

NORS team safety initiative

Meeting, 30th June, 2021.

Agenda.

1. Life cover for team members whilst at work
Retrieval teams across the world have an increased risk of injury/mortality as they are travelling in vehicles and planes at night, which could be outside the normal employers' liability insurance. It is likely that all teams will have additional cover, however, it would seem that complete certainty is required (For the avoidance of doubt, the responsibility for any additional insurance cover sits with the team's employing board/trust rather than NHSBT as commissioner.)
2. Blue light travel
Teams may travel under blue light conditions, when an organ is on board. What implications are there? What are the responsibilities of those authorising blue light?
3. Safety clothing
Working in ambulance bays at night is hazardous. In Scotland, the newspapers reported the mortality of an ambulance crew member at work when struck by an ambulance. A team unloading gear may be at increased risk as they spend more time in the hot zone than an ambulance unloading a patient.
4. Basic first aid equipment in the van
The Newcastle event raised the question as to what basics were available to teams if an accident occurred whilst travelling.
5. Strategy for dealing with team accident
Our hospitals almost always have a protocol for dealing with grave and rare situations, such as a live donor mortality. Because of the rarity, retrieval team accident probably does not have a written protocol in our hospitals. Such protocols usually cover informing the chief exec, medical director, comms dept, indicating who will speak to the family etc. Although it will hopefully never be needed, such a protocol could be important in efficient communication in a time of great difficulty and confusion.
6. Post event management
Support for staff who have experienced an accident or serious event is critically important to ensure that recovery is as complete as possible. Even in the absence of physical injury, the psychological consequences can be significant and persistent. An agreed approach to appropriate referral (by whom?), Occ Health involvement etc, might minimise long term morbidity.

Minutes

In Attendance; Ian Currie, Cecilia McIntyre, Majid Mukadam, Bart Zych, Elijah Ablorsu, Afshin Takavoli, Marius Berman, Isabel Quiroga, Emma Billingham, Aimen Amer, Shahid Farid, Vipin Mehta, Hynek Mergental.

NB; as NORS team members are employed by hospital trusts and boards, and not by NHSBT, much of what follows by way of actions lies with NORS teams rather than NHSBT.

Meeting prompted by the serious accident which involved the Newcastle team earlier this year.

Points discussed relating to this event;

First Aid equipment availability in IMT vans. Hi Vis clothing for team members.

Tired team members distracted by the accident were at higher risk of harm, as they may lack the presence of mind to focus on traffic risk rather than other involved parties.

Automobile Association may be able to support training for NORS teams so that involvement in accidents leads to safer behaviours.

Several teams described accidents which were mostly historical (pre-NORS). However, this emphasised that this is not a 'once-off' as many teams had been involved in accidents on retrieval.

Load security, bulkheads, and load movement if a serious accident occurs. Risk of very heavy items (instrument trays, ice boxes) moving at very high speed inside vehicle.

ACTIONS;

AA to be consulted as to whether they might provide training/support for NORS teams to mitigate risk in accident situations. **(CMcl)**

Teams to consider load security and position (behind bulkhead versus inside passenger compartment) and mitigate loading risks in case of high speed accident **(NORS LEADS)**

Agenda items

1. Insurance cover for team members whilst at work.

Discussed;

Travel outside hospital for long distances by road and air may not be covered specifically by employers' liability insurance.

What is the situation if the team member is in the UK or outside UK when a serious/fatal accident occurs regarding life/critical incident insurance?

What is the situation if a NORS team member required emergency medical care whilst outside UK?

Do we need a 'Team Accident' response plan, given that NORS team accident is rare, and there will be serious confusion if a team member is injured or worse. Such plans are in place for live donor death and similar?

ACTIONS;

NORS Leads to check with employing board/trust that there is valid insurance in place if they were to be incapacitated or worse whilst on retrieval, whether in UK or elsewhere. Welcome to discuss with IC who is aware of such a policy in his hospital (separate from standard liability insurance).

IC to find out what insurance is in place on the part of the transport provider.

2. Blue light Travel

Discussion of the very prolonged journey which has seen an agreement between NHSBT and Department for Transport as regards blue light travel. Policy document to be circulated to teams separately which contains all details, some summarised below.

Speeding remains illegal. Passing on the wrong part of the road, or going through red lights, may be accepted, but only if an organ is on board, with a named authorising consultant requesting this in the recipient hospital, as a result of significant risk to recipient or organ. Driver discretion remains. A call to NHSBT will be logged and police may call NHSBT Hub to check authorisation. Data collection and audit will be detailed.

Organ under blue lights should travel separately from team to reduce team risk? Unless organ type needs staff (DCD heart on rig).

Conclusion

Agreed to have further safety meeting to cover remaining agenda items.