

# Subcontractors Handbook



# Index

	Page
Index	2
Introduction	3
Contact Details	3
Company Statement of Purpose	4
Team Medic's Code of Conduct	5
Job Description & Data Protection Act	5
Data Protection and GDPR	6
Staff Feedback, Standards of Dress	6
Subcontractor Training	7
Lateness	7
Sickness	7
Safeguards	8
DBS Checks	8
Confidentiality	8
Company Property & Copyright	9
Health, Safety & Incident Reporting	9
Anti-Bribery	11
Whistle Blowing	11
Gross Misconduct	12
Grievance	12
Equal Opportunities Policy	12
Changes in Personal Details	13
Motoring Offences	13
Valuing Diversity and Dignity at Work	14
Wage Payments	16
Event Charging	16
Invoices	17
Mileage Policy	17
Scope of Practice	19
Event Documentation	20

Appendices

26

Appendix 1 - Quality Assurance Policy

Appendix 2 - Scope of Practice Policy

**Introduction**

Document Owner: Clive Anthony-Palumbo

Last Updated: 28 February 2023

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Welcome to Team Medic. We would like to wish to you every success during your employment.

The Subcontractor's handbook is an introduction to the company and a reference for use through your employment.

Please read the contents of this handbook in addition to ongoing information which may be sent from time to time. If you need any clarification please refer to the Management Team.

We support equal opportunities and equality. As a subcontractor of the company we expect your support in all policies and procedures put in place by Team Medic. You will be informed of any amendments to these policies/procedures throughout your employment.

### Team Medic Contact Details

Marion Palumbo Finance Director & CQC Registered Manager	marion@team-medic.com finance@team-medic.com
Colin Watson Operations Manager	colin@team-medic.com
Weronika Iwanowicz General Manager	roni@team-medic.com
Clive Palumbo Governance	clive@team-medic.com

### Team Medic HQ

Unit 105  
The Mayford Centre  
Mayford Green  
Woking, GU22 0PP  
Tel: 01483 740237  
[info@team-medic.com](mailto:info@team-medic.com)

## **Company Statement of Purpose**

Our ambulance and event service consists of dedicated and professional practitioners and staff. We strive to be acknowledged by our patients, suppliers and regulators as the leader in our sector. This is achieved by ensuring that we recruit and train highly professional staff whose ambitions are to exceed patient expectations.

Our Aims:

Giving our patients best possible care, by understanding and exceeding the expectations of our patients.

Helping people when they need us, treating people with compassion, dignity and respect, having pride in our work and our organisation.

To encourage all the team members to participate in achieving our aims and objectives.

We will always do our very best. We will learn and constantly innovate wherever we can by embracing change to enhance our service.

We will try our best to improve satisfaction and experience for all stakeholders.

Provide service users with a friendly and quality service in their chosen environment.

To promote optimal health, independence and quality living irrespective of the individual's age, religion, race, gender, disability, sexuality or beliefs.

### **Our Objectives:**

We have the following objectives to help us achieve our aims:-

To support our staff growth and development to enable them to exceed patient expectations.

Maintain the highest professional and ethical standards.

Respond to the needs of our patients, and staff

To encourage innovation, ambition, enterprise and continuous improvement.

### **Code of Conduct**

All subcontractors are expected to give the highest possible standard of service at all times.

Your conduct must be beyond reproach and you must do nothing that might give rise to suspicion, however ill founded, that you are in any way influenced by improper motives.

You are expected, without any fear of recrimination, to bring to the attention of the appropriate level of management any deficiency in the provision of service, impropriety of procedure.

All subcontractors are expected to behave in a professional, polite, friendly and helpful manner with all clients, visitors and patients to Team Medic and in all circumstances where the subcontractor is representing the company.

All subcontractors are expected to have knowledge of all the relevant company policies which are always available via the office.

### **Job Description**

You are working for Team Medic as per the job description set out in your Contract for Services. If you cannot locate or do not have access to our Contract for Services, please ask management for details. The covenants stated in the Contract for Services are inferred upon you as a subcontractor if you undertake work for Team Medic. Amendments may be made to the Contract for Services from time to time in relation to changing needs of the company.

If your duties include driving then you need to be fully aware of the Driving & Standard Vehicle Policy.

## **Data Protection Act 1998 & GDPR 2018**

The Data Protection Act 1998 and GDPR 2018 was introduced to regulate personal data held within a manual and cyber filing system. It is Team Medic's responsibility includes that documentation is held accurately, be relevant and up-to-date. Any data held should be processed fairly and lawfully and in accordance with the rights of data subjects under the Act. As a subcontractor you will have the right, when requested, to be told what personal data about you is being held or processed. If this information is disclosed you have a right to know whom too.

## **Staff Performance Review**

Team Medic will from time to time obtain feedback from clients and third parties with regards to your performance. This is for the purposes of monitoring staff performance levels which helps the company maximise the effectiveness of subcontractors.

Your performance will be benchmarked against our Quality Assurance Policy which can be viewed below at **Appendix 1**. The Quality Assurance Policy will be sent with your information packs prior to every event.

## **Standards of Dress**

It is important that you present a professional image for the company in regards to appearance and standards of dress. Where uniforms are provided, these must be worn at all times whilst at work and washed on a regular basis. It is important that if you have any problems with any uniform given you report it immediately to the Operations Manager. Standards also expected to be met by the employee/contractor following the infection control policy; described further in this handbook.

## **Subcontractor Training**

As a Subcontractor you will need to ensure your training and certification are maintained and up-to-date. All new training and accredited documentation must be sent to the Team Medic's management which will be kept in your personnel file. It is your responsibility to make sure that you are compliant with all sections of relevant training before you start work for the company. Each training section will show you when you need to redo the training.

Team Medic encourages subcontractors to complete CPD training to keep skills up-to-date. If you have any issues in regards to training then please speak with the Business Manager and the company will assist you where possible. Training on documentation will be provided if needed. Staff Training record is held on personnel file alongside spot check document (which the company has right to carry out when appropriate) to ensure continual high levels of competencies.

## **Lateness**

You are required to attend for work punctually at the times specified by Team Medic Management. In relation to staff who have to attend base to pick up a vehicle, you will be required to arrive on shift in plenty of time to complete a full VDI and replace any necessary equipment/paperwork essential for the working day. Any defects on the vehicle should be logged and reported to the managers.

It is expected (unless late finish & agreed with Team Medic managers) to clean the inside.

## **Sickness/Injury**

### **Notification of Incapacity for Work**

You must notify us by telephone if you will be absent or unable to attend an event.

If you are suffering from an infectious or contagious disease or illness such as rubella or hepatitis you must not report for work without clearance from your own doctor. You will also need to refrain from working for 48 hours (after symptoms have gone) if you are experiencing vomiting and diarrhoea).



## **Safeguards**

### **DBS Certificates**

Team Medic must maintain on file a valid and up to date Enhanced DBS certificate for all employees and subcontractors. It is the responsibility of the subcontractor to ensure their DBS are renewed every two years and new certificates should be submitted to Team Medic.

Any adverse information displayed on the DBS certificate will lead to investigation and a risk assessment report will be produced.

If a subcontractor's situation changes with regards to any criminal conviction, cautions, reprimands or warnings whilst working for Team Medic they must inform a member of Team Medic Management.

### **Confidentiality**

All Information that you acquire during your course of employment that relates to Team Medics business or not been made public shall be confidential, and you shall not at any time, before or after termination of your employment, disclose such information to any person without prior written consent.

You are to exercise reasonable care to keep all documentation safe and secure. Any information obtained with consent from the client should be stored securely in regards to data protection. You will be required to read all policies relating to data protection and confidentiality, online training will need to be completed in these area also.

### **Company Property and Copyright**

All written material, whether held electronically or on paper which you acquire whilst being employed by Team Medic is our property and where appropriate our copyright. At the time of termination of your sub contractor employment, or any other time on demand, you shall return to us any such material in your possession.

## **Use of Social Networking Sites**

Any work related issues or material should not be placed on any such site at any time during or outside of working hours unless given prior permission from the Managing Director of Team Medic.

## **Health, Safety & Welfare**

### **Safety**

Please see our full Health & Safety policy which can be observed on the Event Staff Portal, a further copy is held in the office for any subcontractor to read. It is your responsibility to be aware of your own health and safety duties as an employee.

You must not take any action that could threaten the health or safety of yourself, work colleagues, clients or members of the public.

If deemed necessary for your job role, protective clothing or failure to wear this in such given circumstances will be looked upon as a contravention of your health & safety responsibilities. If you feel that you need any specific protective clothing or equipment that has not been issued then please discuss this with the Team Medic Managers. Please be aware as a contractor certain items are your responsibility to provide.

All accidents and injuries at work or at events, no matter how minor, should be reported by completing the incident/patient report form. These will be available to you either in the office, within the given vehicle or can be sent to you electronically.

If you are in the office, you should be aware of our fire and evacuation procedures, this is detailed in the full policy and you will also be informed of health and fire related procedures on your tour of the building within the induction day.

### **Alcohol & Drugs Schedule**

The use of alcohol and drugs may impair the safe and efficient running of Team Medic and the health and safety of our employees.

If your performance or attendance at work is deemed to be affected by alcohol or drugs, or you are suspected to be involved in any drug related action or offence you may be subject to disciplinary action, depending on

the outcome of any investigation this may lead to dismissal and deletion from our staff database.

## **Testing**

As a company we reserve the right to carry out alcohol and drug testing as per the Health and Social Act 2008. This can be at random, or if the company believes there is cause and post-accident. Refusal to take a drugs or alcohol test will result in disciplinary action which could lead to your dismissal.

## **Infection Control**

All subcontractors are required to be fully aware and take responsibility for all infection control procedures which need to be adhered to as stated in the full Infection Control Policy. You are responsible for any specific infection control protocols that need to be carried out with your job role. This includes knowledge of safe removal of clinical waste and use of clinical cleaning equipment to maintain the highest hygiene standards for yourself and the patients.

## **Anti-Bribery Policy**

Bribery is a criminal offence. The company prohibits any form of bribery. As a company we require compliance to provide the highest ethical standards. We have zero tolerance towards any kind of corrupt activities committed by anyone acting on behalf of the company.

It is prohibited for any employee/subcontractor to request or accept any bribe such as gift, loan, payment, reward or advantage, this includes cash or any other form of inducement. If we suspect any form of bribery has been committed then an investigation will be carried out and appropriate action will be taken which could result in dismissal.

We realise that the giving and receiving of gifts and hospitality as a reflection of friendship or appreciation where nothing is expected in return may occur in our industry. This does not constitute bribery where it is proportionate and recorded properly. Any offers of hospitality need to be declared to Management.

## **Whistle Blowing**

The company encourage subcontractors to report any wrongdoing by the company or its employees. The Public Interest Disclosure Act 1998 protects employees who report wrongdoing within the workplace. The employees/subcontractors should tell Team Medic Management about any wrongdoing at work which they believe has occurred or likely to occur.

Possible instances of this are:-

- A criminal offence
- Failure to comply with a legal obligation
- A danger to health and safety
- A breach of the company's rules or the procedures/codes of practice of a regulatory body
- Environmental damage
- Concealing any information relating to the above

Any matter reported will be taken seriously and treated as confidential where practical. If the matter requires further investigation this will be carried out and the employee will be informed of the outcome.

## **Gross Misconduct**

The Company reserves the right in a case of gross misconduct to enforce dismissal of the subcontractor without pay. Any behaviour or negligence resulting in a breach of contractual terms that destroys the trust and confidence to continue with employment would be classed as gross misconduct. There are many forms here are just some examples of serious instances:-

- Theft or fraud
- Physical violence or bullying
- Deliberate damage to property
- Deliberate acts of unlawful harassment or discrimination
- Possession, being under influence of drugs and/or alcohol
- Breach of health and safety rules that endangers lives
- Putting the company into disrepute (damaging the reputation of the company amongst clients, customers or the general public)

We reserve the right to vary these procedures accordingly using our discretion in respect of your previous employment record with the company.

### **Grievance**

If an employee/subcontractor has witnessed discrimination or experienced discrimination against a service user or another employee they should be encouraged to raise problems or complaints with Team Medic Manager on an informal basis. The manager should reply within three working days. If you wish to raise a formal grievance you should complete a form IM1 and submit it to the management team. This will be investigated further using the incident management process.

### **Equal Opportunities Policy**

As a company we are committed to providing equal opportunities in employment and to avoiding unlawful discrimination in employment and against service users.

This policy strives to ensure that the work environment is free of harassment and bullying and that everyone is treated with dignity and respect ensuring equal opportunities in employment.

The company will avoid unlawful discrimination in all aspects of employment including recruitment, promotion, opportunities for training, pay and benefits, discipline and selection for redundancy.

Person and job specifications will be limited to those requirements that are necessary to provide effective performance for the job.

Subcontractors should not discriminate against or harass a member of the public in the provision of services or goods. It is unlawful to fail to make reasonable adjustments to overcome barriers to using services caused by disability. For further information please see full Equal Opportunities Policy.

## **Changes in Personal Details**

If any personal details are changed during your tenure with Team Medic, you must inform a member of Team Medic Management so we can update our records accordingly.

Documentary evidence may be requested as proof of change.

## **Motoring Offences**

1. Employees/Subcontractors are expected to inform us of any changes in their circumstances immediately, including any changes to their driving licence status.
2. During internal driving licence checks, if any employee/subcontractor is found to no longer hold a valid driving licence or receives unacceptable endorsements of 6 or more points, they will be removed from driving operations with immediate effect
3. The Operations Manager and Managing Director will decide on the re-deployment of disqualified staff, but the disqualification from driving could lead to termination of current and future employment with us if there are no suitable roles available.

Quality audits take place on both a bi-annual and ad hoc schedule to test compliance with the system and assure that all personnel working in a driving role hold a valid driving licence at all times.

As a CQC registered service we are required to evidence strict compliance with driving licence records. This provides added assurance to our clients that an external body also has an overview of our process and compliance in this area.

All subcontractors should complete and sign the Driving Licence Consent Form. Please ask management for a copy if you've not received it.

## **Valuing Diversity and Dignity at Work**

Pursuant to the Equality Act 2010, Team Medic has produced a general Equality Policy Statement which details our approach and commitment to ensuring equality for both our staff and service users.

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Team Medic's equality commitment is as follow:

'We will promote equality in the recruitment, promotion, appraisal, education, training, development and support of its staff and volunteers, and treat them on the basis of their relative merits and abilities. Further to this Team Medic's management will endeavour to safeguard staff and service user's protected characteristics as defined in s.4 of the Equality Act 2010.'

Team Medic's staff members, contractors, third parties or volunteers that are contracted to Team Medic will not discriminate (directly or indirectly) any internal or external staff members, service users, or members of the public's protected characteristics.

The Protected Characteristic as stated in the Equality Act 2010 are;

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion
- Sex
- Sexual orientation

In addition to this staff are protected from discrimination on grounds of part time or fixed term status and trade union membership. Team Medic will develop equality expertise amongst its managers who will have responsibility for promoting, implementing and monitoring the policy throughout Team Medic and for any initial investigation into alleged breaches of the policy.

**If you experience, witness or genuinely suspect that a form of discrimination has taken place, please speak to your line manager or complete an Incident Report (form IM1) and submit to the Safeguarding Manager.**

Any claims of discrimination or harassment will be investigated promptly, and appropriate disciplinary action will be taken to eliminate inappropriate behaviour. Creating a discrimination/harassment environment is every employee's responsibility.

All complaints are treated with sensitivity and are kept as confidential as possible. You're not required to report your complaint to anyone who is the subject of it.

Management will promptly investigate complaints. You must cooperate fully in such investigations. If warranted, the Company will take appropriate corrective action, up to and including termination of employment.

All staff, contractors and volunteers must sign the Equality Declaration confirming they have understood their responsibilities in preventing

discrimination in relation to the protected characteristic set out in s.4 of the Equality Act 2010.

## **Event Charging**

All subcontractors working on a Team medic event will be paid a minimum of 5 hours for any event, even if the event doesn't exceed 5 hours. If the event you are working on runs over 5 hours, you will be paid for the additional time worked but this must be stated clearly on your invoice.

For example, if you work an event which was stated to run from 1200-1500, but the event doesn't finish until 1615, you may not then charge an extra 1.15 hours as this would fall within the minimum 5 hours we are paying.

If you are required to meet at Team Medic's Woking base (this might occur on major events) then you may charge from the time you have been asked to be at base, until the end of the event. However, you may only charge for this time if it falls outside of the minimum 5 hour standard event pay guidelines as explained above.

If you are required to meet at Team Medic's Woking base and this is deemed as being en-route to your event destination, then you should adopt the standard Team Medic mileage policy.



## Invoices

All invoices must be sent to [finance@team-medic.com](mailto:finance@team-medic.com) and failure to send direct to this email will delay the processing of your invoice.

Please ensure that your invoices have the following information;

1. An invoice number
2. Date of the event
3. Your company/self-employed trading name/your name
4. Your address
5. If claiming mileage we require total miles travelled and post of destination (in line with our mileage policy)
6. A description of the event and hours worked
7. Your VAT registration number if you are registered and adding VAT to your invoice

## Invoice Payment Process

The new payment process will consist of **TWO** payment runs within the month. To ensure your invoice is included in one of the following payment runs, you must submit your invoice by the following submission dates;

Payment Run Date	Invoice Submission Date
15 <sup>th</sup> of the Month	9 <sup>th</sup> of the Month
28 <sup>th</sup> of the Month	21 <sup>st</sup> of the Month

If your invoice is received after a specific submission date then your invoice will be earmarked for payment on the subsequent payment run.

Example of correct invoicing process for 15<sup>th</sup> payment run:

1. Subcontractor undertakes work for Team Medic on the 5<sup>th</sup> November
2. Subcontractor submits invoice with correct information (as described above) to [finance@team-medic.com](mailto:finance@team-medic.com) on the 8<sup>th</sup> November
3. Invoice is verified and paid on the 15<sup>th</sup> of the month

Example of incorrect process for 15<sup>th</sup> payment run:

1. Subcontractor undertakes work for Team Medic on the 5<sup>th</sup> November

2. Subcontractor submits invoice to [finance@team-medic.com](mailto:finance@team-medic.com) on the 10<sup>th</sup> November
3. Invoice is verified but misses the 15<sup>th</sup> payment run, and will therefore be included in the 28<sup>th</sup> payment run.

Incomplete or incorrect invoices will delay payment if further investigation is required.

If you negotiate a special rate with any of the management team you must obtain a written confirmation of the rate from Team Medic management as proof. If your invoice is questioned by finance and you cannot provide proof of agreed rate, then the standard rate as described above will be adopted.

**It's in your best interest to obtain written confirmation from the management team to ensure quick payment of invoice.**

### **Mileage Policy**

This policy provides detail of the principles, rules and procedures relating to travel for Team Medic sub contractors.

- Payment of mileage allowances to contractors who undertake official travel in their own vehicles is subject to management discretion.
- The main factors taken into account in considering the acceptability of a journey by private motor vehicle are:
  - the nature of the journey
  - any saving in official time
  - the effect on overall efficiency
  - the adequacy of public transport facilities the cost, including additional subsistence costs, of alternative modes of travel
  - the availability of officially-provided transport, e.g. pool cars.
- Travel expenses are only allowed in relation to business journeys. This does **not** include the cost incurred in relation to local jobs

which we consider to be 20 miles from your home to event venue, or ordinary commute from home to Team Medic's office.

- Mileage payment to sub contractors will be 20 pence per mile, after the initial 40 miles travelled for the total journey.
- Total journey includes from home post code Team Medic has on file to venue post code as stated on the GDI and the return journey.
- Mileage is not paid to travel to Team Medic's Depot.
- Business mileage claimed are for the shortest reasonable route using Google Maps.
- When submitting your invoice, you must detail the miles travelled for the event deducting the total 40 miles allowance.
- Contractors must make maximum use of travel facilities that offer best value for money e.g. timed trains cheap day returns, booking single tickets where these are more cost effective and/or season tickets.
- If personal vehicles are to be used by the Contractor, it is your responsibility to ensure you possess the required motor insurance that permits the specific use of your vehicle for the purpose of undertaking events for Team Medic.

## **Scope of Practice**

*(See **Appendix 2** for Scope of Practice Policy)*

## **Statement of Aims and Objectives**

The purpose of Team Medic's Scope of Practice policy is to provide clear guidance for all grades of patient-facing staff of the scope and breadth of their practice and professional development.

The policy also defines the standards of care we strive to provide in order to optimise care, reduce risk, and improve the experience of staff in the workplace.

While scope of practice is individual to each member of staff, this document sets Team Medic's level of expectation in relation to what that scope of practice must include.

This document contributes to the maintenance of the standards we set ourselves and those that are required contractually or to evidence national performance standards.

The Scope of Practice document will define clearly those standards for staff and minimise clinical error by ensuring staff work within their scope and competency, and to a required quality standard. The policy outlines the importance of promoting a Learning Culture at Team Medic, and how the standards related to scope of practice can be observed in order to uphold patient safety and quality of care.

Furthermore, subcontractors are expected to maintain medical equipment and consumables which will allow them to exercise their full medical skill set as stated in their medical qualification. .

The following should be in a medical kit bag up to Technician grade.

- 1 adult bag and mask,
- 1 paediatric bag and mask,
- 1 full set of adult OP airways,
- 1 full set of NP airways,
- Burns dressings various sizes,
- Bandages various sizes,
- Gauze/ wound care dressings,
- Plasters,
- Tapes,
- Head block tape,
- Scissors,
- Tweezers,
- Stethoscope,

Bm kit,  
Bp cuff,  
Pen torch,  
Adult adjustable collar,  
Paediatric adjustable collar,  
Ice packs/ ice in sandwich bags,  
Antiseptic cream/ wipes,  
10/20 ml syringes,  
Sodium chloride, (cleaning wounds),

### **Event Documentation**

The following documentation should be used at all Team Medic events. If you are unable to print copies, please inform the management team.

1. **Patient Report Form** – This form should be used if a patient has received treatment or medication.
2. **Minor Report Form** – This form should be used for minor injuries.
3. **Refusal of Treatment Form** – This form should be used if a patients refused treatment or medication.
4. **Patient GDPR handout.** – This form should be handed to any patient that has been treated or have provided personal information.

## Patient GDPR handout\_

### General Data Protection

### Regulation (GDPR) Compliance

## How We Use Your Information – Patient Report Form

### What is the Purpose of this document?

Team Medic (London) Ltd is committed to protecting the privacy and security of your personal information.

This notice describes how your personal information will be used, in accordance with the General Data Protection Regulation (GDPR).

It applies to all patients, clients, and third parties we encounter during the course of our business activity.

### How we will use information about you?

We will only use your personal information when the law allow us to. Most commonly, we will use your personal information in the following circumstances;

1. Where we need to perform the contract we have entered into to supply services to you.
2. Where we need to comply with legal and health care obligations.
3. Where it is necessary for our legitimate interests (or those of a third party) and your interests and fundamental rights do not override those interest.

We may also use your personal information in the following situations:

1. Where we need to protect your interests (or someone else's interests).
2. Where it is needed to protect your welfare or for official purposes.
3. Where we have to refer your information to third party health care providers/organisations.

### Change of Purpose

We will only use your personal information for the purpose for which we collected it. Unless we reasonably consider that we need to use it for another reason and that reason is compatible with the original purpose. If we need to use your personal information for an unrelated purpose, we will notify you and we will explain the legal bases which allows to do so.

Please note that we may process your personal information without your knowledge or consent, in compliance with the above rules, where this is required or permitted by law.

If you would like to know more about our Privacy Policy please visit;

[www.team-medic.com/privacypolicy](http://www.team-medic.com/privacypolicy)

## **Appendices**

### **Appendix 1**

#### **Quality Assurance Policy and Fines**

Team Medic has three main customer objectives;

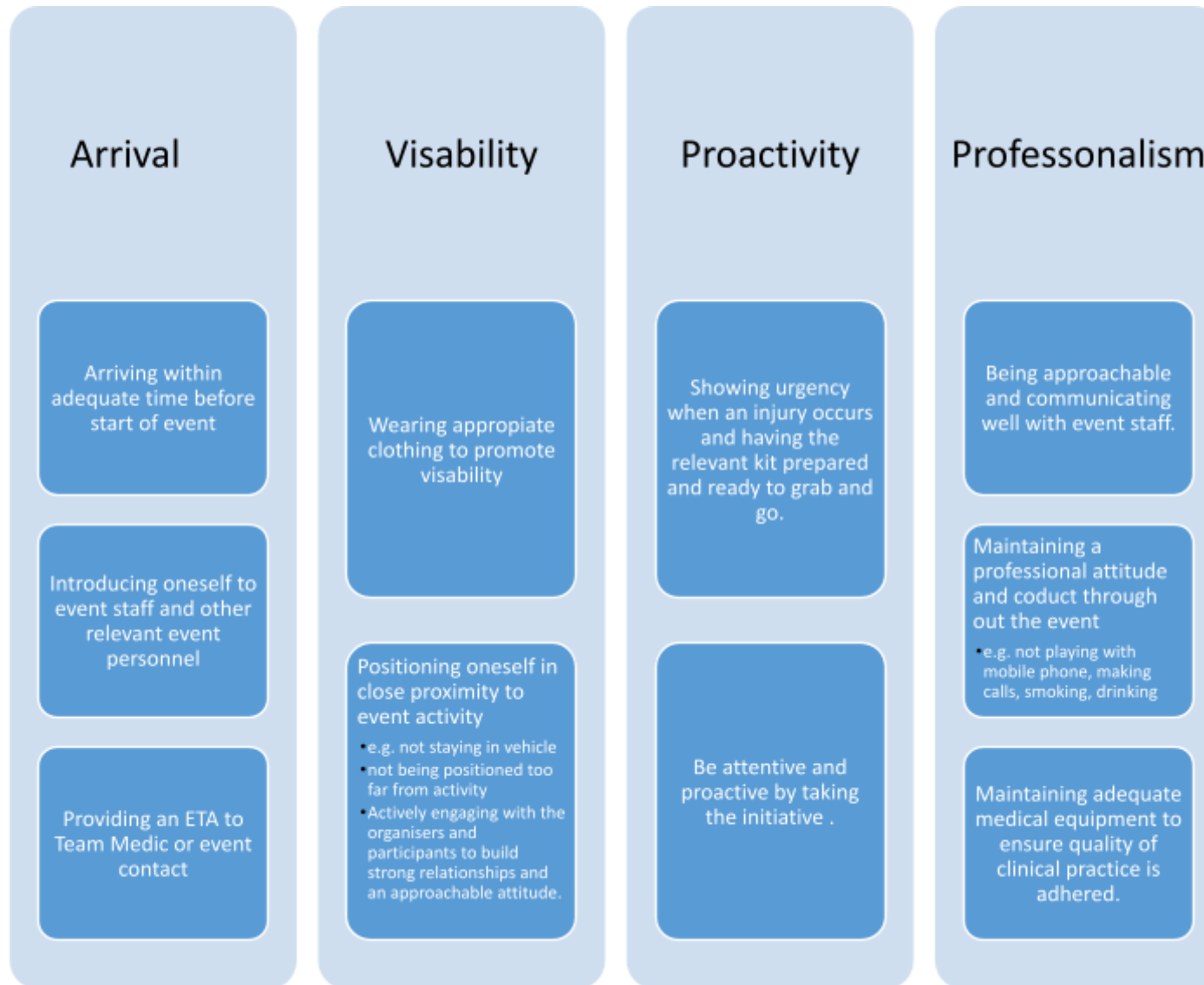
1. Professionalism – The public’s perception of our contractor’s.
2. Quality of treatment – high quality clinical skills from well informed and experienced staff.
3. Customer service – Providing a first class service which exceeds client’s expectation.

Due to an increase in customer complaints and dissatisfaction regarding the service provided by a small selection of Team Medic Contractors, we have produced a Quality Assurance Policy, which will aim to ensure a consistent high level of service is being adhered to. To achieve this, we will be deploying Quality Control Auditors to a selection of events on a weekly basis to assess the performance of our sub contractor’s against the below KPIs.

We have to undertake this process to ensure the level of service and clinical ability provided by Team Medic staff and contractors is consistent and of a high standard. We owe it to our paying customers that they are receiving the best care possible and value for money. We have made a pledge to our customers that if any of the below KPI’s are not being achieved, Team Medic will refund their cost(s).

The below KPI’s are derived from extensive research with our clients. There were four main complaints which were consistently identified. Therefore, the **4 KPIs are:**

1. Arrival
2. Visability
3. Proactivity
4. Professionalism





Further to this the auditors will also communicate with the event organisers to ascertain their feedback regarding the level of service received.

There will be penalty fines levied on the contractor if two or more KPI's are not met.

**By accepting to cover the event you agree to abide by our quality assurance policy.**

## Appendix 2 – Scope of Practice Policy

### Scope of Practice and Clinical Standards Policy



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## Contents

<b>1</b>	<b>Statement of Aims and Objectives</b>	<b>21</b>
<b>2</b>	<b>Scope</b>	<b>60</b>
<b>3</b>	<b>Principles</b>	<b>60</b>
<b>4</b>	<b>Definitions</b>	<b>64</b>
<b>5</b>	<b>Responsibilities</b>	<b>65</b>
<b>6</b>	<b>Competence</b>	<b>65</b>
<b>7</b>	<b>Monitoring</b>	<b>65</b>
<b>8</b>	<b>Audit and Review</b>	<b>66</b>
<b>9</b>	<b>Associated Documentation</b>	<b>66</b>
<b>10</b>	<b>References</b>	<b>66</b>
	<b>Appendix A: Skills Authorised for use, by Clinical Grade/Role</b>	<b>67</b>
	<b>Appendix B: Reference Information from Appendix A</b>	
	<b>Appendix C: Education &amp; Training Amendments Matrix</b>	
	<b>Appendix D: Supervision Matrix</b>	
	<b>Appendix E: Clinical Advisor/Clinical Supervisor</b>	
	<b>Appendix M (Medicines): Medicines Administration Authorised for use, by Clinical Grade/Role</b>	<b>83</b>

## 1 Statement of Aims and Objectives

The purpose of this policy is to provide clear guidance for all grades of patient-facing staff of the scope and breadth of their practice and professional development.

The policy also defines the standards of care we strive to provide in order to optimise care, reduce risk, and improve the experience of staff in the workplace.

While scope of practice is individual to each member of staff, this document sets Team Medic's level of expectation in relation to what that scope of practice must include.

This document contributes to the maintenance of the standards we set ourselves and those that are required contractually or to evidence national performance standards.

This document will define clearly those standards for staff and minimise clinical error by ensuring staff work within their scope and competency, and to a required quality standard. The policy outlines the importance of promoting a Learning Culture at Team Medic, and how the standards related to scope of practice can be observed in order to uphold patient safety and quality of care.

## 2 Scope

- 1.1. This document is intended for patient facing staff. Staff working in headquarters roles are not deemed to have a scope of practice unless they retain a clinical grade as part of their role or ongoing practice or registrant requirements.
- 1.2. For the purposes of this document, the term staff is used but may be interchangeable with other terms such as “clinician” or “responder”.
- 1.3. This document applies to the following staff or groups of staff.
  - 1.3.1. Directly employed full time or part time staff
  - 1.3.2. Bank workers
  - 1.3.3. Volunteers in patient facing roles
- 1.4. The follow examples are not in scope for this document (not exhaustive);
  - 1.4.1. Private ambulance providers sub-contracted to us.
  - 1.4.2. Search and Rescue providers (i.e. Coastguard, Lowland Rescue).

## 2 Principles

- 2.1. Staff must not exceed their scope of practice, but also should not fall below the range of skills and interventions set within each clinical practice area.
- 2.2. This document is not intended to be read and followed in isolation. Please refer to all relevant documents listed in the Associated Documentation and References sections. This is particularly important when, for example, defining authority to refer or discharge patients.
- 2.3. It is the responsibility of each member of staff to raise with their line manager and/or clinical/professional lead any perceived deficiencies or lack of contemporary experience in any practice area, and to ensure that their scope of practice is maintained and standards upheld. Where relevant, this links to professional requirements for continuous professional development.
- 2.4. Staff are required to provide care at an acceptable standard and this policy describes those core standards and the need for staff to practice in line with these requirements.
- 2.5. Team Medic has a requirement to monitor practice, and to support staff in order to maintain and promote their scope of practice and clinical standards.

**2.6.** Team Medic is committed to promoting safe and effective care; the management of clinical risk, and the evidencing of a governance-led approach to how it deploys staff who provide direct patient care.

**2.7. Maintenance of skills and standards described in this policy**

**2.7.1.** Team Medic has a robust system for appraising staff performance at all levels and functions within the organisation. The annual appraisal is a yearly plan developed between the member of staff and the line manager. The action plan reflects learning and development needs for the year ahead and provides a platform to address concerns over competence and confidence.

**2.7.2.** Staff are required to understand the standards of clinical care required as either terms of their continued employment and/or prescribed through a professional regulator.

**2.7.3.** Where competent clinical practice is a requirement of a role, or a professional registration is a requirement of a role, there are no concessions made where clinical practice may not be part of the day-to-day role. All staff must remain competent at the grade they work at.

**2.8. Failure to work to the required scope of practice or whose clinical standards are below the minimum level.**

**2.8.1.** Clinicians who fail to work to the required scope of practice or clinical standard fall into one of three categories:

**2.8.1.1.** Inability due to lack of training and education (including update training to maintain competency). In this case, Team Medic must ensure that the individual receives the relevant training, education and support to enable them to work to the required level.

**2.8.1.2.** Unwilling to, despite either receiving or being offered the required education and training.

**2.8.1.3.** Have knowingly or unknowingly carried out procedures, actions or processes that are outside the scope of practice.

**2.8.2.** Team Medic embraces a learning culture and the concept of making “honest mistakes” and for the majority of cases, where standards have fallen below the required level, a supportive approach will be taken. Some cases however may require managing using the disciplinary procedure and/or capability procedure. Each case will be independently reviewed and the approach to learning and resolution developed on a case-by-case basis.

**2.8.3.** Procedures carried out beyond the scope of practice may be considered as assault, whether consent has been obtained or not, and Team Medic may be required to report incidents of this nature to the Police.

**2.9. Referrals to Professional Regulators**

- 2.9.1. Where staff hold a professional registration, Team Medic may on occasion be required to make referrals where practice concerns arise. This will only be done at the point of the establishment of facts regarding practice concerns. Referrals are not made routinely on receipt of a complaint or clinical error. Regulators require objective practice concerns in order to begin Fitness to Practice proceedings, and Team Medic will seek to minimise referrals to only those where the regulators guidance is met regarding when to refer.
- 2.9.2. The ambulance sector and the paramedic profession has a very high rate of self-referral to the Health & Care Professions Council.
- 2.10. **Adjustments for Staff Undertaking Education and Training**
- 2.10.1. Staff in certain clinical grades may be subject to amendments to the scope of practice listed in Appendix A. **Compliance and Training** will provide details of any amendments or restrictions on commencement of the course.
- 2.10.2. You can only work to this scope of practice until successful completion of the course.
- 2.11. **Amending the scope of practice**
- 2.11.1. The **Medical Director** is authorised to approve the addition, removal and amendment of the individual skills and interventions on the matrices in Appendix A and M. This will allow more rapid updating of the document but does not subvert Team Medic's process for policy approval.
- 2.11.2. Where changes are made and approved, the policy will be re-approved by the Medical Director. Where possible, for minor changes, this will be done via the Fast-Track process.
- 2.12. **Navigating the Scope of Practice & Clinical Standards Policy**
- 2.12.1. The specific skills and drugs for each grade of clinician can be found in the matrices in the appendices. However, there are guiding principles and standards of proficiency that relate to all clinicians employed by or working on behalf of Team Medic. These standards of proficiency are similar to those expected of paramedics by the HCPC and can be found in the HCPC standards of proficiency document. The following principles relate to the grade at which the individual clinician is working and draws heavily from the HCPC guidelines.
- 2.13. **Clinical accountability:** Registered clinicians must work to their professional code and standards published by their regulators (Health and Care Professions Council, Nursing and Midwifery Council, General Medical Council). Furthermore, unregistered medical first responders must work towards Team Medic code of practice and scope of practice.
- 2.14. Clinicians are responsible for providing high-quality, professional care on behalf of Team Medic, and are accountable to the Medical Director, (and the professional regulators where applicable).
- 2.15. **All Team Medic staff should:**

- 2.15.1. Practice within the legal and ethical boundaries of their work role.
- 2.15.2. Practice in a non-discriminatory and culturally sensitive manner.
- 2.15.3. Maintain confidentiality.
- 2.15.4. Obtain consent and/or act in the patient's best interest.
- 2.15.5. Exercise a duty of care.
- 2.15.6. Know the limits of their practice and knowledge and know when to seek advice and guidance from senior clinicians.
- 2.15.7. Maintain their level of knowledge and their fitness to practice.
- 2.15.8. Undertake career-long self-directed learning using reflection to improve their practice.
- 2.15.9. Undertake development in order to maintain skills and knowledge in line with developments and changes in the role.
- 2.16. **Inter-disciplinary relationships:** All Team Medic clinicians should:
  - 2.16.1. Know the personal scope of their practice and be able to make referrals to senior clinicians where appropriate.
  - 2.16.2. Be able to work in partnership with other clinicians and professionals, patients and their relatives and carers.
  - 2.16.3. Work effectively as part of a multi-disciplinary team and in partnership with other professionals.
  - 2.16.4. 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.
- 2.17. **Identification and assessment of health and social care needs:** All Team Medic clinicians should, within their scope of practice:
  - 2.17.1. Be able to gather appropriate information.
  - 2.17.2. Be able to use appropriate assessment techniques.
  - 2.17.3. Be able to analyse and evaluate the information collected.
- 2.18. **Knowledge, understanding and skills:** All Team Medic clinicians should, within their scope of practice:
  - 2.18.1. Know the key concepts related to their level of clinical practice.
  - 2.18.2. Understand the need to establish and maintain a safe practice environment.



- 2.19. **Core principles of clinical standards:** Staff must practice applying the following principles.
- 2.19.1. Assume patient autonomy and capacity. Always seek consent from patients where capacity or consciousness allows. Respect and follow all valid advanced directives of care.
- 2.19.2. Do no harm to your patients. For instance, be minimally invasive; be thorough with checking medicines, and preserving dignity. Follow your scope of practice and do not exceed it.
- 2.19.3. Allow no harm to come to your patient. Be your patients' advocate to prevent drug errors or poor practice. Promote outcomes by ensuring your treatment for primary problems do not lead to secondary illness (e.g. infection from poor aseptic technique or skin ulceration from inappropriate immobilisation on a spinal board).
- 2.19.4. Staff must follow closely any standard of care from their professional regulator.

### 3 Definitions

- 3.1. **Scope of practice** defines the boundary within which a clinician can operate. It describes the procedures, actions and processes that are expected of each grade of clinician.
- 3.1.1. When referring to scope of practice, this document specifically means the scope of practice expected of staff working for, or on behalf of Team Medic, either as an employee or another subcontractor. From herein will be referred to as "staff".
- 3.1.2. Private ambulance providers are not in scope for this document, however contractual requirements may be based upon this document.
- 3.2. **Clinical Standards** define the attributes required to deliver safe, effective and high quality care. To illustrate the difference between scope of practice and clinical standards, intravenous cannulation is in the paramedic scope of practice but must be carried out to a high level of clinical standard, including for example; obtaining consent, applying aseptic technique, communication and documentation.
- 3.3. **Medicines Formulary.** Appendix M of this document lists the medicines authorised for possession and use by Team Medic staff. Every effort is made to keep appendix M up to date. Staff will be made aware of any changes to the formulary and subsequent authorisation in this document.

### 4 Responsibilities

- 4.1. The **Regulated Manager** has ultimate responsibility for patient care.
- 4.2. The **Medical Director** has executive responsibility for Scope of Practice and Clinical Standards.
- 4.3. The **Compliance Manager** are responsible for overseeing the policy on a day-to-day basis, promoting and upholding clinical standards.

- 4.4. In the operational setting, responsibility will lie with **Operational Team Leaders** (or equivalent), supported by (or equivalent) to oversee and ensure that staff work in accordance with this policy.
- 4.5. **All Team Medic staff** are responsible for observing the scope of practice and clinical standards commensurate to their clinical grade
- 4.6. Within all areas of scope practice and clinical standards, **all staff** will adhere to the following areas:
  - 4.6.1. Safeguarding
  - 4.6.2. Mental capacity
  - 4.6.3. Infection prevention and control
  - 4.6.4. Medicines Management
- 4.7. Information Governance and Caldicott guardianship

## 5 Competence

- 5.1. In order to practice in any of the roles described in the appendices, staff must have completed an approved programme of education and training which is reflected in their role title.
- 5.2. In addition, to work at the level of paramedic/nurse and above, clinicians must be registered professionals with the appropriate body for their role.

## 6 Monitoring

- 6.1. This policy will be monitored by the Compliance Manager.
- 6.2. The **Compliance Manager** supported by **Operations Managers** will be responsible for ensuring adherence to the policy by reviewing internal reporting systems.
  - 6.2.1. This may include reports received via incident reports or verbal reports from staff.
- 6.3. Any non-compliance or deviation from this policy that results in an adverse outcome for a patient will be dealt with in accordance with the Incident Reporting & Investigation Manual and referred to the Managing Director.

## 7 Audit and Review

- 7.1. The policy document will be reviewed every three years; or earlier if required due to change in local/national guidance and/or policy; or as a result of an incident that requires a change in practice.

## 8 Associated Documentation

- 8.1. Disciplinary Policy.
- 8.2. Recruitment & Selection Policy.
- 8.3. Training Procedure.
- 8.4. Job Descriptions for roles.
- 8.5. Infection Prevention and Control Policy and Manual.
- 8.6. Clinical Governance Policy
- 8.7. Health & Safety Policy
- 8.8. Minimal Moving and Handling Policy
- 8.9. Medicine Management Policy documents
- 8.10. Policy for the Resuscitation of Adult and Paediatric Patients (including DNACPR)
- 8.11. Social Media Policy
- 8.12. Anti-fraud and bribery policy

## **9 References**

- 9.1. Joint Royal Colleges Ambulance Liaison Committee (JRCALC)
- 9.2. Health Care and Professions Council standards documents
- 9.3. Nursing and Midwifery Council code and standards documents
- 9.4. General Medical Council: Standards Guidance for Doctors
- 9.5. College of Paramedics Career Framework (2017)
- 9.6. Policing and Crime Act (2017) (Duty to collaborate)

## 10 Appendix A: Skills Authorised for use, by Clinical Grade/Role

**Key:**

	Full authority (no restriction)
	Restrictions apply (denoted by variable and letter in key columns)
	No authority given for stated skills/intervention

Practice Area/ Skill	Variables/ Sub heading	Key	Link to further information	First Aider	FR EC 3/ FP OS -I M FR	FR EC 4/ FP OS -A M FR	Technician (LEVEL 1)	Technician/ Advanced Technician	Newly Qualified Paramedic	Paramedic	Paramedic Practitioner	Critical Care Paramedic	Nurse	Doctor
<b>Skills</b>														
Primary Survey														

Secondary Survey																
Intimate examinations	Restricted	R	Ref 2	R	R	R	R	R	U	U	U	U	U	U	U	
	Unrestricted	U														
<b>Medicines administration</b>			Policy													
	Administer Prescribed & dispensed medicines		Ref 4													
	Encourage/ remind patients to take own prescribed and dispensed medicines															
<b>Routes Of Medicines Administration</b>																
	Oral															
	Sublingual															
	Buccal															
	Intranasal		Ref 5 (non par POMs)													
	Inhaled															
	Rectal															
	Sub-cutaneous	R = Glucagon only						R	R							

	Intramuscular													
	Intravenous													
	External Jugular Vein		Ref 6											
	Intraosseous (tibial)													
	Intraosseous (humeral head)													
<b>Ventilation and Airway Management</b>														
Airways adjuncts/ techniques	Oropharyngeal airway													
	Nasopharyngeal airway													
	Supraglottic Airway Devices	R = pending training					R	R						
	Endotracheal Intubation	A (requires annual airway log)  B (requires dedicated governance process)							A	A	A	B	A	
	Cricothyroidotomy													
	Surgical Airway													

	BVM (Adult) Lone and 2 person													
	Pocket mask for paed													
Other interventions	Orogastric tube													
	Nasogastric tube													
	Needle Thorocentesis													
Referral and Discharge Rights														
Referral rights	Primary Care	Full (F) Supported (S) None (N)	Ref 7 - AAP/Tech & NQP	N	N	N	S	S	S	F	F	F	F	F
	Secondary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Tertiary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Referral of patients aged under 1 year													

Discharge Rights	Primary Care	Full (F) Supported (S) None (N)	Ref 7 - AAP/Tech & NQP	N	N	N	S	S	S	F	F	F	F	F
	Secondary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Tertiary Care	Full (F) Supported (S) None (N)		N	N	N	S	S	S	F	F	F	F	F
	Discharge of patients aged under 1 year			N	N	N	N	N	N	N	F	F	F	F
Conveyance (unplanned and/or non-HCP calls)	Secondary Care	Full (F) Supported (S) None (N)		N	N	F	F	F	F	F	F	F	F	F
	Tertiary Care	Full (F) Supported (S) None (N)		N	N	S	S	S	S	S	F	F	s	F
	Delayed Conveyance	R = When on SRV only		N	N	N	R	R	N	F	F	F	F	F
<b>Diagnostics/Observations</b>														



	Automated Blood Pressure			Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Manual Blood Pressure			Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Pulse Oximetry			Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Side stream capnography			Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Inline capnography			Red	Red	Red	Red	Red	Green	Green	Green	Green	Green	Green
	Blood glucose	When under direct supervision (not when working with another ECSW)		Red	Red	Yellow (S)	Green	Green	Green	Green	Green	Green	Green	Green
	ECG monitoring			Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green
	12 lead ECG acquisition			Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green
	12 lead ECG interpretation	R = gross abnormality	Ref 8	Red	Red	Yellow (R)	Yellow (R)	Yellow (R)	Green	Green	Green	Green	Green	Green
	Peak flow			Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Basic Chest Examination	Inspection, Palpation and Auscultation to guide treatment			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Full Chest Examination	Inspection			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Percussion			Red	Red	Red	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Palpation			Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Auscultation			Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Basic Abdominal Examination	Inspection, Light palpation to guide treatment.			Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
Full Abdominal Examination	Inspection			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Auscultation		Ref 9	Red	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Percussion			Red	Red	Red	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Palpation	R = light palpation only		Red	Red	Red	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Thermometry	Tympanic			Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Infrared			Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
	Oesophageal			Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Green	Red	Green	Green	Green
	Rectal			Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Green	Red	Green	Green	Green
Otoscope			Ref 10	Red	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Yellow	Green	Red	Green	Green	Green
Ophthalmoscope				Red	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Yellow	Green	Red	Green	Green	Green
Ultrasound				Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Green	Red	Green	Red	Green	Green	Green
<b>Treatments/Therapies</b>																				



	Haemostatic agents/ dressings				MTFA only													
	Pelvic Binder				Crew assist only													
<b>Spinal Immobilisation</b>																		
	C-Spine Clearance (Dx soft tissue injuries)																	
	Encourage self-extrication and self-mgmt via comfortable positioning	Requires support/ supervision (S)					S	S										
	Triple Immobilisation																	
	MILS and C Collar																	
<b>Escorting Patients after medicines administration</b>																		
	Escort patient after receiving opioid		Ref 11															
	Managing IV fluid infusion																	
	Escort patient after receiving benzodiazepine or		Ref 11															

	other form of sedation (paramedic MUST travel in ambulance)																		
<b>Safeguarding Referrals</b>																			
	Child safeguarding referrals				Own process														
	Adult safeguarding referrals				Own process														
	PREVENT referrals				Own process														
<b>Miscellaneous</b>																			
	Falls referrals																		
	Hypoglycaemia referrals																		
	Access to IBIS care plans																		
	GP Summaries																		

Reference Number from Appendix A	Title	Definition
1	Driving Standards Policy	Please refer to the Driving Standards Policy for information about modes of response and authority to use Team Medic vehicles and exemptions
2	Intimate examinations	Intimate examinations are restricted to immediate life-saving interventions (i.e. stopping bleeding), or where paramedics can administer medicines via the rectal route.
3	Prescribed and Dispensed medicines	Healthcare professional should, where competent to do so, administer any prescribed medicine that has been dispensed to them by a pharmacy. Where Team Medic staff carry stocks of medicines for use via PGD, these stocks cannot be used to supply further medicines where a prescription has run out.  Prescribing is currently outside of the capability of paramedics, although the legislation is likely to change in 2018 to allow advanced paramedic to train as prescribers. Dispensing can only be done by a pharmacist.
4	Intranasal Medicines	The only medicine that can be given via the intranasal route is Naloxone, which can be used under an exemption of the Human Medicines Regulations (2012) in Schedule 19. This exemption applies only to parenteral medicines (injected) and therefore cannot be given by non-parenteral routes such as intranasal. Staff authorised to give naloxone can only do so via IM injection.
5	External Jugular Vein Cannulation	This can only be carried out by staff trained to do so. Not all paramedics were trained to do this, and should only be done if trained and competent.
6	Referrals for, Technicians and Newly Qualified Paramedics.	Referral and Discharge by these groups of staff is authorised, but should be done with the support of a senior colleague.
7	ECG Interpretation	Only paramedics Advanced Technician can fully interpret 12 lead ECGs, but other grades of staff may link their clinical findings to gross abnormalities of the ST segment of the ECG to support decisions to take patients to

		Paramedics may assess ECGs for normality in the presence of other presentations (i.e. Transient Loss of Consciousness) and refer/discharge based on the ECG and clinical assessment (observing best practice – see Referral and Discharge Procedures)
8	Abdominal Assessment	Examining abdomens can be hazardous and therefore is restricted to those trained to undertake a full abdo exam, including deep palpation.
9	Otoscope/Ophthalmoscope use	Nurses with Nurse Practitioner qualification may also use these items to assess patients.
10	Escorting patients given Opioids or Benzodiazepines	Non-paramedics may escort patients who have received IV/IO doses of opioids or benzodiazepines. This would most commonly be relating to inter-facility transfers, and after the patient has been monitored in the emergency department.

## Appendix M (Medicines): Medicines Administration Authorised for use, by Clinical Grade/Role

### Key:

- **PGD:** Patient Group Direction
- **S17:** Schedule 17 of the Human Medicines Regulations 2012
- **S19:** Schedule 19 of the Human Medicines Regulations 2012
- **ALS:** Persons who hold the advanced life support provider certificate issued by the Resuscitation Council (UK).
- **TA:** Team Medic approval and authority using JRCALC guidelines
- **Diluent:** Used only for diluting a medicine (water for injection)

Name of Medicine (Controlled Drugs highlighted in RED Restricted medicines highlighted AMBER)	Dose	Route(s)	Mechanism	Type of Use (administration, supply, both)	FIR ST AID ER	Fre c 3/ FP OS- I	Fre c 4 / Fpo s - A	Tec hni cia n/ Adv anc ed Tec hni cia n	Par am edi c (inc ' NQ P)	Par am edi c Pra ctiti one r	Crit ical Car e Par am edi c	Nur se/ Nur se Pra ctiti one r
Activated Charcoal (P)	1 x bottle	Oral	PGD	Administration					Yes	Yes	Yes	Yes
Adrenaline 1:10,000 (POM)	1mg/10ml	IV/IO	S17 / ALS	Administration					Yes	Yes	Yes	Yes
Adrenaline 1:1000 (POM)	500mcg	IM	S19	Administration			IM Only	IM Only	Yes	Yes	Yes	Yes



Amiodarone (pre-filled) (POM)	300mg	IV/IO	S17 / ALS	Administration					Yes	Yes	Yes	Yes
Amoxicillin (POM)	500mg	PO	PGD	Supply						Yes		
Aspirin (P)	300mg	PO	TA	Administration	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Atropine 600mcg (POM)	600mcg	IV/IO	S19	Administration					Yes	Yes	Yes	Yes
Benzylpenicillin (POM)	600mg	IV/IO	S17	Administration					Yes	Yes	Yes	Yes
Calcium Chloride (POM)	10%/10ml	IV/IO	PGD	Administration							Yes	
Chlorphenamine (POM)	10mg/1ml	IV/IO (IV preferred) IM	S19	Administration			IM Only	IM Only	Yes	Yes	Yes	Yes
Clarithromycin (POM)	125mg suspension	PO	PGD	Supply						Yes		
Clarithromycin (POM)	250mg tablet	PO	PGD	Supply						Yes		
Clopidogrel (POM)	75mg	PO	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes
Co-Amoxiclav (POM)	625mg	PO	PGD	Supply						Yes		
Co-Amoxiclav (POM)	1.2g	IV	PGD	Administration							Yes	
Dexamethasone	2mg	PO	PGD	Administration					Yes	Yes	Yes	Yes
<b>Diazemuls IV (CD)</b>	10mg/2ml	IV/IO	S17	Administration					Yes	Yes	Yes	Yes
<b>Diazepam (CD)</b>	2.5mg	PR	TA	Administration					Yes	Yes	Yes	Yes
<b>Diazepam (CD)</b>	5mg	PR	TA	Administration					Yes	Yes	Yes	Yes

Entonox (P)	NA	Inhaled	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes
Flucloxacillin	250mg	PO	PGD	Supply						Yes		
<b>Flumazenil (POM)</b>	100 mcg	IV/IO	PGD	Administration							Yes	
Furosemide (POM)	20mg/2ml	IV	S17	Administration					Yes	Yes	Yes	Yes
Glucagon (POM)	1mg	IM/SC	S19	Administration			Yes	Yes	Yes	Yes	Yes	Yes

Glucogel (P)	40%/23g	Buccal	TA	Administration		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Glucose 10% (POM)	500ml	IV	S17	Administration					Yes	Yes	Yes	Yes
GTN (P)	400mcg	Sub lingual	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes
Heparin (POM)	5000 IU	IV	S17	Administration					Yes	Yes	Yes	Yes
Hydrocortisone (POM)	100mg	IV (preferred) IO/IM	S19	Administration			<b>IM Only</b>	<b>IM Only</b>	Yes	Yes	Yes	Yes
Ibuprofen Suspension (P)	100mg/5ml	PO	PGD	Supply						Yes		
Ibuprofen Sachet (P)	100mg/5ml	PO	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes
Ibuprofen Tablet (P)	200mg	PO	PGD	Supply						Yes		
Ibuprofen Tablet (P)	200mg	PO	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes

Ipratropium Bromide (POM)	250mcg	Nebulised	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes
<b>Ketamine (CD)</b>	10mg/1ml	IV/IO	PGD	Administration							Yes	
Lidocaine (Lignocaine) (POM)	1%	SC	PGD	Administration						Yes		
Magnesium Sulphate (POM)	2g or 4g (depending on PGD)	IV/IO	PGD	Administration							Yes	
Magnesium Sulphate (POM)	150mg	Nebulised	PGD	Administration							Yes	
<b>Midazolam (CD)</b>	5mg/5ml	IV/IO	PGD	Administration							Yes	
<b>Midazolam (High strength) (CD)</b>	5mg/1ml	IV/IO	PGD	Administration							Yes	
<b>Morphine Sulphate (CD)</b>	10mg/1ml	IV/IO	S17 (PGD**)	Administration					Yes	Yes	Yes	Yes**
Naloxone Hydrochloride (POM)	400mcg/1ml	IV/IO/IM/IN	S19	Administration			IM Only	IM Only	Yes	Yes	Yes	Yes
Naproxen (POM)	250mg	PO	PGD	Supply						Yes		
Nitrofurantoin (POM)	50mg	PO	PGD	Supply						Yes		
Ondansetron (POM)	2mg	IV	S17	Administration					Yes	Yes	Yes	Yes
Oxygen (P)	NA	Inhaled	TA	Administration	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Oral Rehydration Salts (GSL)	Sachet	PO	TA	Supply						Yes		

Paracetamol (POM)	10mg/1ml	IV	S17	Administration					Yes	Yes	Yes	Yes
Paracetamol (P)	120mg/5ml suspension	PO	PGD	Supply						Yes		
Paracetamol (P)	250mg/5ml suspension	PO	PGD	Supply						Yes		
Paracetamol (P)	250mg (Fastmelt/ oro-dispersible)	PO	PGD	Supply						Yes		
Paracetamol (GSL)	500mg	PO	PGD	Supply						Yes		
Paracetamol (GSL)	500mg	PO	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes

Paracetamol (P)	120mg/5ml sachet (Calpol)	PO	TA	Administration			Yes	Yes	Yes	Yes	Yes	Yes
Penicillin V (POM)	250mg	PO	PGD	Supply						Yes		
<b>Phenytoin (POM)</b>	250mg/5ml	IV/IO	PGD	Administration							Yes	
Prednisolone (POM)	5mg	PO	PGD	Supply						Yes		
Prednisolone (POM)	1mg/1ml	PO	PGD	Administration					Yes	Yes	Yes	Yes
Prednisolone (POM)	1mg/1ml	PO	PGD	Supply						Yes		
<b>Rocuronium (POM)</b>	10mg/1ml	IV/IO	PGD	Administration							Yes	
Salbutamol (POM)	2.5mg	Nebulised	TA	Administration	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Salbutamol (POM)	5mg	Nebulised	TA	Administration	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sodium Chloride Ampoule (POM)	0.9% 10ml	IV/IO	S17	Administration					Yes	Yes	Yes	Yes
Sodium Chloride (P)	0.9% 100ml	IV/IO	S17	Administration							Yes	
Sodium Chloride (P)	0.9% 500ml	IV/IO	S17	Administration					Yes	Yes	Yes	Yes
<b>Sodium Chloride (hypertonic) (POM)</b>	5% 500ml	IV/IO	PGD	Administration							Yes	
Tenecteplase (POM)	10,000 units	IV	S17	Administration					Yes	Yes	Yes	
Ticagrelor (POM)	90mg	PO	PGD	Administration					Yes	Yes	Yes	Yes
Tranexamic Acid (POM)	100mg	IV	PGD	Administration					Yes	Yes	Yes	Yes
Trimethoprim (POM)	200mg	PO	PGD	Supply						Yes		

Water for Injection (P)	NA	IV/IO	Diluent	Administration					Yes	Yes	Yes	Yes
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\*Associate practitioners are required to undertake the first five administrations of those drugs marked under supervision prior to moving to autonomous practice. Supervision will usually be remote through accessing a paramedic on the Clinical Desk or PP Desk.

\*\* Only paramedics are covered by Schedule 17 of the Human Medicines Regulations, 2012. Other healthcare professionals may need to follow a PGD.

