



## Medical Passengers Policy

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## **1 Statement of Aims and Objectives**

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing clinical care at the highest standard. From time to time, as a result of their professional roles, practitioners with medical, nursing or allied health professional qualifications (medical passengers) will become passengers in ambulances or other vehicles operated by the Trust which may be subsequently called upon to respond to an emergency (defined from here on as “medical passengers”).
- 1.2. The Trust recognises that it has a duty of care to protect the safety of medical passengers, and also that these passengers may find themselves, as a result of travelling in a Trust vehicle, in a situation where they may feel themselves obliged to offer assistance to injured or ill patients in an emergency.

## **2 Principles**

- 2.1. The Trust retains primary organisational responsibility for the care of patients to whom they respond, medical passengers are not normally trained to deliver care in the pre-hospital environment, although they may have skills that are applicable to an emergency situation. This document provides clarity regarding expectations on medical passengers in order to maintain patient safety and uphold the welfare of the medical passengers and safeguard their professional registration.
- 2.2. The purpose of this policy is to define the responsibilities of the Trust in promoting the safety of medical passengers and the limits of responsibility of medical passengers in relation to the care of patients other than those already under their care for the purpose of a medical transfer.
- 2.3. Medical passengers retain clinical responsibility where their patient is subject to an inter-facility transfer. This ensures continuity of care by the patient’s medical team.
- 2.4. Where medical passengers find themselves attending other patients (i.e. where the ambulance comes across an accident whilst engaged on an inter-facility transfer) the responsibility for the care of that patient is with SECAmb. Therefore, the document will define how medical passengers may provide assistance to Trust staff in an emergency situation.
- 2.5. This policy also aims to provide assurance that the care of patients to whom the Trust responds in the emergency situation is delivered in a way that is safe and effective.

## **3 Definitions and Responsibilities**



- 3.1. Medical passenger describes any person carried in a Trust vehicle with a clinical qualification who is not employed by the Trust, and for the purpose of caring for a patient already in their care being transferred between healthcare facilities. It may include doctors, nurses, paramedics (not employed by the Trust) operating department practitioners, physiotherapists, midwives, although this list is not exclusive.
- 3.2. Being a Medical Passenger is different from being an Observer, where a healthcare professional spends time on a Trust vehicle for the purposes of observing our services. Please refer to the Observer Procedure for detailed information.
- 3.3. For the purpose of its policy duty of care means a responsibility for clinical care to an ill or injured person. For patients being transferred by ambulance with a medical escort, this duty of care has already been accepted by the escorting staff prior to departure, but becomes shared with the Trust for the duration of the transfer, although clinical responsibility remains with the escorts (medical passengers).
- 3.4. For other patients that the medical passenger may encounter during the course of the journey (for example, where the vehicle comes across a road accident), the medical passengers duty of care to those patients only begins once physical contact with the patient has been made. Medical passengers, as registered healthcare professionals, should be aware of their responsibility for providing care in situations which may be referred to as “good Samaritan”.
- 3.5. The primary patient is the patient(s) who the medical passenger is travelling with as care giver, and is the primary reason for the presence of the medical practitioner in the vehicle. Medical passengers have a clear established duty of care to this patient.
- 3.6. Secondary patients are those who are attended by the Trust staff on the vehicle in which the medical passengers are travelling, either as a result of coming across an incident or in response to an emergency call from ambulance control whilst travelling without a primary patient. The medical passenger does not have a duty of care to these patients. They may however choose to support care of the patient alongside a Trust clinician. If they choose to do so, then it should be within their own professional codes of conduct. (GMC/ RCN, HCPC etc), in cooperation and discussion with the SECamb clinician onboard (who has expertise in emergency care and non-hospital emergency environments)
- 3.7. The Scope of Practice defines the attributes required to deliver safe, effective and high-quality care. This includes knowledge, skills and attitudes, of the patient condition, the clinical presentation and the context



of delivery of care. A practitioner working outside their normal environment will not necessarily have the expertise to deliver care to the same standard as they would in their normal environment.



## 4 Safety of Medical Passengers

- 4.1. Trust responsibility:
- 4.2. It is the responsibility of the Trust to take reasonable care to ensure that the safety of any person carried in a Trust vehicle is maintained as far as possible. The Trust has indemnity for accidents to cover medical passengers carried on Trust vehicles in the execution of their clinical duties. Please refer to the Driving Standards Policy for information about the safety of vehicles and passengers.
- 4.3. The Trust must ensure that its staff are appropriately trained to drive under both emergency and normal conditions, that medical passengers are informed of their legal responsibility to wear seat belts at all times in a moving vehicle, and that they are briefed about the layout and presence of safety equipment in the vehicle prior to travel.
- 4.4. Trust Staff responsibility:
- 4.5. Trust staff must ensure that any medical passengers they carry are appropriately dressed, are aware of any safety features in the vehicle, and have a clear understanding of what to do to promote their own safety in emergency situations that may arise, such as leaving the vehicle on a busy road.
- 4.6. Personal Protective Equipment (PPE) must be made available for all medical passengers. Where PPE is not available to the level required to leave the vehicle, medical passengers may be asked to remain in the vehicle, or move to a safe location (i.e. behind the crash barrier on a motorway).
- 4.7. Trust staff should advise EOC of the name of the escort travelling. The name should be entered onto the CAD record.
- 4.8. If the Trust vehicle becomes defective whilst conducting the journey, the [Vehicle Defect Procedure](#) must be followed.
- 4.9. If the Trust vehicle is involved in a Road Traffic Collision whilst conducting the journey, the [Emergency Driving & the Law Procedure](#) must be followed.
- 4.10. Medical passengers' responsibility:
- 4.11. All medical passengers must ensure they are appropriately dressed for travel and have the ability to ensure their own safety in an emergency. This may include ensuring they have access to money and a mobile phone, as well as wearing warm and comfortable clothing.



- 4.12. All medical passengers must ensure that they have the ability to return to their parent hospital, if the Trust is under extreme demand and the transporting vehicle is required for other emergency work. Medical passengers may be required to travel back to their parent hospital in a taxi.
- 4.13. Medical passengers must ensure that they have appropriate indemnity for their clinical care.
- 4.14. Medical passengers must ensure that they are familiar with the safety features of the vehicle in which they are travelling, that they do not put themselves at risk of harm during the course of their travel and that they are aware of how to act safely in the event of an emergency.
- 4.15. Staff identified by their employer as potentially needing to act as a medical passenger should consider their suitability for this role if they suffer claustrophobia or travel sickness. Falling ill with a predictable problem and being rendered incapacitated puts the patient and colleagues at risk. The SECamb crew may refuse to convey medical passengers where the risk of incapacitation is known.

## **5 Care of patients**

- 5.1. Medical passengers
- 5.2. It is the responsibility of medical passengers to ensure that they fulfil their duty of care to the primary patient until handover to another competent clinician occurs (usually at the journey's end), and they should deliver this within their own competence and scope of practice as agreed with their employing organisation.
- 5.3. It is the responsibility of the medical passenger to ensure, prior to the transfer, that they are able to discharge this responsibility. Provision may include ensuring the necessary knowledge, equipment, drugs or specialised personnel are available.
- 5.4. It is the responsibility of the medical passenger to ensure that any changes in the planned destination or any requests to divert are discussed with the SECamb crew before any final decision is made. The SECamb crew must notify EOC of the change in destination along with the rationale to be clearly identified on the CAD record.
- 5.5. **Medicines Management responsibilities for Medical Passengers**
  - 5.5.1. Medical passengers are solely responsible for any medicines which are required for the ongoing planned care of the patient.



- 5.5.2. Controlled drugs brought by the medical passenger(s) must remain in the possession of the medical passenger at all times. SECAMB staff must not take responsibility or accept possession of any non-SECAMB controlled drugs.
- 5.5.3. In the event of unexpected clinical deterioration, SECAMB medicines can be used either by the crew or attending medical passengers (according to qualification and competency).
- 5.6. **General Considerations**
- 5.6.1. Assumption of a duty of care for secondary patients should only be made under the following circumstances:
- 5.6.2. If there is a primary patient onboard, the medical passenger should remain with that patient.
- 5.6.3. Ambulance staff may make a direct request for assistance to the medical passenger, if no patient onboard the ambulance.
- 5.6.4. Once a duty of care has been assumed, by responding to a request for assistance, it is the responsibility of the medical passenger to ensure they are competent to safely deliver the care required in the pre-hospital setting. A breach of the duty of care would occur if having assumed responsibility for care, they were not able to deliver care to a standard that would be expected of a comparable practitioner in that situation.
- 5.6.5. Where a duty of care is assumed by the medical passenger, they must be aware that the context of care delivery is likely to be one in which they are not experienced, whilst the ambulance staff are in their normal working environment. Medical passengers must therefore liaise closely with the ambulance staff at all times, and be aware of the limitation of their skill set.
- 5.6.6. Medical passengers assuming a duty of care to secondary patients must also make themselves aware of the competence of those with whom they are working, including other medical passengers and ambulance personnel. Any clinical care should be delivered by the most appropriate person experienced in that care, from whatever clinical background.
- 5.7. **Trust staff**
- 5.7.1. Trust clinical staff should be aware of this policy and their responsibilities within it.
- 5.7.2. Primary clinical responsibility for care of any secondary patients will remain with the Trust and its staff. Staff must take all reasonable steps to



ensure that medical passengers assisting in the care of patients are acting in the best interests of the patient, and are competent to do so.

- 5.7.3. Trust staff must ensure as far as possible that medical passengers comply with other Trust policies relating to the care of patients, including safeguarding, infection control and information governance policies. They must inform the medical passenger if they believe they may be in danger of breaching any Trust policy, and must inform their line manager in the event of any subsequent failure by the medical passenger to comply.
- 5.7.4. Trust staff must ensure that they are confident that medical passengers are acting within their abilities at all times. If they have any doubt, they have a duty to request the medical passenger to desist, and to request support as required.
- 5.7.5. Any concerns about the conduct of a medical passenger must be raised by completing an IWR1 and notifying the member of staff's line manager, who must conduct an investigation, and escalate to the Executive Medical Director as required.

## **6 Responsibilities**

- 6.1. The Trust Board approves the conveyance of medical passengers in accordance with our contract to provide services, including inter-facility transfers.
- 6.2. The Chief Executive Officer is responsible for the safety of medical passengers through risk management and governance arrangements within the Trust and has ultimate responsibility for the Medical Passenger Policy.
- 6.3. The Executive Medical Director has executive responsibility for the policy.
- 6.4. The Consultant Paramedic(s) are responsible for the development and maintenance of this policy on behalf of the Executive Medical Director.
- 6.5. The Associate Directors of Operations are responsible for overseeing the policy on a day-to-day basis.
- 6.6. In the Operational setting, responsibility will lie with clinicians and their line managers to ensure that all staff work in accordance with this policy.

## **7 Competence**

- 7.1. Medical passengers are not considered as "observers", and therefore are not required to undertake any training prior to travelling in a Trust vehicle





- 7.2. The trust does not offer specific training to other Trusts, but should continue to engage in multi-professional and multi-agency critical care transfer training organised and run by Acute Hospital Trusts

## **8 Monitoring**

- 8.1. This policy will be monitored by the Professional Practice Group.
- 8.2. The Associate Directors of Operations and Consultant Paramedics will be responsible for ensuring adherence to the policy by reviewing internal reporting systems
- 8.3. Any non-compliance or deviation from this policy that results in an adverse outcome for a patient will be dealt with in accordance with the Incident Reporting Procedure.

## **9 Audit and Review**

- 9.1. The policy document will be reviewed at least every three years; or earlier if required due to change in local/national guidance and/or policy; or as a result of an incident that requires a change in practice
- 9.2. A review will be undertaken in line with the Policy on Policies.
- 9.3. No specific audit is associated with this policy.

## **10 References**

- 10.1. Good Medical Practice – General Medical Council. 2006.
- 10.2. Markesinis and Deakin's Tort Law. Oxford University Press. 2007
- 10.3. Bolam Test - Bolam vs. Friern Medical Committee. 1957.
- 10.4. The Code: Standards of Conduct. Nursing and Midwifery Council 2008.
- 10.5. Providing care in an emergency situation outside the work environment. Nursing and Midwifery Council. 2008

## **11 Financial Checkpoint**

- 11.1. This document has been confirmed by Finance to have no unbudgeted financial implications.



## **12 Equality Analysis**

- 12.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 12.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature, then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

## **13 Quality Impact Assessment**

- 13.1. A Quality Impact Assessment (QIA) is required when all new or significantly amended policies or procedures are considered or drafted. This is the case even if there is already a recent QIA in existence, because a new Impact Assessment should be undertaken whenever a substantial change is made to the procedure.