| St John Ambulance | | Standard SOP No.: Version: | Operating Procedure 002-015 1 |
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| Complaints Policy | | | |

1 <u>Purpose</u>

This policy is to ensure the effective procedures should a complaint occur from either an organisational member or member of the public, in either areas of Training or while on duty for the organisation.

2 <u>Scope and Responsibilities</u>

| Responsibilities | Personnel Responsible |
|----------------------------|------------------------------------|
| Implementation of this SOP | All PHECC Practitioners, Emergency |
| | First Responders & First Aiders |
| Approval of this SOP | Director Training & Development |
| Maintenance of this SOP | Training Faculty |

3 <u>Scope</u>

This policy is to ensure the effective procedures should a complaint occur from either organisational member or member of the public, in either areas of organisational training sessions, while on duty, interaction with the public and any social activity or gathering.

3.1 Not In Scope

This policy does not cover any Adverse Clinical Events (ACE) which may happen in the organisation. In the event of an ACE happening, Policy 002-004 "Management of Adverse Clinical Events" must be followed instead.

3.2 <u>Procedure</u>

- 1. Complaint will be notified to either the Superintendent or Member in Charge (MIC) of the relevant division.
- 2. The volunteer member/ or member of public will be advised of the process.
- 3. Once submitted in writing, an officer will be assigned to facilitate the process and the individual will be advised of the current standing of any investigation.
- 4. The officer will then be assigned to gather all relevant information and liaise with all involved.
- 5. The officer will first meet each individual separately to investigate the complaint with no bias and then bring both parties together to facilitate a solution if required.

| St John Ambulance | St John Ambulance Ireland (SJAI) | Standard Operating Procedure SOP No.: 002-015 Version: 1 |
|----------------------|----------------------------------|--|
| Complaints Policy | | |

- 6. Each party of the complaint is entitled, if they so decide, to have separate representation at any meetings.
- 7. Complete confidentiality will be maintained at all times, and all relevant records accessible to those involved in the complaint.
- 8. Once reviewed and considered, all involved will be advised of the findings and these will then be documented for auditing purposes.
- 9. If either party are unhappy with the findings/outcomes, a 2nd officer will review and consider the actions recorded.
- 10. Should there be a dispute in the findings, the matter will be forwarded to Commissioner for further consideration and the Commissioner's findings will be final.
- 11. At all times the complaint will remain with only the relevant officers, and all stages of internal investigation will be reported to the affected members.
- 12. Once a decision has been reached the case will be closed and recorded in the complaints folder for inspection.
- 13. The findings may recommend training, or disciplinary action and this must be approved by the Superintendent and an agreed time frame for the implementation.
- 14. A final report must be submitted to the Commissioner within 14 days of closing the complaint.

These steps are not limiting, and at all times the process should be an open and transparent one, with clear lines of communication between all affected individuals. The policy will be reviewed yearly or on best practice should the need arise.

4 <u>Abbreviations</u>

| PHECC: | Pre Hospital Emergency Care Council |
|--------|-------------------------------------|
| ACE: | Adverse Clinical Event |
| SJAI: | St John Ambulance Ireland |
| MIC: | Member in Charge |