



Visitors Policy

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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
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Dissemination requirements	All managers and staff via Trust intranet and email
Part of Trust’s publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between

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people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

The purpose of this document is to inform staff at the East of England Ambulance Service NHS Trust about the procedures for organising visits to the service and ensure appropriate safeguarding arrangements are in place for staff and for vulnerable patients.

The Trust arranges visits by journalists, TV crews, MPs, VIPs and stakeholders from time to time. Such visits play a significant role in promoting our services and the work of our staff, building understanding of how the ambulance service operates and motivating staff. Positive media coverage and stakeholder support is important in building and maintaining public confidence in the Trust and the wider NHS.

The Trust aims to support and accommodate such visits wherever possible, however we recognise our responsibility to protect the wellbeing, dignity and privacy of patients, families, and staff. We also recognise the need to ensure any such visits do not have a detrimental effect on clinical care. All one-off or short-term 'sanctioned' visitors must always be accompanied throughout their visit to the Trust when there is a possibility of contact with vulnerable patients/visitors.

2. Purpose

This policy recognises that many 'sanctioned' visits are organised as a single, one-off events so that standard safeguarding arrangements such as DBS checks may not be appropriate. However, the procedure also covers circumstances where certain groups or individuals have long term or ongoing relationships with the Trust, such as volunteers or TV documentary film crews.

3. Duties

3.1 General Duties for All Staff

This policy can be revoked or restricted at any time, for example in the event of a specific issue such as a security threat or the

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requirement of increased Infection, Prevention and Control measures (such as pandemic or outbreak).

The minimum age for any visitors to any Trust premises is 18 years of age.

Every member of staff has a duty to ensure the safety and security of the Trust's premises and working environment. As such, all staff should:

- ask for identification of any visitor, the purpose of their visit and check the visitor's credentials
- ask who they are meeting and alert that person to the visitor being present
- ensure the visitor is accompanied until the responsible manager or member of staff arrives to handle the visit
- records any risks or untoward incidents through Datix

3.2 Specific Duties for those Staff Responsible for Arranging Visits

Type of sanctioned visitor	Person or team responsible	Duties
Media (including journalists, film crews and sound engineers), local councillors, MPs and celebrities	Communications team (via Director of Communications and Engagement)	<ul style="list-style-type: none">• Ensuring all such visits are handled effectively and responsibly• Brief executive team, local management team and other internal and external stakeholders (as appropriate) on such visits• Holds a schedule and record of such visits• Submits the Visitors forms to the Corporate Governance Team

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Type of sanctioned visitor	Person or team responsible	Duties
Royal family members, ministers and overseas dignitaries	Resilience team (via Senior Resilience Manager)	<ul style="list-style-type: none"> • Ensuring all such visits are handled effectively and responsibly • Carries out appropriate risk assessments prior to the visit and where required liaise with police, security services and/or Royal protection officers. This will determine any additional resource or control measure required. • Briefs executive team, gold commander and appropriate local management teams and staff of the visit and activity • Holds a schedule and record of such visits • Submits the Visitors forms to the Corporate Governance Team
Contractors	The person / team who contracted with the contractor	<ul style="list-style-type: none"> • Ensuring that any contractors on site are appropriately checked and authorised • all such visits are handled effectively and responsibly • Briefs local management teams on such visits and work being carried out • Holds a schedule and record of such visits • Ensure health and safety requirements are met and any impact on trust critical functions are assessed and mitigated

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Type of sanctioned visitor	Person or team responsible	Duties
		<ul style="list-style-type: none"> • Submits the Visitors forms to the Corporate Governance Team
Volunteers	Deputy Chief Operating Officer	<ul style="list-style-type: none"> • Ensure that volunteers are authorised and properly managed whilst on/in trust premises and any specific procedures are in place
Regulator (CQC)	The Chief Executive / Director of Communications / Medical Director / Head of Governance	<ul style="list-style-type: none"> • Ensuring all such visits are handled effectively and responsibly following confirmation of identity • Briefs executive team, local management team and other internal and external stakeholders (as appropriate) on such visits • Holds a schedule and record of such visits • Submits the Visitors forms to the Corporate Governance Team

4. Definitions

AOC – Ambulance Operations Centre (control rooms)
 CQC – Care Quality Commission
 Datix – The Trust’s incident reporting software system
 DBS – Disclosure and Barring Service checks
 MP – Member of Parliament
 VIP – Very Important Person

5. Visitors Procedure

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All requests for VIP visits should be discussed with the Communications team in the first instance. If an individual or team is approached directly by a celebrity or VIP the visit must be approved by, and organised through, the Communications team

The procedure requires that one-off or short-term ‘sanctioned’ visitors are always accompanied throughout their visit to the Trust when there is a possibility of contact with vulnerable patients/visitors. The minimum age for any visitors to any Trust premises is 18 years of age.

Visitors who are going to have a prolonged visit to the Trust, for example over a number of days, need to be assessed for whether extra checks are required. This would include consideration if a DBS check is required and to what level. Such considerations and decisions need to be documented by the responsible manager on the visitor record and made in conjunction with the Head of Governance.

The table in section 3 sets out who is responsible for organising and managing sanctioned visitors. In most circumstances the actual visit will be managed and supervised by the local management team. This requires the person responsible for the visitor to make the necessary arrangements with the local management team for this to happen effectively. Access to Trust premises for contractors is managed by the Estates department.

Before visits

In advance of any visit the responsible team will liaise with the relevant Trust areas to ensure that it is appropriate to visit the areas on the proposed dates, and that this will not disrupt patient care.

The Communications team will alert the Trust resilience team to all VIP and celebrity visitors at the earliest stage.

Before the visit, any visitor will be advised that if they have any infectious condition that may affect patients, for example on a ride-out, they should not visit the Trust. Visitors will be advised in

advance to make frequent use of the alcohol hand sanitizers located around the service if patient contact occurs.

If a VIP or celebrity turns up without any prior notice and is not on a sanctioned visit, the Communications team must be notified immediately. The visitor should be held in reception until a member of the communications team can make contact with them.

If a visit occurs outside normal working hours the local manager should check with managers who were on earlier in the day of the visit to ensure it has been authorised and that arrangements for accompanying have been made. They should also check that the visit remains appropriate.

Arrival at the ambulance service locality

Upon arrival at the ambulance site any visitor will be met by a member of staff, who will normally be a local manager. Sanctioned visitors should be met at a main reception area when they visit the ambulance service and then escorted to the pre-arranged areas where the visit will take place.

During Visits

A nominated Trust representative should remain with the sanctioned visitor throughout the visit until they are escorted from the building. If it is necessary for another representative to take over, this fact must be logged as part of the formal record of the visit.

Sanctioned visitors who do not have appropriate checks and authorisation must not be left unaccompanied. In addition, any time they are with a patient there will be a member of Trust staff with them – a visitor must never be allowed to be alone with a patient.

If the visitor is going on an operational patient facing vehicle or attending patient incidents, they must have the required Personal Protective Equipment. This will be provided by the local management team on the day of the visit.

The Trust representative will ensure that all appropriate clinical protocols including infection prevention and control are observed by all visitors. Any risks or untoward incidents must be reported through the normal process on Datix.

Confidentiality

All sanctioned visitors will be reminded that what they potentially witness is private to each patient and unless given express permission to do so by the family should not be discussed in public forums whereby a patient or family could be identified. This is to include the use of social media. If the member of staff is concerned that patient confidentiality may be breached, they are to raise this with their local management team immediately. In turn the local management team should report this on Datix and alert the communications team.

Incidents

If an incident takes place involving a visitor or an allegation is made this must be escalated using the existing operational procedures. If the allegation involves a patient, this must also be reported to the Safeguarding team. The incident must also be reported on Datix. Comprehensive notes must be made, and kept, of any allegations and actions taken. This must detail the actions taken to ensure patients are safe and free from harm. The Tactical Operations Centre must also be alerted to an incident so that relevant 'on call' managers can be notified where required.

Staff behaviour

Staff are reminded that, as employees, they are representatives of the Trust, and are expected to behave professionally at all times. During VIP, stakeholder and celebrity visits, staff should continue in their roles as usual while supporting the management of the visit where appropriate.

Sanctioned visitors to stations or AOCs should always be greeted appropriately by staff and treated respectfully throughout their visit. Staff must not approach VIPs on stations, localities or other areas of the Trust unless advised to do so by the Communications or

local management team. This includes asking for photographs and autographs.

During visits, staff should not be present unless required to be there in a work-related capacity.

6. Observing any Patient Interactions

If a visitor is going to spend time with staff observing on any patient-facing response vehicle (such as an ambulance, rapid response vehicle or patient transport service vehicle) the relevant documentation, as detailed within the appendices, must be completed.

This covers who can, and cannot, observe on an operational patient facing vehicle, the process for approving such visits, briefings and equipment required and relevant forms that need to be completed.

7. Monitoring Arrangements

Compliance with this procedure will be monitored by the Communications Director, Resilience Lead, Estates and Facilities lead and the Head of Governance.

Monitoring will be on-going and will include compliance with procedures outlined within this procedure together with feedback from staff and those involved in the visit.

Observer forms will be retained by the relevant department arranging the visit. Each responsible team or person as outlined in this policy will hold a record of sanctioned visits, which can be made available for inspection. As a minimum this will include visitor names, times of visit, areas visited, date of visit, whether the visit was managed properly and if any incidents occurred.

Any adverse issues identified will be considered for inclusion on the Trust Risk Register. Where risks are identified an action plan will be devised by the Director of Communications, the Head of

Governance and the Senior Resilience Manager and any other relevant staff.

8. Awareness and Training

Awareness of the policy will be raised through:

- Publishing the policy on the Trust intranet and website
- Communications to staff through Need to Know
- Management team briefings
- Local inductions for staff

Appendices

Appendix A = Monitoring Table

Appendix B = Equality Impact Assessment

Appendix C = Sanctioned Visitor events – record of arrangements
one visit of less than 24 hours

Appendix D = Sanctioned Visitor events – record of arrangements
one visit of more than 24 hours

Appendix E = Observers to Patient Facing/Operational Areas
including AOC

Appendix F = Request for Ambulance Observation

Appendix G = Confidentiality Statement

Appendix H = Observer Duty Check Sheet

Appendix A: Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
<i>Compliance</i>	<i>Compliance and Risk Group via Head of Governance</i>	<i>Return of forms</i>	<i>Quarterly</i>	<i>Spreadsheet outlining visits</i>	<i>Compliance and Risk Group. The lead or committee is expected to read and interrogate any report to identify deficiencies in the system and act upon them</i>	<i>Required actions will be identified and completed in a specified timeframe, monitored via the Compliance and Risk Group</i>	<i>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the Corporate Governance Team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>

Appendix B: Equality Impact Assessment Form

EIA Cover Sheet																	
Name of process/policy	Visitors Policy																
Is the process new or existing? If existing, state policy reference number	Existing POL058																
Person responsible for process/policy	Emma de Carteret, Head of Governance																
Directorate and department/section	Corporate Governance																
Name of assessment lead or EIA assessment team members	Emma de Carteret, Head of Governance																
Has consultation taken place? Was consultation internal or external? (please state below):	None at the point of review as no material changes to existing policy																
The assessment is being made on:	<table border="1"> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>X</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td>Other (please state) Training programme.</td> <td></td> </tr> </table>	Guidelines		Written policy involving staff and patients	X	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state) Training programme.	
	Guidelines																
	Written policy involving staff and patients	X															
	Strategy																
	Changes in practice																
	Department changes																
	Project plan																
	Action plan																
Other (please state) Training programme.																	
Equality Analysis																	
What is the aim of the policy/procedure/practice/event?																	
a) To safeguard patients, staff and the public from inappropriate access from non-Trust personnel.																	

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b) To ensure the safety of visitors during time spent within the organisation.			
Who does the policy/procedure/practice/event impact on?			
Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>
Marriage/Civil Partnership	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Pregnancy/maternity	<input type="checkbox"/>		<input type="checkbox"/>
Who is responsible for monitoring the policy/procedure/practice/event?			
Head of Governance			
What information is currently available on the impact of this policy/procedure/practice/event?			
The policy is designed to safeguard all patients and staff, regardless of any protective characteristic and does not differentiate in any way regarding these aspects – the policy content is evidence.			
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes, see below			
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:			
Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>
Marriage/Civil Partnership	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Pregnancy/maternity	<input type="checkbox"/>		<input type="checkbox"/>
Please provide evidence:			

No examples relating to specific protected characteristics as the policy is designed to safeguard all.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

- | | | | | | |
|---------------|-------------------------------------|-----------------------------|-------------------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input checked="" type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input checked="" type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

There is a specific minimum age for visitors which may negatively impact upon young adults and children who may wish to visit; however, the age specification is for health and safety requirements, in addition to respect and dignity of patients.

There is the potential for negative impact upon potential visitors with a recognised disability, due to an inability to accommodate physical needs in certain circumstances, for example within an ambulance or a third-party location, such as a patients' home. However, without further analysis it is not possible to ascertain the specific impact and whether the policy requires amendment.

Action Plan/Plans - SMART

Evaluation Monitoring Plan/how will this be monitored?

Who: Head of Governance

How: Visitor forms completed

Reported to: Patient Engagement Group, and Compliance and Risk Group

Appendix C: Sanctioned Visitor events – record of arrangements one visit of less than 24 hours

One form to be completed for each visit and record to be retained by Head of Governance

Name of station or site	<i>name of hosting station or site</i>
Location of event	<i>Actual department or location</i>
Date of event	<i>Dd/mml/yyyy</i>
Authorisation	<i>name and job title of person authorising visit</i>
Trust representative	<i>name and job title of person accompanying sanctioned visitor at all times during the visit.</i>
Sanctioned visitor	<i>Name of visitor</i>
Purpose of visit	<i>Summary details</i>
Time of event	
Details of visit	<i>e.g. itinerary or schedule</i>
Risk assessment	<i>supplementary sheet if appropriate</i>
Unmitigated risks	<i>please list any</i>
Incident reporting	<i>List and reference reports of any incidents occurring</i>

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Sign off	<i>Form should be signed by authorising person or by Trust representative who accompanied sanctioned visitor</i>
EDBS Completed	<i>Not required due to continuous supervision during single visit.</i>
<p>Checklist for Visitor:</p> <ul style="list-style-type: none"> • who to contact to schedule a visit • management of press releases and media coverage • what to wear during a visit e.g. uniform or team kit, in the case of sports personalities • infection control requirements • no-smoking policy • confidentiality agreement, including consent required for filming and taking photos and the use of social media • gifts and presents • access and car parking • raising concerns/whistleblowing • sign-posting to further advice, information, and guidance during visit. 	

Appendix D: Sanctioned Visitor events – record of arrangements of more than one visit lasting over 24 hours

One form to be completed for each visit and record to be retained by HR

Name of station or site	<i>name of hosting station or site</i>
Location of event	<i>Actual department or location</i>
Date of event	<i>Dd/mml/yyyy</i>
Authorisation	<i>name and job title of person authorising visit</i>
Trust representative	<i>name and job title of person accompanying sanctioned visitor</i>
Sanctioned visitor	<i>Name of visitor</i>
Purpose of visit	<i>Summary details</i>
Time of event	
Details of visit	<i>e.g. itinerary or schedule</i>
Risk assessment	<i>supplementary sheet if appropriate</i>
EDBS Completed	<i>Reference Number or risk assessment as to why not completed signed by authorised signature</i>
Checklist for Visitor: <ul style="list-style-type: none"> • who to contact to schedule a visit • management of press releases and media coverage 	<i>List and reference reports of any incidents occurring</i>

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<ul style="list-style-type: none">• what to wear during a visit e.g. uniform or team kit, in the case of sports personalities• infection control requirements• no-smoking policy• confidentiality agreement, including consent required for filming and taking photos and the use of social media• gifts and presents• access and car parking• raising concerns/whistleblowing• sign-posting to further advice, information, and guidance during visit.	
Sign off	<i>Form should be signed by authorising person or by Trust representative who accompanied sanctioned visitor</i>

Appendix E: Observers to Patient Facing/Operational Areas including AOC

Background and Scope

The following arrangements will ensure a consistent approach to requests to observe or visit Emergency and Non-Emergency services and AOC. Separate policies apply to requests to observe on Air Ambulances due to the external ownership/liability and specific regulations.

Observer Requests

When considering an observer request, the following criteria will be used.

The observer must be **over the age of 18 and** meet **one or more** of the following:

Be involved in health care delivery either professionally or as a member of a Voluntary Aid Service

Be training to become a member of a health care professional group

- Be a member of the statutory emergency services

If a potential observer does not meet the above criteria a, b or c, in exceptional circumstances the relevant Head of Operations can authorise a request providing their presence is beneficial and there is no assessed risk to the Trust.

If observing on a front-line ambulance, the observer should be able to be physically cope with the rigours of observing on a front-line vehicle, including access and egress of the vehicle to ensure that patient care remains the focus.

Procedure

An individual wishing to ride out as an observer shift should submit a request in writing to the Head of Operations and where possible the request should be accompanied by a written statement of support from the organisation or agency responsible for the individual. Requests from student healthcare professionals should be made via

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their educational supervisor. Requests should be made using the form below. Any agreement entered will be time based and will not be an open-ended invitation.

In considering requests, an individual risk assessment should be carried out for all requests and reasonable adjustments made if required.

A nominated manager will be responsible for the observer on the agreed date of the observation visit. The nominated manager will meet the observer when they report to station/base/EOC and ensure all documentation is completed and the observer is issued with PPE. The observer will need to wear appropriate clothing/footwear/hair tied back and be IPC compliant.

The observer will be asked to sign a confidentiality agreement and checklist (see below) before observing.

The nominated manager will obtain agreement from any Trust staff involved and will notify the AOC (or equivalent control/dispatch centre) with details of the observer.

Operational Considerations

Only one observer should ride on a vehicle at any one time.

The observer will respect the crew who will be responsible for the ultimate safety of the observer.

The observer will not become involved in patient care or in the operation of any ambulance equipment. The observer should comply with any relevant infection prevention and control arrangements.

There may be situations when individuals with known skills, experience or competence are observers. In this situation, with prior approval, the observer may become involved in patient care under direction from the ambulance crew and in exceptional circumstances only. This will be documented on the Patient Care Record.

The observer will wear the appropriate clothing. This should consist of plain coloured trousers and top. Denim should not be worn. Flat

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soled shoes must be worn (trainers are not permitted). Hair needs to be tied back.

If the observer is wearing inappropriate or unsuitable clothing they will not be allowed to observe.

The observer will be issued with the appropriate PPE related to the service being observed. This will normally include a high visibility jacket and a safety helmet (helmet not required for non-emergency services), both marked "OBSERVER" and the observer will be shown how to wear and adjust them correctly.

The observer must ensure their own safety and be vigilant at all times. The observer must follow instructions given by the ambulance staff at all times, as this may be health and safety related.

All PPE must be returned at the end of the observer's ride out.

Confidentiality

Observers must regard all information relating to patients as confidential and must not communicate it to anyone either during or after their time with the Trust.

Observers will carry correct and appropriate identification. Individuals who already have an NHS ID badge should bring it with them and display at all times. Individuals without an NHS ID Badge will wear an observer ID badge.

The observer will be introduced to the patient or relatives and permission sought for the observer to remain while patient assessment, examination or treatment is performed. Consent must not be presumed. If a patient declines to have an observer present at any time this must be respected

The observer will complete a confidentiality form before undertaking observation and will need to adhere to all Trust Policies and Procedures which specifically includes the Use of Digital Media including Social Media Policy. No photographs or recordings may be taken during the period of observation without express prior permission of the Director of Communications

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Should the nominated manager decide, that for any reason, the presence of the observer has or may bring the service into disrepute (e.g. inappropriate behaviour) he/she will ensure that the observer is removed from the vehicle and returned to the reporting station as soon as is reasonably practicable. The nominated manager will then decide as to the continuation of the observer. This will include any safeguarding incidents which should be reported on Datix for investigation. This may also be reported back to the employer/educational establishment.

Appendix F: Request for Ambulance Observation

Name	
Address	
Date of Birth	
Telephone Number	
Mobile	
Organisation	

Reason for the observer request
Supporting information from your manager/supervisor/tutor

Approved by (including completion of individual risk assessment)
Date(EEAST
 Manager)

Prior to the observation period, the EEAST manager should return this form via email to the Tactical Operations Centre (TOC), operations@eastamb.nhs.uk , keeping a copy for your file

Appendix G: Confidentiality Statement

All those working in the NHS are bound by the need for absolute confidentiality relating to any information gained during contact of any type with patients and their carer's. Information given to our staff is privileged and can only be passed with the patients' approval to other health care professionals.

Any matters of a confidential nature, especially information relating to patient personal details and the diagnosis and treatment of patients must under no circumstances be divulged or passed to any unauthorised person or persons.

I hereby acknowledge that I have read and understood the above statement, and agree to comply fully with this requirement.

Signed.....

Print Name.....

Date

Appendix H: Observer Duty Check Sheet

Station/AOC.....

Valid for

		Observer	Manager
Authorisation evidence			
Premises orientation	Crew Quarters		
	Kitchen		
	Toilets		
	General Facilities		
Suitable clothing			
PPE Issued and instruction given	Helmet		
	High Visibility Jacket		
Advised on infection prevention and control			
Confidentiality form signed			
Vehicle familiarisation			

Emergency contact details

Name

Telephone

Any Significant Past Medical History YES/NO

If yes please give details

.....

Any Allergies YES/NO

If yes please give details

.....

I confirm that I will work to the instruction of the crew and manager at all times. I will not use or interfere with any ambulance or medical equipment. I will not lift or handle patients or equipment. If a

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patient objects to my presence I will remain in the cab of the vehicle. I confirm that I have received briefings on the items listed above and fully understand my position of observer whilst with the East of England Ambulance Trust.

Signed.....

Name.....

Date

Assigned to crew (callsign) Vehicle (registration)
.....

Crew members

.....
.....

I confirm that the above-named observer has been made aware of the details listed above

Signed.....

Date.....