



London Ambulance Service **NHS**
NHS Trust

First Responder Policy

DOCUMENT PROFILE and CONTROL

Purpose of the document: is to be an overarching policy which directs all relevant staff to more detailed policies/procedures. It should therefore be read in conjunction with all of the policies/procedures listed in this document.

Sponsor Department: Central Operations

Author/Reviewer: Head of First Responders. To be reviewed by September 2019

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
23/10/17	3.8	IG Manager	Document Profile & Control update and formatting
05/09/17	3.7	Operational Business Change Manager	Minor amendment to S.8.1 for ARP implementation
01/02/17	3.6	IG Manager	Document Profile & Control update and correction
24/01/17	3.5	First Responder Manager	Amendments following DDO comments
06/10/16	3.4	Head of First Responders	Updated implementation plan, amendments including updating of Standard Operating Procedures
28/04/16	3.3	Head of First Responders	Amendments
02/10/12	3.2	IG Manager	Document Profile & Control update
26/09/12	3.1	Ambulance Operations Manager – First Responders	Minor amendments following approval
06/09/12	2.4	IG Manager	Document Profile & Control update
30/08/12	2.3	Ambulance Operations Manager – First Responders	Updated implementation plan, amendments including updating of Standard Operating Procedures
06/08/10	2.2	Ambulance Operations Manager and Head Records Management	Revised monitoring section and addition of Appendix 5
18/06/10	2.1	Ambulance Operations Manager and Head Records Management	Additions to sections 4.5, 7.3, 13.3, Imp. Plan Monitoring, and App.1.
31/03/10	1.7	Ambulance Operations Manager	Amendments
24/12/09	1.6	Ambulance Operations Manager	Following feedback and early review
13/02/09	1.5	Head of Records Management, Records Manager	Minor amendments, formatting, number sequencing
14/01/09	1.4	Ambulance Operations Manager	Amendments

18/11/08	1.3	Head of Records Management & Ambulance Operations Manager	Amendments
12/11/08	1.2	Head of Governance	Amendments following CGC ratn.
31/10/08	1.1	Head of Governance	Amendments following SMG approval
03/10/08	1.0	Ambulance Operations Manager – CFR Management, CFR Programme Manager, Head of Governance, Medical Director	

***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.

For Approval By:	Date Approved	Version
ADG	14/09/12	3.0
CQSE	18/06/10	2.0
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The Pulse	24/10/17 (v3.8)	Digital Media Officer	Comms
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The RIB	09/10/12	IG Manager	GCT
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EqIA completed on	By
22/03/10	First Responder Steering Group
Staffside reviewed on	By
	Staff side Representative

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Saving lives: Our Healthier Nation (DH 1999)	
	Taking Healthcare to the Patient: Transforming UK Ambulance Services (DH 2005)	

	The Role and Management Of Community First Responders (Healthcare Commission 2007)	
HS001	Health and Safety Organisation – Policy Statement	2.0
HS005	Manual Handling Policy	2.2
HS007	Personal Protective Equipment Procedure	2.1
HS011	Incident Reporting Procedure	4.1
HS012	Violence Avoidance and Reduction Procedure	4.2
HS016	Latex Policy	3.1
HS017	Lone Worker Policy	2.5
HS018	Stress Management Policy	3.1
HS021	Slips, Trips and Falls Procedure	2.2
	First Responder Steering Group Terms of Reference	
TP035	Risk Assessment and Reporting Procedure	4.1

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 or substantive.

1. Introduction

First responder schemes and public access defibrillation are widely recommended strategies to achieve more rapid defibrillation and thereby provide definitive treatment for victims of sudden out-of-hospital cardiac arrest. In July 1999 the Government set out a White Paper entitled 'Saving Lives: our healthier nation'. This paper focused on public access to early defibrillation and announced the government's intention to invest £2 million in siting Automated External Defibrillators (AEDs) in busy public places and training people in their use. The experience in London demonstrates that siting AEDs at high footfall locations can result in very short collapse to defibrillation times and a significant improvement in survival. AEDs are now more commonplace, although there are still many more opportunities for increasing access to defibrillation for those suffering an out-of-hospital cardiac arrest.

Whilst siting an AED at a high footfall location creates the greatest opportunity for a life to be saved by any single device, only 20% of sudden out-of-hospital cardiac arrests occur in a public place, therefore the provision of early defibrillation for cardiac arrest patients in their own homes remains a challenge. First responder schemes have existed for many years now, many of which began in rural locations where it is more difficult for an ambulance response to reach the patient in time to resuscitate them successfully. These schemes soon evolved into urban environments, thus improving the chances of these patients receiving an early response also.

All volunteer and co-responder schemes working in association with the London Ambulance Service (LAS) either directly or through partner organisations, will be included in this policy.

2. Scope

This policy is intended to be an overarching policy which directs all First Responder Schemes linked to the London Ambulance Service NHS Trust. Anyone or any organisation who responds on behalf of the London Ambulance Service with an AED, will be included in this policy. It should be read in conjunction with all of the policies/ procedures listed in this document.

3. Objectives

1. To describe the purpose of First Responders within the LAS
2. To define the role of First Responders
3. To describe the different types of First Responders
4. Operation and control of First Responders

4. Responsibilities

- 4.1 The **Chief Executive** has overall accountability for having an effective Operational and Risk management system in place and an effective system of internal control within the Trust. The day to day responsibility for risk and operational management is delegated to Nominated Directors.
- 4.2 The **Medical Director** has delegated responsibility for managing the strategic development and implementation of clinical management, clinical governance, and including infection prevention and control.
- 4.3 The **Director of Operations** has overall responsibility for core A&E Ambulance Operational Services
- 4.4 The **Deputy Director of Operations – Central Operations** has responsibility for the development of operational strategy in order to meet national performance and clinical targets.
- 4.5 **First Responder Steering Group** meets quarterly and has responsibility for deciding how First Responders operate and manage any changes or improvements in accordance with the Terms of Reference (Appendix 1). Membership of this group includes representatives from A&E Operations, the Patients Forum, Staff Side representative, Management Information, IM&T, Control Services, Medical Directorate and Patient and Public Involvement. It reports through to the Clinical Quality, Safety and Effectiveness Group.
- 4.6 The **Head of First Responders** has responsibility for the process of developing and establishing First Responder schemes throughout the LAS operational area and in the utilisation of first responders from partner organisations.
- 4.7 **Sector Delivery Managers (SDMs) and Group Station Managers (GSMs)** have responsibility for the day to day delivery of core services and any associated risks associated with community first responder schemes, including local induction emanating from both the LAS and its partner organisations
- 4.8 The **First Responder Manager** is responsible for the line management and leadership of volunteer first responders. Co-ordinating the pan-London planning and delivery of volunteer first responders in order to optimise patient care. Represent the Head of First Responders when required.
- 4.9 **Volunteer First Responder Co-ordinator** is a member of the responder scheme and is responsible for ensuring up to date records, arranging meetings, training and accurate contact information liaising closely with the LAS first responder co-ordinator on all aspects.

- 4.10 **Training Officers** from either the LAS or partner organisation must have a specific qualification to provide training for appropriate voluntary groups. At the end of the training course the students must be assessed by a different qualified training officer to the one carrying out the training.
- 4.11 **LAS Clinical Team Leaders** have the responsibility for supporting clinical practice of front line staff and volunteer responders. They will also provide feedback on the Clinical Performance Indicator (CPI) audit that they take from the LAS Patient Handover Record (LA4H).
- 4.12 **Emergency Operations Centre (EOC) staff** are responsible for identifying suitable incidents and activating the responders to these.
- 4.13 **Operational Staff** are responsible for the day-to-day delivery of core services. This includes Paramedics, Emergency Medical Technicians, Trainee Emergency Ambulance Crew, Emergency Ambulance Crew, Non-Emergency Transport Service and Patient Transport Services staff.
- 4.14 **First Responders** are responsible for following the guidelines issued by the LAS and reporting any changes to their capability to fulfil the role of First Responder safely
- 4.15 It is the responsibility of **all staff and volunteers** to identify risks and to highlight these to the appropriate manager, via the Risk Assessment and Reporting Procedure. Employees also have a responsibility to cooperate with managers and to contribute to the process of identifying areas of developments and reducing risks.

5. Definitions

5.1 First Responders

First Responders are volunteers who provide emergency life support to patients as part of the London Ambulance Service response. First Responders will be activated to emergency calls when a patient's condition is sufficiently serious that their attendance may have a beneficial impact on the patient's outcome. They will not be activated to patients with minor conditions that will not be improved by the attendance of an individual with emergency life-saving skills.

First Responders consist of four main types:

5.1.1 Co-responders

Co-responders are those that work or volunteer for established organisations and who respond to selected emergency calls as part of their existing duties (e.g. City of London Police, Hatzola and other emergency services, voluntary aid societies, etc). These organisations may have their own emergency transport arrangements, and may well provide both the equipment and the training required, if this meets the required standard. Training will be to the IHCD First

Person On Scene (FPOS) Intermediate standard or equivalent nationally recognised qualification.

5.1.2 Emergency Responders

Emergency Responders (ERs) are volunteers who respond from LAS stations in fully marked LAS vehicles and do so under an established blue-light scheme. These responders will be recruited, trained and equipped by the LAS. Training will be to the IHCD First Person On Scene (FPOS) Intermediate standard or equivalent nationally recognised qualification.

5.1.3 Community First Responders

Community First Responder (CFR) schemes consist of groups of local people who volunteer to share the provision of a single responder within their local area. These responders will be recruited, trained and equipped by the LAS or partner organisations and may respond in their own private vehicles at normal road speeds. Training will be to the IHCD First Person On Scene (FPOS) Basic standard or equivalent nationally recognised qualification.

5.1.4 Establishment Based Responders

Establishment Based Responders (EBR) are staff who work for organisations that host static defibrillator sites, such as London Heathrow Airport and rail stations, and are trained to provide emergency life support.

Staff involved in these schemes will operate within walking distance, use equipment approved by the LAS and are trained according to the Resuscitation council (UK) requirements. The actual responders are selected by the relevant establishment. These responders engage in their normal activities within the establishment until an emergency medical incident occurs on the premises. They then act according to their levels of training on behalf of the establishment and the Trust.

6. Recruitment of Responders

- 6.1 The method of selection and recruitment of First Responders will depend on the type of responder being recruited.
- 6.2 Co-responders will by definition be recruited from the existing workforce of the co-responder organisation which will be responsible for their selection based largely on their role within the organisation and their capacity to respond when required.
- 6.3 The recruitment of Community First Responders is to be open to anyone who can demonstrate the required competencies and there will be no selection process to limit numbers taken on. Any recruitment techniques used will be designed with this in mind. All Community First Responders will be interviewed and assessed to ensure their suitability before being accepted onto a scheme.

- 6.4 The recruitment of Emergency Responders is to be open to anyone who can demonstrate the required competencies and there will be no selection process to limit numbers taken on. Any recruitment techniques used will be designed with this in mind. All Emergency Responders will be interviewed and assessed to ensure their suitability before being accepted onto the scheme.
- 6.5 Establishment Based Responders will by definition be recruited from within the existing workforce of the host organisation which will be responsible for their selection based largely on their role within the organisation and their capacity to respond when required.
- 6.6 All Community First Responders and Emergency Responders are required to have an enhanced Disclosure and Barring Service (DBS) clearance before they operate as a responder. This check will be done by the LAS except when the responders become members of a partner organisation that already has an established capability for undertaking DBS checks.

7. Training and Induction of First Responders

- 7.1 First Responders will be trained either by the LAS or by another organisation to a nationally recognised standard that is acceptable to the LAS. The level of training and induction will depend on the specific role that the First Responder is undertaking.
- 7.2 Depending on the nature of the scheme, co-responders may already be qualified to an acceptable standard in terms of their clinical skills. The extent of training will depend on the type of response being provided and will be in agreement with both the LAS and co-responder organisation. All co-Responders will undergo induction in relation to the role and their interaction with the ambulance service.
- 7.3 Community First Responders will be trained and assessed as competent to a level that is nationally recognised for this role. The minimum standard for Community First Responders will be the IHCD First Person On Scene (FPOS) Basic qualification. Other nationally-recognised First Responder qualifications will be accepted, such as the St John Ambulance Community First Responder Qualification, if they meet or exceed this minimum standard. All Community First Responders including those of partner organisations will undergo induction in relation to the role to include operational preparedness and their interaction with the ambulance service. The Community First Responder Co-ordinator is responsible for ensuring that all aspects of training and induction are completed within 6 months of recruitment. Recruits do not become responders, are not permitted to respond, and their ID card will not be issued, until all compulsory components have been completed and their individual file contains documentary evidence to demonstrate that this is the case. Completion of training and induction is recorded in the individual files and a central log is held by the Community First Responder Co-ordinator to enable follow-up of those who do not complete the specified training and

induction. Recruits who fail to complete their induction will have a note to this effect in their file and will not be permitted to operate as a Community First Responder.

- 7.4 Establishment Based Responders will normally have already been operating in a first aid capacity in their own work environment. Additional Emergency Life Support skills will be provided and assessed to the standard required by the LAS. Induction of these personnel will take into account the extent to which they continue to operate in their normal work environment.
- 7.5 A training file will be kept on every responder by either the LAS; as for other operational staff within an operational complex area; or by the partner organisation. Each training file will include a record that confirms the level of competence of the responder and the date this was achieved. Files kept by partner organisations must be made available for inspection by the LAS if required. In addition the LAS will hold a master list with details of all Community First Responders and Emergency Responders including their skill level, with qualifying and re-qualifying dates.
- 7.6 Community First Responders are required to attend relevant post qualification courses, workshops, CPDs and meetings to maintain clinical skills and ensure continuation of qualification. As a minimum they are required to be re-assessed annually against the standard to which they are qualified to practice, this proficiency check meeting should take place on or before the anniversary of their joining date or the date of their last reassessment.
- 7.7 **Emergency Responders** will be trained to a nationally recognised qualification that meets or exceeds the Institute of Healthcare Development (IHCD) First Person On Scene (FPOS) Intermediate qualification. In addition, they **are required to attend all relevant post qualification courses, workshops, CPDs and meetings to maintain clinical skills and ensure continuation of qualification. As a minimum they will be re-assessed every three years against the standard to which they are qualified to practice, this proficiency check meeting should take place on or before the anniversary of their joining date or the date of their last re-assessment.**

8. Scope of Practice

- 8.1 First Responders will provide an initial response to serious or life-threatening emergencies in addition to the normal ambulance service response. They will be activated to a pre-determined list of calls in their area according to their skill level and national guidelines.
- 8.2 When responding a First Responder must be equipped with an Automated External Defibrillator and be trained in its use.

- 8.3 A First Responder's scope of practice will be limited to the extent of their training and the equipment with which they are provided. First Responders who work outside of their prescribed scope of practice will be subject to the disciplinary procedure of the organisation of which they are a member. LAS will be informed of the outcome of, and if necessary assist in, the disciplinary investigation.
- 8.4 First Responders who are medical professionals with a higher level of ability are advised that if the clinical care they provide exceeds that defined by their responder role, they are personally responsible and liable for their actions.
- 8.5 First Responders will pass the clinical responsibility for a patient to the first member of LAS operational staff that arrives on scene, unless the skill set of the first responder requires that they accompany the patient.
- 8.6 First Responders have neither the skills nor the experience to decide that a patient does not require treatment at, or conveyance to, hospital. These decisions can only be made after the attendance of a member of LAS staff with a skill level of Emergency Ambulance Crew (EAC) or above.

9. Activation of Responders

- 9.1 First Responders will be activated in accordance within their scope of practice and respective Response Profile as agreed between the LAS and any relevant partner or co-responder organisation. First Responder activation will vary according to each individual scheme and in conjunction with agreed criteria between the LAS and relevant organisation.
- 9.2 When an emergency incident has been identified by dispatch staff in EOC, which is both within the operational area of a responder scheme and within their scope of practice, then the EOC will activate the on-call responder using the agreed communication channel.
- 9.3 There will be active monitoring of a responder for the duration of the incident by EOC and operational management staff, to maintain their safety and ensure their welfare.

10. Use of vehicles

- 10.1 First Responders who will use a vehicle to respond, are required to demonstrate to their respective organisations that they have an appropriate driving licence and that the vehicle is insured for them to drive, has a current road fund licence and a valid MOT certificate if required.
- 10.2 Community First Responders must not use or display blue lights and sirens and will not be permitted to contravene traffic regulations when responding.

- 10.3 Community First Responders that are using a car to respond must display the agreed identity markings for their scheme (e.g. magnetic panels). Every care should be taken when parking to avoid endangering the responder, the patient and members of the public. If the location of the patient necessitates parking in a no parking or restricted area and a penalty notice is incurred, it should be forwarded together with the patient PRF number to the First Responder Co-ordinator who will forward this to the First Responder Department to instigate an appeal to the issuing authority.

11. Equipment

- 11.1 First Responders responding to calls will use equipment issued by the LAS or partner establishments. This will be strictly within the guidelines and procedures detailed within their scope of practice and training.

12. Health and Safety

- 12.1 First Responders are required to comply with the relevant LAS Health and Safety policies and procedures available on the 'Pulse', and those of their respective partner organisation where applicable.

13. Support and Feedback for First Responders

- 13.1 First Responders will receive support from the LAS in the same way as for regular LAS staff. This applies for both immediate and follow-up support which could be in addition to that provided by the partner or co-responding organisation.
- 13.2 The Community First Responder co-ordinators meet quarterly in groups that include both themselves and LAS First Responder Manager. These meetings are chaired by the Head of First Responders and are intended primarily to provide a two-way communication link with volunteers across London giving opportunities for issues to be raised and for briefing on changes and other information relevant to the operation.
- 13.3 Community First Responders and Emergency Responders will receive feedback and support from LAS Team Leaders using the Clinical Performance Indicators (CPI) designed by the Clinical Audit & Research Unit. This audit will be based on the documenting of care provided via completion of the LAS Patient Handover Record (LA4H) or Patient Report Form (LA4). The data obtained is used to support practice and any stand-out results are flagged up during the process, documented and feedback is provided to the individual responder.

13.4 There is an established system for all LAS staff to provide feedback on any aspect of First Responders. This system includes an official LAS form (LA 30) and an e-mail account that can be accessed both internally and externally. All feedback is viewed by the Head of First Responders, the First Responder Manager and the First Responder Administrator and action taken if appropriate.

IMPLEMENTATION PLAN				
Intended Audience	All staff			
Dissemination	Available to all staff and external first responders on the Pulse			
Communications	New Policy to be announced in the RIB and a link provided to the document. Will be discussed and disseminated at First Responder Co-ordinators meeting. Available on the 'Pulse' to all staff and first responders.			
Training	Annual update and skills assessment for all community first responders. This assessment will be conducted under the same structure that provided their original qualification, and responders will be assessed against the same standards.			
Monitoring:				
Aspect to be monitored	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
Duties (Section no. 4) including;				
Documenting care (Section no. 13.4, Appendix 4)	Quarterly audit utilising the Clinical Performance Indicators	Clinical Team Leader reporting to First Responder Manager	First Responder Steering Group reports to Clinical Quality, Safety and Effectiveness Group	Direct feedback by Clinical Team Leader to First Responder
Scope of practice (Section no. 8)	Continuous utilising informal and formal feedback systems (LA30)	All volunteers, staff and managers	First Responder Manager reports to First Responder Steering Group	Individual feedback and group bulletins
Actions to be taken when voluntary responders work outside of their scope of practice (Section no. 8.3)	As required utilising the Disciplinary procedure for the organisation	Senior managers for the relevant organisation	First Responder Manager reports to First Responder Steering Group	Feedback, sanctions or dismissal.
Emergency	Reviewed	EOC managers	First Responder	Clinical

operation centre procedures (Section no. 9.2, Appendix 2)	annually unless procedural change takes place beforehand		Manager reports to First Responder Steering Group	Quality, Safety and Effectiveness Group
Storage of equipment (Section no. 11, Appendix 3)	Continuous utilising informal and formal feedback systems (LA30)	All volunteers, staff and managers	First Responder Manager reports to First Responder Steering Group	Individual feedback and group bulletins
Induction				
Minimum content of local induction and timescales for completion (Section no. 7.3)	Reviewed annually unless procedural change takes place beforehand	Head of First Responders and senior managers for the relevant organisation	First Responder Steering Group reports to Clinical Quality, Safety and Effectiveness Group	Issue of replacement SOP
How the organisation records that all new voluntary staff complete local induction and follows up those who do not complete local induction (Section no. 7.3)	Reviewed within first 6 months of recruitment process utilising SOP 10	First Responder Co-ordinator	First Responder Manager reports to First Responder Steering Group	Issue of replacement SOP
Training				
Selection arrangements including those required of stakeholder organisations (if appropriate) (Section no. 6, Appendix 6)	Continuous utilising SOP 10	First responder Co-ordinators, Head of First Responders and senior managers for the relevant organisation	First Responder Steering Group reports to Clinical Quality, Safety and Effectiveness Group	Feedback to Head of First Responders and senior managers for the relevant organisation
Minimum	Reviewed	Head of First	First Responder	Feedback to

standards of voluntary responder staff training which reflects national guidelines (Section no. 7)	annually unless procedural change takes place beforehand utilising National Governance Framework for Volunteer Responders	Responders and senior managers for the relevant organisation	Steering Group reports to Clinical Quality, Safety and Effectiveness Group	Head of First Responders and senior managers for the relevant organisation
How often proficiency checks of voluntary responders should take place (Section no. 7.6)	Reviewed annually unless procedural change takes place beforehand	Confirmation of requalification monitored by administrator, either LAS or partner organisation annually	First Responder Manager reports to First Responder Steering Group	Feedback to First responder Co-ordinators and senior managers for the relevant organisation
When proficiency check meetings with voluntary responders should take place (Section no. 7.6)	Annually on or before anniversary of joining or last proficiency check	First Responder Co-ordinator	Senior managers for the relevant organisation report to First Responder Manager	Responder suspended until proficiency is demonstrated .

London Ambulance Service NHS Trust

First Responder Steering Group

Terms of Reference

The Steering Group's function will be to monitor First Responder activity throughout the London Ambulance Service NHS Trust and ensure that First Responders are an integral part of the LAS Service operational activity.

This will be achieved through review, monitoring, remedial / corrective action, initiation and proactive planning. The Steering Group will regularly review implementation of the First Responder strategy. The Committee will encourage the Trust to engage with members of the public to contribute towards the provision of a voluntary emergency response to our patients.

Functions

Utilising a network of managers and leaders to co-ordinate and advise on the methods to achieve the greatest effectiveness and efficiency in the utilisation of First Responders.

Sharing information on First Responder activity, raising concerns and learning from examples of good practice.

Acting as an internal discussion forum to verify issues and trends requiring action through First Responder activities and the influence of the Steering Group.

Reviewing key activity within the First Responder Strategy and informing project approaches so that problems are easily identified and resolved.

Managing risks that threaten the implementation of the Trust's strategic approach to First Responders.

The First Responder Steering Group will meet quarterly and be chaired by the Head of First Responders. A quorum for each meeting will be a minimum of five members. The Group reports through to the Clinical Quality, Safety and Effectiveness Group.

Membership

- Head of First Responders (Chair)
- First Responder Manager
- Community Defibrillation Manager
- Administrator – First Responder Department
- Deputy Business Intelligence Manager
- Staff Side Representative
- Clinical Practice Learning Manager
- Patients' Forum Member
- Patient & Public Involvement Manager
- Clinical Advisor
- CAD and Technical Lead
- Regional Community First Responder Co-ordinator
- London Fire Brigade representative
- Metropolitan Police representative
- City of London Police representative
- Hatzola representative
- British Red Cross representative

The Steering Group will take particular responsibility for:

Identifying methods for Trust staff to engage and involve the public and the voluntary sector in providing a voluntary emergency response.

Promoting the interests of First Responders within the Trust.

Co-ordinating reports on First Responder activity across the Trust.

Monitoring the effective implementation and demonstrating outcome measures from First Responder developments in the Trust

Ensuring that the Trust continues to meet external standards for First Responders.