



Guideline

What to do in the event of an ambulance breakdown or if the ambulance is involved in a road traffic collision (RTC) or if you witness a 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. St John technicians to use guideline in conjunction with 'St John Ambulance, Vehicle Incident and Collision Management Procedure guidance.

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 the PaNDR team is conveying a patient 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
AOC: Ambulance Operations 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.

SJA technician should immediately contact AOC (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 clinical team stays with the patient and makes necessary calls on the transport mobile via the EBS hotline:

- 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 because of the incident?
- In cases of neonatal transfers remember to maintain the baby's temperature: optimise incubator temperature and ambulance ambient temperature, consider use of transwarmer.
- Foil blankets are available on ambulance for thermal care of infants and children

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.
- SJA technician to contact AOC
- Clinical team to inform the PaNDR consultant via EBS.
- 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

- SJA technician 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 be 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.**

- Information regarding whom to contact in the event of a roadside puncture is also available in the EBS/PaNDR Contacts book.



6 Ambulance involved in an RTC (*see appendix 1*)

- Priorities are for the patient on board, PaNDR staff and other people involved in RTC.
- Ensure care to patient on board continues, confirm power supply and gas supply working
- Is ambulance in a safe place and visible to other road users
- If safe to do so activate ambulance hazard lights and blue lights to warn other road users of accident
- If immediate danger apparent including smoke or fire, consider evacuation of ambulance with the patient to a safe position away from the ambulance, ensuring high visibility jackets are worn if time allows, these are available in the ambulance.
- Urgently call 999, request police assistance, and ambulance assistance if required for casualties.
- If evacuation has been necessary, inform ambulance control and request urgent additional ambulance support.
- PaNDR team to call EBS and ask to be put through to Ambulance Operations Centre (AOC) and then to the PaNDR Consultant, inform of the RTC and request assistance.
- PaNDR consultant to inform receiving hospital +/- parents as required.
- PaNDR staff may attend to RTC casualties if deemed appropriate prior to frontline crew arriving; high visibility jacket from the ambulance must be worn. (*see Appendix 2*)

7 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 SJA technician must ensure the hi-visibility jacket and hard hat 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 that is **time-critical** necessitating the team is not delayed the team should urgently call the emergency services from the ambulance and inform of the situation and that they are unable to stop and help.
- If undertaking an emergency transfer, which is not time critical the SJA technician should administer immediate first aid to casualties with help from PaNDR clinical team if appropriate. The patient in the PaNDR ambulance is the clinical teams' priority and should not be left unattended. Immediate action must follow the ABC (airway, breathing, circulation & bleeding) principles of first aid. (*see appendix 2*)
- Having administered immediate first aid and left the casualties in the care of the emergency services, inform AOC 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. If possible, include photographs of accident scene. 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.

8 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.

Associated Documents

- St John technicians to use guideline in conjunction with 'St John Ambulance, Vehicle Incident and Collision Management Procedure. <http://www.sja.org.uk>



Equality and diversity statement

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

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Document management

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Appendix 1

Emergency Action Card: Roadside Accident Involving PaNDR Ambulance



Appendix 2:

First Aid



Ensure personal safety then:

- **C** direct pressure applied to catastrophic external haemorrhage
- **C** cervical spine control and support
- **A** airway opening manoeuvres and support with simple adjuncts (OPA/NPA)
- **B** ventilatory assistance with a bag-valve-mask if required, administration of oxygen
- **C** CPR and defibrillation provided as required

