreed by PMAG
25/01/17	2.6	IG Manager	Document Profile and Control update
19/01/17	2.5	General Manager Central Operations	Minor amendments, formatting.
18/01/17	2.4	Staff Officer to Deputy Director of Operations	Major amendments S4, S5 & S7
06/01/17	2.3	General Manager Central Operations	New copy ahead of review.
03/01/13	2.2	IG Manager	Document Profile and Control update
19/12/12	2.1	Assistant Director of Operations (South)	Minor adjustments following ADG review.
19/11/12	1.3	Chair AOM Group Assistant Director of Operations (West)	Review and minor additions Policy name change to close relationships. Equality analysis assessment.
9/7/12	1.2	Assistant Director of Operations (South)	Policy review
07/08/10	1.1	Assistant Director of Operations (South)	Added responsibilities
08/06/09	0.3	Assistant Director of Operations (South)	added monitoring and training; s. 5 Duty of Care to Patients
21/04/09	0.2	Assistant Director of Operations (South)	second draft
16/04/09	0.1	Assistant Director of Operations (South)	first draft

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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<b>For Approval By:</b>	<b>Date Approved</b>	<b>Version</b>
PMAG	26/01/17	3.0
ADG	19/12/12	2.0
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The Pulse (v3.2)	07/02/17	Governance Administrator	G&A
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<b>Equality Analysis completed on</b>	<b>By</b>
18/10/12	A&E Ops South
<b>Staffside reviewed on</b>	<b>By</b>

<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Version</b>
TP/003	Policy Statement of Duties to Patients	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

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## 1. Introduction

It is recognised that, on occasion, members of operational and Emergency Operations Centre (EOC) staff with use of a service vehicle or lease car may be required to provide an emergency response to individuals with whom they have a close relationship.

This policy and procedure sets out the Trust's requirements in such circumstances. It is aimed at protecting both the members of staff and the patient involved from personal conflicts, as well as ensuring consistent treatment for all patients.

## 2. Scope

The policy and procedure applies to all members of EOC staff, vehicle crew staff and others working on the Trust's behalf, for example as community responders.

Calls may be received via the 999 system but with changing technologies, staff may find out about the need for assistance by other methods. This policy applies to all types of calls in terms of EOC categorisation as well as the location of the call, i.e. whether it is at the patient's home or elsewhere.

## 3. Objective

To ensure that vehicle crew staff, EOC Staff and others working on the Trust's behalf are aware of their responsibilities as well as the practical steps they must take in circumstances of being sent as responders or providers of care to individuals with whom they have a close relationship.

## 4. Responsibilities

**Vehicle crew staff** are responsible for notifying EOC when it becomes apparent that a staff member has or is being sent as a responder or care provider to an individual with whom they have a close personal relationship.

**EOC** staff will ensure (as far as is practicable) that the next nearest and appropriately skilled resource is also dispatched to the call, once they have been notified that a staff member has or is being sent as a responder or care provider to an individual with whom they have a close personal relationship.

It is the responsibility of EOC to inform the nearest operational manager to contact the staff member concerned to ensure that staff welfare is appropriately met.

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## 5. Definitions

### 5.1 Close Relationship

It is not possible to be fully prescriptive on the term 'close relationship'. In the broadest sense, this is used to describe a patient whose relationship with the member of staff who is sent to treat that patient, is a partner, family member or extended family member. Other examples may include immediate work place colleagues. The term is also intended to cover close friends or persons with whom he/she has an emotional attachment. It is recognised that a relationship is unlikely to be known by EOC staff when the call is generated.

Staff should notify EOC and their local management team if there could potentially be concerns raised at any stage, either internally or externally, to the LAS regarding differential treatment to a patient because of a pre-existing relationship.

Where doubt may exist, staff are advised to seek advice from EOC, Clinical Hub or an appropriate operational manager.

## 6. Duty of care to patients

It is recognised that the Trust has a duty of care to patients to ensure that they receive a medical response in line with the identified call categorisation. Any consideration made under this policy and procedure must not delay the response to the patient or any subsequent treatment to, or transfer of the patient to an appropriate care pathway.

## 7. Policy / Procedure

### 7.1 Calls to EOC

Most operational emergency responses are normally initiated by direct access to EOC using the 999 system. Running calls and requests for assistance made by direct presentation to a member of staff or at Trust premises must be reported to EOC immediately and an event number will be generated for any such incident.

### 7.2 Vehicle Crew Staff

When a response is dispatched to a call and it becomes apparent that a responding staff member has a close personal relationship with a potential patient or individual at the call location, then, he or she should notify EOC immediately of this whilst continuing to the call or treatment.

### 7.3 EOC Staff

EOC staff will ensure (as far as practicable) that, in the case of a member of the ambulance crew alerting EOC of his or her relationship, the next nearest

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appropriately skilled resource is also dispatched to the call. In the case of a lone member of staff in an FRU or community responder calling, then an ambulance will be dispatched if this has not already been completed. The duty operations centre manager and the nearest operational manager must be informed.

#### 7.4 Other Matters

If a member of vehicle crew staff is on shift and is subsequently made aware of an incident involving someone with whom they have a close relationship, they may contact EOC to request to discuss welfare with an operational manager. The decision to stand the member of staff down for welfare reasons is then at the discretion of the operational manager.

Where permission is given by the operational manager, the staff member may travel to and be present at the patient's location – this will be in a personal capacity and not as a member of staff. The clinical responsibility remains with those formally dispatched to the call and specifically to the senior clinician on scene.

If a close personal relationship with a patient has been established, the associated member of staff must not use blue lights and sirens throughout the duration of the call; however, the vehicle on which the member of staff is working may be driven on blue lights and sirens by another member of staff with whom the patient has no close relationship. The alternative member of staff must perform all driving duties throughout the call. In the case of a solo responder, they must notify EOC of their relationship with the patient and EOC are to arrange, where reasonably practicable, alternative resources to attend the call and advise the nearest operational manager to collect the member of staff and convey them to the patient's address.

#### 7.5 At Hospital

When a patient has been conveyed to hospital or other medical establishment then, as soon as practicable and where appropriate, a member of the local management team will be asked to attend the hospital to act as a liaison point on behalf of the LAS and as a welfare contact for the member of staff concerned. The manager concerned should record and log notes of the circumstances of the call and any actions taken in regards to the matter.

#### 7.6 Documentation

All standard documentation, for example the LA4 ('patient report form'), and EOC logging must be recorded in line with the Trust's current policies and procedures.

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<b>IMPLEMENTATION PLAN</b>				
<b>Intended Audience</b>	All Operational staff and managers, EOC staff and managers and other clinical staff working on behalf of the Trust.			
<b>Dissemination</b>	Available to all staff on the Pulse and to the public on the LAS website.			
<b>Communications</b>	Revised policy and procedure to be announced in the Routine Information Bulletin with link to Policy on Pulse.			
<b>Training</b>	Staff to be made aware of Policy through RIB  To be included in Training Course materials.			
<b>Monitoring</b>	Local managers to monitor that the Policy is being applied appropriately.			
<b>Aspect to be monitored</b>	Frequency of monitoring AND tool used	Individual/team responsible for carrying out monitoring AND committee / group where results are reported	Committee/group responsible for monitoring / outcomes / recommendations	How learning will take place
<b>Approval Process</b>	To be routinely reviewed three yearly, or sooner if need presents.	Information Governance, Information Governance Group	Risk Compliance and Assurance Group.	Any changes will be documented in a new version of the policy and procedure for approval by PMAG. It will then be announced in the RIB