

Rail Delivery Group



**National Ambulance
Resilience Unit**

NARU

RDG-GN018

Issue Two

Date November 2017

Guidance Note – Responding to Ill/ Injured Passengers on Trains

Synopsis

This document provides guidance on developing policies for responding to passengers taken ill or injured on board trains.

Applicability

This Guidance Note has been prepared for Ambulance Services, the BTP, Network Rail and passenger train operating companies. However, its content may also be of use or interest to others.

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Part 1 About this document

1.1 Responsibilities

- 1.1.1 Copies of this Guidance Note should be distributed by all the participating parties and their members to all persons within their respective organisations for whom its content is relevant.

1.2 Explanatory note

- 1.2.1 This Guidance Note is provided for the information of the participating parties and their members and compliance with it is not mandatory.
- 1.2.2 It is intended to reflect good practice. Participating parties and their members are recommended to evaluate the guidance against their own arrangements in a structured and systematic way. Some parts of the guidance may not be appropriate to their operations. It is recommended that this process of evaluation and any subsequent decision to adopt (or not to adopt) elements of the guidance should be documented.

1.3 Guidance Note status

- 1.3.1 This document is not intended to create legally binding obligations between NHS Ambulance Service Providers (either individually or collectively), the BTP, Network Rail or railway undertakings and should be binding in honour only.

1.4 Supply

- 1.4.1 NHS Ambulance Services:

The National Ambulance Resilience Unit; EPRR Delivery Group (Response) will distribute this guidance document across all UK NHS Ambulance Services.

- 1.4.2 Rail industry:

Copies of this Guidance Note may be obtained from the RDG members' web site.

Part 2 Purpose and introduction

2.1 Introduction

- 2.1.1 Having a procedure to deal expeditiously with passengers who become ill or injured while on board a train is an important element of a railway undertaking's performance management process.
- 2.1.2 It is important to minimise the impact on other train services as the consequent delays, if prolonged, and overcrowding create the risk of more passengers becoming ill or agitated.
- 2.1.3 Where trains become stranded (i.e. queued at a stand at signals behind each other), there is the added risk of passengers self-detraining to trackside, and in so-doing putting themselves at considerable danger from other trains and potentially electrocution where a 3rd rail is provided¹.
- 2.1.4 A key aim of this procedure must therefore be to reduce the likelihood of such consequences. If this is to be best achieved, a collaborative approach between the various parties is essential.
- 2.1.5 Robust arrangements, understood by station and on-train staff as well as Network Rail, local Ambulance Service Providers and the British Transport Police (BTP), will help to mitigate such risks on the day and deliver an optimum outcome for all concerned.

2.2 Purpose

- 2.2.1 This document provides guidance on how NHS Ambulance Service Providers, the BTP, Network Rail and railway undertakings should work together to develop procedures for responding to passengers taken ill or injured whilst on board trains.
- 2.2.2 A key element of this is for Network Rail and railway undertakings to enter into dialogue with each other and with NHS Ambulance Service Providers and the BTP to determine those locations at which medical help is likely to be most optimally provided. The intention should be to balance the needs, preferences and constraints of the ambulance service (in terms of speed of response practicality and convenience), the best interests of the passenger concerned (taking into account the nature and severity of their medical condition) and the wider needs of Network Rail and the railway undertaking in respect of the impact on train services and other passengers.
- 2.2.3 The participating parties should also work together to agree and document the process through which such help is requested.

¹ The majority of the rail network south of the Thames in London, and throughout Hampshire, Kent, Surrey, Sussex and parts of Berkshire and Dorset is equipped with 3rd rail electrification along with the Merseyrail network in Liverpool.

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Part 3 Scope and limitations

3.1 Application

- 3.1.1 This Guidance Note applies to all members of the RDG Train Operators Operations Scheme, the BTP, all NHS Ambulance Service Providers and Network Rail. It applies to individual instances of passengers being taken ill or injured – it does not apply to more significant incidents involving injuries to multiple persons for which other arrangements and guidance are in place.
- 3.1.2 It should be noted that it is intended to assist in the development of a base plan or framework for responding to such passengers. It is fully recognised that any such plan or framework will need to be facilitative and supportive rather than prescriptive and that the optimal arrangements for responding to a specific ill/injured passenger incident will be dependent on the circumstances applying at the time. Such variable factors include the condition of the passenger, the time of day/day of week, the weather conditions, the real time position of ambulances, the type of rolling stock and conditions on board the train, the availability of rail industry staff, etc.
- 3.1.3 It should be noted that while the term ‘ambulance’ is used throughout this document, this includes any attendance by paramedics.

Part 4 Guidance on process

4.1 Reducing the risk of passengers becoming ill while on trains

- 4.1.1 Railway undertakings should consider options for reducing the risk of passengers becoming ill on-board trains or the consequences of this. These include:
- i) Measures to reduce the risk of passengers becoming ill, such as passenger advisory messages delivered by posters, PA announcements, websites, etc. to encourage the carriage of water and reporting to station staff if feeling unwell (rather than joining a train).
 - ii) Measures to identify passengers at stations who may be unwell prior to them boarding a train in order that staff can intervene as appropriate. These include briefing/encouraging staff to keep a lookout for persons who appear unfit to travel (including as a result of intoxication), use of CCTV, etc.
 - iii) Provision of first aid and first aiders trained in how to deal with persons taken ill or injured on trains (as per this Guidance Note) at all stations.
 - iv) Training staff at particularly busy stations or those where there is a significant performance risk if trains are held awaiting medical assistance for ill/injured passengers to the FPOS basic standard (see appendix B).
 - v) Exploring with the BTP their response officers being so trained.
 - vi) Provision of guidance to passengers on what action to take in the event that they do become ill while on-board a train, such as advice (by poster, announcement, social media, on-train signage adjacent to on-train passenger alarms) to seek assistance at the next station, open windows, drink water, etc.

4.2 Arrangements for dealing with ill/injured passengers on trains

- 4.2.1 Railway undertakings should identify arrangements, process and procedures appropriate to their operations (i.e. routes and stations served, types of train operated/passenger carried, staffing levels, etc.) for dealing with passengers taken ill or injured on their trains. Liaison with the appropriate emergency services (Ambulance Service/BTP) and also Network Rail when formulating guidance is crucial to developing a robust process, understood by all parties.
- 4.2.2 Having done so, railway undertakings should work with Network Rail to determine appropriate methods for minimising risk to the ill/injured passenger whilst also mitigating the risk of safety-of-the-line incidents brought about by self-evacuation by passengers stranded on stranded trains (see ATOC/Network Rail Guidance Note ATOC NR/GN SP01 – Meeting the Needs of Passengers when Trains are Stranded).

Part 5 Identifying where medical assistance can best be provided

5.1 Identifying suitable stations

- 5.1.1 Railway undertakings should work with each other, with Network Rail and with local Ambulance Service Providers to identify stations at which ill/injured passengers can best be managed, taking into account the requirements of all parties concerned as described in section 2.2.2 above.
- 5.1.2 The use of a map with stations colour coded as described above can assist in timely decision-making when it comes to determining suitable locations for dealing with ill/injured passengers.

5.2 Categorisation of stations based on assessed suitability

- 5.2.1 It is suggested that each station to or through which the railway undertaking operates services be assigned a colour category as follows:
 - i) Green: Stations best suited to manage ill/injured passengers as there is both good road access for ambulances and easy access to platforms
 - ii) Amber: Stations at which there are some logistical or access restrictions (e.g. certain platforms may be suitable and others not or they may be suitable at certain times only depending on staffing)
 - iii) Red: Station generally unsuitable to be used to manage ill/injured passengers (e.g. ambulance would not be able to get near to the station, very restricted access to platforms, etc.).
- 5.2.2 In determining the category of each station the following should, as a minimum, be considered:
 - i) The distance (mileage and/or travelling time) to alternative stopping points (i.e. the trade-off between continuing to a 'better' station and the time delay that this would incur).
 - ii) The staffing level of the station – this should include availability of staff on and who may be redeployed from the train.

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- iii) The facilities at the station, both environmental (e.g. heated, well-lit waiting area) and medical (e.g. provision of a defibrillator).
- iv) The ability to divert other services around the train containing the ill/injured passenger.
- v) The ease with which ambulance service personnel can access the casualty (and subsequently transfer them to an ambulance if required), e.g. presence of footbridges, subways, restricted access, etc.
- vi) The length of platform relative to the length of train.

5.2.3 It should be noted that different railway undertakings may assign different colour categories to the same station – for example, a station may have platforms able to accommodate all the trains of a railway undertaking which operates only short trains – and hence be categorised by them as green – but not the longer trains used by a railway undertaking operating inter-city services, which may hence categorise it as amber.

5.3 Choice of station in real time

5.3.1 It should be noted that as explained in section 3.1.2, the above advance categorisation of stations in terms of suitability is intended to support decision making on the day and not to replace it. The static assessment of suitability used to draw up the station categorisation will need to be supplemented by a dynamic one appropriate to the individual incident circumstances, thus even a 'red' categorisation should not be seen as totally precluding use of that station if it provides the best solution at the time.

5.4 Rendezvous points

5.4.1 In addition to categorising stations as described in 5.1 above, it is recommended that a suitable rendezvous point (or points) to be used by ambulance staff is agreed and documented for each station (particularly those which are large or complex).

Part 6 Action on becoming aware of an ill/injured passenger

6.1 Life-threatening situation

6.1.1 If the illness or injury is immediately life-threatening the Driver and/or Guard/Train Manager should request that the train is stopped at the next suitable station, as described in sections 5.1 and 5.2, even if the train is not booked to call there.

6.1.2 Examples of conditions that should be regarded as potentially life-threatening for the purpose of this Guidance Note would include:

- i) Not breathing or unconscious (unresponsive)
- ii) Serious injury and internal blood loss is suspected
- iii) Serious injury where a neck/spinal injury is suspected (extremely rare)
- iv) Childbirth is imminent
- v) The passenger is in an active phase of seizure or fit – removal might be possible as soon as this has stopped
- vi) On receipt of professional medical advice reflecting the above conditions

6.1.3 In all such cases an ambulance should always be requested (see section 6.4).

6.2 Non life-threatening situation

- 6.2.1 If the illness or injury does not appear to be life-threatening, arrangements should be made with the railway undertaking Control to have the passenger transferred into the care of station staff at the next suitable station. The next suitable station will be agreed between the Driver and/or Guard/Train Manager and the railway undertaking Control and must be one that is staffed (which might be through redeployment of staff from the train).
- 6.2.2 The Driver and/or Guard is responsible for determining whether an ambulance is required.

6.3 Potential immediate assistance for traincrew

- 6.3.1 In assessing the situation as per sections 6.1 and 6.2, traincrew may be able to seek assistance from members of any of the following who happen to be present on the train or at the station:
- i) BTP officers – the BTP has a number of officers in the London area who have been to advanced first aid status and are placed at critical locations. They are able to make an informed quick time decision about the ability to move an ill person from a train.
 - ii) Community First Responders – many ambulance services have Community First Responder Schemes in place (though exact names may vary). These comprise teams of volunteers who live and work in local communities. They are trained and activated by the ambulance service.
 - iii) Doctors, nurses or other medically trained persons
- 6.3.2 In all cases where such assistance is available, the person concerned should be advised of the joint objectives as described in section 2.2.2 and the need to balance these.

6.4 Requesting an ambulance – information requirements

- 6.4.1 Although there are some differences between Ambulance Services, the Ambulance Service Controller is likely to require the following details of the ill or injured passenger:
- i) Person's age (approximately).
 - ii) Whether male or female.
 - iii) Whether conscious or unconscious.
 - iv) Any breathing difficulties.
 - v) If there is any heavy bleeding visible.
 - vi) If there is any chest pain.
 - vii) The precise location of the passenger (in the case of a passenger on board a train, this will be details of the train concerned in a form that can be understood by and is meaningful to the Ambulance Service Controller, e.g. 'in the third coach of the 12.00 London Kings Cross to Inverness, which is currently approaching York', rather than 'on-board 1S16').
 - viii) If obvious, the nature of the illness/injury.
 - ix) Once agreed (see section 6.4), the location and postcode of the station at which the medical response is to be provided.

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- 6.4.2 Further questions may be asked depending on the details given.
- 6.4.3 It follows that the person making the 999 call should, wherever possible, be close to the casualty and it may therefore be appropriate to request a member of public (rather than a remote member of staff) to make the call.

6.5 Requesting an ambulance - process

- 6.5.1 It is important to have a robust process, understood by all parties, for requesting ambulance assistance. Agreeing protocols with local Ambulance Service Providers, appropriate to the types of geography and service patterns in operation, can significantly assist the management of ill/injured passengers on trains.
- 6.5.2 Railway undertakings should adopt a process appropriate to their own circumstances. Two possible options that have been found to work are outlined below:

Option 1 - Control office led (see appendix A1 for flow chart)

1. On becoming aware of an ill/injured passenger, member of train crew calls a dedicated number in the railway undertaking Control office.
2. As part of the call, pre-agreed information about the passenger and their apparent medical condition is provided (as per section 6.4).
3. The Control office then relays the details to the appropriate Ambulance Service.
4. The railway undertaking Control and Ambulance Service Control then agree between them the most suitable station for the medical response to be provided.
5. The Ambulance Service call back the member of train crew if required.
6. As an alternative to the above, the railway undertaking Control may establish a three-way conference call involving between themselves, the Ambulance Service and the traincrew.

Option 2 – Traincrew (generally conductor) led (see appendix A2 for flow chart)

1. On becoming aware of an ill/injured passenger, member of train crew assesses situation and in particular whether medical assistance is required.
 2. If so, member of train crew contacts emergency services (by dialling 999 on their mobile phone), providing details (as per section 6.4) and seeking ambulance assistance at the next suitable station. Also alerts driver and other passengers of the circumstances.
 3. The Ambulance Service Control and member of traincrew then agree between them the station at which the medical response can best be provided (which, in urgent cases, may not be the same as the 'next suitable station' referred to above).
 4. On arrival at the agreed station, member of traincrew arranges for ill/injured passenger to alight in conjunction with Ambulance Service.
 5. Two risk factors that need to be considered if this approach is adopted are i) the extent and reliability of mobile phone coverage; and ii) the routing of the 999 call which may not be to the local Ambulance Service.
- 6.5.3 Having received the requested information on the nature and condition of the casualty, the Ambulance Service Controller will prioritise and confirm whether an ambulance is required, based on their assessment of the clinical condition.

6.6 999 calls made directly by passengers

- 6.6.1 There will inevitably be cases, particularly on DDO services, where the affected or other passengers ring 999 themselves. Railway undertakings should have arrangements in place with Ambulance Services to ensure that the latter alert their own control offices in such cases.

6.7 Ambulance Response Time

- 6.7.1 The likelihood is that the Ambulance Service will initially send the nearest resource, which may either be a paramedic or an ambulance.
- 6.7.2 While Ambulance Services do have overall target response times they are required to meet, the response time for an individual call will be subject to a variety of factors, including the ambulance first assigned to the call being diverted elsewhere in the event of a more urgent need. However, the Ambulance Service Control should be able to provide the latest Estimated Time of Arrival on request from the railway undertaking Control – station staff should therefore be advised to contact the Control for an updated ETA, particularly if an ambulance has not arrived within the originally expected timescale.
- 6.7.3 Ambulance Service Providers undertake to instruct their crews that for persons taken ill or injured on board trains, the priority must be to rapidly assess the patient and remove them from the train as soon as practicable. If the patient is in cardiac arrest, Cardiopulmonary resuscitation (CPR) and Advanced Life Support treatment (ALS) should be commenced prior to their removal from the train, though the object should remain to do this as soon as practicable.
- 6.7.4 Railway undertakings may wish to assure themselves that Ambulance Service Providers within their defined geographies advise their staff of this requirement.

6.8 Non-provision of ambulance

- 6.8.1 It may be the case that no ambulance response is provided in response to the call. This may be because the Ambulance Service Controller has determined that the clinical condition of the ill/injured passenger as described to them does not warrant attendance by an ambulance. Alternatively, it may be that no ambulance is available as all are already deployed to more urgent cases.

6.8.2 *Ineligibility for ambulance attendance*

Ambulance Services triage (i.e. assessed and graded in terms of highest clinical need) emergency calls and a response might not include the attendance of an ambulance responder to scene. In these cases, callers are provided with advice and guidance for further assistance, such as a pharmacy, their GP, the NHS 111 service, etc. This is balanced with the location of the patient and if they may be deemed as 'vulnerable', in which case, an ambulance response is more likely. Ambulance control will be able to confirm the intended action to rail providers.

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6.8.3 *Non-availability of ambulance*

Ambulance Services across the UK are under frequent operational pressure from an increase in calls for assistance. As all calls to the Ambulance Service are triaged, the response time might not be as rapid as expected. Ambulance control will be able to confirm the intended action to rail providers.

6.9 Station staff responsibilities

- 6.9.1 Once it has been agreed, the railway undertaking or Network Rail Control will contact the station at which the ill/injured passenger is to be de-trained (depending on whether the station is railway undertaking or Network Rail managed) and provide the details.
- 6.9.2 Once so advised, a member of station staff must meet the service concerned, assist the traincrew and/or on-board team to de-train the ill/injured passenger and ensure their welfare until the ambulance arrives, or as described in section 6.8 in the event that an ambulance is not to be or cannot be provided.
- 6.9.3 Station staff should give the Ambulance Service personnel assistance as requested/appropriate.
- 6.9.4 Station staff should advise Control when the ambulance departs.
- 6.9.5 If possible, details of the name and address of the ill/injured passenger should also be recorded.
- 6.9.6 All relevant information should also be entered on the station log.

6.10 Railway undertaking Control staff responsibilities

- 6.10.1 Railway undertaking Controls should be made responsible for the overall management of “ill/injured passenger” incidents. The Control will be responsible for agreeing, through liaison with both the traincrew and the Ambulance Service, the most appropriate point for passengers to be given treatment taking into account the details recorded against each station at which the train may potentially be stopped.
- 6.10.2 Control should then contact Network Rail and the station where the train will be stopping and provide them with all relevant information.
- 6.10.3 Incidents should be logged with as much detail as possible for review; this should include the passenger’s details.
- 6.10.4 Control Offices should provide the Ambulance Controller with the contact details of the Driver and/or Guard and Station Staff.

6.11 Additional mitigation measures

- 6.11.1 There are other actions that may be put in place by railway undertakings as part of the overall process for dealing with ill/injured passengers on trains. These alternatives are listed below:
 - i) Running the service with the ill/injured passenger non-stop to a suitable station for ambulance attendance (ensuring that other passengers are advised accordingly and given the opportunity to leave the train).

- ii) Use of train and station radio at all locations to get assistance when required.
- iii) Establishing a single point for calling emergency services.
- iv) Use of dedicated location codes that are agreed in advance with emergency services that identify stations and station areas, including rendezvous points (see section 5.3).
- v) Providing reassurance to staff assisting passengers.
- vi) Working with the BTP so as provide their officers with an awareness of the knock on risks – they will generally understand the ‘ripple effect’ of incidents that lead to stranded trains, congestion and crowding and the BTP will generally seek to remove a person to minimise these wider risks.

Part 7 Legal aspects and assurance to staff

7.1 Status of this Guidance Note

- 7.1.1 As noted in section 3.1.2, this guidance is intended to provide a framework and hence inform rather than replace decision making on the day. It is inevitable that there will be occasions when both following this guidance and real time decision making will, with the benefit of hindsight, be seen to have been sub-optimal and hence potentially open to challenge in any subsequent enquiry, investigation or inquest. In such cases, a demonstration that the decision making progress was in line with the content of this guidance – which documents the considered views of the parties to it and as such constitutes industry good practice – and reflected the information available and circumstances at the time should provide a strong defence. This is best achieved by maintaining a log of all decisions taken (or not taken) and the rationale for them and it is strongly recommended that staff should be directed to do so.
- 7.1.2 It is also recommended that railway undertakings provide re-assurance to staff that their actions and decisions, if reasonable given the circumstances, will be supported.
- 7.1.3 Consideration should be given to asking the MD or other Director to provide personal reassurance in the form of a statement explicitly endorsing the content of this guidance.
- 7.1.4 Legal advice² is that *‘Vicarious liability refers to a situation where someone is held responsible for the actions or omissions of another person. In a workplace context, an employer will be liable for the acts or omissions of its employees, provided it can be shown that they took place in the course of their employment.’*

² Obtained by LOROL

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Part 8 Briefing and review

8.1 Briefing

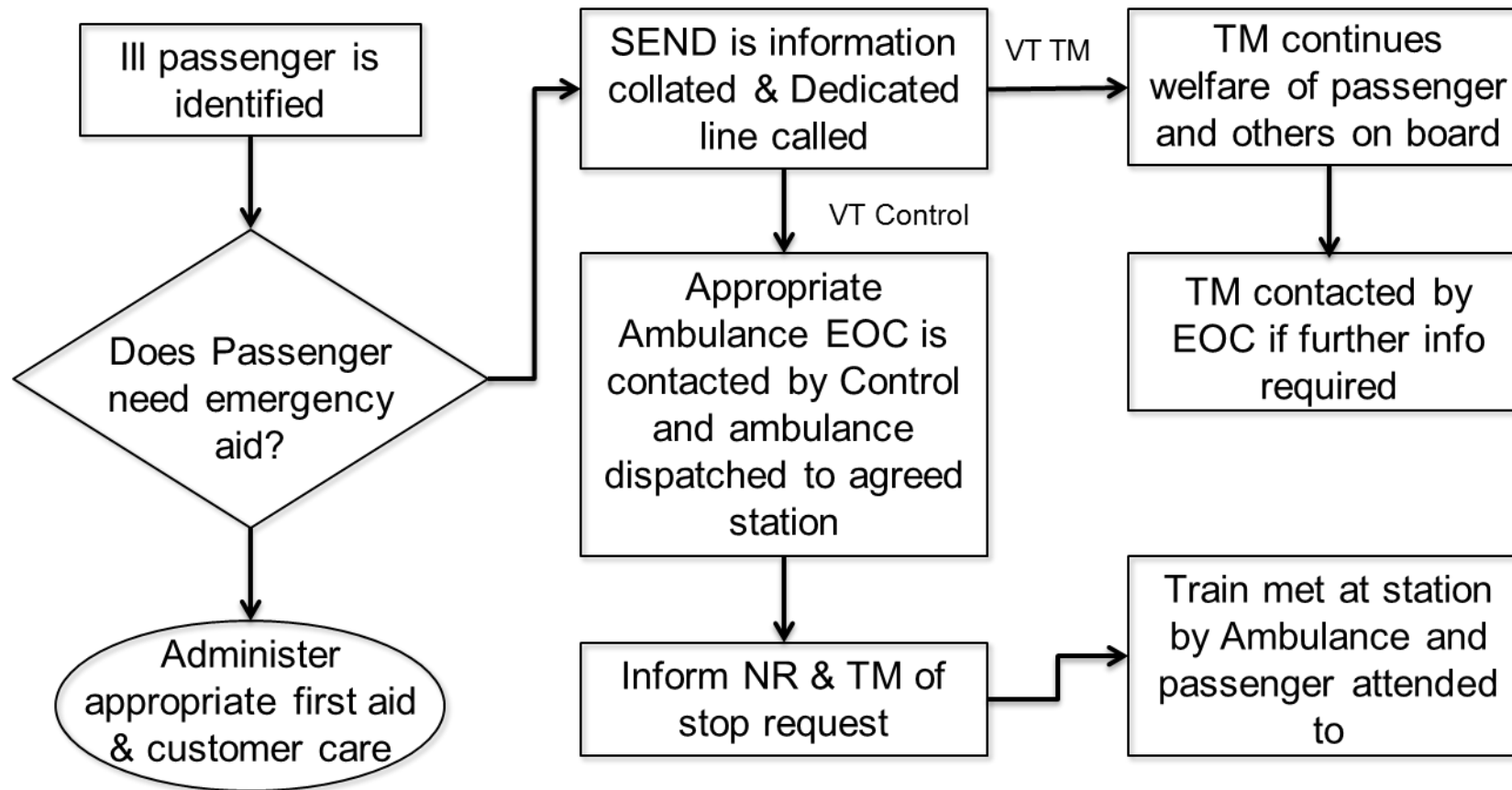
- 8.1.1 It is essential that all parties involved in deploying and acting upon the arrangements set out in company-specific policies are briefed on their individual actions and role in the process.
- 8.1.2 Joint briefing sessions involving railway undertakings, Network Rail and the relevant emergency services should be considered to assist with developing relationships and understanding each other's roles in the effective management of the policy. Conducting table-top style simulations may also help to embed policies.

8.2 Review

- 8.2.1 Arrangements should be in place for reviewing the on-going effectiveness of policies. In particular, these should seek to ensure that where railway undertakings' operations overlap, at key major interchanges for example, individual company policies complement those of neighbouring railway undertakings.
- 8.2.2 Post-incident reviews should consider the effectiveness of the policy. All parties to this guidance document should notify each other of risks or areas of weakness identified in policies – and also examples of good practice and other learning - during such reviews. This will ensure good practice is shared and that lessons learned result in a continuous improvement cycle.

APPENDIX A1

PROCESS FLOW CHART– CONTROL OFFICE LED (courtesy of Virgin Trains West Coast)

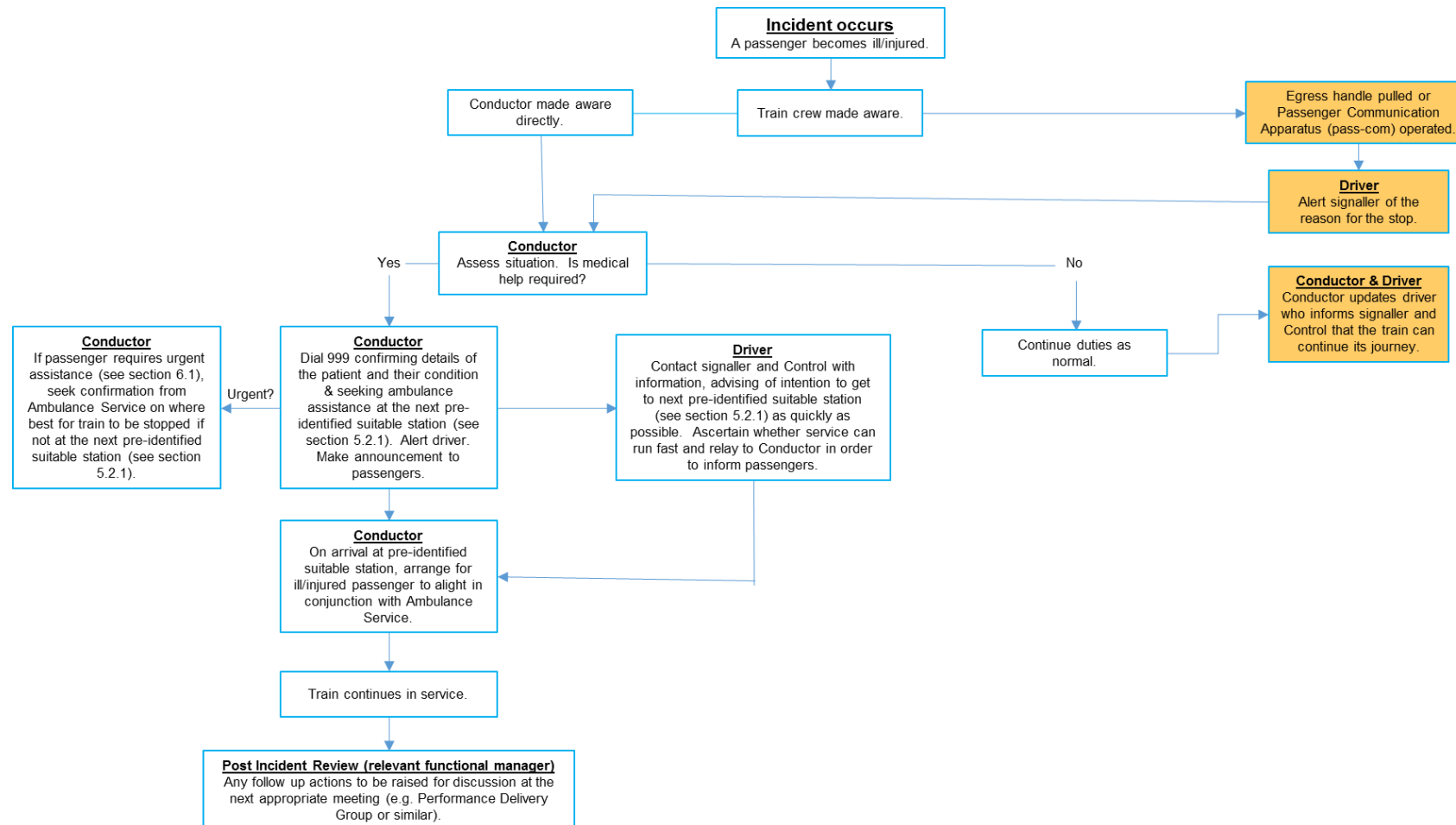


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APPENDIX A2

PROCESS FLOW CHART – TRAINCREW LED (based on Arriva Trains Wales process)



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APPENDIX B

FIRST PERSON ON SCENE (FPOS) TRAINING

First Person on Scene (FPOS) training/qualification is first aid training for a range of environments, available at three levels; basic, intermediate and advanced.

Targeted specifically at those involved in providing initial basic emergency care, such as Community Responders, Fire Fighters, Police Officers and security staff, the FPOS-Basic courses are typically of two days' duration and are widely available. The following is covered:

| | |
|--|---|
| AMBULANCE RESPONSE | |
| THE PRE-HOSPITAL ENVIRONMENT | <ul style="list-style-type: none"> • The role of FPOS • Scene safety • Minimising risk of infection • Post-incident procedures |
| PATIENT ASSESSMENT | <ul style="list-style-type: none"> • Communicating with patients • Examination and assessment |
| RESPIRATION AND AIRWAY MANAGEMENT | <ul style="list-style-type: none"> • Recognition of respiratory problems • Common breathing difficulties • Basic airway management: <ul style="list-style-type: none"> - causes of blocked airway - opening and maintaining a clear airway - choking |
| BASIC LIFE SUPPORT | <ul style="list-style-type: none"> • Perform basic life support • Recovery position |
| DEFIBRILLATION | <ul style="list-style-type: none"> • Automated external defibrillation |
| CIRCULATION AND SHOCK | <ul style="list-style-type: none"> • Recognition and initial care of haemorrhage: <ul style="list-style-type: none"> - bleeding - shock (to include faints) |
| MEDICAL RELATED EMERGENCIES | <ul style="list-style-type: none"> • Recognition and initial care of: <ul style="list-style-type: none"> - heart attack/angina - diabetes - stroke - epilepsy - unconscious patient - asthma / anaphylaxis |
| TRAUMA RELATED EMERGENCIES (optional) | <ul style="list-style-type: none"> • Recognition and initial care of injuries to bones, joints, tendons and ligaments • Recognition and initial care of burns and scalds • Recognition and initial care of other trauma related injuries • Skeletal stabilisation |

Note: The above has been extracted from a description of the course provided by Lifeskills Medical UK (<http://www.lifeskillsmedical.com/products/ihcd-fpos-intermediate-and-emt.html>) – it is intended to be indicative only and should not be interpreted as providing an endorsement of this particular supplier.