

Draft / Code of Conduct for Community First Responder Schemes

A **code of conduct** serves several essential purposes within a Community First Responder Scheme.

1. **Internal Guideline:** It clarifies the schemes mission, values, and principles, linking them to professional conduct standards. By defining desired behaviour, it fosters a positive work environment and provides a framework for responders to follow.
2. **Ethical Decision-Making:** A code helps responders understand what is expected of them, empowering them to handle ethical and medical dilemmas they may encounter. It encourages discussions about ethics and compliance.
3. **Risk Mitigation:** Schemes with codes of conduct can reduce risks associated with ethical misconduct and medical malpractice claims.

Externally, a code of conduct serves as a **public statement** of the Responders commitment to high standards and right conduct.

Code of Conduct

1. Respect and Dignity

Treat all patients with respect and dignity, regardless of their age, race, religion, gender, disability, sexual orientation, family status, civil status, socio-economic background or member of the travelling community.

2. Professionalism

Maintain a high level of professionalism at all times. This includes appropriate behaviour, appearance, and communication.

3. Confidentiality

Respect the privacy and confidentiality of all patient information, in accordance with applicable laws, guidelines and regulations.

4. Competence and Skills

Maintain and improve your professional knowledge and skills by attending group/scheme training. Only perform procedures that you are trained and competent to do and in line with your approved scope of practice.

5. Teamwork and Collaboration

Work effectively as part of a team, and collaborate with other volunteers, emergency services and healthcare professionals.

6. Safety

Prioritise the safety of yourself, your team, and your patients. Follow all safety protocols and procedures as set out in the NAS CFR Policy and your Schemes own Policy and Procedures. CFRs should only attend scenes where it is safe to do so, and which do not present an accessibility risk and does not require specialised vehicles, equipment or training to access the area safely. (E.g. mountains, roadways, riverbanks).

7. Advocacy

Act in the best interests of your patients, and advocate for their needs when necessary, and in support of the attending practitioners.

8. Integrity

Act with honesty and integrity at all times. Do not engage in any form of dishonest or unethical behaviour.

9. Accountability

Take responsibility for your actions and decisions. Report any errors or incidents promptly and honestly to your schemes committee or the Community Engagement Team.

10. Compliance

Comply with all relevant laws, regulations, and guidelines. This includes but is not limited to; PHECC Clinical Practice Guidelines, NAS CFR Policy, Road Traffic Legislation, Health and Safety Legislation, GDPR, Children First Guidelines and your schemes policy and procedures.

11. Children and Vulnerable persons

When treating a patient under the age of 18yrs of age or someone who is considered to be a vulnerable person based on their age, or their intellectual ability, or their mental capacity, then all treatment should be done in the presence of at least one other adult, if the situation permits. The safety and welfare of all children and vulnerable persons is of paramount importance. If a CFR has any concern whatsoever regarding the safety and welfare of a child or vulnerable person, they should immediately report this concern to the attending Practitioners, NEOC, the Community Engagement Team, the Gardai and TUSLA.

12. General Care Principles

Care principles are goals of care that apply to all patients. Scene safety, standard precautions, patient assessment, primary and secondary surveys, and the recording of interventions and Medications on the Ambulatory Care Report (ACR) or the Cardiac First Response Report (CFRR), are consistent principles throughout the Clinical Practice Guideline's and reflect the practice of Community First Responders. Care principles are the foundations for risk management and the avoidance of error.

13. Community First Responder Care Principles

i) Ensure the safety of yourself, other emergency service personnel, your patients and the public:

- Review all pre-arrival information.
- Consider all environmental factors and approach a scene only when it is safe to do so.

- Stand down when directed by NEOC either directly or when relayed by another CFR.
- Identify potential and actual hazards and take the necessary precautions.
- Liaise with other emergency services on scene.
- Update NEOC where assistance is required, such as a patient's status differs to that notified or where there is a change in a patient's condition.
- Ensure the scene is as safe as is practicable.
- Take standard infection control precautions.
- Perform a handover to the NAS/DFB practitioner or other healthcare professional of higher clinical level e.g. GP, when they arrive on scene
- Carry out all activities at an incident, particularly a cardiac arrest incident, in a manner which portrays the CFR group in a supportive and positive light. This includes behaving in a courteous manner towards other CFRs, other CFR groups, patients and families. When handing over to EMS, maintain a professional demeanour, and avoid delaying unnecessarily at a scene afterwards.
- Promote patient dignity and confidentiality by not over-crowding a scene, and leaving as soon as practicable once EMS has taken over and when you are no longer involved in patient or family care.
- Notify the group co-ordinator and/or the Community Engagement Team when additional supports are required, such as peer support, as part of Critical Incident Stress Management.

ii) Ensure correct PPE is utilised in all situations and is compliant with latest guidance on standard, contact, droplet and airborne PPE. Request patient wears a facemask where appropriate. Handwashing and hand hygiene should be performed before and after all patient interactions. Utilise PPE checklists for correct donning and doffing procedures, where applicable.

iii). Call for help early

- Ring 112/999 or NEOC on 01 463 3475
- Obtain practitioner help on scene, if required.

iii). A person has capacity in respect to clinical decisions affecting themselves unless the contrary is shown (Assisted Decision-Making (Capacity) Act 2015).

iv) Seek consent prior to initiating care:

- Patients have the right to determine what happens to them and their bodies.
- For patients presenting as P or U on the AVPU scale, implied consent applies.
- Patients may refuse assessment, care and/or transport

This Code of Conduct is a guide for professional behaviour. Violations may result in a scheme member or a CFR Group being removed from the NAS Database, including the receiving of text alerts, being notified of incidents in their community, and loss of clinical indemnity cover.