



Guideline

What to do in the event of an ambulance breakdown or if witnessing a road traffic collision (RTC)

1 Scope

For use within the Paediatric and Neonatal Decision Support and Retrieval Service for the East of England and the St. John Ambulance Service.

2 Purpose

To provide a safe, efficient and practical guide for management when the ambulance breaks down or if an RTC occurs or is witnessed during transfer.

3 Definitions

- 'Patient on board' refers to a situation where a patient is being conveyed by the PaNDR team at the time of vehicle breakdown or when at the scene of an RTC.
- 'No patient on board' refers to a situation where there is no patient in the PaNDR vehicle at the time of vehicle breakdown or when at the scene of an RTC.

4 Abbreviations

EBS: Emergency Bed Service

CRC: Central Resource Centre

PaNDR: Paediatric and Neonatal Decision Support and Retrieval Service

RTC: Road Traffic Collision

SJA: St John Ambulance

5 Vehicle breakdown

5.1 Patient on board

- The priority is the welfare of the patient and the team.



- Stop ambulance in a safe area if possible.
- If the vehicle remains in a dangerous position which places the vehicle and staff at risk, activate the vehicle hazard lights and if necessary, blue lights to warn road users the vehicle has broken down. If it is not possible to do so, consider calling the police to help secure the area where the ambulance has broken down.

Immediately contact SJA On-Call (number available in the EBS/PaNDR Contacts book) and advise the following:

- Vehicle location, call sign, registration number
- Brief description of vehicle problem
- Whether the vehicle and staff are 'at risk'
- Intended destination of the vehicle and state the vehicle has a patient on board.
- A status report on the vehicle power supply to enable an expediency of help judgement to be made. This may be in the form of breakdown support or an emergency ambulance to continue the journey.
- Any necessary replacement vehicle needs to have Ferno or Paraid trolley fittings.

The doctor/nurse team stays with the patient and makes necessary calls on the transport mobile:

- Inform PaNDR consultant about the incident, action taken and update of the child's condition.
- Contact referral and receiving hospitals to inform about the delay and update of the child's condition.
- Contact the parents to inform about the delay and condition of the child.

Points to consider:

- Time to rescue vehicle arriving:
 - Is there sufficient gas supply to support the patient during this time?
 - Are there sufficient volumes in the infusion pumps to last?
 - Is there enough battery supply in the ventilator, infusion pumps, suction and other equipment in case of a mains cut-off as a result of the accident?



- In cases of neonatal transfers remember to maintain the baby's temperature: optimise incubator temperature and ambulance ambient temperature.

5.2 No patient on board

- Stop ambulance in a safe area if possible.
- If it is not possible to do so, consider calling the police to help secure the area where the ambulance has broken down.
- Contact SJA On-Call
- Inform the PaNDR consultant.
- If team on way out to a transfer;
 - Contact PaNDR office to arrange for rescue vehicle and/or to dispatch another team
 - Contact referring hospital to inform them of the delay and request a clinical update of the child.
 - Contact the receiving hospital to inform them of the delay

5.3 Vehicle rescue/roadside repair procedure

- Driver to contact the vehicle rescue/roadside repair provider (number available in the EBS/PaNDR Contacts book) to advise exact location, vehicle details and the breakdown issue.
- If a vehicle cannot be repaired at the roadside and needs to be recovered, request it is taken to the approved garage (address in EBS/PaNDR Contacts book): **Advise the call handler that the recovery vehicle must be capable of transporting a 5 tonne box ambulance with tail-lift.**
- Information regarding who to contact in the event of a roadside puncture is also available in the EBS/PaNDR Contacts book.

6 Witnessing RTC

- The vehicle must stop if either witnessing or arriving first on the scene at an RTC.
- Summon immediate emergency ambulance and police assistance if the incident appears to require support from these services. It is far easier to



stop these services later if not required than to delay initial decision-making.

- Ensure that the PaNDR ambulance is positioned safely away from oncoming traffic, but can act as a visual warning, through activation of the blue lights, to other road users of an incident. The PaNDR vehicle will be carrying passengers and possibly a child, so primary duty of care must be to those being conveyed by the PaNDR ambulance.
- The PaNDR driver must ensure the hi-visibility jacket is worn when attending any RTC incident. Likewise the hi-visibility tabards issued to the PaNDR vehicles for medical staff must also be worn if leaving the vehicle to assist casualties involved in the RTC.
- Should the PaNDR ambulance be undertaking an emergency transfer which is time-critical necessitating the team is not delayed, administer immediate first aid to casualties and summon bystanders to assist. Immediate action must follow the ABC (airway, breathing, circulation & bleeding) principles of first aid.
- Having administered immediate first aid and left the casualties in the care of bystanders or the emergency services, inform SJA On-Call and advise that the PaNDR vehicle is leaving the scene to continue with the emergency transfer, giving a brief description of actions taken.
- When it is safe to do so, complete an incident form and short statement which records the accident as witnessed and the immediate actions taken. Should it have been necessary to leave the scene prior to the arrival of the emergency services this should also be recorded.
- Drivers must submit a St John Ambulance incident online within 24 hours.

7 Monitoring compliance with and the effectiveness of this document

Case reviews: Each incident of vehicle breakdown and/or witness of an RTC will be reviewed and actioned on an individual basis by the senior management team.

Exception reports following case review: To be reviewed monthly by senior management team.

Incident reports: To be reviewed monthly by senior management team.

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.



Disclaimer

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Document management

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