



London Ambulance Service **NHS**
NHS Trust

Vehicles off the Road Procedure

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To provide guidance regarding what issues constitute a legitimate reason for a front-line vehicle to be classed unavailable.

Sponsor Department: A&E Operations

Author/Reviewer: Director of Service Delivery (North Thames). To be reviewed by February 2016

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18/02/13	1.4	IG Manager	Reformatting and Document Profile and Control update
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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
LA420	LAS Traffic Accident Reporting Form	
LA277	Notification of High Risk - Register	
LA52	Accident/ Incident Report	
TP/015	Procedure for Responding to Enquiries and giving evidence at Coroners Inquests and statements at Police interviews	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

The London Ambulance Service NHS Trust (LAS) has a duty to provide fully equipped and staffed front-line vehicles able to respond to incidents and emergency calls. There are occasions when a vehicle, or member(s) of staff on a vehicle, will not be able to respond to these calls and the vehicle will be classed as Vehicle off the Road (VOR). This procedure has been developed because vehicles have in the past been frequently shown as VOR when they retain the capacity to respond to calls and/or render aid to patients.

2. Scope

This procedure applies to all front line ambulances (inclusive of A&E Support), and solo responders in Fast Response Unit (FRU) vehicles across the Trust (note: although not mentioned specifically, these guidelines are adaptable to Duty Station Officer (DSOs), Motorcycle Response Units (MRUs) and Cycle Response Units (CRUs)). Whilst every effort has been made to ensure this document is comprehensive, it cannot claim to provide an exhaustive list of circumstances in which requests for VOR will be made. It does, however, provide a useful framework of considerations that can be applied to any requests not specifically detailed within.

3. Objectives

1. To maximise the availability of the Trust's front-line vehicles to respond to calls and render aid to seriously ill patients, and thereby improve patient care to the people of London;
2. To provide clear guidance to all affected staff groups in order to reduce inconsistencies across the Service;
3. To provide a staged classification system whereby vehicles requesting VOR are either shown as: 'Unavailable', 'Able to Render Aid', 'Able to Respond' or 'Available'.

4. Responsibilities

This procedure creates the following responsibilities:

Control Manager:	The senior Control Services (CS) manager on duty maintains overall responsibility for ensuring adherence to the contents of this procedure. Whilst this would normally be the on duty CS Ambulance Operations Manager (AOM), if an AOM is not present a nominated Operations Centre Manager (OCM) may take on this responsibility.
Local Operational Manager:	To ensure that all crew stand downs are accurately and timely reported to Control.
Vehicle Crew:	To ensure Control are kept accurately and timely informed at all times of the status of the vehicle and crew's ability to respond to calls.
Control:	To ensure each vehicle/crew status is updated accurately and timely.
VRC:	To endeavour to provide crews with fully kitted, road-worthy vehicles.

5. Procedure

It is the responsibility of the crew of the vehicle to inform the Radio Allocator at the earliest opportunity of any issue that may impact on the vehicle's ability to operate to full capacity. Upon receiving this information the Radio Allocator must then consider the appropriate course of action. The vehicle will subsequently be classified according to the guidelines below. Without exception, every request for VOR should be documented on the vehicle log along with the outcome of that request. Where there is any uncertainty regarding the most appropriate status, the Radio Allocator should consult the Area Controller who will make the final decision.

The Radio Allocator and/or Area Controller will classify such requests into one of the following categories:

5.1 Unavailable

To remove a vehicle from operational duties is a serious matter, and the decision should not be taken lightly, as they may have consequences for patient care. For this reason, it is essential that vehicles are only removed from operational duties when absolutely necessary. In the following circumstances a vehicle may justifiably be shown as unavailable, whilst this list is not exhaustive, it is indicative of the issues that may impact on vehicle availability (see also appendix 1):

- 5.1.1 If there is no vehicle available at the start of shift. Local management, and the Vehicle Resource Centre (VRC) on Airwave Talk group PD33 should be notified.
- 5.1.2 If the vehicle is not sufficiently equipped to provide Basic Life Support (BLS), e.g. no bag-valve mask, and Defibrillator
- 5.1.3 If the vehicle is unroad-worthy, pursuant to the Road Traffic Act (1988), e.g., cracked windscreen within the swept area, brake failure, faulty seatbelts, faulty lights, flat tyre/puncture, saloon power failure, defective horn, faulty steering, etc.
- 5.1.4 If the vehicle is immobilised, e.g. awaiting road-side assist, low loading etc. It should be noted however, that the crew will remain available to render aid if approached by a member of the public at their locality, i.e., a running call.
- 5.1.5 If the vehicle's MOT or Tax Disc has expired or the latter is missing. This should be noticed upon the Vehicle Daily Inspection carried out at the start of the shift. If however, this is noticed whilst the vehicle is mobile, Control should be notified immediately. Control will then seek clarification from VRC, Fleet and/or local management to ascertain tax and/or MOT status of the vehicle.
- 5.1.6 If the vehicle has been involved in a minor damage-only Road Traffic Collision (RTC) and the level of damage leaves the vehicle road-worthy and is in the process of exchanging details with another party. In such cases, the crew will be expected to complete an LA420 before the end of the shift.
- 5.1.7 If the vehicle has been involved in an RTC resulting in substantial damage to any vehicle and/or roadside furniture or personal injury. In which case the crew will be expected to remain on scene to provide or receive any necessary treatment, await arrival of the police and an LAS Officer/Accident Investigator. In such cases, where possible, an LA420 should be completed as soon as

practicable and the vehicle should remain unavailable until all necessary investigations, paperwork and repairs are complete.

- 5.1.8 When the vehicle is undergoing essential mechanical or technical repair/maintenance.
- 5.1.9 If the vehicle has been impounded by Police Scenes of Crime/Forensics Officers or Road Collision Investigation Officers.
- 5.1.10 When the vehicle is off air for fuel.
- 5.1.11 When the vehicle's fuel status is deemed critical, i.e., the fuel warning light has come on.
- 5.1.12 If there is a potential infection control issue for the *patient* arising from contact with members of staff, e.g., essential uniform soiled with body fluids.

- 5.1.13 Once a member of staff fails to, or is unable to, complete a scheduled shift, the vehicle will be shown as unavailable for the journey back to station, at which time double crewed vehicles will become single staffed. Vehicles may return to station in the following circumstances:
 - (a) Sickness, when a member of staff is taken ill or injured at work. Control should contact the Resource Centre (RC) and local management to report this fact.
 - (b) Welfare issues, staff may be spontaneously stood down due to an incident experienced at work or due to other circumstances. This instruction will usually come from an Officer, however, Control may occasionally be contacted in the first instance. Efforts must then be made to inform/consult with relevant DSO. In both circumstances, this must be fully documented on the vehicle log.
 - (c) Annual leave or differing shift times may result in episodes of single staffed vehicles.
 - (d) Unauthorised absences, if a member of staff refuses to complete a scheduled shift and fails to give a suitable explanation. This matter should be passed to local management.

- 5.1.14 A member of staff has been stood down with DSO/AOM consent in advance, the details of which should have been received via RC. Effort should be made by station management and the RC to cover these shortfalls. Consideration should be given to the current levels of the Demand Management Plan (DMP) or Resourcing Escalatory Action Plan (REAP) Pre-planned occurrences may include:
 - (a) Providing written witness statements, either for a Coroner's inquest or in response to a Police enquiry where an interview is not being held. These can only be interrupted for a Major Incident or Red 1 (ref: TP/015 2.2).
 - (b) Police interviews, which may only be interrupted for a Major Incident (ref: TP/015 4.6).

- (c) Internal recruitment activities (such as interviews and assessments).
- (d) Disciplinary hearings and interviews.
- (e) Occupational Health Department appointments.

5.1.15 A member of staff is being questioned by police regarding a matter that has occurred during the shift. In the majority of cases a 'road-side pocket book interview' should require very little time and not require more than a delay being booked. However, if the matter is of a more serious or time-critical nature, it may be necessary to show the vehicle unavailable.

5.1.16 A member of staff has requested to return to station to complete an LA279 (Child at Risk / In Need Form) or an LA280 (Vulnerable Adult in Need / At Risk Form). No more than 20 minutes on station should be required.

Should any of these criteria not be met, EOC should question whether the request is a reasonable and defensible one. If not, the request should be declined and documented on the vehicle log, and the following further options should be considered.

5.2 Returning – Able to Render Aid

There will be occasions when vehicles need to return to station, workshops or other locations, yet remain in a position to render aid to seriously ill patients for the duration of that journey. Although every effort will be made to enable these vehicles to reach their destination, they will, from time to time, be called upon to render aid. These vehicles will be classed as Returning - Able to Render Aid. It should be noted that these vehicles:

- Will not be expected to convey patients;
- Will only be assigned to Category A calls or a Major Incident;
- Will only be expected to render aid until the arrival of another appropriate resource.

Circumstances in which a vehicle may be classed as Returning – Able to Render Aid include (see also appendix 1):

- 5.2.1 Prohibitive vehicle defects, e.g., faulty audible and visual warnings, in which case the vehicle will be expected to proceed under normal driving conditions, malfunctioning tail lift, faulty radio (with another handset available on vehicle), etc.
- 5.2.2 The *vehicle* poses an infection control risk, e.g., contaminated with body fluids or has transported a known infectious patient.
- 5.2.3 Missing or faulty significant equipment, e.g., defibrillator, oxygen, suction unit, carry chair and trolley bed.

- 5.2.4 Returning hospital staff and/or substantial equipment following an inter-hospital transfer when the number of staff and amount of equipment render it unsafe to transport a patient.
- 5.2.5 EOC will utilise the appropriate Command Point (CP) Status code (see Appendix 2). In normal practice vehicles who Returning – Able to Render Aid will be placed in the CP Status code of ‘Green Away’. This will ensure the vehicle is not auto dispatched on all calls but will still be available for manual dispatch if needed.

5.3 Returning - Able to Respond

There will be occasions when vehicles have requested to return to station, workshops or other locations, yet remain in a position not only to render aid but also to respond to calls. In such cases, effort should be made to enable the vehicle to reach its required destination, but it will remain a deployable resource and is expected to respond, treat and convey patients in the normal manner. Such vehicles will be considered able to respond and examples of this include (see also appendix 1):

- 5.3.1 Minor vehicle defects, e.g., faulty heater or air conditioning, faulty side or rear step, damaged wing mirrors, etc.
- 5.3.2 Missing or faulty non-essential equipment, e.g., paramedic bag, drugs, BM kit or accessories, tympanic thermometer, no blankets, etc.
- 5.3.3 Soiled vehicle or uniform - non-body fluid, e.g., food and drink, mud, grass, water, oil, sand, etc.
- 5.3.4 Mobile Data Terminal (MDT) faults (map books and manual satellite navigation can be utilised).
- 5.3.5 DSO/AOM requests for reasons other than staff sickness and/or welfare (the initials of requesting officer must be logged).
- 5.3.6 Returning other members of staff to vehicles or other locations following a blue-call or through other reasons.
- 5.3.7 Returning hospital staff and/or limited equipment following an inter-hospital transfer when the number of staff and amount of equipment enable the safe transportation of a patient.
- 5.3.8 Returning to complete LA52 and/or LA277.
- 5.3.9 Returning to complete an LA420 following a minor damage-only RTC when the vehicle remains road-worthy.
- 5.3.10 EOC will utilise the appropriate Command Point (CP) Status code (see Appendix 2). In normal practice vehicles who are Returning – Able to Respond, will be placed in the CP Status code of ‘Available on Radio’ (AOR), with a dispatch warning added advising of the reason e.g. “available for Red calls only & the reason”. This will ensure the vehicle is visible and other Radio Allocators will be aware of the reason that the vehicle is Returning – Able to respond.

IMPLEMENTATION PLAN				
Intended Audience	All LAS Staff			
Dissemination	Available to all Staff on the Pulse			
Communications	Revised Policy and Procedure to be announced in the RIB and a link provided to the document.			
Training	EOC – Watch training leads to ensure dissemination and familiarity of staff with 1-2-1 and scenario based sessions.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Operational Aspects	Subject to ongoing review of any highlighted issues	EOC PIM will monitor and produce a report for the Head of Control Services for reporting to the ADG	ADG	Bulletins and amendments to procedure as deemed necessary
	Annual Review to be conducted	Head of Control Services for reporting to ADG	ADG	A revised Procedure to be published as above
Technical Aspects	Subject to ongoing review of any highlighted issues	EOC Incident Commander will monitor and produce a report for the Head of Control Services for reporting to the ADG	ADG	Bulletins and amendments to procedure as deemed necessary
	Annual Review to be conducted	Head of Control Services for	ADG	A revised Procedure to be published

		reporting to ADG		as above
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VOR Quick Reference Sheet

Unavailable	Returning – Able to Render Aid	Returning – Able to Respond
<ul style="list-style-type: none"> • No vehicle. • Unable to render BLS (no bag-valve mask on vehicle n.b. paramedics should carry in personal bag). • Vehicle unroad-worthy (tyres, brakes, windscreen, horn, tax, MOT, seatbelts, lights, saloon power, steering). • Vehicle immobilised (road-side assist, RTC). • Police (scenes of crime, accident investigation, questioning, interviewing) • Coroner’s statements. • Vehicle under-going essential repair/maintenance. • Off air for fuel. • Infection control (staff or uniform contaminated with body fluids). • Single staffed vehicle returning to base. • DSO/AOM stood downs (recruitment, disciplinaries, OHD). • Returning to complete Child at Risk/Vulnerable Adult Forms. 	<ul style="list-style-type: none"> • Prohibitive vehicle defects - faulty audible and visual warnings, tail lift, radio (1x working handset available). • Infection control (vehicle). • Missing or faulty significant equipment (defib, carry chair, trolley bed, oxygen, suction, etc). • Returning hospital staff with substantial equipment (unable to convey). 	<ul style="list-style-type: none"> • Minor vehicle defects (heater, side/rear steps, wing mirror, body work). • Missing or faulty non-essential equipment (BM, thermometer, blankets, etc). • Soiled vehicle/staff (no infection hazard). • MDT faults (map book available in vehicle). • Any other DSO/AOM requests. • Returning LAS staff to vehicles. • Returning hospital staff with limited equipment (able to convey).

VOR Command Point Codes

Text Expansion	CP Mapped	Ownership
Airwave	AIRWAV	CSU
Breakdown/Recovery	BDOWN	VRC
Cleaning Vehicle/Uniform	CLEAN	CSU
Dirty Uniform	INFECT	CSU
Dirty Vehicle	INFECT	CSU
Impounded by Police	IMPOUN	CSU
MDT Defect	MDTUN	VRC
No Vehicle	VEHNO	VRC
On Paper	PAPER	CSU
Passed to VRC	VRC	VRC
Red for Fuel	FUELRD	CSU
Restocking	MISSEQ	CSU
Single Staffed	SINGLE	CSU
Staff Welfare	WELF	CSU
Stood Down	SDOWN	CSU
Staff Training	TRAIN	CSU
Statutory Vehicle Checks (tbc)	STAT	CSU
RTC	VCSRTC	CSU
Tail Lift	TLIFT	VRC
Tyres	TYRES	VRC
Unstaffed	UNSTAF	CSU
Defective Vehicle	DEFECT	VRC
Vehicle Refuelling	FUELUN	CSU
Completing CP/VA Form	CPVA	CSU

Vehicle not at Station	AWAIT	VRC
Vehicle in Workshops	VWORKS	VRC