

18 March 2013

## Actions on scene when attending to patients on trains

Every day across London, the Service is called to respond to incidents at railway stations, both overground and underground. Any incident that affects the movement of trains risks secondary incidents because other trains are stopped. The longer the trains are not moving, the greater the likelihood of casualties onboard other stationary trains.

A recent example, which could have generated a serious incident for the Service, involved a patient in cardiac arrest being treated on a train for almost 60 minutes. This led to a large number of trains being stopped for nearly 90 minutes during the morning rush hour resulting in a potential risk to an estimated 20,000 passengers on 30 trains.

Whenever a crew arrives on scene and the patient is onboard a train, the priority must be to rapidly assess the patient and remove them from the train as soon as practical. If the patient is in cardiac arrest, CPR and ALS should be commenced and removal from the train should take place as soon as practical. Where possible, chest compressions should be continued during removal, with minimal interruptions.

At larger stations, railway staff will seek to close a platform if requested, or to provide screening so that patient management can continue unhindered. If working in a busy station, crews should seek on-scene support for patient evacuation to the ambulance or scene management from a team leader or a DSO.

It is important not to inadvertently create a multiple casualty incident through the rail or underground network being brought to a standstill when some simple swift actions can prevent trains building up.

Train operating companies and Network Rail staff across the London region are aware that the Service will begin to manage incidents on the railway network in accordance with this guidance from April 2013.



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