

**The Use of Blue Lights and Traffic Exemptions by Contracted Transport Providers supporting Organ Transfer on behalf of the OTDT Directorate of NHSBT.**

**Section 1. Governance Structure**

1. The use of blue lights and traffic exemptions for the purpose of organ donation and transplantation has been an historical practice for many years prior to the implementation of the National Transport Contract.

The Road Traffic Act (1988) and the associated regulations allows vehicles primarily used for the purpose of carrying human organs for transplantation to be equipped with emergency lighting (blue lights) only. However, the carriage of organs does not give exemptions from road traffic regulations, in particular, exceeding the statutory speed limit.

Following negotiation with the Department for Transport (DfT) and the Department of Health Social Care (DHSC) it has been proposed to extend the road traffic exemptions, bar speed, for time critical transport of organs.

The activation of blue lights and the taking of road traffic exemptions must be accountable, auditable and appropriately authorised.

It is recognised that there are occasions within organ donation and transplantation when the use of road traffic act exemptions is required to expedite transport of organs to the recipient centre.

These two conditions are;

- Recipient deterioration
- Organ deterioration

Transport of Retrieval Teams without organs does not require activation of blue lights and will not be supported. However, a Team travelling with a liver for a super-urgent recipient for example may require the use of blue lights and agreed exemptions may be appropriate.

Transport of organs for research, blood samples and pathology specimens to support transplantation does not require blue lights or traffic exemptions and must never be requested.

Blue light journeys must not be pre-booked and must only be used in emergency situations for the conditions described above.

2. The decision to authorise blue lights and the use of exemptions must consider that the risk to the recipient or organ is significant, and that predicted delay places the recipient at risk of a serious adverse outcome. The inherent risk to the driver, NORS Team and public from blue light driving must be proportionate to and justified by the clinical risk to the recipient.

The driver will have knowledge of local road and adverse weather conditions which may increase the risk and his/her advice should be sought as appropriate and considered when assessing the risk

3. On these occasions it may become necessary to rely on exemptions to the road regulations to reduce road journey times. NHSBT has asked DfT to extend road traffic exemptions (bar speeding which will remain illegal) for time critical transport of organs when the legislation is next reviewed.
4. It is recognised that any request for blue lights and the use of exemptions must:
  - be fully authorised in advance by a Consultant at the accepting transplant centre who has considered the increased risks of authorising blue lights and any exemptions on the both the vehicle driver and other road users, against the risk due to deterioration of organ or recipient.
  - be recorded by NHSBT.
  - be reviewed by NHSBT on a monthly basis to ensure the appropriate governance is being adhered. Data will be provided by the transport provider and can be compiled into a report to be reviewed at the monthly Commissioning Team meetings.
5. To ensure correct authorisation is in place, the Recipient Coordinator will inform the transport provider that blue light activation and exemptions are authorised for the particular organ travelling to their centre. The recipient coordinator will provide the details of the reason for the request and authorisation to the transport provider.

For clarity, the donor number and organ type will be required, as well as the name of the authorising consultant. The level of exemptions authorised will be recorded, as well as the applicable conditions (organ or patient deterioration/both). An automated email will be sent in real time to a dedicated NHSBT Hub Operations email address on each occasion a vehicle activates blue lights. If in the event a driver carrying an organ is stopped, police forces will be able to verify it is a genuine authorised journey by contacting NHSBT Hub Operations.

6. In order to maintain a rigorous audit of exemption usage, data will be recorded by the transport provider and sent to NHSBT on a weekly basis. These data include at a minimum;
  - Donor number
  - Recipient Centre who has booked the transport
  - Details of journey start and end inclusive of any potential rendezvous points or delivery points of organ (Times, dates, locations)
  - Name of Consultant authorising use of blue lights and exemptions.
  - Type of organ being transported
  - Reason for blue light activation and any exemption request (organ or recipient deterioration, or both)
  - Date and time of authorisation
  - Date and time blue lights commenced and ceased
  - Levels of any exemptions employed if any and times and locations (especially relevant in case of notification of intended prosecution)
  - Vehicle Registration number
  - Driver name
7. The data will be sent to OTDT Commissioning in the agreed data file format by suppliers. Data will be uploaded to an Apex database where it can be robustly stored, and data easily extracted and reports generated by NHSBT Statistics and Clinical Studies.
8. A suite of monthly reports will be determined to support the continued review and audit of blue light usage and exemptions taken.
9. Transport providers must ensure that all drivers who will provide blue light transport are qualified by approved training which is up to date. NHSBT can request evidence of driver training with the contracted transport provider. This can be monitored through Contract Review meetings or by audit which can be organised in line with the contract requirements at short notice if any concerns are raised.
10. The Commissioning Team will review Blue light reports on a monthly basis and produce an exception report to highlight any key issues.
11. The Blue Light Steering Group will review audit and exception reports and circulate to NHSBT governance and other NHSBT groups as appropriate. Audit summaries will be circulated to Transplant Centres to permit review. Disproportionate use will lead to detailed assessment and intervention by the Group as part of exception management.
12. The Department for Transport has provided police forces in the UK with the contact number for the ODT Hub Operations (01179 757580). A call to the

ODT Hub Operations by police officers, who have observed a vehicle travelling under blue lights, will provide current information about authorisation for blue light activation and exemptions which are in force at that time.

13. If a vehicle travelling under blue lights is found not to have an organ on board, or has no authorisation, then the driver will be personally responsible for any breach of traffic laws.
14. This governance structure will be reviewed jointly with nominated representatives from the DfT, DHSC and NHSBT at 6 months, or earlier, should that be required. This may be at the request of NHSBT, DfT or DHSC.

## **Section 2. Guiding Principles for Recipient Centres.**

1. Teams travelling to a donor hospital may not request authorisation.
2. Organs for research, blood or pathology samples must **not** be transported with blue lights activated.
3. If Retrieval Teams are returning with an organ on board, the authorisation for blue lights and any agreed exemptions must be made by the accepting consultant at the transplant centre and not by NORS team members. The risks to the team members, driver and members of the public must be balanced against the risk of organ or recipient deterioration. The safety of team members and others is a priority.
4. The driver will make the final decision as to what is possible and reasonable given the road conditions, time of day and traffic conditions.
5. Exemptions will normally only be exercised at points in the journey at which they are justified e.g. at start/end of a journey in congested urban areas.
6. Certain organ types may need to travel with specialist staff to ensure that the organ remains viable in transit. If such an organ is to travel under exemptions the number of staff with the organ must be the absolute minimum possible, which is consistent with the continuing viability of the organ. Other team members should return with a separate vehicle.
7. If an accident were to occur following blue light activation, the authorising consultant may be required to provide evidence to justify the request for transporting the organ under blue light conditions. Units may wish to formulate their own policies to support decision-making.

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