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1.0 Background

- 1.1 A number of incidents occur each year that involve patients on or close to the national rail network. This environment is high risk to the rescuer and the clinical team need to be prepared to safely work at these single casualty and multi-casualty incidents. This SOP describes the safe working procedures to be followed when asked to attend a patient.
- 1.2 The operational area of the clinical team includes overground rail operations, and includes the East Coast mainline route.

2.0 Principles of rail safety

- 2.1 It is useful to adhere to the POWER principle when attending any trackside incidents :-

P = Power off/trains stopped confirmed by authorised person – when in doubt, contact HEOC

O = Off the tracks unless the patient appears viable

W = Wear your personal protective equipment

E = Ensure HEOC or BTP Incident Officer knows you are entering or leaving trackside

R = Remove viable patient and treat in a safe area

- 2.2 **Power off and trains stopped** confirmed by authorised person. The authorised person for Network Rail who can confirm that power is off and trains are stopped is the Rail Incident Officer (RIO) on scene who is a railways expert and has full authority to enact requests from emergency services and all on-scene communications with Network Rail should be through the RIO once they arrive on scene. The RIO will also agree a safe system of work with the ambulance personnel in terms of a safe area to work within which may include allowing trains to run at caution on lines a suitable distance away from the incident/patient location. In the absence of a RIO, HEOC should contact the Network Rail Control Centre directly to confirm power is off/isolated and trains are stopped and they can also confirm the best access points for the incident. British Transport Police can also provide scene access information if required. The Ambulance Incident Officer, or the member of staff acting in this capacity, should liaise with the RIO and then brief any further arriving ambulance responders.
- 2.3 **Off the tracks unless the patient appears viable.** Patient viability should be ascertained before entering the trackside, wherever possible. This means ambulance personnel will need to walk the length of the train and attempt to visualise the patient and their condition, if the train is adjacent to the platform. If viability cannot be visually verified for any reason, only

the most clinically qualified person should enter trackside/under the train to assess the viability of the patient.

- 2.4 **Wear personal protective equipment** - high visibility clothing MUST be worn at all times and responders must have access to a protective helmet. It may prove more difficult to wear a protective helmet under a train but this will be a dynamic assessment for the ambulance personnel.
 - 2.5 **Ensure that HEOC or the BTP Incident Officer is aware** that they are entering or leaving the trackside environment so that they can maintain an overview of responder safety at all times. Only the necessary number of responders should enter the trackside environment whilst awaiting direction from the clinical lead.
 - 2.6 **Remove a viable patient and treat in a safe area.** Only minimal life saving measures should be performed in the trackside environment. A viable patient should be extricated away from the trackside environment as soon as possible for treatment.
 - 2.7 It is the responsibility of the British Transport Police to manage a deceased patient or in their absence, the local Home Office Police force.
- 3 This SOP has been developed and agreed with Network Rail.