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# AMBULANCE **HART**

Hazardous Area Response Team



## Department of Health National Recruitment and Selection Manual For HART in NHS Ambulance Trusts

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## FOREWORD

**In 2005 Ministers gave their backing to a proposal from the Department of Health (DH) to look at the feasibility of ambulance personnel providing clinical intervention to casualties within the inner cordon of hazardous incidents, including those involving CBRN. From this the Hazardous Area Response Team (HART) programme has developed, with evaluation of teams in place in London and Yorkshire during 2007.**

Extensive work has been undertaken to ensure we are introducing these roles in the safest and most effective way. In many respects this is an area that ambulance personnel have not worked in before and to provide this capability requires new ways of working, new skills, new equipment and the right kind of people to do the job.

This manual has been written to provide Trusts with background information to the design and process of selecting HART personnel. This manual is not exhaustive nor is it prescriptive. The methodology has, however, been based on evidence gathered in a robust and systematic way during the evaluation and ongoing development of HART.

The Department of Health therefore strongly recommends use of the enclosed approach and tools as best practice, on a consistent basis as HART is rolled out across ambulance trusts. This means that those who manage or deliver HART in different settings will have a common understanding of what an effective HART Operative or Team leader 'looks like' and what it means to be effective when delivering within the HART role.

The recruitment design and process is being funded by the DH, and certain elements, such as the Physical Competence Assessment, will be coordinated by the DH HART project team. DH will also continue to support the ongoing evaluation and validation processes necessary to provide assurance and support future improvements in the development of HART.

**Russ Mansford**  
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## A INTRODUCTION TO THE HART SELECTION PROCESS

### Background and purpose of this manual

This guide has been put together to provide ambulance trusts with the rationale for using particular methods to select personnel in their recruitment process for HART. It also includes tools and sample forms that can be used to populate trust documentation, as well as outlining plans for validating the selection process itself. Further training/familiarisation will be provided to Trusts to support them in the recruitment of HART personnel using this methodology.

In this manual where the term HART is used alone it refers to all forms of HART capability (e.g. Incident Response Unit (IRU) or Urban Search and Rescue (USAR)). Where necessary, reference to specific elements of HART will be abbreviated as follows: The HART Incident Response Unit as HART-IRU and the HART Urban Search and Rescue as HART-USAR.

A selection programme has been designed to revise and improve the process of selecting potential HART personnel. To ensure that only those individuals best suited to the role of HART (Team Leader or Operative) are selected, it is important that those involved in recruiting are assessing candidates against job relevant criteria.

The national evaluation of the first HART-IRU in London and HART-USAR in Yorkshire is being conducted by Zeal Solutions Ltd – a team of Occupational Psychologists from the Institute of Work Health & Organisations (Nottingham University), who have extensive experience in looking at what makes organisations perform effectively.

Part of the evaluation process has involved a Job, Task and Role Review (JTRR) for the role of HART Team Leader and HART-IRU operative to support the production of a Job Description, Person Specification and Competency Matrix. The information gathered has also been used to design other parts of the selection process for selecting HART Operatives and/or Team Leaders, including the Competency Based Interview Framework.

A four staged approach was used to understand the additional knowledge, skills and ability required for the HART role:

The first stage: The JTRR of the HART Operative and HART Team Leader role was carried out to identify the key skills, abilities and personal characteristics that are important for individuals to perform well in the job. This was conducted after HART-IRU had been live for 6 months when there was greater understanding of how the role worked in reality and what was being required of the individuals involved.



The second stage: Comprised conducting a series of interviews and focus groups with HART personnel to determine what in their view are the core attributes and personal qualities required to perform effectively in the HART role.

The third stage: Using a questionnaire methodology, all HART members were asked to rank order a series of statements referring to personal qualities of an Operative and Team leader. Analysis of the agreement in rank orders was used to help prioritise the core competencies for the selection process.

The fourth stage: comprised a mini review of the extent to which the existing HART Operative and Team leader selection process assessed the newly defined competencies. The objective here was to support, revise and improve the selection process in light of recommendations resulting from the previous stages.

### Stage 1: Job, Task and Role Review & Competency Development

Any recruitment and selection process will not be effective if an organisation attempts to select someone for a job without knowing exactly what personal characteristics are required for the job and what tasks will be performed on the job. Once these factors have been identified, an effective selection procedure can be designed. A JTRR is a methodical investigation of the role for which an organisation is selecting.

Current legislation (Race Relations Act, 1976, Sex Discrimination Act, 1975 & 1986, Disability Discrimination Act, 1995) protects applicants and employees from unfair treatment or disadvantage because of their race, sex or disability. An employer may be required to justify the content of their selection procedures or selection criteria. If an organisation is challenged on these grounds, it may be necessary to show that the criteria or methods used are justifiable. The best way to do this is by systematic evidence derived from a JTRR.

The output of a JTRR is used to develop a competency profile of a successful job incumbent. Competencies are used to define the underlying key skills, abilities and personal characteristics essential to superior performance in a particular job.

Competencies define, in precise, behavioural terms, the essential attributes required for effective performance in a particular job. The development of a set of competencies that define the successful HART Operative and HART Team Leader provided the focus for the choice and design of new assessment tools and for the modification of the selection approach.

There are two types of JTRR – task-oriented and person-oriented. Task-oriented analysis focuses on the tasks performed on the job. Person-oriented analysis focuses on the personal qualities or characteristics that



would be ideal for the job. Zeal Solutions used a mixture of task- and person-oriented JTRR techniques to evaluate the skills, abilities and personal qualities needed in order to be an effective HART Operative and Team leader. The following methods were used:

- Interview with Human Resource (HR) representatives at London Ambulance Service (LAS).
- Interviews with the HART co-ordinator in LAS.
- Interviews with the four HART Team Leaders at LAS.
- Interviews with eight HART Operatives at LAS.
- Focus groups with two HART teams at LAS
- Completion of the resilience and capability questionnaire by HART Operatives and Team Leaders
- Completion of a personality questionnaire by HART Operatives and Team Leaders (not yet completed)

### Stage 2: Designing the HART Selection process

Over and above providing a conventional response to Category A incidents, all HART members are expected to be able to operate in highly pressurised scenarios which can involve entering a hazardous environment which poses real dangers to the individual. Provision of appropriate training, equipment and PPE to mitigate against these risks does not remove the need to ensure that the individuals being asked to undertake such tasks are suitably mentally and physically resilient to do so.

The selection approach outlined here attempts to provide a holistic assessment of a candidate for a job by the multiple assessment of a range of competencies identified by a formal JTRR. Best practice refers to guidelines developed by organisations such as the British Psychological Society, the Chartered Institute for Personnel and Development and the Commission for Racial Equality.

Trusts are encouraged to follow these guidelines to promote the fair, effective and ethical application of selection methods which are based on a standardised evaluation of behaviour through multiple inputs. These inputs are outlined below:

- **Assessments are made on several competencies.** It is important that these competencies are clearly defined and based on a thorough JTRR. This helps to maximise the validity of the selection process by ensuring that attributes relevant only to effective training and job performance are examined.
- **A variety of assessment techniques and tools are used.** This helps to maximise the reliability of any assessments made, as an evaluation of a candidate's relative performance against a particular competency is not limited by the limitations of one particular assessment method. Best practice suggests that assessments should be made using at least two qualitatively different methods of assessing each dimension. Assessment methods commonly used at selection centres include: psychometric tests such as personality assessments and ability tests, interviews, work samples and group exercises.

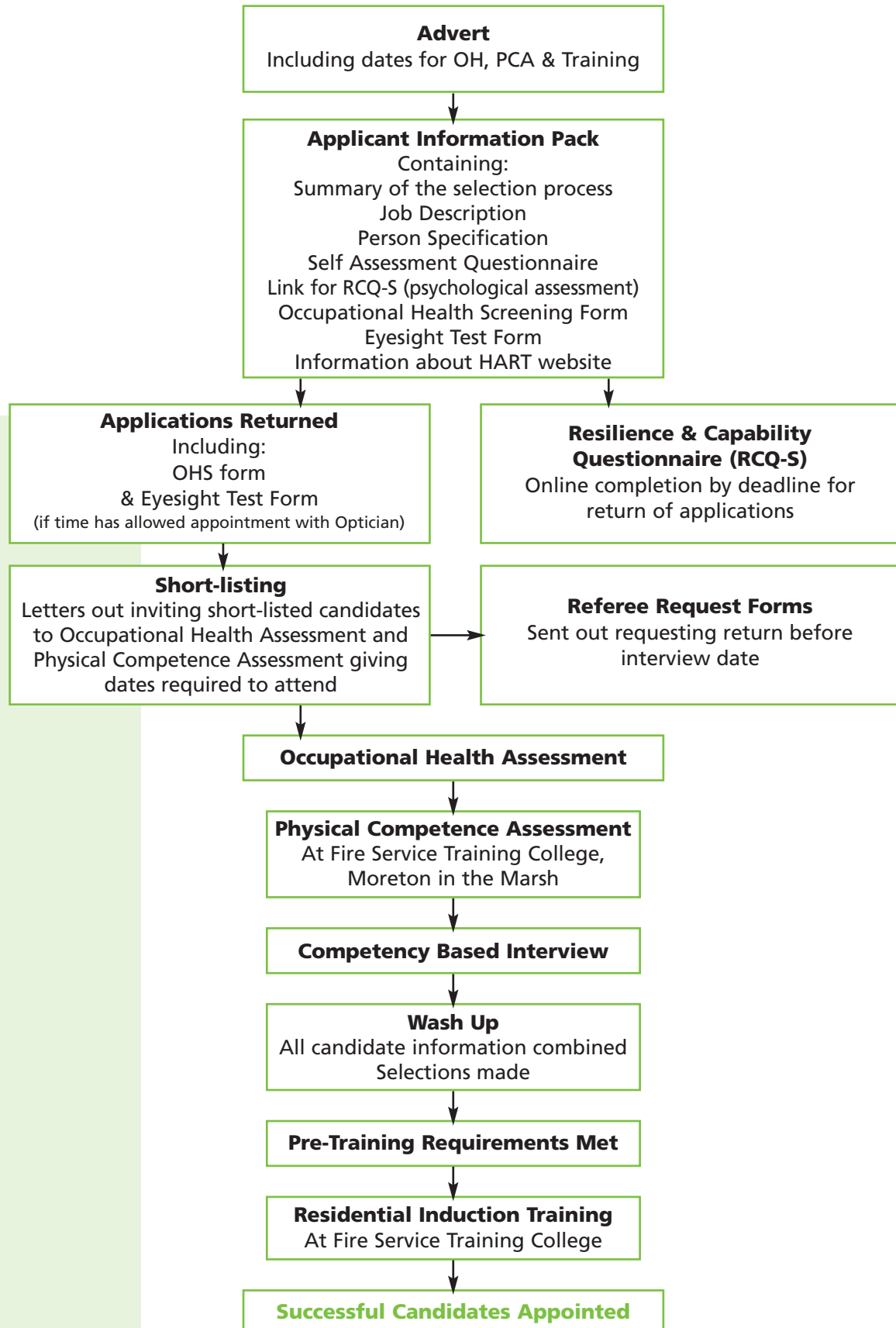


- **Several assessors or observers are involved.** This helps to maximise the objectivity and impartiality of any assessments or decisions that are made. Best practice guidelines recommend that the assessors are thoroughly trained and represent personnel specialists, line managers and, where possible, occupational psychologists.
- **Several candidates are observed together.** This promotes participation between candidates, both in the exercises and less formally, ensuring the programme is more interactive and economical. Although group exercises are not being undertaken in the initial selection stages, candidates will be assessed whilst working in groups during their induction training.
- **Selection decisions are based on the candidate's performance in the selection process as a whole.** Best practice guidelines outline that any decisions or evaluations made during the selection process should be based on information that is drawn together at a wash-up session.





**Ambulance HART Recruitment & Selection Process**



### The Stages of the HART Selection process

The recruitment and selection process is made up of seven stages:

1. Advertising and self-assessment for the role
2. Application and short listing
3. Occupational health screening (OHS)
4. Psychological test completion\* (RCQ-S)
5. Physical Competence Assessment (PCA)
6. Competency Based Interview
7. Training course

With the exception of the psychological test, all stages of selection are eliminatory, i.e. if candidates do not successfully complete a whole stage they will not be able to continue to the next stage.

*\* NB: Staff will be asked to complete a confidential online psychological test with Zeal Solutions Ltd. This test will be used to support the selection and personal development of personnel, as well as the ongoing evaluation of the HART project.*

The selection process needs to be incorporated within the Trust's normal Recruitment and Selection procedures using the materials provided here as a guide. There are however certain elements that have been developed which need to be applied as a national standard, such as the eligibility criteria and the physical fitness assessment.

#### 1. Advertising and Applicant Information Pack

If possible a pre-advert awareness campaign should be undertaken so that potential candidates have the opportunity to find out about the HART role and be aware of when the advert will be issued. Sufficient time should be given to allow response to the advert once it is placed – usually a deadline of 2-3 weeks after the advert posting. Job advertisements should include, as a minimum, information about the job as included in the sample Job Descriptions and the Person Specifications (see Appendices). Jobs should be advertised using existing local arrangements and potential candidates can also be directed towards the HART website for further information.

Upon registering their interest in the HART role applicants should receive an Applicant Information pack. The basis for this will be provided to Trusts by DH. The pack will provide applicants with the necessary information to support them in:

- A. deciding whether to apply
- B. putting their application together
- C. helping them prepare for the selection process

Contained in the pack are the following:

1. Information about the selection process
  - 1.1 Advertising and self-assessment for the role
  - 1.2 Application and short listing
  - 1.3 Occupational health screening (OHS)
  - 1.4 Resilience & Capability Questionnaire (RCQ-S)
  - 1.5 Physical Competence Assessment (PCA)
  - 1.6 Competency Based Interview
2. The HART Core Competencies
3. Occupational Health Assessment Rationale
4. HART Training outline



5. IDetails of the PCA
6. Self Assessment Form (SAQ)
7. Candidate Interview Preparation Aid

Trusts will need to enclosed the following forms with the pack:

- a) Job advertisement
- b) Application Form
- c) Job descriptions for HART Operative and HART Team Leader
- d) Person Specifications for HART Operative and HART Team Leader
- e) Self Assessment Form (SAQ)
- f) Occupational Health Screening Form (OHS)
- g) Eyesight Test Form
- h) DVLA Group 2 Guidelines

and any other materials they feel are appropriate in accordance with Trusts recruitment procedures

## **2. Self-Assessment & Application Short-listing**

As part of the application process candidates should be encouraged to familiarise themselves with the HART website and be encouraged to complete the self-assessment questionnaire (SAQ) honestly and candidly to increase the chances of a person-job fit. The final return date for the receipt of applications should be made clear to all potential candidates.

Candidates must return their application forms together with the Occupational Health Screening Form (OHS – see sample in Appendices) by the closing date. They will also be required to complete an online psychological assessment, RCQ-S, by the cut-off date for applications (see below).

Candidate application forms will be assessed against the essential and desirable criteria of the person specification. Referees identified in the returned application form will be asked to provide their views as to the candidate's suitability to the role. A Referee Request Form has been designed which aims to collect information about the candidate relevant to the core competencies required. This can therefore be used to support the rest of the information gathered during the selection process. Referee forms should, therefore, ideally be returned before the interview date (see sample form in Appendices).

It is recommended that short listing is completed in a transparent, objective and cross validated way (i.e. two or more people should independently rate the applications and then cross check decisions). Decisions on each application should be recorded and documented in line with best practice.

## **3. Occupational Health Screening (OHS)**

Candidates will be expected to complete an Occupational Health Screening form and, if possible in the timeframe have an eyesight test form completed by an Optician and return this with their application. If time does not allow them to have an eyesight test they will need to complete this, if they are short-listed, before attending for an Occupational Health medical assessment and provide an updated medical history. It is essential that they declare any pre-existing injuries or conditions known to them prior to undertaking the



fitness tests in the Physical Competence Assessment. Candidates will need to be released from duties to attend the OH Medical Assessment.

#### **4. Physical Competence Assessment (PCA)**

Candidates will be required to demonstrate a good level of physical fitness to undertake this stage and the level of fitness required for the assessment centre reflects the level of fitness required to undertake the role. This is mainly because of the potential to be working in extreme, sometimes protracted, conditions wearing PPE such as Gas Tight Chemical Suits and Breathing Apparatus (weighing 35kg). It also assesses the candidates' ability to operate at height (testing for vertigo) and in confined and dark environments (testing for claustrophobia).

The PCA will be arranged centrally by the Department of Health (DH) and will take place at the Fire Service Training College at Moreton in the Marsh. Candidates will need to be released from duties to attend the PCA. The length of the assessment should require no more than one day out of work, but may require an overnight stay for those being assessed in the morning. In these circumstances accommodation will be arranged on site.

Details of the PCA can be found in the Appendices.

The PCA standard has been designed and set by a multi-disciplinary panel of subject matter experts, facilitated by Optimal Performance Ltd who have extensive experience in this field. The exercises simulate a cross-section of realistic key tasks and sub-tasks expected of the role. An authentic trial circuit was conducted under strict conditions with a group of volunteers; the results of which have set the standard of performance for selection to the role. The standards have subsequently been reviewed following use of the PCA in recruitment for London AS and Yorkshire AS, and have been revised accordingly. The standard will be subject to ongoing evaluation and validation.

#### **5. Resilience & Capability Questionnaire (RCQ-S)**

As part of the application stage, all applicants will be required to complete an online, confidential psychological assessment - The Resilience and Capability Questionnaire (Selection) (RCQ-S). The RCQ-S is designed to give a profile of candidates' perceptions of their behaviour at work. This provides information about an individual's 'work style'. From that, assumptions can be made about how that individual will react in certain situations and what kind of work environment is likely to suit them best.

Only experienced, qualified psychologists within Zeal Solutions Ltd will have access to the raw data returned. It should be noted that the RCQ-S is still in a stage of 'psychometric development' as it is has been designed specifically for the HART role competencies. The RCQ-S is used to provide further information on the seven competencies, to support and clarify information collected through the other selection assessments. This assessment will not be used to screen applicants in or out of the selection process but will be used to support the competency based interview and the ongoing evaluation and validation of the HART selection and training processes. Information



from the psychological tests will be securely stored with Zeal Solutions Ltd a psychological consultancy.

All data from the psychological tests will be interpreted by a qualified psychologist. At this stage of the process individual applicants will not be offered individual feedback on their test results.

THE RCQ-5 will be used to track successful candidates over time so that its predictive properties (i.e. how it predicts future health, performance and resilience in the HART role) can be determined and improved.

### 5. Competency Based Interviews

All candidates who have successfully completed the Physical Competence Assessment will be required to attend a competency based interview. The interview requires candidates to give examples of situations in which they have demonstrated behaviours relevant to 6 competencies. The interviewer asks open questions from a suggested list and probes the responses through further questioning. The competency based interview has been designed to assess candidate potential against identified core competencies considered critical for effective performance in the HART role. The interview will also allow interviewers to further assess candidates against the essential and desirable criteria of the person specification and to challenge or probe further any issues and findings from the previous selection stages.

Six competencies will be assessed during the interview and interviewers are advised to spend up to 6 minutes discussing each of the core competencies. A competency based framework and interview process has been designed to support the selection process. All Trusts will be provided with further training and familiarisation on the competency framework and on the process of effectively completing this competency based interview. An outline of the core competencies for the HART Operatives and Team Leaders/Team Leaders are shown below in section B.

The competency approach was developed to be able to establish more precisely 'against what criteria should we select and develop HART personnel?' This was one of the key aims of the evaluation project. In addition to identifying common criteria against which HART members can be selected, developed and managed, the identification of competencies also provides an opportunity to agree a common language for describing effectiveness. This means that those who manage or deliver HARTs in different settings will have a common understanding of what an effective Operative and/or TL looks like or what it means to be effective when delivering within the HART role.

The competency framework will be presented to Trusts in a separate familiarisation session. It should also be noted that the Competency Framework will be subject to revision and validation as the HART programme continues to roll out nationally.



## B THE HART CORE COMPETENCIES

Following the JTRR a number of core competencies were identified and are shown below in Table 1. The competency based interview has been designed on the basis of these competencies, and the Behaviourally Anchored Rating Scales (BARS) have been written so that the assessors and instructors will be able to more accurately assess the potential of candidates both during selection and throughout training.

**Table 1: The HART competencies**

COMPETENCY TITLE	BROAD DESCRIPTION	NHS KSF	TL / SUPr	OPERATIVE
Team Orientation	The ability to work as part of a team and being supportive of others	G1, G6, G7, CD2	I	I
Self Discipline and Regulation	The ability to work under instruction and to seek performance improvements	CD5, EF1		I
Communication	The ability to communicate with people at all levels	CD 1	I	I
Adaptability	The ability to adapt, be flexible and tolerate change	CD5, G2	I	I
Capability (Confidence)	The ability to develop oneself, motivate others and instil a sense of capability	G1, G6, G7, C2	I	I
Planning Orientation	The ability to plan and be organised	G5, IK3	I	I
Decision Making	The ability to make effective judgements and decisions	Embedded	I	

**Assessed during the competency based interview**



## C THE HART COMPETENCY BASED INTERVIEW RATING SCALES

### Background

Selection of suitable individuals for any position involves evaluating them in some way. There are two important issues here:

- Against what criteria are we assessing them?
- How do we go about assessing candidates against those criteria?

The criteria for assessment have been derived from the competency framework and these competencies are behaviourally defined for use when assessing and selecting for HART.

Using distinct rating scales to assess candidates' behaviour in the selection process results in the collection of clear and quantifiable sets of scores for each individual. Scores of this type provide a workable format for comparison within and between individuals, and avoid some of the potential biases and inaccuracies associated with using just general assessor impressions of the candidates. Using rating scales also creates a record of each candidate's performance at each of the elements of the, and this might serve to refresh the assessors' memories when selection decisions are being made at the wash-up meeting at the end of the selection process.

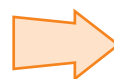
### How to Rate

- O** – **Observe** the interview/training exercise
- R** – **Record** by taking notes throughout of behavioural examples;
- C** – After the interview/training exercise, take time to **Classify** the notes into positive and negative examples of the behaviours relating to each competency;
- E** – **Evaluate** the candidate by assigning them a score from 1-5 for each competency, based on the behavioural evidence observed and collected.

### The Rating Scales

The rating scales that are used to assess candidates against each of the competencies range from 1-5. The 5 points along the scale mean that the candidate possesses:

- 5 High acceptable**
- 4 More than acceptable**
- 3 Acceptable**
- 2 A just acceptable level of ability**
- 1 A poor level of ability**



When compared to  
the likely demands  
of the job



**Descriptions of the Numerical Ratings**

Rating	Descriptor	Definition
5	<b>Highly acceptable</b>	<b>Evidence suggests very high competence.</b> The candidate has an excellent all round range of qualities such that there is every chance of excelling at the job as a Team Leader or Operative.
4	<b>More than Acceptable</b>	<b>Evidence suggests high competence.</b> The candidate has a preponderance of qualities in his/her favour and seems likely to respond well to training and the job as both an Operative and potential Team Leader.
3	<b>Acceptable</b>	<b>Evidence suggests they could do the job.</b> The candidate has an equal balance of strengths and weaknesses and is likely to respond well to training and on the job development as an Operative.
2	<b>Less than Acceptable</b>	<b>Evidence raises concerns about competence.</b> The candidate has an equal balance of strengths and weaknesses, with less strengths than desirable, but weaknesses not of the kind which are unrectifiable through training or on the job development as an Operative.
1	<b>Poor</b>	<b>Evidence suggests they are not suitable in this respect.</b> The candidate's weaknesses considerably outweigh strengths and the chances of succeeding at training and the job are slight.

Assessors should use the full range of the scale, 1 through 5. Similarly, they should try to avoid the comfort of using the mid-point of the scale too much, as this reduces the ability of the session to differentiate between the performances of different candidates.







### Potential Problems in Rating Candidates

There are several effects associated with the use of rating scales which are undesirable:

- In the halo effect applicants are rated highly on some criteria simply because they have done well on others. For example, assessors might rate candidates more highly on the competency of **'Team Orientation'** simply because they have been rated highly on the competency of **'Capability'**.
- There is also evidence that assessors tend towards leniency when using rating scales – in other words they are reluctant to give a candidate poor scores even if his or her performance was below par.
- The use of rating scales of any kind is also dogged by the *central tendency* effect. This occurs when assessors consistently make mediocre ratings of the candidates using only the middle parts of the rating scale and avoiding the extremes.
- With the *contrast effect* assessors tend to contrast the existing candidate against the previous one. This could lead to skewed ratings if the previous candidate was very good/poor.

Avoiding these negative effects is made easier if the rating process is made as clear as possible and ratings are linked to behaviours.



## D PREPARATION FOR THE SELECTION PROCESS

### Timetable and Staffing

It is important that all candidates are given an equal opportunity to perform to the best of their ability during the selection process. It is recommended that candidates are informed in plenty of time (preferably within the advert) about the date of the physical competence assessment centre and that, if necessary and possible, their shifts are rearranged so that they are not required to work the night shift before the morning of the assessment. If necessary overnight accommodation at the Fire Service College will be organised for the night before for those candidates scheduled for assessment in the morning.

The advert should also indicate dates for residential training and make it clear that this involves time away from home.

Candidates should be provided with clear instructions in advance of the PCA to minimise distress and ensure each candidate has an equal opportunity to perform.

Information provided to candidates should inform them of the process and provide some idea of what to expect. It should also indicate any methods of assessment that will be used so that candidates are fully aware of the process they are entering in to.

### Paperwork

It is recommended that information (scores) and data on all candidates is recorded and stored securely. As part of the ongoing evaluation of HART, candidate data will be accessed to assess the validity of the selection process as well as to enable monitoring of fairness of the selection process and decisions made.



## E OCCUPATIONAL HEALTH

Each Trust will have Occupational Health Services provided for them either in-house or contracted out. As there is currently no standard for Occupational Health Assessment for ambulance services each provider will most likely have their own format and content for recruitment assessments. For the HART roles there are specific aspects of an individual's health that are significant and we require to be covered. The rationale for the health aspects covered and sample forms are attached in the Appendices. These have been developed based on those used in London Ambulance Service and Yorkshire Ambulance Service in setting up these teams.

The Occupational Health Screening (OHS) form (with eyesight test form) should be sent to potential applicants with their Application Form, Self-Assessment Questionnaire (SAQ) and information about completion of the Resilience & Capability Questionnaire (Selection) (RCQ-S). The applicant should return their OHS form with their application form to their HR department by the set date. Their RCQ-S response will be online and returned direct to Zeal Solutions, where it will be held confidentially.

Candidates short-listed will need to have attended Occupational Health for a full assessment before they go forward to the Physical Competence Assessment centre (PCA). They need to have been cleared as 'Physically Fit' before they can do the PCA.

### **Health Assessment Process:**

Candidates will be required to complete an OHS form specific to this role for initial Occupational Health assessment, followed by a full health assessment, if they are short-listed, with an Occupational Health nurse, or physician if necessary.

The process for fitness assessment and notification is as follows:

### **Part 1: Short-Listing**

If there are any queries raised by the responses on the OHS form when it comes in with the application form, this should be highlighted to be picked up by Occupational Health if the applicant is short-listed. Following the short-listing exercise, Occupational Health should be notified of the successful candidates proceeding to the next stage of the selection process, and sent the relevant OHS forms. Any highlighted queries should be considered by the OH nurse and followed up by phone with the applicant if necessary and Part 1 of the OH Notification Form should be returned to the appropriate HR manager coordinating the recruitment.

### **Part 2: Full Health Assessment**

Ideally OH assessment appointment slots for the full health assessment will already have been booked by the Trust in advance and these should take place before the scheduled PCA centre. On completion of the full health assessment, the OH Department should return the Notification Form to the appropriate HR Manager with both Parts 1 and 2 completed.



NB: Trusts should retain the OHS forms of those not selected until the recruitment and selection process has been completed – if anyone drops out initially and 'next best' may be selected, this saves having to get the forms completed again. Once the Trust is sure the remaining OHS forms are not needed, they should be disposed of in accordance with Trust procedures.

**Outcome:**

**Passed Fit:** Those successful to be notified in writing on the format used by the assessing OH Department.

**Not Passed Fit:** From a health aspect, this would be as a result of the medical opinion from the Physician; any candidate who fails to pass the Health Assessment on a permanent or temporary basis should be fully informed of the reason and is likely to be within the following categories:

- **Likely to resolve:** If the failure was due to a medical issue that is likely to resolve with appropriate intervention and would be unlikely to re-occur, e.g. corrective surgery with no ongoing adverse effects, then the individual can re-apply at another intake when fully recovered and will be assessed on their fitness at that time.
- **Unlikely to resolve:** If the failure was due to a medical issue that is unlikely to be resolved to meet the level of fitness required, and/or is likely to re-occur and adversely affect fitness/availability on an on-going basis, then the individual is unlikely to be allowed to re-apply for assessment at a later stage.

**Support:** Occupational Health should offer and provide advice and support for any individual who fails to meet the required standard of fitness at any stage of this process.

**Mid-placement ill health:** Any Paramedic who develops ill health aspects that may, or will, adversely affect his/her fitness to do the role safely must declare this. Occupational Health can then provide advice on the likelihood of duration of adverse effects and fitness opinion (as before).

**Mid-placement assessment failure:** Referral to Occupational Health with a written report from the Assessment Process should be done so that support can be provided to the individual and/or Nurse Specialist/medical opinion provided to the referring person.

**OSM/Clinical Director:** If it is the professional opinion of the OSM/Clinical Director that the health issue/failure presents concerns about the health and safety of the individual, public, or colleagues then this individual may be temporarily suspended from the HART role until once again achieving the desired level of fitness, or discharged from the role if fitness is unlikely to be achieved within the term.



## F THE WASH-UP

### Running the Wash-up

The wash-up is the final aspect of the assessment process. This is a process by which all the information collected about each candidate in the selection process is recorded onto one form, the score totalled, evaluated and a selection decision made.

The wash-up matrix must be completed ideally on the (same) day following the interviews. The longer the time lapse between the selection process and completion of the wash-up matrix, the harder it is to recall candidate information.

The matrix and how to use it will be described during the familiarisation session with the relevant Trust personnel responsible for assessing candidates.

Feedback in the form of a candidate profile from the RCQ-S, to be produced by Zeal Solutions, will be used to support or clarify the information gathered about the candidate on the other elements of the selection process (i.e. Competency Based Interview).

Observations and notes on each candidate should be kept discrete until the end of the selection process, when the assessors should gather together in a wash-up meeting. The team of assessors now considers all the evidence at one time. No final decision is made until all the evidence is discussed and the assessors have conferred to agree a final rating.

During the wash-up, a chairperson should chair the meeting and ensure that the decision making process is fair and accurate. The chairperson should act as a catalyst for discussion, be timekeeper and clarify any points that may be at issue, for example they may need to insist that assessors justify the scores they have given with more behavioural evidence.

Each candidate should be discussed in turn. The wash-up proceeds by order of competencies, discussing the candidate's marks on each competency. Information from other elements of the selection process should be included at this stage (i.e. Physical Competence Assessment, Application form, Psychometric Profile, other notes, etc.).

Adequate time should be allowed for discussion of each candidate. Even where the scores suggest immediately that the candidate should fail, it is still important to discuss his/her performance and ensure that the evidence is valid. This is because all selection decisions must be legally defensible. Also, candidates may well request feedback and it is important that this is as objective as possible.

### After the Wash-up

For each candidate that is recommended, their wash-up matrix will go into their personal file. For candidates that are not recommended, their wash-up matrix should be kept in case of appeals/complaints.



## G FEEDBACK TO CANDIDATES

### Best Practice

It is quite rare for candidates to receive feedback from commercial selection centres. However, if feedback is requested, it is good practice to provide it, and best practice to offer it unsolicited. There has been a recent move toward ensuring transparency within selection processes (i.e. the reasons behind any selection decisions are clearly explained and linked to the job/training requirements). This is becoming increasingly important in terms of litigation. The provision of accurate feedback may, therefore, reduce the likelihood that applicants may challenge the selection procedure as they have received a clear and justified explanation of the selection decision.

The British Psychological Society (BPS) also states that feedback has a public relations dimension. The fact that an organisation is providing feedback to candidates is likely to be seen as a positive feature. The quality of feedback provided and the impression created will also reflect upon the reputation of the organisation. The BPS recommend that it is important to remember that in selection situations, it is not just organisations who choose applicants – applicants also make decisions which will be affected by all the things that happen to them during the selection process.

Feedback may be either written or oral. There are two main objectives for giving feedback following the selection process. The first is to enable the assessor to clarify and place in context the outcome from the candidate's performance. The second is to acknowledge the candidates ethical right to know how they performed during the assessment process and how their performance has been interpreted.

Feedback is also an important process for helping candidates to develop their assessment experience and can help them to improve their performance in future selection situations. This stage can help to make candidates feel the assessment experience was worthwhile for them, even if they were not successful. It is therefore, important that feedback is handled appropriately and consistently for all candidates.



## H HART TRAINING OUTLINES

### **HART Incident Response Unit Training** *(subject to modification)*

HART Incident Response Unit (IRU) training will be broken down in to modules:

- Pre-course learning
- Personal Protective Equipment training
- Residential IRU course
- Residential USAR course
- Post learning and Continuous Professional Development (CPD).

The residential training will be team based and ensure that theory sessions are exercised in realistic practical scenarios. It is anticipated that the training will be blended in concept with an emphasis on Socratic (student involvement) rather than Didactic (lecture based) learning.

The residential module will be competency based using a continuous process of assessment. The modules will be subject to evaluation and where necessary modification.

The content of the modules is defined as the following.

#### **Pre Course Learning**

- Standard Operating Procedures
- JRCALC revision - Paramedic training to JRCALC 2006
- National guidance
- Abbreviations and common terms
- MANCONOPS
- Health Protection Agency Guidance
- Trust Major Incident Response Plan

#### **PPE Training**

- PRPS and ASA decontamination provider training (Trust)
- EH20 and EPD training (Trust)
- CR1 (Police)
- Breathing Apparatus and Gas tight Suit Training (F&R)

#### **Residential IRU module (3 weeks)**

The residential course will consist of the following modules

- Clinical
- CBRN
- Practical Scenarios
- Equipment and PPE
- Vehicles
- Team Building
- Welfare
- Command and Control



### Clinical

Revision of relevant sections of JRCALC guidelines, as identified by the HART Clinical Subgroup.

Clinical procedures as identified by the HART Clinical subgroup, such as:

IO access, Trauma care, Triage (CBRN and conventional), CBRN countermeasures, Blast and Bomb injuries, Blunt and Penetrating Trauma, Gunshot injuries, Airway management, Control of Major Haemorrhage, Recognition of Life Extinct (ROLE).

### CBRN

This will look at current Ambulance and NHS procedures and guidance to enhance awareness of agencies that will respond to a confirmed CBRN incident. This module will consist of lectures from subject matter experts (SME) from the following agencies.

Atomic Weapons Establishment (AWE) ; Defence Science Technology Laboratory (DSTL); Technical Response Force (TRF); Health Protection Agency (HPA); Fire and Rescue service (FRS); Police Operational Response Programme (PORP); Dept of Health Emergency Preparedness Division (EPD).

### Equipment and Vehicles

- Clinical Equipment such as Multiple Oxygen Delivery System, CBRN PODS
- Communications and IT equipment.
- Generators and vehicle storage, user maintenance
- Vehicle familiarisation
- Detection Identification Monitoring Equipment.
- Night Vision and Meteorological station.

### Practical Scenarios

Scenarios will be team based providing an opportunity to train in a realistic environment using the knowledge gained and building confidence in equipment.

Examples of scenarios to be conducted as follows;

CBRN response, HAZMAT response, Explosion both terrorist in origin and accidental, Major transport infrastructure incident (rail crash), Pre planned operations, Police support operations, Large fires and fire and rescue support operations.

### Welfare and HR

Counselling, Team Building, Personal Development, Occupational Health procedures, Post incident procedures.





### Command and Control

Briefings to both team members and other agencies, Logging and reporting, Legal aspects, Multi Agency Liaison, Standard Operating Procedures.

### Additional Sessions

Media awareness, Navigation, Forensic awareness, Team building assignments, Trust specific issues, Major incident plans and local response.

### Post Course

Ongoing PPE training and refreshers, Reflective practice, CPD (as defined by clinical subgroup for clinical skills)

### HART Urban Search & Rescue Training

The 3 weeks residential training programme will include the following:

- Safe Working at Height – set external programme
- Water Awareness – (Level 1) set external programme
- Clinical – The clinical component is spread throughout the 3 weeks in the classroom and practically and includes: triage, blast injuries, confined space medicine, suspension trauma, crush injury / syndrome. This may involve the introduction of new equipment.
- Equipment – Throughout the course, training will cover PPE, USAR equipment and stretchers.
- Practical scenarios – The course has a strong practical content, and will involve realistic scenario-based training involving confined spaces, working at height, clinical interventions, and difficult terrain
- Welfare – Welfare of self and team is covered as it relates to USAR working.

Health and Safety – This forms an important part of the 3 weeks, and is covered both theoretically and practically, particularly the process of dynamic risk assessment



## APPENDICES

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**SAMPLE Job Description  
Hazardous Area Response Team:  
Team Leader/Supervisor**

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

<b>Position/Title:</b>	<b>Hazardous Area Response Team : Team Leader/Supervisor</b>
Grade:	
Location:	Trust HART Operational Base
Accountable To: (Job title/s of manager/s whom the member of staff reports to)	HART Manager / Coordinator
General Summary:	<p>Responsible for decision making and coordination of HART Operatives at any incident.</p> <p>The HART Incident Response Unit (IRU) works within hazardous areas, to deliver the highest standards of pre-hospital specialist clinical care to all patients actually or potentially affected by any major civil emergency or an accidental or deliberate release of hazardous materials or a chemical, biological, radiological or nuclear agent, whilst using specialist personal protective (PPE) clothing within a Hot Zone cordon.</p> <p>“The Hot Zone is an area within the Inner Cordon where high concentrations of a potentially hazardous substance are present and specific procedures and protocols, including Dynamic Risk Assessments, controlled access and egress and the wearing of appropriate levels of Personal Protective Equipment (PPE) are required. Depending on the type and nature of the hazard this area may contain live casualties who will need to be treated and prioritised for decontamination and evacuation” (National HART Work Standard Operating Procedures v 7.0)</p> <p>USAR Standard Operating Procedures state that:</p> <p>“These areas and incidents are likely to involve collapsed or unstable structures, incidents at height, in confined spaces, or situations where casualties present in locations with difficult access.”</p> <p>HART staff will work closely with other emergency service teams at a range of operational incidents including: Major Incidents, incidents of a CBRN nature, USAR incidents, incidents involving hazardous materials, structural collapse, confined space rescue, major transportation incidents, incidents requiring working at height, trench collapse and rescue, incidents involving complex entrapment – as defined and in accordance with HART IRU and USAR Standard Operating Procedures, depending upon the qualification and training of the operatives.</p>



## MAIN TASKS AND RESPONSIBILITIES

Task	Responsibility														
	<p>The post-holder will ensure that the highest level of patient care is delivered in accordance with the procedures issued by the Trust in order to maintain personal safety and that of colleagues and casualties.</p> <p>This job description must be read in conjunction with the standard job description for the clinical role which the individual is qualified to undertake (for example – Paramedic or Emergency Medical Technician) since these and other appropriate duties will be undertaken when not deployed to a HART activity.</p>														
<p><b>Structure</b> (Organisational Structure incorporating two positions above and two positions below, if appropriate)</p>	<p><i>Locally agreed</i></p> <p style="text-align: center;">▼</p> <p>HART Manager / Coordinator</p> <p style="text-align: center;">▼</p> <p>HART Team Leader/Supervisor</p> <p style="text-align: center;">▼</p> <p>Hart Operative</p>														
<p><b>Key Relationships</b>  (add more in here as appropriate)</p>	<table border="0"> <tr> <td>● HART Team(s)</td> <td>● Police</td> </tr> <tr> <td>● HART Manager / Coordinator</td> <td>● British Transport Police</td> </tr> <tr> <td>● Operational Trust staff</td> <td>● Local hospitals</td> </tr> <tr> <td>● Trust’s AMLO</td> <td>● Military</td> </tr> <tr> <td>● Air ambulance services</td> <td>● Coastguard</td> </tr> <tr> <td>● Fire &amp; Rescue Service</td> <td>● Maritime Rescue Organisations</td> </tr> <tr> <td>● Fire Service USAR teams</td> <td>● Mountain/Cave Rescue</td> </tr> </table>	● HART Team(s)	● Police	● HART Manager / Coordinator	● British Transport Police	● Operational Trust staff	● Local hospitals	● Trust’s AMLO	● Military	● Air ambulance services	● Coastguard	● Fire & Rescue Service	● Maritime Rescue Organisations	● Fire Service USAR teams	● Mountain/Cave Rescue
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● Fire & Rescue Service	● Maritime Rescue Organisations														
● Fire Service USAR teams	● Mountain/Cave Rescue														
<p><b>Operational</b></p>	<ul style="list-style-type: none"> <li>● To attend and respond to operational and potentially protracted incidents including: Major Incidents, incidents of a CBRN nature, structural collapse, confined space rescue, major transportation incidents, incidents requiring working at height, trench collapse and rescue, incidents involving complex entrapment.</li> <li>● Present initial Health/Ambulance assessment to the Ambulance Incident Commander Officer and, where appropriate, the Silver (tactical) Commanders of other responding agencies.</li> <li>● Receive incident briefings from the Incident Commander on assigned roles and instructions for managing the incident, following the deployment plan where appropriate.</li> <li>● Provide immediate health input to the initial assessment of the scene to meet the needs of Ambulance and other Emergency Services.</li> <li>● To provide specialist clinical support and knowledge within HAZMAT/CBRN and USAR (paramedics only) situations</li> </ul>														



## MAIN TASKS AND RESPONSIBILITIES

Task	Responsibility
	<ul style="list-style-type: none"> <li>● To be able to deploy to any operational incident and provide health input wearing appropriate PPE.</li> <li>● Supervise, direct, coordinate and deliver life saving clinical care for patients within the inner cordon including triage (where appropriate, toxic triage), diagnosis, appropriate treatment, prior to, and during, decontamination (if contamination present) and in situations of difficult access in USAR incidents, at times being the only clinician in situ and deliver casualties into mainstream healthcare</li> <li>● Operate specialist equipment e.g mass oxygen delivery system, DIM equipment, Safe Working at Height equipment (USAR only) and make appropriate use, based on dynamic risk assessment, of levels of PPE provided</li> <li>● Collaborate with partners operating alongside the HART and liaise with specialist agencies e.g HPA, DCHAPS, Fire Service USAR to gather relevant information on scene</li> <li>● Estimate resources required and deliver Situation Reports when required.</li> <li>● Access relevant databases (e.g. TOXBASE, CHEMNET, CHAPD (HPA) etc.) to research and communicate to others regarding the symptoms, treatment, and decontamination procedures for an incident.</li> <li>● Provide clinical support and backup to multi-agency service personnel working in the inner cordon</li> <li>● Comply with and contribute to Command &amp; Control in the inner cordon / Hot/Warm Zones supervising the deployment of resources, casualty management and evacuation</li> <li>● Undertake Hazard Identification monitor local environment safety e.g. weather &amp; climate conditions, gas levels and wind direction, liaising with other available expertise to consolidate decision making</li> <li>● To highlight potential training needs to better develop the role in the future.</li> <li>● In the event of providing mutual aid in responding to a National incident, be away from home for unknown periods of time.</li> <li>● Working within the Team, ensure the readiness of PPE, clinical and operational equipment and vehicles is maintained, and routine care and maintenance is carried out to ensure a high state of preparedness.</li> <li>● Apply the principles and practice of Dynamic Operational Risk Assessment to ensure that plans and actions are regularly updated according to the needs of the current situation.</li> <li>● To undertake any other duties associated with the role as directed by the HART Manager/Coordinator or Incident Commander.</li> </ul>
Leadership & Management	<ul style="list-style-type: none"> <li>● Supervise the work of the team and the individuals within it. Provide proactive leadership motivating team members and leading by example</li> <li>● Determine decision making parameters for the team, e.g. levels of PPE, up-grading or down-grading of incidents.</li> </ul>



## MAIN TASKS AND RESPONSIBILITIES

Task	Responsibility
	<ul style="list-style-type: none"> <li>● Provide full audit trail to evidential standard for all incidents and events attended in operational log.</li> <li>● Undertake Initial Scene Management where this task has not been delegated to another appropriately qualified ambulance responder.</li> <li>● Complete administrative procedures, to include recording and monitoring of all leave and other absence.</li> <li>● Monitor and evaluate the quality of operations.</li> <li>● Conduct briefings, tasking and de-briefings.</li> <li>● Conduct investigations into any accident or other incident relating to the HART Team in accordance with local procedures.</li> <li>● Monitor any vehicle, equipment and accommodation defects and ensure these are recorded using the relevant local and/or HART reporting procedures.</li> <li>● Carry out the necessary daily administration and ensure that all daily vehicle and equipment checks are completed.</li> <li>● Manage the welfare of individuals in the team at all times and particularly following traumatic or major incidents, but at all times being alert to signs and symptoms of stress.</li> <li>● Conduct appraisals of HART Operatives.</li> <li>● Identify and plan any requirements including visits, and training (risk critical and other) for the team, maintaining training records at all times in accordance with local procedures.</li> <li>● Ensure that personal and team fitness is maintained at the levels appropriate to the demands of the role.</li> </ul>
<p>Governance &amp; Quality</p>	<ul style="list-style-type: none"> <li>● Work within the policies and procedures of the Trust and HART Unit to ensure that:               <ul style="list-style-type: none"> <li>● patient confidentiality is maintained at all times</li> <li>● that any confidential/classified information which comes in to your possession or knowledge is managed in such a manner as not to compromise an operation or the safety of staff involved in the delivery of any such operation</li> <li>● be aware that the immediate working environment may be designated a 'scene of crime' and as far as possible endeavour to preserve and/or leave undisturbed any potential evidence, without compromising ability to perform the clinical role</li> </ul> </li> <li>● Maintain required personal standards of service delivery and core HART skills and attend training events as required to deliver the expected level of service.</li> <li>● Actively supervise, support and work with other members of the team undertaking tasks allocated by persons designated to manage the incident.</li> </ul>



## MAIN TASKS AND RESPONSIBILITIES

Task	Responsibility
	<ul style="list-style-type: none"> <li>● Assist in the ongoing evaluation of HART capabilities and effectiveness</li> <li>● Assist in the research and development of new equipment.</li> <li>● Analyse information from multiple sources to better understand the nature of an incident and plan scene management activities.</li> <li>● Ensure the accurate recording of information, including patient records and decision logs, relating to HART operations, in accordance with established procedures and share with other Team Leaders and authorised staff as appropriate.</li> </ul>
<p>Communication, Networking and Working Relationships</p>	<ul style="list-style-type: none"> <li>● Promote HART awareness to other Ambulance staff within the Trust and among local Fire &amp; Police services</li> </ul> <p>Comply with the required instructions, procedures and processes of the Team, and the Trust to maintain effective two-way communication.</p> <p>If required, represent the Trust and emergency service in public arenas and promote its image as a professional and competent service.</p> <p>Develop and maintain good working relationships with other emergency services, NHS Trusts and public/private and voluntary sector agencies, HPA.</p> <p>Actively support and promote the aims and objectives of the Trust's HART unit.</p>
<p>Strategic</p> <p><small>* insert appropriate terminology for your Trust</small></p>	<p>Actively support and promote the Trust's purpose, Vision and Values*, and broad organisational goals</p> <p>Actively support and promote the aims and objectives of the Trust's HART Team</p> <p>Be responsible for personal contribution to the development of the HART Team and where necessary, the testing of new initiatives.</p>
<p>Personal Responsibility &amp; Development</p>	<p>Adhere to Trust policies and best practice thereby maintaining and promoting the highest professional standards, including clinical practice, conduct, attendance and compliance with the dress code. Demonstrate and maintain a positive attitude and commitment to Equal Opportunities and diversity.</p> <p>Take responsibility for own Personal Development Review in accordance with the Trust's arrangements and, in agreement with Team Leader/Supervisor plan and engage in formal and informal learning events that underpin the demands of the role.</p>



## MAIN TASKS AND RESPONSIBILITIES

Task	Responsibility
	<ul style="list-style-type: none"> <li>● Attend identified courses to maintain and increase personal knowledge base.</li> <li>● Develop specialised knowledge of HART principles, capabilities and procedures.</li> <li>● To maintain competencies through continuation training, both practical and theoretical.</li> <li>● Attend and complete nationally agreed training programmes when required.</li> <li>● Be responsible for personal contribution to the development of HART and where necessary, the testing and evaluation of new initiatives.</li> </ul>
Health & Safety	<ul style="list-style-type: none"> <li>● Ensure that the safest possible working practices are followed at all times within your team and unit and act as a role model for your team and the unit as a whole in this respect.</li> <li>● Maintain a good level of physical fitness and undergo and pass physical competence assessments when required.</li> <li>● Maintain personally issued PPE to required standards.</li> <li>● Take personal responsibility to remedy Health &amp; Safety issues as quickly as possible where you are able and the have authority to do so, or refer to senior management and the risk &amp; safety team ASAP, or, if on scene, refer to Incident Commander to ensure that any risk or compromise to staff safety is brought to their attention.</li> <li>● Ensure your personal safety and that of your colleagues by complying with any instructions or procedures as laid down in the Standard Operating Procedures for HART.</li> </ul>
Key Result Areas and Performance Measures	<ul style="list-style-type: none"> <li>● Successful completion of the HART IRU and USAR training programmes (USAR for paramedics only)</li> <li>● Active contribution to leading and maintaining a high performing team</li> <li>● Delivery of immediate and high quality clinical care to patients in accordance with procedures</li> <li>● Compliance with the operating procedures and directions and instructions given by authorised team and scene managers.</li> <li>● Successful completion of annual learning, training and re-licensing programmes and agreed Personal Development Plans</li> <li>● Contribution to initiatives and programmes to raise awareness of HART/CBRN/USAR issues</li> <li>● Compliance with Data Protection and Freedom of Information legislation</li> </ul>





## SAMPLE Person Specification Hazardous Area Response Team: Team Leader/Supervisor

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

**JOB TITLE:** HART Team Leader/Supervisor  
**LOCATION:** Trust HART Operational Base

Listed below are the key requirements needed to perform this job. Candidates will be assessed against these criteria through the following methods:

**A** = Application form, **I** = Interview, **OHD** = Occupational Health Department, **P** = Psychological Assessment\*, **PCA** = Physical Competence Assessment, **T** = Induction Training

\* NB: Candidates will be asked to complete a confidential online psychological test – a Resilience & Capability Questionnaire (RCQ-S) with Zeal Solutions Ltd. This test will be used to support the selection and personal development of personnel, as well as the ongoing evaluation of the HART project. It will NOT be used to screen candidates in or out of the selection process.

### EDUCATION AND EXPERIENCE

#### Essential

● EMT4 or State Registered Paramedic	<b>A</b>
● 3 Years operational ambulance experience	<b>A</b>
● Qualified as CBRN Bronze Commander	<b>A</b>
● Experience working in a multi-agency environment	<b>A/I</b>

#### Desirable

● Experience of Incident Management	<b>A/I</b>
● Experience of leading a team	<b>A</b>
● Experience in using self-contained breathing apparatus or other respiratory protection	<b>A/I</b>
● Successful completion of HAZMAT or military NBC course	<b>A</b>

### KNOWLEDGE, SKILLS AND PERSONAL ATTRIBUTES

#### Essential – Clinical & Operational

● Proven clinical assessment skills and a commitment to delivering high standards of patient care	<b>A/I/T</b>
➤ Ability to make sound clinical decisions often at short notice	<b>A/I/T</b>
➤ Ability to maintain high standards of clinical care and health and safety, even in stressful and challenging situations	<b>A/I/T</b>
➤ Ability to work effectively in enclosed, confined spaces	<b>A/I/PCA</b>
➤ Ability to work effectively at height and other areas of difficult access (USAR paramedic only)	<b>A/I/PCA</b>
● Ability to provide structured briefings during an incident and post-incident de-brief for your team	<b>A/I/T</b>
● Ability to actively contribute to multi-agency post-incident structured de-briefs and recommend changes for improvement where required	<b>A/I/T</b>



**Essential – Clinical & Operational contd**

● Understanding of the trust’s risk management system and ability to undertake formal and Dynamic Operational Risk Assessments and manage risk in accordance with these procedures	<b>A/I/T</b>
● Understanding of and have a demonstrable commitment to Equal Opportunities and Diversity, both as a colleague and as a provider of a service to the public	<b>A/I</b>
● Ability to conduct investigations into any accident or other untoward incident relating to HART in accordance with local procedures, and completing the relevant paperwork in the appropriate manner	<b>A/I</b>
● Knowledge of Trust procedures regarding Personal Development Review (PDR) and the ability to carry out timely appraisals	<b>A</b>
● Ability to communicate both verbally and in writing with people at all levels	<b>I/P/T</b>

**Essential - Core Behavioural Competencies**

● Ability to remain calm and resilient under pressure and support others in this respect	<b>A/I/T</b>
● Ability to manage sensitive, stressful and traumatic incidents effectively, knowing when to use tact, diplomacy and assertiveness and ensuring that others do so	<b>A/I/T</b>
● Ability to work as part of a team and being supportive of others	<b>I/P/T</b>
● Open to change, flexible and adaptable	<b>I/P/T</b>
● Being self confident and have the ability to develop self, motivate others and instil a sense of capability in others	<b>I/P/T</b>
● Ability to establish efficiently an appropriate course of action for self and/or others to accomplish a goal	<b>I/P/T</b>
● Ability to make effective judgements and decisions often at short notice and under pressure	<b>I/P/T</b>
● Maintain a professional image at all times	<b>I/T</b>

**OTHER ESSENTIAL REQUIREMENTS**

● Low level of absence due to sickness in the last two years	<b>A</b>
● No outstanding disciplinary sanctions	<b>A</b>
● Capable of swimming 100m	<b>A</b>
● Have a satisfactory CRB enhanced disclosure check (this may not be undertaken in all Trusts)	<b>A</b>
● Occupational Health clearance	<b>OHD</b>
● Attend and pass pre-employment fitness test and maintain a specific level of fitness – including being able to work at heights (USAR paramedics only) and in confined spaces	<b>PCA</b>
● Attend and pass induction training on the required dates and achieve the standards required for the role	<b>T</b>
● Hold current driving licence with Class C1 and no more than 3 penalty points	<b>A</b>
● Flexibility required surrounding shifts and time away from home, including the requirement to attend residential training courses to achieve required standards	<b>I</b>



## SAMPLE Job Description Hazardous Area Response Team: Operative

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

<b>Position/Title:</b>	<b>Hazardous Area Response Team : Operative</b>
<b>Grade:</b>	
<b>Location:</b>	Trust HART Operational Base
<b>Accountable To:</b> (Job title/s of manager/s whom the member of staff reports to)	HART Team Leader and HART Manager / Coordinator
<b>General Summary:</b>	<p>The HART Incident Response Unit (IRU) works within hazardous areas, to deliver the highest standards of pre-hospital specialist clinical care to all patients actually or potentially affected by any major civil emergency or an accidental or deliberate release of hazardous materials or a chemical, biological, radiological or nuclear agent, whilst using specialist personal protective (PPE) clothing within a Hot Zone cordon.</p> <p>“The Hot Zone is an area within the Inner Cordon where high concentrations of a potentially hazardous substance are present and specific procedures and protocols, including Dynamic Risk Assessments, controlled access and egress and the wearing of appropriate levels of Personal Protective Equipment (PPE) are required. Depending on the type and nature of the hazard this area may contain live casualties who will need to be treated and prioritised for decontamination and evacuation” (National HART Work Standard Operating Procedures v 7.0)</p> <p><b>Paramedic staff only:</b> The paramedic operative will be trained in both HART Incident Response Unit (IRU) and Urban Search &amp; Rescue (USAR) skills. USAR Standard Operating Procedures states that:</p> <p>“These areas and incidents are likely to involve collapsed or unstable structures, incidents at height, in confined spaces, or situations where casualties present in locations with difficult access.”</p> <p>EMT staff will not undertake USAR training, and will not be deployed beyond the limit and extent of their training.</p> <p>HART staff will work closely with other emergency service teams at a range of operational incidents including: Major Incidents, incidents of a CBRN nature, USAR incidents, incidents involving hazardous materials, structural collapse, confined space rescue, major transportation incidents, incidents requiring working at height, trench collapse and rescue, incidents involving complex entrapment – as defined and in accordance with HART IRU and USAR Standard Operating Procedures, depending upon the qualification and training of the operatives.</p>



**MAIN TASKS AND RESPONSIBILITIES**

Task	Responsibility
	<p>The post-holder will ensure that the highest level of patient care is delivered in accordance with the procedures issued by the Trust in order to maintain personal safety and that of colleagues and casualties.</p> <p>This job description must be read in conjunction with the standard job description for the clinical role which the individual is qualified to undertake (for example – Paramedic or Emergency Medical Technician) since these and other appropriate duties will be undertaken when not deployed to a HART activity.</p>
<p><b>Structure</b> (Organisational Structure incorporating two positions above and two positions below, if appropriate)</p>	<p>HART Manager / Coordinator            ▼            HART Team Leader            ▼            HART Paramedic / EMT Operative</p>
<p><b>Key Relationships</b>  (add more in here as appropriate)</p>	<ul style="list-style-type: none"> <li>● HART Team</li> <li>● HART Manager</li> <li>● Operational Trust staff</li> <li>● Trust’s AMLO</li> <li>● Air ambulance services</li> <li>● Fire &amp; Rescue Service</li> <li>● Fire Service USAR teams</li> <li>● Police</li> <li>● British Transport Police</li> <li>● Local hospitals</li> <li>● Coastguard</li> <li>● Maritime Rescue Organisations</li> <li>● Mountain/Cave Rescue</li> </ul>
<p><b>Operational</b></p>	<p>In accordance with laid down policies, Standard Operating Procedures and Concepts of Operations:</p> <ul style="list-style-type: none"> <li>● Provide immediate health input to the initial assessment of the scene to meet the needs of Ambulance and Health Services, including casualty confirmation and management</li> <li>● Receive incident briefings from the HART Team Leader/Incident Commander on assigned roles and instructions for managing the incident, following the deployment plan where appropriate.</li> <li>● To provide specialist clinical support and knowledge within HAZMAT/CBRN and USAR (paramedics only) situations</li> <li>● Estimate resources required and undertake Situation Reporting (SitRep) as required</li> <li>● Direct, coordinate and deliver life saving clinical care for patients within the inner cordon including triage (where appropriate, toxic triage), diagnosis, appropriate treatment, prior to, and during, decontamination (if contamination present) and in situations of difficult access in USAR incidents, at times being the only clinician in situ and deliver casualties into mainstream healthcare</li> </ul>



**MAIN TASKS AND RESPONSIBILITIES**

Task	Responsibility
	<ul style="list-style-type: none"> <li>● Operate specialist equipment e.g mass oxygen delivery system, DIM equipment, Safe Working at Height equipment (USAR only) and make appropriate use, based on dynamic risk assessment, of levels of PPE provided</li> <li>● Collaborate with partners operating alongside the HART and liaise with specialist agencies e.g HPA, DCHAPS, Fire Service USAR to gather relevant information on scene</li> <li>● Estimate resources required and deliver Situation Reports when required.</li> <li>● Access relevant databases (e.g. TOXBASE, CHEMNET, CHAPD (HPA) etc.) to research and communicate to others regarding the symptoms, treatment, and decontamination procedures for an incident.\</li> <li>● Provide clinical support and backup to multi-agency service personnel working in the inner cordon</li> <li>● Undertake Hazard Identification monitor local environment safety e.g. weather &amp; climate conditions, gas levels and wind direction, liaising with other available expertise to consolidate decision making</li> <li>● Comply with Command &amp; Control in the inner cordon / Hot/Warm Zones contributing to the deployment of resources, casualty management and evacuation</li> <li>● Actively support and work with other members of the Team undertaking those tasks allocated by the HART Team</li> <li>● Leader/Supervisor, Tactical Support Officer or other person designated to manage a CBRN or HART incident.</li> <li>● Working within the Team, maintain the readiness of PPE, clinical and operational equipment and vehicles, and carry out routine care and maintenance to ensure a high state of preparedness.</li> <li>● Be prepared to respond to national incidents, with the possibility of being away for unknown periods of time.</li> </ul>
Governance & Quality	<ul style="list-style-type: none"> <li>● Work within the policies and procedures of the Trust and HART Unit to ensure that:               <ul style="list-style-type: none"> <li>● patient confidentiality is maintained at all times</li> <li>● that any confidential/classified information which comes in to your possession or knowledge is managed in such a manner as not to compromise an operation or the safety of staff involved in the delivery of any such operation</li> <li>● be aware that the immediate working environment may be designated a 'scene of crime' and as far as possible endeavour to preserve and/or leave undisturbed any potential evidence, without compromising ability to perform the clinical role</li> </ul> </li> </ul>



**MAIN TASKS AND RESPONSIBILITIES**

Task	Responsibility
	<ul style="list-style-type: none"> <li>● Maintain required personal standards of service delivery and core HART skills and attend training events as required to deliver the expected level of service.</li> <li>● Actively support and work with other members of the team undertaking tasks allocated by persons designated to manage the incident.</li> <li>● Assist in the ongoing evaluation of HART capabilities and effectiveness</li> <li>● Assist in the research and development of new equipment.</li> <li>● Analyse information from multiple sources to better understand the nature of an incident and plan scene management activities.</li> <li>● Ensure the accurate recording of information, including patient records and decision logs, relating to HART operations, in accordance with established procedures and share with Team Leaders and other authorised staff as appropriate.</li> </ul>
<p>Communication, Networking and Working Relationships</p>	<ul style="list-style-type: none"> <li>● Comply with the required instructions, procedures and processes of the Team, and the Trust to maintain effective two-way communication.</li> <li>● If required, represent the Trust and emergency services in the public arena and promote its image as a professional and competent service.</li> <li>● Develop and maintain good working relationships with other emergency services, NHS Trusts and public sector agencies.</li> <li>● Promote HART awareness to other Ambulance staff</li> <li>● Actively support and promote the aims and objectives of the Trust's HART capability.</li> </ul>
<p>Strategic</p> <p><small>* insert appropriate terminology for your Trust</small></p>	<ul style="list-style-type: none"> <li>● Actively support and promote the Trust's purpose, Vision and Values*, and broad organisational goals</li> <li>● Actively support and promote the aims and objectives of the Trust's HART Team</li> <li>● Be responsible for personal contribution to the development of the HART Team and where necessary, the testing of new initiatives.</li> </ul>
<p>Personal Responsibility &amp; Development</p>	<ul style="list-style-type: none"> <li>● Adhere to Trust policies and best practice thereby maintaining and promoting the highest professional standards, including clinical practice, conduct, attendance and compliance with the dress code.</li> <li>● Demonstrate and maintain a positive attitude and commitment to Equal Opportunities and diversity.</li> <li>● Take responsibility for own Personal Development Review in accordance with the Trust's arrangements and, in agreement with Team Leader/Supervisor plan and engage in formal and informal learning events that underpin the demands of the role.</li> </ul>



**MAIN TASKS AND RESPONSIBILITIES**

Task	Responsibility
	<ul style="list-style-type: none"> <li>● Attend identified courses to maintain and increase personal knowledge base.</li> <li>● Develop specialised knowledge of HART principles, capabilities and procedures.</li> <li>● To maintain competencies through continuation training, both practical and theoretical.</li> <li>● Attend and complete nationally agreed training programmes when required.</li> <li>● Be responsible for personal contribution to the development of HART and where necessary, the testing and evaluation of new initiatives.</li> </ul>
Health & Safety	<ul style="list-style-type: none"> <li>● Ensure that the safest possible working practices are followed at all times.</li> <li>● Maintain a good level of physical fitness and undergo and pass physical competence assessments when required.</li> <li>● Maintain personally issued PPE to required standards.</li> <li>● Take personal responsibility to remedy Health &amp; Safety issues as quickly as possible within the limits of skills, training and personal authority level, or refer to and work close with HART Team Leaders/Supervisors and/or senior management and the safety and risk team to ensure that any risk or compromise to staff safety is brought to their attention.</li> <li>● Ensure personal safety and that of colleagues by complying with any instructions or procedures as laid down in the HART IRU/USAR (Paramedics only) Standard Operating Procedures and other related documentation.</li> </ul>
Key Result Areas and Performance Measures	<ul style="list-style-type: none"> <li>● Successful completion of the HART IRU and USAR training programmes (USAR for paramedics only)</li> <li>● Active contribution to maintaining a high performing team</li> <li>● Delivery of immediate and high quality clinical care to patients in accordance with procedures</li> <li>● Compliance with the operating procedures and directions and instructions given by authorised team and scene managers.</li> <li>● Successful completion of annual learning, training and re-licensing programmes and agreed Personal Development Plans</li> <li>● Contribution to initiatives and programmes to raise awareness of HART/CBRN/USAR issues</li> <li>● Compliance with Data Protection and Freedom of Information legislation</li> </ul>



## SAMPLE Person Specification Hazardous Area Response Team: Operative

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**JOB TITLE:** HART Operative  
**LOCATION:** Trust HART Operational Base

Listed below are the key requirements needed to perform this job. Candidates will be assessed against these criteria.

**A** = Application form, **I** = Interview, **OHD** = Occupational Health Department, **P** = Psychological Assessment\*, **PCA** = Physical Competence Assessment, **T** = Induction Training

\* NB: Candidates will be asked to complete a confidential online psychological test – a Resilience & Capability Questionnaire (RCQ-S) with Zeal Solutions Ltd. This test will be used to support the selection and personal development of personnel, as well as the ongoing evaluation of the HART project. It will NOT be used to screen candidates in or out of the selection process.

### EDUCATION AND EXPERIENCE

#### Essential

● EMT4 or State Registered Paramedic	<b>A</b>
● 3 Years operational ambulance experience	<b>A</b>
● Evidence of Continuing Professional Development	<b>A/I</b>
● Evidence of working in a multi-agency environment	<b>A/I</b>

#### Desirable

● Experience of Incident Management	<b>A/I</b>
● Experience in using self-contained breathing apparatus or other respiratory protection	<b>A/I</b>
● Currently qualified as CBRN Decontamination Team Operative	<b>A</b>
● Experience of working at height and in confined spaces	<b>A/I</b>

### KNOWLEDGE, SKILLS AND PERSONAL ATTRIBUTES

#### Essential – Clinical & Operational

● Proven clinical skills and a commitment to delivering high standards of patient care	<b>A/I</b>
● Ability to make sound clinical decisions often at short notice	<b>A/I/T</b>
● Ability to maintain high standards of clinical care and health and safety, even in stressful and challenging situations	<b>A/I/T</b>
● Understanding of the Trust's risk management system and ability to undertake Dynamic Operational Risk Assessments and manage risk in accordance with these procedures	<b>A/I/T</b>
● Understanding of and demonstrable commitment to Equal Opportunities and Diversity, both as a colleague and as a provider of a service to the public	<b>A/I</b>
● Ability to work effectively in enclosed, confined spaces	<b>A/I/PCA</b>





**Essential – Clinical & Operational contd**

● Ability to work effectively at height and other areas of difficult access (USAR paramedic only)	<b>A/I/PCA</b>
● Demonstrate effective written, verbal and listening communication skills	<b>I/P/T</b>

**Essential - Core Behavioural Competencies**

● Ability to handle sensitive, stressful and traumatic incidents effectively, knowing when to use tact, diplomacy and assertiveness	<b>A/I/T</b>
● Ability to remain calm and resilient under pressure and support others in this respect	<b>A/I/T</b>
● Ability to work as part of a team and be supportive of others	<b>I/P/T</b>
● Be self-disciplined and conscientious	<b>I/P/T</b>
● Open to change, flexible and adaptable	<b>I/P/T</b>
● Ability to establish efficiently an appropriate course of action to accomplish a goal	<b>I/P/T</b>
● Being self confident and have the ability to develop self, motivate others and instil a sense of capability in others	<b>I/P/T</b>
● Maintain a professional image at all times	<b>I/P/T</b>

**OTHER ESSENTIAL REQUIREMENTS**

● Low level of absence due to sickness in the last two years	<b>A</b>
● No outstanding disciplinary sanctions	<b>A</b>
● Capable of swimming 100 metres	<b>A</b>
● Have a satisfactory CRB enhanced disclosure check (this may not be undertaken in all Trusts)	<b>A</b>
● Occupational Health clearance	<b>OHD</b>
● Able to attend and pass pre-employment fitness test and maintain a specific level of fitness – including being able to work at heights (USAR paramedics only) and in confined spaces	<b>PCA</b>
● Able to attend and pass pre-employment training on the required dates and achieve the standards required for the role	<b>T</b>
● Hold a valid UK driving licence with Class C1 and no more than 3 penalty points	<b>A</b>
● Flexibility required surrounding shifts and time away from home, including the requirement to attend residential training courses to achieve required standards	<b>I</b>



## ELIGIBILITY CRITERIA

### Physical restrictions and other disqualifiers

Prospective candidates should read the following information carefully. Unless all the criteria below are met candidates should not apply as they may put themselves at undue risk of incurring or exacerbating an injury or condition and will have difficulty completing the Physical Competence Assessment centre and training. They would therefore not be eligible to undertake the role.

These criteria will be confirmed through the Occupational Health Screening and Assessment.

#### Candidates should not:

- Suffer from any skin allergies and irritants, including eczema and heat/sweat rash
- Suffer from any lung function difficulties or breathing conditions including asthma which is inhaler dependent for treatment
- Suffer from claustrophobia or experience any other confinement-related difficulties
- Suffer from vertigo
- Wear contact lenses. Glasses are acceptable provided both Distance and Intermediate Vision requirements are met wearing the same pair of glasses (see Eyesight Test Form)

#### Candidates should:

- Be clean shaven below lip level and facially shave every 24 hours
- Fall within the minimum and maximum sizing categories as stipulate in the enclosed sizing chart
- Wear size 3 -14 boots
- Be prepared where necessary to respond to national incidents in other areas of the country



## HART SELF-ASSESSMENT QUESTIONNAIRE (SAQ)



As part of the application process we would expect you to make efforts to find out more about HART and think carefully about whether this is a role for you.

You can learn more by visiting the HART website [www.ambulancehart.org](http://www.ambulancehart.org) or by talking to colleagues already in a HART team. We also encourage you to complete this Self-Assessment Questionnaire (SAQ), honestly and candidly before deciding whether to apply.

### RESULTS

**If you have answered no to any of these statements you need to consider seriously whether working in the HART Team is the right decision for you.**

### GUIDANCE

This self assessment is designed to allow prospective candidates an opportunity to evaluate their suitability for appointment to the HART team. The aim of this questionnaire is to help you to think about aspects of the HART role that you may not have initially considered. It is therefore important that you respond honestly to the statements.

Prospective applicants should complete this questionnaire and also consider the Eligibility Criteria and other information found in the Applicant Information Pack available from your Trust's HR department, in conjunction with the job description and person specification.



<b>DISCUSSION TOPIC</b>		
I have read, understood and comply with all of the physical restrictions and other eligibility criteria found in the information pack	<b>YES</b>	<b>NO</b>
It will be possible for me to be away from home for extended periods in response to national incidents (it is not expected that this will be a regular or usual feature of the role)	<b>YES</b>	<b>NO</b>
I understand that I may have to work for extended periods throughout a protracted incident	<b>YES</b>	<b>NO</b>
I believe I have the physical fitness to deal with the demands of the role – and will endeavour to maintain that level on an ongoing basis	<b>YES</b>	<b>NO</b>
I believe I have the mental fitness to deal with the demands of the role	<b>YES</b>	<b>NO</b>
I do not suffer any phobia that would prevent me from working in the dark	<b>YES</b>	<b>NO</b>
I do not experience any difficulties that would prevent me from working in confined spaces	<b>YES</b>	<b>NO</b>
I do not suffer any phobia that would prevent me working at height	<b>YES</b>	<b>NO</b>
I do not suffer from claustrophobia	<b>YES</b>	<b>NO</b>
I would be prepared to have vaccinations and boosters if directed by/on advice from the Occupational Health Department	<b>YES</b>	<b>NO</b>
I am prepared to undertake any HART training required that might take me away from home	<b>YES</b>	<b>NO</b>
I recognise the heightened risks associated with undertaking a HART role	<b>YES</b>	<b>NO</b>
I recognise that I will be interacting with people who are extremely distressed	<b>YES</b>	<b>NO</b>
I recognise that some of the circumstances I could experience will be highly unpleasant, such as multiple bodies, putrid smells and dealing with body parts	<b>YES</b>	<b>NO</b>



## CANDIDATE INTERVIEW PREPARATION AID

The following has been designed to assist you in preparing for the competency based interview. Although it is not a requirement of the application process that you complete this exercise, it is recommended that you work through the following questions as they have been designed to support your development and preparation.

The following questions will help you to think about your work attitudes and preferred style of working. There are no right and wrong answers so please complete these questions as frankly and honestly as you possibly can.

To assist you in making a judgement rate yourself first by thinking about the various work situations that you have been involved in that might relate to this statement. Rate yourself against the statement using the scale below (1-9) in terms of how characteristic this is of you. Then for each scored statement write down a piece of behavioural/circumstantial evidence that supports your decision.

Q1. I CAN KEEP GOING WHEN THINGS GET TOUGH IN MY JOB								
Very Characteristic					Very Uncharacteristic			
9	8	7	6	5	4	3	2	1
Evidence: Please give an example that supports your answer/decision.								

Q2. I HAVE NO FEARS ABOUT EXPRESSING MYSELF WHEN IN A GROUP SITUATION								
Very Characteristic					Very Uncharacteristic			
9	8	7	6	5	4	3	2	1
Evidence: Please give an example that supports your answer/decision.								



<b>Q3. I LIKE TO WORK WITH PEOPLE WHO HAVE DIFFERENT INTERESTS TO ME</b>								
Very Characteristic					Very Uncharacteristic			
9	8	7	6	5	4	3	2	1
Evidence: Please give an example that supports your answer/decision.								

<b>Q4. I CAN ADAPT QUICKLY TO DIFFERENT SITUATIONS</b>								
Very Characteristic					Very Uncharacteristic			
9	8	7	6	5	4	3	2	1
Evidence: Please give an example that supports your answer/decision.								



## SAMPLE REFEREE REQUEST FORM

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

### CANDIDATE FULL NAME

The above individual has provided your name as a Referee for their application for recruitment to the Hazardous Area Response Team. The Job Description and Person Specification for the post they are applying for are attached.

Your feedback will be used to support the selection process. To this end this form has been designed to collect information about the candidate, as you see and know them, which is relevant to the core competencies required for this role. A prompt return is therefore requested.

### Please complete this form and return to

\_\_\_\_\_

by \_\_\_\_\_

In completing this reference please read each question and then rate the person you are refereeing on the rating scale shown. It is important that you also provide behavioural evidence to justify the rating/score that you have provided.

The information you provide will be treated with the strictest confidence and will not be disclosed to the candidate or any other person except those assessing in the selection process. The information you provide will be combined with various other sources of evidence that will be collected on this candidate during the selection process and used to inform the selection decision that will be made.

### Please provide evidence of this candidate's....

Q1. ABILITY TO WORK AS PART OF A TEAM AND BEING SUPPORTIVE OF OTHERS									
Very Low					Very High				
1		2		3		4		5	
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.									



<b>Q2. ABILITY TO WORK UNDER INSTRUCTION</b>								
Very Low				Very High				
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.								

<b>Q3. ABILITY TO CONSTRUCTIVELY PUSH SELF AND OTHERS FOR PERFORMANCE IMPROVEMENTS</b>								
Very Low				Very High				
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.								

<b>Q4. ABILITY TO COMMUNICATE WITH PEOPLE AT ALL LEVELS</b>								
Very Low				Very High				
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.								





<b>Q5. ABILITY TO TOLERATE CHANGE, BE FLEXIBLE &amp; ADAPTABLE WHEN CIRCUMSTANCES DEMAND IT</b>								
Very Low					Very High			
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.								

<b>Q6. ABILITY TO DEVELOP SELF, MOTIVATE OTHERS AND INSTIL A SENSE OF 'CAN DO' IN COLLEAGUES</b>								
Very Low					Very High			
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.								

<b>Q7. ABILITY TO PLAN AND BE ORGANISED IN THEIR WORK</b>								
Very Low					Very High			
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.								



Q8. ABILITY TO MAKE EFFECTIVE CLINICAL/NON CLINICAL JUDGEMENTS AND DECISIONS									
Very Low									Very High
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>	
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.									

Q9. ABILITY TO LEAD PEOPLE CONFIDENTLY AND COMPETENTLY									
Very Low									Very High
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>	
Evidence: Please give an example using behavioural evidence that supports the rating you have provided.									



## OCCUPATIONAL HEALTH ASSESSMENT RATIONALE

In order to assess the physical and psychological suitability of a candidate for a HART role, even though you are a current employee of the organisation, an Occupational Health Screening form (OHS) must be completed for assessment by the Occupational Health Department. This is to ensure there is updated health information about you so that informed fitness advice can be given if required.

This section outlines the rationale for the questions asked on the OHS. If there are any queries in respect of your responses these will be picked up by the Occupational Health Nurse in your medical assessment so they can assess the significance in relation to your application.

### Questions in the OHS Form

The following health issues are covered to ascertain if there are any current or previous ill health issues that may affect your ability to do the role required of you, physically and psychologically, and to ascertain if the Disability Discrimination Act (DDA) applies and if additional resources are required to enable employment, where this is reasonably practicable to do so.

Question	Rationale
1) Any long term medical condition(s)	To ascertain if there are any medical conditions which may have an adverse effect, or may be adversely affected by the HART role
2) Any restriction/disability that may require specialised support and/or equipment to enable work	As per DDA guidance so that advice and support may be given accordingly. To ascertain if this is conducive with requirements of a HART role as normal 'reasonable adjustments' may not be possible due to unpredictable and hazardous working environments
3) Any health problems that resulted in a change or restriction in what you could do at work	To ascertain if previous restrictions applied and/or redeployment occurred and if the health problem continues or is resolved.
4) Been denied a driving licence on ill health grounds	To ascertain if there has been any previous episodes of illness that led to a temporary ban on driving and to ensure these have elapsed as per DVLA Group 2 guidance
5) Ill health retirement from any previous job	To ascertain if there has been any previous ill health that resulted in retirement and if these are resolved, ongoing and/or if likely to have any impact on the HART role
6) Heart Disease: <ul style="list-style-type: none"> <li>● Congenital</li> <li>● Heart Valve Disease</li> <li>● Transient Ischemic Attack</li> <li>● Palpitations or Irregular pulse</li> </ul>	DVLA guidance Group 2 applies. To be considered against physical and psychological demands of proposed role. If DDA applies adaptations to role/environment may be indicated if reasonably practicable. Associated time off work may be required if ongoing condition. OH Physician opinion required



Question	Rationale
7) Respiratory condition: ● Asthma ● Bronchitis ● Lung condition ● Breathlessness	May adversely affect ability to meet physical demands of role; potential exposure risk (dust, fumes) may exacerbate existing condition(s). It is not possible to use an inhaler when wearing the required PPE. Requires OH Physician medical opinion. Spirometry required prior to commencement in role. DVLA Group 2 applies
8) In the last 6 months: a persistent cough, night sweats, unexplained weight loss	To ascertain if they have any symptoms of Tuberculosis - would need further assessment if positive response
9) Stroke (Cardio Vascular Accident/Incident)	To ensure full recovery and fitness for role, Medical opinion from OH Physician required
10) Brain Surgery/Head Injury	As above (no: 9)
11) Recurrent or persistent problems with ears, nose or throat	Implications for attendance, may be susceptible to cross infection from patients
12) Hearing impairment	Safety at work especially in noisy, hazardous working environments and wearing PPE. DDA may apply so reasonable adjustments may be indicated if reasonably practicable.
13) Vision problems not corrected by glasses or contact lenses	DVLA Group 2 regulations for standard of visual acuity required. PPE does not allow use of contact lenses
14) Vertigo/Dizziness	DVLA Group 2 guidance applies. Influence on attendance to be considered – role requires working at height. Assess current treatment / investigations and affects on ability to work.
15) Epilepsy/fits/faints/blackouts	As above (Q: 14)
16) Jaundice or other blood disorders	EHP role, possible indication of a blood borne virus (hepatitis) or other blood disorders, e.g. pernicious anaemia which may adversely affect availability for role due to treatment requirements and adverse effects from condition.
17) Diabetes or other endocrine disorders	DVLA Group 2 guidance applies, reasonable adjustments for meal breaks etc may not be possible due to nature of role
18) Mental ill health, e.g. stress, depression or anxiety	To ascertain if seems psychologically fit for post. Reasonable adjustments under DDA may not be possible. Obtain Medical/Psychological report if required
19) Episodes of psychosis	As above (Q: 18)
20) Any phobias	As above (Q: 18) also to offer support to overcome these if possible and consider if likely to impact on role
21) Pathological sleep disorders, e.g. apnoea, cataplexy, narcolepsy	May have impact on attendance and alertness for role, safety of self and others e.g. driving. Medical information and opinion required



Question	Rationale
22) Musculo-skeletal disorder/injury now or in the past	To ascertain if physically fit for the role, any recurring problems likely to adversely affect fitness, to ensure where reasonably practicable that individual is not knowingly put at risk of further injury. Highest level of PPE includes Breathing Apparatus carried on back weighing 35kg. Medical report may be required
23) Any current difficulty with prolonged: <ul style="list-style-type: none"> <li>● Standing</li> <li>● Kneeling</li> <li>● Sitting</li> <li>● Squatting</li> <li>● Walking</li> <li>● Crawling</li> </ul>	Role physically demanding and may entail working in restricted space/walking distances/being in one position for long periods of time - any difficulty in these areas may preclude selection. Further information required, medical report may be required
24) Any current problems with: <ul style="list-style-type: none"> <li>● Lifting</li> <li>● Moving/pushing/pulling heavy objects</li> </ul>	As above (Q: 23) – moving and handling requirement for equipment and patients - any restriction may preclude selection
25) Any current limitations in movement of your: <ul style="list-style-type: none"> <li>● Arms</li> <li>● Legs</li> <li>● Neck</li> <li>● Back</li> <li>● Shoulders</li> </ul>	As above (Q:23 & 24)
26) Have you ever been treated for drug/substance misuse or alcohol dependency? If 'yes' please state the substance and when	To ensure no current dependency, can adversely affect ability to drive/concentration, may involve illegal substance use, may show psychological pattern. Would require further information, possible psychologist/specialist report and medical opinion. Testing may be an option according to policy and procedures
27) Are you presently taking any medication? If 'yes' state what	To ascertain if any medication being taken may have an affect on ability to work and/or tasks at work e.g. driving Also to ascertain if this is a temporary or long term treatment and any effect on ability to attend work
28) Allergies to dusts, chemicals, foods, drugs or other substances	Ability to use PPE (chemical content), chemicals in workplace may adversely affect. Spirometry indicated due to potential exposure risks in role (COSHH). Severe allergy, especially if adversely affects ability to work, or requires inhaler treatment will preclude selection.
29) Allergy to latex/rubber or any other skin related dermatitis / eczema type condition or other skin disease	May not be able to use PPE, may be adversely affected in workplace. Reasonable adjustments may not be possible as work area unpredictable.



Question	Rationale
What is your average weekly consumption of alcohol?	DVLA Group 2 guidance Indication for health promotion, referral
If you are a smoker would you like support to stop smoking?	Trust No Smoking Policy and Health Promotion
Height and weight	Although no current Trust policy, procedure or legal guidance on this, as the role requires the physical ability to enter confined spaces and climb, weight to height ratio is applicable for consideration. Physical strength also required so underweight can be a factor. May initially preclude selection but can be revoked if normal weight range achieved. PPE sizing restrictions re boot size

**Eyesight Form:** DVLA Group 2 requirement for drivers of passengers to ensure eyesight adequate for task and certified by Optician. There are also certain restrictions due to the PPE required for the role, noted on the form.

**DVLA Group 2 Guidelines:** current guidance information for Optician to enable informed decision on fitness to drive emergency vehicles/passengers



## OCCUPATIONAL HEALTH: FITNESS ASSESSMENT PROCESS

### Part 1: Physical Fitness Assessment process:

review the health declaration for any positive responses to any of the questions to see if this may adversely affect the candidate's ability to do the Physical Competence Assessment or undertake the role, pay particular attention to:

- Heart disease (Q6)
- Respiratory problems (Q7)
- Vision problems (Q13)
- Vertigo/dizziness (Q14)
- Epilepsy/fits/faints/blackouts (Q15)
- Phobias (Q20)
- Musculo-skeletal problems (Q22)
- Restrictions/limitations in movement (Q23, 24, & 25)

Psychological assessment may also be done at this time. If there are concerns it may be better not to proceed with assessment. Check eyesight forms (not essential may be done at part 2)

Contact the individual for further information if required.

Notify outcome to the HR manager coordinating the recruitment process, using secure e-mail, attaching the notification form below with Part 1 completed.

### Part 2: Full Health Assessment process:

Once OH has been notified of final short-listed candidates, they will attend for a full health assessment. Review all questions if not already done so. If not done before check eyesight forms and ensure DVLA Group 2 requirements are met and there are no restrictions due to the requirements for PPE.

As these are all existing employees, review their Health Records for vaccination requirements and arrange to do blood test and/or administer these as required



# OCCUPATIONAL HEALTH DEPARTMENT NOTIFICATION OF FITNESS FORM

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

## AMBULANCE HAZARDOUS AREA RESPONSE TEAM FITNESS ASSESSMENT

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### PART 1

#### Initial screening assessment for HART selection process:

From the information on the OH Screening form, the following applicant:

Appears fit to undertake the physical assessment:

Does not appear fit to undertake the physical assessment:

Comments: \_\_\_\_\_  
\_\_\_\_\_

Assessed by (print name): \_\_\_\_\_ OH Nurse

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Person notified: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 2

#### Full health assessment after short-listing:

Fit for role:  Further info required:  Referred to Physician:

#### Immunity Assessment Update

##### Action required:

Vaccination/Booster:

Hepatitis B   
Hepatitis A   
Tetanus   
MMR   
Varicella Zoster   
Tuberculosis (Mantoux)   
Tuberculosis (BCG)

Blood test:

Hepatitis B surface antigen   
Hepatitis B core Antibodies   
Hepatitis C   
Varicella Zoster   
Rubella

Other: state: \_\_\_\_\_

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Other: state: \_\_\_\_\_

**Health Surveillance:**

Lung Function:  Other: state: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

No further action required

Assessed by: (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fitness notification sent to: \_\_\_\_\_ Date: \_\_\_\_\_



## IMMUNITY ASSESSMENT UPDATE:

### Infectious Diseases: Guidance

To ensure candidate is immune or vaccinated against preventable infectious diseases to minimise transmission risk to self and others

Infectious Disease	Rationale for Vaccination/Action
Hepatitis B	EPP role: blood borne virus transmission risk, if no previous course vaccinate, if had course but no response try second course from alternative manufacturer. If non immune do blood tests
Hepatitis A	Specific Dept of Health guidance for role – exposure to sewerage may occur 2 vaccinations, 6 months apart
Tetanus	Specific Dept of Health guidance for role – risk of ‘dirty injury’ to self as environment unpredictable. Only to be given if not had full course of 5 injections and/or over 20 years since last booster
Measles, Mumps and Rubella (MMR)	Dept of Health guidance (new ‘Green Book’) for all healthcare workers, if no documented evidence of vaccination then vaccinate – 2 doses required to ensure immune, no need to blood test afterwards. May be used as emergency vaccination following exposure if unsure of previous vaccination/immunity
Varicella Zoster (Chicken Pox)	To ensure immune – history of illness = immunity, if no history or unsure do blood test, if non-immune 2 vaccinations as per regime, no need to blood test further
Tuberculosis (Mantoux)	To assess immunity response to tuberculosis and minimise transmission risk
Tuberculosis (BCG)	To provide immunity and minimise transmission risk to self/others
Other (please state)	To identify any other areas of potential infection transmission to self/others



**Blood Tests:**

Infectious Disease	Rationale for Vaccination/Action
Hepatitis B Surface Antigen	EPP role: if non immune test to ensure non-infectious, test 6 monthly or after known exposure risk
Hepatitis B Core Antibodies	EPP role: if non-immune to check any level of infectivity and progress towards developing natural immunity
Hepatitis C	EPP role: test to ensure non-infectious, re-test after contaminated incident
Varicella Zoster/Rubella	To ascertain immune status if no, or unsure history of illness (action as above)
Other (please state)	To identify any other areas of potential infection transmission to self/others

**HEALTH SURVEILLANCE:**

Lung Function: Risk assessment for the HART role recognises potential exposure risk to chemical fumes/high levels of dust etc so baseline Lung Function (Spirometry) is indicated as good practice and as a measure in case of lung complaint in the future/following exposure.

If any other health surveillance is indicated, e.g. Audiometry if perhaps a candidate's hearing level is a concern and/or to obtain baseline prior to potential noise exposure in the role, indicate this in the section: 'Other'.

Complete Part 2 of the notification form and return to the appropriate HR Manager by secure email.





8. Past Medical History:

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9. Present Medical History:

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Result of Spirometry:

Normal 1

Restrictive: 1

Obstructive: 1

Fit for post: 1

Referred to Physician: 1

Recall in

and/or see if any exposure risk: 1

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Signed:

---

(OHP/OHNA)

---

Employee signature:

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Name:

---

Date:

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## SAMPLE: OCCUPATIONAL HEALTH SCREENING FORM

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

**for Ambulance Hazardous Area Response Team Applicants**

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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The aim of this health questionnaire is to obtain further information about your current health and physical capabilities in order to update your health record and enable Occupational Health to provide accurate fitness advice for the HART selection process.

Please answer the following questions to the best of your knowledge. A 'Yes' answer will not necessarily mean you would be precluded for selection, if required an Occupational Health Nurse will contact you for further information. If you are short-listed you will be required to attend for a full health assessment at the Occupational Health department.

	<b>Do you have, or have you ever had any of the following? If 'Yes' to any please give details in the space provided on next page</b>	<b>YES</b>	<b>NO</b>
1	Any long-term medical condition(s)		
2	Any restriction/disability that may require specialised support and/or equipment to enable you to work		
3	Any health problems that resulted in a change or restriction to what you could do at work either temporarily or permanently		
4	Been denied a driving licence on ill health grounds		
5	Ill health retirement from a previous job		
6	Heart Disease: <ul style="list-style-type: none"> <li>● Congenital heart disease</li> <li>● Heart Valve Disease</li> <li>● Transient Ischemic Attack</li> <li>● Palpitations or irregular pulse</li> </ul>		
7	Respiratory condition: <ul style="list-style-type: none"> <li>● Asthma</li> <li>● Bronchitis</li> <li>● Lung condition/disease</li> <li>● Breathlessness</li> </ul>		
8	In the last 6 months: a persistent cough, night sweats, unexplained weight loss		

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	<b>Do you have, or have you ever had any of the following? If 'Yes' to any please give details in the space provided on next page</b>	<b>YES</b>	<b>NO</b>
9	Stroke (Cardio Vascular Accident/Incident)		
10	Brain surgery / Head Injury		
11	Recurrent or persistent problems with ears, nose or throat		
12	Hearing impairment		
13	Vision problems not corrected by glasses or contact lens		
14	Vertigo/Dizziness		
15	Epilepsy/fits/faints/blackouts		
16	Jaundice or any other blood disorder		
17	Diabetes or other endocrine disorder		
18	Mental Ill Health, e.g. Stress, depression or anxiety: Any treatment/counselling?		
19	Episodes of psychosis		
20	Any phobias		
21	Pathological sleep disorders, e.g. Apnoea, Cataplexy, Narcolepsy		
22	Musculo-skeletal disorder/injury now or in the past?		
23	Any current difficulty with prolonged: <ul style="list-style-type: none"> <li>● Standing</li> <li>● Kneeling</li> <li>● Sitting</li> <li>● Squatting</li> <li>● Walking</li> <li>● Crawling</li> </ul>		
24	Any current problems with: <ul style="list-style-type: none"> <li>● Lifting</li> <li>● Moving/pushing/pulling heavy objects</li> </ul>		
25	Any current limitations in movement of your: <ul style="list-style-type: none"> <li>● arms</li> <li>● legs</li> <li>● neck</li> <li>● back</li> <li>● shoulders</li> </ul>		
26	Have you ever been treated for drug/substance misuse or alcohol dependency?  If 'Yes' state the substance:  When:		



	<b>Do you have, or have you ever had any of the following? If 'Yes' to any please give details in the space provided on next page</b>	<b>YES</b>	<b>NO</b>
27	Are you presently on any medication? If 'Yes' please state what:		
28	Allergies to dusts, chemicals, foods, drugs or other substances		
29	Allergy to latex/rubber or any other skin related dermatitis/eczema type condition or other skin disease		
30	If you drink alcohol what is your average weekly consumption? (1 Unit = small glass wine or 1/2 pint beer)		
31	Do you smoke? If so, would like support to assist you in stopping smoking?		
32	If you do not smoke now, have you ever smoked? If so, when did you stop smoking?		
What is your height? <span style="float: right;">What is your weight?</span>			
Where you have ticked <b>YES</b> to any question, please give details below, e.g. dates of occurrence, diagnosis, treatment, also any time off sick for the problem and for how long (continue on additional page if required and attach).			
Question Number:			
Question Number:			
Question Number:			
<p><b><i>I declare that all the above statements are true and complete to the best of my knowledge.</i></b></p> <p><b><i>I understand that failure to disclose any condition that may subsequently pose a risk to the health and safety of myself, patients and/or colleagues may lead to my being withdrawn from the HART role and could have a potential effect on my current employment within the organisation</i></b></p> <p>Applicant Signature _____</p> <p>Print: _____ Date: _____</p>			





## EYESIGHT FORM FOR AMBULANCE HAZARDOUS AREA RESPONSE TEAM

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

Please take this form to your optician for completion, together with some form of photographic identity, and return it with your health screening form in your application.

(If time constraints do not allow for return of this form with your application you will be required to provide it before progressing further should you be short-listed).

**PLEASE NOTE THAT THE APPLICANT MUST MEET ANY CHARGE INCURRED FOR THE COMPLETION OF THIS FORM.**

This role incorporates emergency driving and transportation of the public and therefore it is a requirement of this Ambulance Service NHS Trust that you meet the DVLA group 2 guidelines (see attached). Because of the potential hazardous environments likely to be encountered, and the type of PPE required, contact lenses cannot be worn during operational duties.

**Distance Vision:**

6/9 in one eye

6/12 in the other eye

Intermediate Vision:

N14 at 1m, each eye separately

Name: _____	Telephone No _____	Date of Birth: _____	
For Optician's Use:			
<b>Snellen's Test or Equivalent</b>			
	<b>Right Eye</b>	<b>Left Eye</b>	<b>Binocular</b>
<b>Unaided</b>	6/	6/	6/
<b>Aided</b>	6/	6/	6/
I certify: -			
1. That the visual acuity of the above named is within / not within the DVLA Group 2 standards outlined overleaf.			
2. The above named has undergone corrective eye surgery <b>Yes / No*</b>			
3. I have examined evidence of identity e.g.			
(a) Passport (b) Other ID with Photograph*			
* Delete as appropriate			
Signed (Optician): _____		Optician's Stamp	
Date: _____			
<i>This section must be signed in the presence of the optician</i>			
Signed (Applicant) _____			

## DVLA GROUP 2 GUIDELINES

*This document will be provided to Trusts as a Word document so it can be put into the Trust's own format and any necessary amendments made to suit local arrangements.*

ACUITY	<p>Applicants are unacceptable if the visual acuity, using corrective lenses if necessary, is worse than 6/9 in the better eye or 6/12 in the other eye.</p> <p>The uncorrected vision in each eye must be at least 3/60</p>
CATARACT	<p>Must be able to meet the above acuity requirement. In the presence of cataract, glare may prevent the ability to meet the plate requirement, even with appropriate acuities.</p>
MONOCULAR VISION	<p>Applicants are unacceptable if there is complete loss of vision in one eye or corrected vision is less than 3/60 in one eye.</p>
VISUAL FIELD DEFECTS	<p>Normal binocular field of vision is required.</p>
DIPLOPIA	<p>Applicants are unacceptable</p>
NIGHT BLINDNESS	<p>Group 2 acuity and field standards must be met - cases will then be assessed on an individual basis.</p>
COLOUR BLINDNESS	<p>No restriction</p>
BLEPHAROSPASM	<p>Consultant opinion required. If mild driving can be allowed subject to satisfactory medical reports.</p>

Reference: DVLA 'At a glance Guide to the current Medical Standards of Fitness to Drive' Feb 2004 Website: [www.dvla.gov.uk](http://www.dvla.gov.uk) accessed Feb 2007



## PHYSICAL COMPETENCE ASSESSMENT (PCA)



The role of the Hazardous Area Response Team Paramedic is new and is therefore being carefully developed and evaluated. In these new roles Paramedics are required to operate alongside their Fire and Rescue, and Police counterparts within the inner cordon of hazardous incidents. It is recognised that for Paramedics to perform their normal medical duties within these environments, wearing high levels of Personal Protective Equipment, the physical demands and stress of their role will be substantially increased. Ensuring there is a match between the capabilities of the Paramedic and the physical demands of the HART-IRU and USAR roles - by developing and implementing physical selection criteria – will help to optimise safe operating procedures for the workforce, while ensuring a minimum standard of operational effectiveness.

**If at any stage in any and all of the following exercises, the supervising instructors think that a candidate is experiencing difficulty, distress or discomfort they will intervene and may instruct the candidate to end the exercise.**

The PCA standard has been designed and set by a multi-disciplinary panel of subject matter experts, facilitated by Optimal Performance Ltd who have extensive experience in this field. The exercises simulate a cross-section of realistic key tasks and sub-tasks expected of the role. An authentic trial circuit was conducted under strict conditions with a group of volunteers; the results of which have set the standard of performance for selection to the role. The standards have subsequently been reviewed following use of the PCA in recruitment for London AS and Yorkshire AS, and have been revised accordingly. The standard will be subject to ongoing evaluation and validation.

*Reference: Review of Physical Selection Tests and Standards for Ambulance Personnel Operating in Hazardous Area Response Teams (HART) – Optimal Performance Ltd. 24 September 2007*



**TEST:**  
**Circuit**

**DETAILS:**

- Distance = 1200 m.
- Weight carried = 35 kg.
- Initial stair climb of one flight of stairs (15 steps)
- 9 circuits, including one flight of stairs (15 steps), duck under (1.5 m), step over (42 and 58 cm) and walk between 2 benches (31 cm apart) per circuit.
- Dummy drag at end of 9 circuits (75 kg, 15 m around 3 cones).
- Manual dexterity.

**STANDARD:**

**Maximum 24 minutes.**

- Candidates completing the circuit between 24 and 25 minutes, might be permitted to enter training, as risk candidates. The decision to allow these candidates into training would be left with the facilitators once they had conducted the next round of testing and had evidence of the distribution of scores.

**Criteria for failure:**

- If the candidate is deemed unsafe to continue by the safety staff
- Self withdrawal
- The candidate is not able to finish within the time limit
- Failure to stand up at the end of the manual dexterity task

**CORE TASKS:**

- This test reflects (partially) the physical demands of a reasonable worst case scenario – e.g. walking 3.2 km in an underground tunnel to rescue casualties; wearing EDDBA and Gas Tight Suit, with obstacles to navigate.
- The manual dexterity reflects the ability to perform fine motor skills when tired and stressed (eg. triage and treatment once the casualty was reached, following penetration into the cordon area to the incident), whilst wearing PPE.





**TEST:**

## Enclosed Space

**DETAILS:**

- Distance = 80 m.
- Negotiate at least 6 obstacles including small apertures, enclosed tunnels and triangle shapes to climb through.
- The candidate uses their head torch to half way point, when the light must be turned off and the candidate must retrace their route to the start.

**STANDARD:**

- Maximum 12 minutes.

**CORE TASKS:**

- This test reflects the ability to work in dark, enclosed spaces.



**TEST:**

## Ladder Climb and Descent

**DETAILS:**

- Climb 13.5 m ladder to the fourth floor.
- No specified size for the aperture to climb through.
- Descend a rope from the third floor.
- Perform confidence test half way down.

**STANDARD:**

- No time limit but candidates are scored on a three point scale;  
0 = fail  
1 = pass but lacked confidence  
2 = passed with confidence.

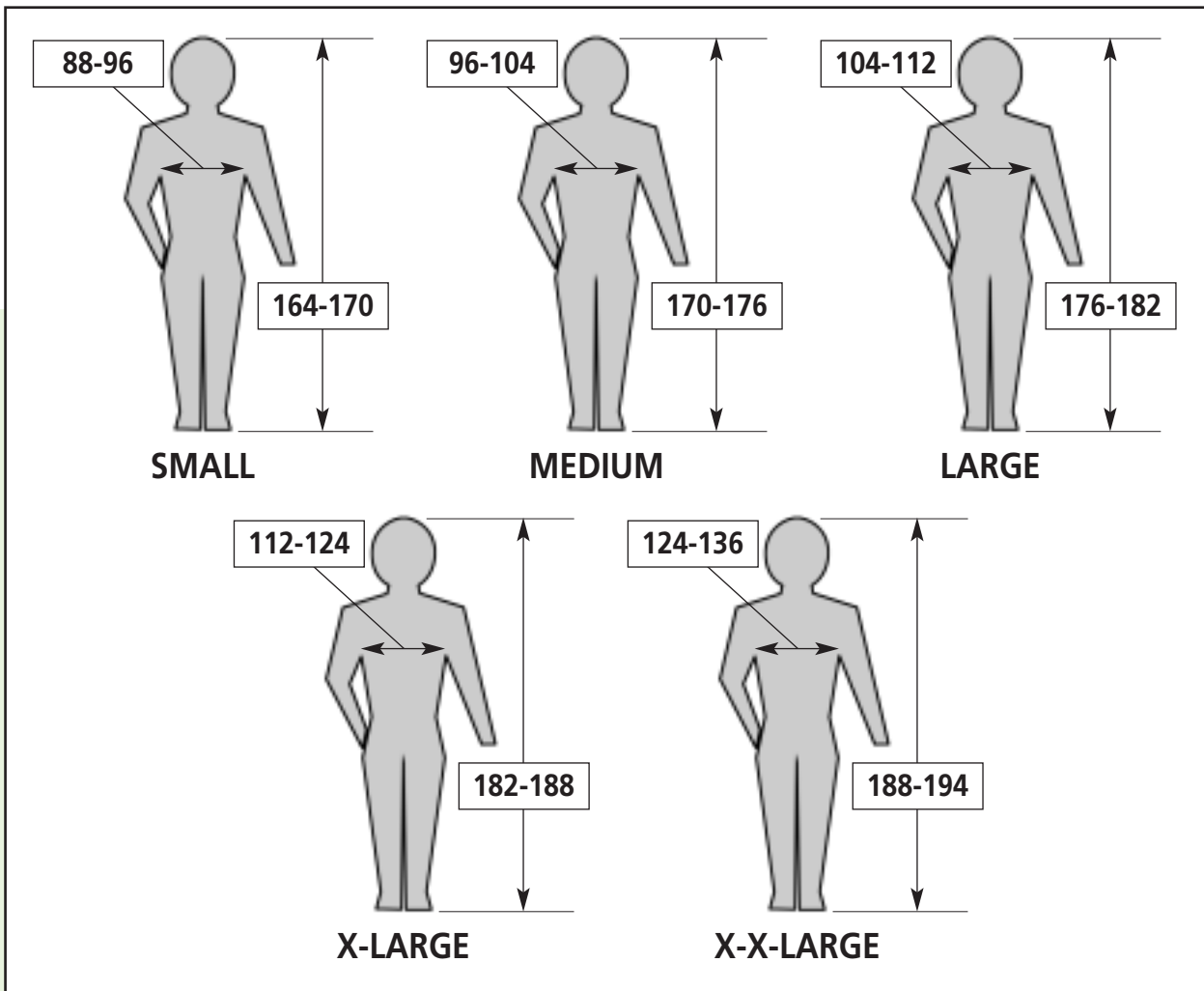
**CORE TASKS:**

- This test assesses the candidates' ability to work at height.



## SIZING CHART

The following pictograms designate the range height and chest sizes suitable for specific sizes of GTB gas tight suit, check your body measurements and select the correct size of suit. Body measurements in cm (inch).



Size	Body Height	Chest Girth
S	164 - 170 (5'4½" - 5'7")	88 - 96 (35" - 38")
M	170 - 176 (5'7" - 5'9")	96 - 104 (38" - 41")
L	176 - 182 (5'9" - 5'11½")	104 - 112 (41" - 44")
XL	182 - 188 (5'11½" - 6'2")	112 - 124 (44" - 49")
XXL	188 - 194 (6'2" - 6'4½")	124 - 136 (49" - 53½")



## SIZING FORM

Name \_\_\_\_\_ Candidate number \_\_\_\_\_

Trust \_\_\_\_\_

### PART 1

Chest size \_\_\_\_\_ cm

Inside leg \_\_\_\_\_ cm

Height \_\_\_\_\_ cm

Waist \_\_\_\_\_ cm

Head circumference \_\_\_\_\_ cm (Widest part of head)

Preferred name and spelling for name badge \_\_\_\_\_

### PART 2

IRU - Gloves S  M  L  XL

IRU - Boots (suit) 6  8  10  12  14

IRU - Boots (std) \_\_\_\_\_ any full size between X-XX

### PART 3

USAR - Berghaus coat XS  X  M  L  XL  XXL

USAR - Berghaus trousers Short  Regular  Long

USAR - Para suit S  M  L  XL

USAR - Gloves 6  7  8  9  10  11  12  13

USAR - Magnum boots \_\_\_\_\_ any full size between 3-14

Sizes in cm