



# Rules and Regulations

Updated **May 2024**

## Code of Conduct

- 1** Recognise their scope of practice and understand when to seek senior advice.
- 2** Undertake the necessary risk assessments and take the appropriate action(s) to minimise risk to staff, service users and the wider public.
- 3** Operate with respect, upholding the rights, dignity, values and autonomy of service users.
- 4** Practise in a non-discriminatory manner, maintaining a professional duty of care despite personal incompatibility and biases.
- 5** Understand the importance of active participation in training and supervision in order to keep skills and knowledge up to date.
- 6** Recognise the need to positively engage in debriefing, reflection and review.
- 7** Be able to operate the necessary technologies relevant to practice, such as the MDT and radio communications systems.
- 8** Practise as an autonomous professional, exercising their own clinical judgement and decision-making abilities when assessing and treating service users.
- 9** Demonstrate a logical and systematic approach to problem-solving.
- 10** Understand the key concepts of the knowledge base necessary to conduct assessment, form a differential diagnosis, and establish management strategies for service users.
- 11** Be able to conduct the appropriate diagnostic procedures and interventions safely and effectively, including immobilisation, using appropriate techniques and equipment.
- 12** Understand the indications, contra-indications and cautions of specific techniques and interventions in pre-hospital and out-of-hospital care, including potential limitations and modifications.
- 13** Be able to adjust practice as needed, to account for new developments, changes to practice, or individual needs of service users.
- 14** Be able to maintain accurate and comprehensive records, ensuring confidentiality and adhering to information governance policies.
- 15** Maintain a professional relationship with service users, other professionals, and support staff, contributing and communicating effectively as part of a team.

# Uniform and Workwear Policy

This policy applies to all staff, and has been developed to:

- 🏆 cultivate a positive, professional image of the Trust;
- 🏆 minimise the risk of injury to patients and staff;
- 🏆 reduce the risk of cross-contamination; and
- 🏆 avoid offence to people with different cultures and beliefs.

## Personal Appearance

Hair must be kept clean and groomed at all times. Long hair must be tied back and away from the face, and must sit above the collar. Hair colouring and style should appear professional, so as not to cause offence to, or invite provocation from, members of the public.

Headwear not provided by the Trust is strictly forbidden, unless worn for religious or cultural reasons; this must be clean, and secured in such a way that it does not interfere with the treatment of patients.

Make-up should appear tasteful and professional at all times. Nail polish and false nails are strictly forbidden. Staff are permitted to wear a single stud piercing in each ear. Other jewellery is not permitted, including wristwatches.

Visible tattoos must not cause offence to colleagues or members of the public – any tattoos that may be seen as ‘offensive’ must be fully covered whilst working, and this must not negatively impact hygiene or patient care.

Prescription glasses are permitted, as long as the design is professional. Sunglasses may only be worn whilst driving – these must be removed when providing patient care.

## Uniformed Staff

Uniforms provided by the Trust must be cleaned, ironed, and kept in a good state of repair – this is the responsibility of staff members. Unauthorised additions or modifications to the uniform are not permitted.

Epaulettes and rank slides must be correct and clearly visible at all times. Clinicians with advanced training must wear red epaulettes and rank slides at all times.

Staff are only permitted to wear Trust-provided uniform whilst working, or when travelling to and from their place of work. When commuting, staff are encouraged to cover uniform where possible, using a hooded sweatshirt or jacket. Trust-provided identification badges or lanyards must not be used outside of the workplace.

## Non-Uniformed Staff

Where not provided with a uniform, staff must wear appropriate clothing that is generally seen as ‘smart casual’. Identification badges or lanyards must be worn at all times when on Trust premises, or when performing duties on behalf of the Trust. All Trust-provided identification must not be used outside of these circumstances.

Operational Support staff are provided with suitable clothing by the Trust – this must be worn at all times whilst performing their duties. Identification badges or lanyards must be worn where safe to do so, and must be readily available if challenged by a member of staff.

## Personal Protective Equipment (PPE)

PPE is provided by the Trust, and this is expected to be worn when necessary to protect staff from hazards. High-visibility clothing must be worn when working on or near major roads, by water, at major incidents, or where required by health and safety regulations. High-visibility clothing should be worn when working at night or in the dark.

Protective helmets should be worn when there is potential for debris, or where otherwise required by health and safety regulations.

## Complaints and Reporting Procedure

All reports or complaints made by or involving the Trust and its staff should follow this process. This ensures that all reports are handled effectively.

### Complaints from the public

Any complaints from other emergency services and the public should be submitted in writing, using the existing ‘ticket’ framework. The complaint will then be handled by a member of the supervising team. Reports will be escalated to leadership in line with the Trust internal escalation policy.

Complaints will not be handled whilst attending incidents, treating patients, or otherwise operating as frontline staff.

### Internal complaints by staff

In the first instance, Trust staff should speak to their line manager. The line manager will collect any necessary information and decide how to proceed. Any disciplinary action will be taken in line with the Trust disciplinary policy. Escalation to senior leadership, where necessary, will be handled in line with the Trust internal escalation policy.

In some cases, it may be necessary to escalate the report to another emergency service. In these cases, the line manager handling the complaint will follow the reporting procedures for that service.

### Trust Incident Reporting

Where an incident has occurred during a shift, staff must complete and submit an Incident Reporting Form (IRF/DATIX) as soon as practically possible. If a duty officer is available, staff should consider contacting them – this is not necessary in most cases.

Staff must not include any patient information in any incident reports. Where patient care is involved, PRFs can be linked using the feature at the bottom of the incident report.

Incident reports are reviewed and followed up on a regular basis by the supervising team. Repeated or serious incidents will be reviewed and handled by senior leadership.