



London Ambulance Service **NHS**
NHS Trust

Conduct on the Road Procedure

DOCUMENT PROFILE and CONTROL.

Purpose of the document: The purpose of this Procedure is to highlight key aspects of driving and vehicle care which, if followed carefully, will help in reducing the risk to our staff, patients and other road users, as well as minimising the damage to Service vehicles.

Sponsor/Department: Operations

Author/Reviewer: Deputy Director of Operations. To be reviewed by May 2014.

Document Status: FINAL

To be reviewed by: Deputy Director of Operations

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
17/08/10	0.1	AOM (Paul Smith) & Education Governance Manager	Major – 1 st draft
11/10/10	0.2	SO to DDO	Minor formatting and additions
20/10/10	0.3	SO to DDO	Minor formatting and additions
23/10/10	0.4	SO to DDO	Minor formatting and additions
18/02/11	0.5	DDO	Minor amendments
14/03/11	0.6	DDO	Amendments to call classification
18/03/11	0.7	DDO	Amendments to call classification
25/05/11	1.1	SO to DDO	Minor amendments

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

For Approval By:	Date Approved	Version
ADG	25/05/11	1.1
Ratified by:		
SMG	15/06/11	1.1

Published on:	Date	By	Dept
The Pulse	26/07/11	Gov Co-ordinator	GCT
LAS Website	26/07/11	Gov Co-ordinator	GCT
Announced on:	Date	By	Dept
The RIB	26/07/11		

EqIA completed on	By
07/07/11	Committee
Staff side reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
N/A	IHCD Ambulance Driving Manual	
9780115528149	The Official Highway Code Book	
N/A	Road Traffic Act 2006	
OP/057	CRU Rider Handbook	1.0
OP/056	MRU Rider Handbook	1.0
LAS MIP	LAS Major Incident Plan	
OP/009	Procedure for Attendance at Calls on the Croydon Tramlink	
TP/067	Procedure for Road Traffic Collision, Reporting, Investigation and Adjudication	1.1
TP/011	Fuel and Lubricant Card Procedure	2.6
TP/063	Checking of Driving Licences Guidance for Managers	1.1
	Motor Risk Management Guidance Notes for Managers	
	Procedure for Reporting Vehicle Availability/ Vehicle Defects and Arranging Breakdown & Recovery Services	

1. Introduction

- 1.1 This aim of this procedure is to promote the highest standards of driving within the London Ambulance Service NHS Trust. The manner in which Service vehicles are driven has a direct bearing on the public's perception of the LAS as a professional organisation. All staff must therefore strive to safeguard the Trust's reputation by displaying optimal standards in driving skill and road behaviour at all times.
- 1.2 In addition to ensuring compliance with Road Traffic Law, all staff have a duty to protect the safety and wellbeing of their patients, passengers, other road users and Trust colleagues. It is therefore essential that staff adhere to the principles and standards of ambulance driving prescribed during their driver training programme. This includes maintaining a thorough working knowledge of the Highway Code and IHCD Driving Manual, as well as any other policies, procedures, bulletins and information that are circulated within the organisation.
- 1.3 Copies of the IHCD Driving Manual are issued on an individual basis to staff, whereas the Highway Code is available at station premises. As with any other query, staff should approach their Team Leader or line manager for assistance with any area of doubt or concern.

2. Scope

- 2.1 This procedure applies to all drivers of LAS vehicles, and those who provide management and support service functions relating to the Trust's vehicle fleet.

3. Objectives

- 3.1 To provide guidance to all drivers in support of their legal and professional responsibilities in driving LAS vehicles.
- 3.2 To ensure that the safety of staff, patients and passengers/other road users, remains paramount at all times.
- 3.3 To establish a framework in which Team Leaders/line managers and other appropriate individuals can measure and monitor LAS driving standards.

4. Responsibilities

- 4.1 All members of staff who drive Trust vehicles are responsible for complying with Road Traffic Law, IHCD Driving Manual, and LAS driving policies and procedures at all times.
- 4.2 Line managers are responsible for overseeing compliance with this procedure within their respective areas of operation. They are also responsible for developing and monitoring specific action plans in response to identified problems and deficiencies.

4.3 The Motor Risk Management Group is responsible for developing the strategic direction of driving related projects and initiatives, as well as monitoring the outcomes from current motor risk activity and data collection sources. The Group reports to the Risk Compliance & Assurance Group on a quarterly basis.

5. Definitions

5.1 Throughout this document the term 'Service vehicle' refers to all vehicles including motorcycles and bicycles owned or operated by the London Ambulance Service NHS Trust. The term 'User' refers to the driver / rider / cyclist using the Service vehicle.

6. General Procedures

6.1 Authorisation to drive LAS Vehicles

6.1.1 It is essential that staff hold a valid and current driving licence for the category of service vehicle they are required to drive. Staff must be in possession of their licences at all times whilst on duty, and to offer the licence (both parts where applicable) for inspection by the Police or LAS manager as required. (Please refer to TP/063 'Checking of Driving Licences – Guidance for Managers')

6.1.2 All drivers of service vehicles must where appropriate undertake the relevant driver training for the type of vehicle they are required to drive. From 2011 all staff required to drive on blue lights must have undertaken training and be registered as blue light drivers. From 2011 all blue light drivers must be able to demonstrate their competence in relation to blue light driving every 5 years in order to remain on the LAS register which is part of the legislative requirement overseen by the Department of Transport.

6.1.3 It is emphasised that staff must notify their line manager of any accident or incident in which the Police are involved. This includes the outcomes of any such event that has led to penalty points or endorsements being added to a licence and/or the receipt of a Notification of Intended Prosecution (NIP). (Please refer to TP/064 - PCN/NIP Policy)

6.1.4 In addition, the attention of staff is drawn to HR/015 – Alcohol, Drugs & Solvent Misuse Policy. It is essential that all staff are fully familiar with its content, and any issues or concerns in respect of staff compliance must be reported immediately to EOC.

6.2 Vision (Spectacles/Contact Lenses/Sunglasses)

6.2.1 All Service drivers must ensure that their vision meets with the legal requirement at all times. This is specified in the Highway Code (Rule 93) and staff are strongly encouraged to have regular eyesight tests (every two years at least) to help maintain compliance. Staff who wear spectacles or contact lenses to correct vision while driving must carry a spare pair of spectacles during all periods of duty.

- 6.2.2 Sunglasses/Tinted spectacles may only be worn during bright sunlight. The wearing of such spectacles could be dangerous in other conditions, due to the loss of vision and subsequent risk of not observing a pedestrian, unlit bicycle etc.
- 6.2.3 Users who use prescribed tinted spectacles to correct vision must carry a pair of spectacles with clear lenses in case weather conditions change during the shift.
- 6.2.4 Spectacles and/or Sunglasses should be of a colour and style in keeping with the professional image of the LAS.

6.3 Consumption of Food and Drink in LAS Vehicles

- 6.3.1 The consumption of food and drink within a Service vehicle is strictly prohibited whilst that vehicle is in motion (with the exception of water from a suitable vessel by the attendant).
- 6.3.2 Food and drink should not be consumed in any patient bearing area of a Service vehicle at any time. The consumption of food and drink in non-patient bearing areas whilst stationary is permitted, although the vehicle should be discretely parked away from public view as far as is reasonably possible. Strong smelling food should be avoided as a matter of routine for reasons of patient comfort.
- 6.3.3 The LAS makes special provision for staff with diabetes. Such staff will have individually agreed treatment plans in place, which may on occasion require some flexibility to the above procedures.

6.4 Smoking/Unauthorised Passengers & Equipment

- 6.4.1 Staff are further reminded that smoking is strictly forbidden in LAS vehicles including leased vehicles, as is the carriage of any unauthorised passenger, equipment or other items.

6.5 Wearing of Seat Belts/Restraints for Patients, Escorts and Attendant

- 6.5.1 Users and all passengers (including the attendant), are required by law to wear front seat belts in all types of Service vehicle. The same rule applies to rear seat belts in cars, and those in small minibus vehicles (i.e. an unladen weight of less than 2540kg).
- 6.5.2 There are three exemptions:
- If you are driving a vehicle and are carrying out a manoeuvre at low speed which includes reversing.
 - If you have valid medical exemption certificate.
 - If your seat belt has become defective on your journey, and you are en-route for subsequent repair at a workshop nominated by control.

- 6.5.3 In order to give maximum protection to patients and escorts whilst on a Service vehicle, every effort must be made to persuade them to use a seat belt / trolley straps. Patients and escorts who decline the offer should have their attention drawn to the notice displayed. If they still decline, a reference to this must be recorded on the Patient Report Form (PRF) or Patient Transport Service 1 (PTS1) sheet and wherever possible a signature obtained.
- 6.5.4 The driver must be informed of any instance when a patient or escort declines the wearing of a seat belt after the steps identified in 6.5.3 above have been followed.
- 6.5.5 Attendants must wear a seat belt in the rear of an ambulance, unless to do so would hinder their ability to care for the patient.

6.6 Securing of Vehicle Doors

- 6.6.1 Vehicle doors must be properly fastened to ensure they do not open whilst the vehicle is in motion. Ambulance bodies are constructed on the basis that the communication door will be closed whilst the vehicle is moving for the added safety of crews in the event of a collision. Equipment must be properly secured to avoid injury to staff and passengers.
- 6.6.2 Under no circumstances may a Service vehicle be driven with any doors open.
- 6.6.3 It is the User's responsibility to ensure that the rear/side steps and tail-lift are safely stowed, and that all doors are closed before moving off.

7. Non-Emergency Driving Procedures

- 7.1 Patient Transport Staff (PTS) and other non-emergency staff are not permitted to claim any exemption afforded to emergency vehicles, other than those relating to 'stopping' and 'parking' as defined in Section 2 of the IHCD Driving Manual. It must be emphasised that drivers have no right to claim an exemption. The circumstances must dictate that no other legal stopping/parking alternative was available, and that the exemption can be claimed safely with all due consideration to other road users.
- 7.2 Some allowances in the use of bus lanes are available to PTS staff, which are fully detailed in paragraph 10.7.

8. Emergency Driving Procedures

- 8.1 The over-riding priority in all driving situations is safety. It is essential that ambulance vehicles are always driven at a speed that is conducive with the prevailing road, weather and traffic conditions existing at the time. Equally, the speed must be compatible with the patient's condition, and that allows the attendant to safely provide the appropriate level of care.
- 8.2 On receipt of a call, the crew will immediately progress to the address by the quickest route available using appropriate audible and visual warnings devices. The route will normally be pre-selected by the satellite navigation system, although staff can apply local judgement in avoiding road-works, traffic delays etc. In cases where a pre-selected route is not available through an electronic system the driver will establish the most direct route using a suitable map book.
- 8.3 Where no exemption applies and the Service User incurs parking fines, fixed penalty and/or a summons, it will be the User's responsibility to address these and resolve the matter with their line manager. The Trust will not cover the cost of any financial penalties that are incurred in this regard. Except when on emergency calls, Service Users are bound by the restrictions on waiting, sounding of audible warning devices and positioning on the road when stationary. An ambulance is only exempt from such regulations if conformity would hinder its use for its intended purpose.
- 8.4 In the interests of both safety and legal requirements, Service Users are forbidden from using or attempting to use hand held in-car technology, which is not docked in a suitable carrier mounted in the vehicle. This includes the use of mobile phones, mobile data terminal (MDT) and navigation systems whilst driving or manoeuvring a vehicle.

9. Audible and Visual Warnings

- 9.1 Visual warnings (blue lights) and flashing headlights (wig-wags) must be used when responding to all emergency calls (this includes critical transfers), except in certain category 'C' calls. An emergency call is defined as a call originating from a 999 call, one where a registered health care professional requires due to the presenting clinical condition an emergency response or any other call appropriately authorised and made in connection with official ambulance service purposes or business. Audible and visual warnings may also be used when conveying a patient to hospital where the patient's condition justifies their application. The use of audible warnings is permitted throughout the 24 hour period and may be used at the User's discretion. Wig – Wags must NOT be used when conditions require the use of headlights.
- 9.2 From 1st April 2011 the Category B target has been replaced with clinical indicators and only Category A is reported nationally. The LAS will be implementing the new response profiles as described below from 18th April 2011. Figure 1 below sets out the new emergency call categorisation standards and response regime to be adopted by LAS.

National Key Standard		Locally Agreed Response Profile				
Category A (Red Calls)		Category C Calls				
Red 1 (Echo codes)	Red 2	Category C1	Category C2	Category C3	Category C4	
Respond to 75% of Category A (Life-threatening) calls within 8 minutes or less.	Respond to 75% of Category A (Life-threatening) calls within 8 minutes or less.	Response in 20 minutes	Response in 30 minutes	Telephone Assessment within 20 minutes or Respond as Category 2	Clinical Telephone Assessment (CTA) within 60 minutes or respond within 60 minutes	
19 minute transport standard	19 minute transport standard			Report as C3	Pass to NHSD	
MDT CODE	RED 1	RED 2	C1 EM	C2 EM	C3 EM	C4

Figure 1

The table below sets out when audible and visual warning must be used by LAS staff and when discretion can be used by either operational or control services staff.

Emergency call type	Use audible and visual warning devices	Comments
Red (Category A) with or without confirmed diagnosis	Yes - Mandatory	The initial category will come from key words at the start of the emergency call
Emergency incident resulting from a 999 call from a mobile phone where a confirmed address awaits	Yes - Mandatory	Resource must immediately mobilise towards the approximate location of the call upon receipt under normal driving conditions. Use of audible and visual warning devices is mandatory once location is confirmed and the call is categorised as either Red or C1 Em, C2 Em. or C3 Em.
Cat C calls with a response time standard of 30 minutes or less	Yes - Mandatory	This includes the new categories of green 1 (20 minutes response time) and 2 (30 minutes response time). These calls will be categorised as C1 Em and C2 Em on MDT screens.
Category C call regardless of classification (1 to 4) in a public place	Yes - Mandatory	These calls will be categorised as C1 Em to C4 Em on MDT screens.
Any Category C call that would not have an mandated emergency response where the operational or control service staff believe in their judgement an emergency response is indicated based on the information available at the time	Optional – Discretionary dependant on prevailing circumstances	Response using audible and visual warnings would normally be made when clinical information suggests this is necessary (see below) or where exceptional circumstances exist

9.2 C3 calls will not normally receive immediate activation as they are subject to a further telephone assessment. If after this assessment a response is required the call will be responded to as an emergency with audible and visual warnings as C3 Em. If the grading of the call is changed (up or down graded) the response will be undertaken according to the requirements of that category.

9.3 In the case of most C4 calls, the use of visual and audible warnings is not required. The criteria for when to use visual and audible warning devices for C4 cases is set out below:

- Any patient in a public place.

- Any call that has received a Clinical Telephone Assessment and the use of visual and audible warnings devices has been advised by the clinical advisor or where the call has been upgraded due to the clinical condition of the patient.
- Any call that the Area Controller (or other relevant manager) has recognised from additional information that visual and audible warnings devices may be required.

- 9.4 Upon receipt of a C4 call outside of these criteria that the attendant feels warrants a blue light response, a request may be made to Control for such a response.
- 9.5 Unnecessary use of audible warning devices causes disturbance to the public and whilst en route to hospitals does nothing to ease the feelings of a conscious patient. Audible and visual warnings are not to be used when returning to the station or when the vehicle is engaged on a non-emergency journey unless the patient's condition deteriorates. In such cases, the Emergency Operations Centre (EOC) or Urgent Operations Centre (UOC) must be informed at the time.
- 9.6 Unless the vehicle is likely to be kept at an incident for an extended time, the blue lights and hazard warning lamps should be kept on as a protection whilst stationary and run lock used if unattended. At the scene of a Major Incident the blue lights should be switched off unless it is the control vehicle, or unit acting as the temporary control vehicle.
- 9.7 LAS cars, and particularly CRU and MRU vehicles are far less visible than ambulances, and generally do not provide the User with the same level of vision as from an ambulance cab. Equally, such vehicles may not always be as visible to other road users, so staff must constantly bear these factors in mind when responding to emergency calls.
- 9.8 Audible and visual warning devices may be used for ambulance purposes in circumstances when not assigned to a 999 emergency call, but where the balance of need is deemed reasonable and proportionate to aide the prompt and effective provision of emergency ambulance services. Such cases must be authorised by an officer of at least Ambulance Operations Manager (or nominated appropriate deputy in the case of control services) rank. Such authorisation will be recorded in any incident or event log/decision log and will be reasonable, necessary and proportionate in the circumstances.

10. Exemptions

10.1 Speed

- 10.1.1 A vehicle being used for ambulance purposes may exceed any statutory speed limit (those governing roads and vehicles) if observance of the limit would hinder the use of the vehicle for its official purpose on that occasion. The exemption could be claimed when travelling to an emergency, or on the journey to hospital providing the patient's condition can justify use of the exemption.
- 10.1.2 Riders of Motor Cycle Response Units (MRU's) must comply with the additional rules and procedures detailed in the MRU Handbook. In particular, the LAS has introduced specific speed limits for certain models of motor cycle, which must be observed at all times.
- 10.1.3 Cycle Response Unit (CRU) cyclists may claim exception from the Highway Code mandatory 'Must Not' rules when cycling on a pavement or pedestrian area in response to an emergency call. More details can be found in the CRU Handbook.
- 10.1.4 Service Users are not exempt from prosecution against the Road Traffic Act 2006 for offences related to driving dangerously, driving without due care and attention or without reasonable consideration for other road Users. (For all examples refer to IHCD Driving Manual - Section 2).

10.2 Negotiating Red Traffic Lights

- 10.2.1 Service vehicle Users have discretion to regard a red traffic light as a 'Give Way' sign rather than a 'Stop' sign when 'observance would hinder the use of the vehicle for its official purpose on that occasion'.
- 10.2.2 A 'Give Way' sign has specific legal meaning and failure to comply with that meaning is in itself an offence. The sign means do not enter the major road in such a manner as to be likely to cause DANGER to, or collision with, a vehicle on the major road or to cause it to change speed or course.
- 10.2.3 As highlighted above, the only circumstances in which this exemption can be considered are during the initial response to an emergency call, or when the patient's condition warrants the emergency transfer to a treatment facility. In either situation, emergency warning lights must be utilised, with the use of audible warning devices determined by the presence of other road users (including pedestrians) and if applicable, the patient's condition.
- 10.2.4 In negotiating a red traffic signal:
- The Service vehicle User **MUST** be in a position to **GIVE WAY** to **ANY** vehicle that still has right of way in or entering the junction.
 - In order to do this **SPEED** must be significantly reduced to a slow walking pace prior to arriving at the hazard.
 - No **DECISION** is to be made to enter the junction before full **VISION** has been acquired and it can be seen that it is safe to proceed. Service vehicle

Users must WAIT until all other drivers and road users have stopped or slowed to allow the ambulance vehicle precedence. LAS vehicles must NOT force their way through and cause other road users to alter direction or speed.

- Particular care must be taken where the junction has multiple lanes to cross and vision is obscured by large vehicles.
- Always 'PLAN FOR THE WORST- DON'T HOPE FOR THE BEST'

10.2.5 The degree of additional care and caution required to safely negotiate a red traffic signal cannot be overemphasised. Staff must remain mindful that the use of audible and visual warnings does not give an ambulance vehicle 'the right of way' – they merely seek to alert the public to its presence. Equally, having the right to claim an exemption does not mean it is safe to use it.

10.2.6 Remember the legal meaning of a 'Give Way' sign. Should a collision occur whilst crossing a red light, responsibility may rest with the Service User and prosecution may follow.

10.3 Pedestrian Crossings (All types)

10.3.1 The very nature of pedestrian crossings dictates that extreme caution MUST be exercised at all times on the approach and during the negotiation of crossings. Users MUST once again approach crossings at a slow walking pace, and NOT proceed until they are completely satisfied that any pedestrians have observed the approaching vehicle and adopted a safe position. Users must then remain vigilant to any sudden or unexpected actions by pedestrians and/or other road users as the crossing is safely negotiated.

10.3.2 Due consideration should also be given to the potential of disability in pedestrians and/or other road users, particularly those affecting sight and hearing.

10.3.3 Legally, the driver must allow precedence to any pedestrian who is on any part of the crossing, and equally must not cause danger to any other vehicle approaching or waiting at the crossing.

10.3.4 Unless engaged on an emergency call all Service vehicles users must adhere to the Highway Code in relation to pedestrian crossings.

10.3.5 Service vehicles are permitted to park within the controlled area and on the crossing subject to the vehicle not remaining longer than is necessary, and/or it could not be parked effectively elsewhere. This exemption is to allow ambulance personnel to deal with the incident when no alternative parking is available. Justification must be absolute as a charge of dangerous parking can be imposed.

10.4 Traffic Islands – Passing on the Offside

10.4.1 There are occasions when because of traffic or an obstruction, it becomes necessary for a Service vehicle to pass on the offside of a refuge to avoid delay when engaged on an emergency call. In these circumstances the greatest care must be exercised; the onus for ensuring that there is no possibility of a collision or

of causing harm rests with the User.

10.5 Roundabouts and One-way Streets

10.5.1 At all times including when on an emergency call, Users must negotiate traffic roundabouts and one-way streets in the direction of the flow of traffic unless otherwise directed by a police officer in uniform.

10.6 Junctions where Right/Left Turns are Banned or Restricted

10.6.1 Users may make otherwise prohibited right or left turns only whilst engaged on an emergency journey and that manoeuvre is deemed essential. It is imperative that Users take every precaution to ensure that no danger or inconvenience is caused to others.

10.7 Use of Bus Lanes and Tram Link Corridors During Times of Operation

10.7.1 All LAS A&E and PTS liveried vehicles are entitled to drive in bus lanes within the London area during their hours of operation when being used for ambulance purposes. This entitlement does not extend to LAS personnel driving private or lease car vehicles, unless the lease car is responding to an emergency and is suitably equipped with audible and visual warnings.

10.7.2 Service Users must comply with bus lanes regulations outside of the London area during their times of operation, although emergency vehicles responding to an emergency/urgent call and when conveying a patient to hospital are exempt.

10.7.3 Users must not use Contra-Flow Bus Lanes, unless it provides the only means of access to a call. In such cases, all due consideration must be given to ensuring that a clear passage exists for the ambulance to reach the call without becoming 'boxed in' or a hazard to other road users.

10.7.4 Special instructions must be followed when driving or stopping within the marked designated operating corridors of the Croydon Tramlink network. Users must familiarise themselves with the mandatory instructions contained in: [Procedure for Attendance at Calls on the Croydon Tramlink \(OP/009\)](#)

10.8 Clearways

10.8.1 Service vehicles are permitted to stop and park on Clearways, subject to it being necessary to carry out essential duties that could not be done if the vehicle were parked elsewhere.

10.8.2 It must be remembered that no User is exempt from leaving a vehicle in a dangerous position. It is the responsibility of the Service User to ensure that the vehicle is not left in such a manner, position or circumstances as would be likely to present a danger to other road users.

10.8.3 All precautionary means, (e.g. blue lights, flashing beacons and hazard warning lights) must be used when stopping in potentially hazardous situations.

10.9 Floodlights

10.9.1 White lights, other than reversing lights, are allowed and can be used to the rear and/or side (Alley Lights) of an ambulance whilst stationary, to illuminate an incident. Floodlights are not to be used whilst the vehicle is in motion. *(NB The new 515 Mercedes fleet allows for the Alley Lights to operate at speeds of 10mph or less, and for the rear load light to operate when reversing.)*

11. Non-Exemptions

11.1 There are no exemptions for the driver of an ambulance, even when responding to an emergency call, from the following list:

- Dangerous Driving
- Careless Driving
- Failing to stop if involved in a Road Traffic Incident
- Dangerous Parking
- Driving without wearing a seat belt (please refer to Section 6.5)
- Failing to obey traffic lights controlling a railway level crossing or fire station
- Crossing or straddling a solid white line nearest to you down the middle of the road

(other than those occasions listed in the Highway Code, or if you have to pass a maintenance vehicle, a pedal cyclist or a horse being ridden, all of which must be travelling at less than 10mph).

- Failing to obey a 'STOP' or 'GIVE WAY' sign**
- Failing to obey a 'NO ENTRY' sign**
- Failing to obey a 'ONE WAY TRAFFIC' sign

***Unless instructed to by a Police Officer or Traffic Warden in uniform*

12. Positioning of Vehicle at Scene

12.1 An ambulance attending an emergency call should always be stopped / parked in a 'fend off' position in which it will protect the casualty and the crew against oncoming vehicles or other hazards. It is desirable that it should be positioned in the 'move off' position before loading. This does not necessarily mean manoeuvring the ambulance into position before attending to the injured, but delay and a collision is more likely if the User attempts to turn the vehicle around, unaided, particularly at night in a restricted place.

12.2 Stopping the engine whilst parked is not necessary if there are good grounds for not doing so. This should only take place where the crew are working in close proximity to the vehicle. Where fitted, the 'runlock' facility should be used. The security of the vehicle should be considered in cases where it is necessary to leave the engine running.

13. Negotiating Rough Ground

- 13.1 Every effort must be made to avoid a standard Service vehicle being driven off road, as this may cause the vehicle to get bogged-down and/or cause damage to the vehicle or property, e.g. playing fields. When driving onto a property all reasonable instructions of the owner should be accepted and steps taken to avoid damage to premises consistent with a speedy recovery of the patient.
- 13.2 If it is necessary to negotiate prepared or soft ground to reach the patient and driving over the area is likely to cause damage, crews should approach the patient on foot and give consideration to the way in which the patient will be conveyed back to the ambulance.
- 13.3 In the event of any uncertainties about the surface, staff must not commit the vehicle until they have satisfied themselves that the vehicle will not sink and become impeded.

14. Reversing & Manoeuvring

14.1 Double Resourced Vehicles

- 14.1.1 Prior to reversing, the driver and attendant / passenger must agree a safe path for the vehicle to take. The attendant / passenger will act as a guide and the vehicle must not be reversed until he / she has checked that the area into which the vehicle is to travel is clear. He / she must then stand in the position outside of the vehicle from which they can best be seen and heard by the driver. Verbal instructions alone are inadequate as they may be drowned by the vehicle engine or other noise. For added safety, attendants should wear their Hi Vis jacket/tabard whilst reversing or manoeuvring the vehicle into position.
- 14.1.2 When the attendant / passenger's view is restricted from the front or side of the vehicle he / she should take up a position towards the rear of the vehicle. Eye contact must be maintained between the driver and attendant / passenger. Where the attendant is working with the patient and can not assist the driver, the driver should proceed as stated in 14.3 below.
- 14.1.3 A driver who does not obtain assistance when they could reasonably do so will be held responsible for any collision that occurs.

14.2 Single Resourced vehicles

- 14.2.1 The vehicle must not be reversed until the driver is satisfied that the way is clear and sufficient space exists for the manoeuvre to be completed safely. Even then particular care must be taken in case a person approaches unseen behind the vehicle. There should be no hesitation by the Service driver in calling on other persons to assist with reversing manoeuvres.
- 14.2.2 As previously, a driver who does not obtain assistance when they could reasonably do so will be held responsible for any collision that occurs.

14.3 Reversing during the hours of darkness

- 14.3.1 Additional caution must be exercised when reversing during the hours of darkness, and when visibility is reduced by weather and environmental factors.
- 14.3.2 All reversing manoeuvres must be carried out at low speed and where fitted the reversing alarm and/or cameras should be used. Staff must remain mindful that reversing aides have limitations and are not a substitute for the attendant / passenger alighting from the vehicle to assist. Discretion should be used during night periods with regard to the use of audible reversing and tail lift alarms.

15. Police Escorts

- 15.1 It is imperative that ambulance crews are aware that the Metropolitan Police Service (MPS) will only provide an escort under very specific circumstances. Both services have agreed that LAS staff are skilled drivers in their own right and that a police escort is usually unnecessary.
- 15.2 LAS staff are not permitted to perform 'blue light' escort duties under any circumstances. This includes following ambulance vehicles to hospital under blue light conditions.
- 15.3 In exceptional cases, such as serious burns or conveyance of a spinal case when a slow journey is required, police may assist with a 'slow ambulance journey', where police resources permit. Only the Operations Centre Manager in the Emergency Operations Centre, not the hospital authorities, may make a request for a 'slow journey' escort. This must be agreed with the police supervisor in the Metropolitan Police Service Information Room.
- 15.4 Before commencement of the journey the crew must liaise with the police driver. They will jointly determine the route to be taken and appropriate speed to be travelled. This will be determined by the patient's condition and treatment being given.
- 15.5 It is best practice to ensure that a line of communication is established between the ambulance crew and police escort. This can be via the Airwave digital radio system, mobile telephone or other appropriate means.
- 15.6 When following the police escort the following factors must be considered by the Service User:
- Separation distance between vehicles must be compatible to prevailing traffic conditions (i.e. not so close that a collision with the police escort vehicle could occur upon harsh braking, nor too far back as to allow other traffic to move into the space between)
 - During the journey, Users should attempt to utilise a different audible warning tone to that being emitted by the police escorting vehicle. Although the use of audible warnings must always be applied at the discretion of the Service User, they should be utilised in unison with those of the police vehicle wherever possible.

- Be cautious and aware of vehicles pulling out behind the police escort vehicle.
- The Service User must be aware that the ambulance in many instances is larger than the escort vehicle so more room will be needed to proceed through closing gaps.

15.7 Accurate driving plans, good forward vision and close co-operation with the police escort vehicle will determine the success of police escort journeys.

16. High Security Police Convoys

16.1 Staff will be aware that the Police/security services occasionally provide a high security escort function for vehicles carrying VIP's such as members of the Royal Family. Escort vehicles are normally highly liveried motor cycles and/or cars, but on occasion are unmarked vehicles using portable audible and visual warning devices.

16.2 In recognising the terrorist and security threats that are now part of daily life, it is essential that crews remain mindful of how their presence may be perceived by security forces when operating in close proximity to police convoys. The potential for criminals to use stolen/bogus ambulance vehicles as a means to breach security measures is widely accepted as an ongoing risk.

16.3 Staff should therefore adopt the following practices when encountering a high security convoy under emergency driving conditions:

- Use continuous audible and visual warnings to highlight your presence to the escort group.
- Reduce driving speed on approach, and if appropriate, wait until you have been signalled through by the escort if the circumstances require you to 'give way'.
- Avoid coming between escort vehicles and their 'principal' vehicle.
- Give principal vehicles as much space as the circumstances reasonably allow.
- Be aware that such convoys may change direction with little or no advance warning.
- Always be mindful of how your approach may be interpreted by the escort group.

17. Driving / Attending Incidents on Motorways

17.1 The carriageways of motorways leading away from London are defined as the 'A' carriageway, whereas those leading towards London are defined as the 'B' carriageway. On the M25, clockwise traffic is referred to as the 'A' carriageway, and anticlockwise as the 'B' carriageway.

17.2 When referring to the carriageway of a motorway, it is essential to follow the terminology as described in the Highway Code i.e. 'Lane 1'. 'Lane 2'. 'Lane 3 etc. (The terms 'slow' and 'fast' lane will not be used).

17.3 Access Points

17.3.1 Only at a limited number of places is it possible to join a motorway from the general road network. Such places are referred to as access points and they have the effect of dividing each carriageway into separate sections. All access points are named or described by location and this information is used by control as a mobilising aid.

17.3.2 Access to motorways from the general road network at motorway service areas may be available, but these access points are usually protected by some form of barrier to prevent their use by the general public. For emergency service vehicles, special provisions apply which will enable the barrier to be opened when necessary. Additionally, service areas may include a road bridge which enables a vehicle to change carriageway.

17.4 Emergency Telephones

17.4.1 Emergency telephones are provided at specified intervals (usually 1 mile or ½ mile in urban areas) along each carriageway. These bear a number which identifies the exact location of the box and the carriageway upon which the telephone is sited.

17.4.2 Telephones within these boxes are connected direct to a Highways Agency control room and have been installed as an aid to motorists who require assistance. They are also used for reporting accidents and other incidents which may occur. Their unique identification helps in locating the exact incident site.

17.5 Emergency Hazard / Warning System

17.5.1 Motorway signals are usually mounted on gantries above the carriageway, or on the central reservation. They are activated by the Highways Agency or the police to warn drivers of temporary maximum speed limits, as well as approaching hazards such as accidents, lane closures, road works, or poor visibility etc.

17.5.2 Ambulances proceeding to an incident may ignore these warnings provided it is obviously safe to do so. However, Users may use discretion in slowing to the recommended speed, although they must exercise particular caution in situations where poor weather conditions can potentially compromise visibility etc.

17.6 Safety Precautions

17.6.1 Due to the fast moving traffic, the hazards which personnel face whilst working on motorways are obvious, particularly in the initial stages of an incident. The safety of ambulance personnel and fellow emergency service workers must therefore always be of prime consideration. The general guidance set out below is designed to minimise these dangers:

- (a) When in attendance at an incident or on any other occasion on a motorway, all personnel must wear their Hi Vis fluorescent jacket and safety helmet provided.

Staff should also adopt the 'best practice' of always facing the traffic flow, even if this involves walking backwards. Clearly, due regard should be given to any obstacles etc.

(b) In general, ambulance vehicles in attendance at motorway incidents should display their blue lights and hazard warning lights throughout the entire period. However, in the event of a Major Incident being declared, the Police Incident Officer may advise that all emergency service vehicle crews (except Control Vehicles) extinguish blue lights to avoid dazzle and confusion. This advice will only be given when the site is safely protected and ambulance crews must comply accordingly.

(c) Unless the affected carriageway is completely blocked, ambulances will always be positioned ahead of the incident in the obstructed lane and so be afforded extra protection by the vehicle (s) involved in the incident.

(d) Ambulances leaving the scene with patients on board will generally drive off under police supervision to merge more safely with passing traffic. In most cases, the hard shoulder will be used as the acceleration lane for such purposes.

(e) Should an incident have occurred in the opposite carriageway, or the crew discover that the location they were given is incorrect, they must proceed to the next junction or service area (if there is a crossing point at that area), and advise EOC of the situation.

DO NOT STOP IN ANY LANE OR ON THE 'HARD SHOULDER', IRRESPECTIVE OF HOW URGENT THE SITUATION APPEARS IN THE OTHER CARRIAGEWAY!

(f) Unless under police supervision, ambulances must not attempt to gain access to an opposite carriageway by use of an emergency crossover. The central reservation is narrow and a vehicle attempting to negotiate a crossover will inevitably project into one or both of the right hand traffic lanes. This clearly carries a significant risk of accident and subsequent injury to Service personnel and other road users, hence the requirement for police involvement at all times.

(g) In order to reach an incident through congested traffic, it may be necessary to drive along the 'hard shoulder'. This should be performed very slowly and with great care, using audible and visual warnings. Staff must remain mindful that other drivers may have left their vehicles and could be crossing the 'hard shoulder' to reach the grass verge.

17.7 Police Assistance

17.7.1 Police/Highways Agency vehicles continually patrol the motorway and usually arrive at incidents before the other emergency services. These vehicles are equipped with a variety of warning notices, as well as portable blue flashing beacons and traffic cones etc. In general, the Police/Highways Agency erect warning signs that diverts traffic from the affected traffic lanes, thereby providing a 'harbour' for emergency vehicles attending the incident.

17.7.2 In the event of a major or serious incident occurring, contingency plans have been developed by the Highways Agency which allow the diversion of traffic from the affected section of the carriageway and, if necessary, from the opposite

carriageway. Even though such a diversion is operating, ambulances will generally be allowed normal access when proceeding to an incident.

17.7.3 In the event of a fire at which the Fire Service is in attendance, the responsibility for fire fighting will be rest with the senior fire officer. The fire ground will be under their control and the other emergency services should be in a position to assist with any reasonable request.

17.7.4 The co-operation of all emergency services will be required to maintain a free passage to and from the scene and to keep traffic moving at a controlled speed. The overall control of the situation is a police responsibility.

18. Summary of Key Safety Precautions for Motorway Attendances

- Always wear Hi Vis PPE and safety helmet provided.
- Ensure that the vehicle blue flashing and hazard warning lights are displayed throughout the attendance unless asked by Police Incident Officer to extinguish.
- Unless the carriageway is completely blocked, drive past the incident and park in the obstructed lane.
- Never stop in the carriageway or on the hard shoulder opposite a traffic incident in the other carriageway.
- Continue to the next junction and approach the incident from behind having obtained agreement from EOC.
- Emergency Crossover: Ambulance personnel must NEVER attempt to use an emergency crossover without police permission and supervision
- Contact with Control: If in any doubt establish contact with EOC for guidance and assistance.

IMPLEMENTATION PLAN	
Intended Audience	For drivers / riders and cyclists using the 'Service vehicle
Dissemination	Available to all staff via the Pulse. All new operational members of staff will be provided with a personal issue hard copy pack of Driving related policies and procedures, including TP/065.
Communications	To be announced in the RIB and a link provided to the document.
Monitoring	<p>It is the responsibility of all line managers to ensure that the requirements in this procedure are complied with.</p> <p>Compliance with the procedure will be reported to the Area Governance Groups by Station Management Teams. The overall effectiveness of the procedure will be monitored by the Motor Risk Group.</p>