



St John  
Ambulance



# National Cycle Response Unit Group UK Standardisation

A.CRU Handbook

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# Cycle Response Unit - CRU

*Cycle Response Units are deployed to medical emergencies to help improve patient outcomes by sending a fast first response in a small geographical area. The CRU has a range of benefits: CRU may be the appropriate medical response which has many cost & environmental savings with the additional ability to free up frontline services by providing appropriate care pathways and to provide the communities they serve with a high profile public face of ambulance services and best possible clinical practice.*

*The purpose of the National CRU Group is to standardise UK practices of cycle response units to mitigate risk, provide a sustainable nationwide programme, protect staff and their wellbeing and with an absolute focus on ensuring the best possible service to the public.*



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## ***Cycle Response Unit Handbook***

**Operating Handbook of Cycle Response Units in the London Ambulance Service NHS Trust**

**CRU document No: A**

**Circulated To: Cycle Response Unit (CRU)**

**For Use By: CRU Staff/ Immediate Managers & Departments**

### **Policy**

**CRU Policy, Guidelines & Appendices agreed by the National CRU Group NCRUG. Please refer to the CRU Guideline and CRU Airport section as local variations may apply.**

Effective Date  
**3<sup>rd</sup> of April 2017**

Subject  
**Cycle Response Unit**

Distribution (not limited to)  
**CRU Staff/ Complex Managers/ Training & Education/ Emergency Operations Centre/ Resource Centres/ Human Resources/ Legal Department/ Safety and Risk Department/ Emergency Planning Unit**

### **1. Purpose**

1.1 It is the purpose of this policy to provide guidance on the implementation, procedure and deployment of ambulance bicycles and the general management of ambulance bicycle operations. This policy is for use in the NHS and any other ambulance cycling arenas and in support of equality and diversity guidelines (appendix 21).

1.2 The Operating Criteria of Dynamic Deployment has been established for the CRU:

- High levels of motorised traffic congestion.
- High levels of ambulance activity i.e. call demand.
- Recommended footprint of 2.5km diameter (1.25km radius).
- Areas of pedestrian zones and difficult vehicular access.
- High non-conveyance rate of ambulance activity.
- Special event cover, pre planned or dynamic.

### **2. Policy**

2.1 Bicycle riders are an important component of the service strategy for accomplishing the emergency response and clinical objectives due to their mobility, speed and patient care outcomes as well as their ability to facilitate a variety of public and promotional operations.

2.2 Cycle responders are the highly approachable, visible and the public face of the ambulance service they are key to community ambulance efforts. The social interaction and welfare benefits have been demonstrated through non Accident & Emergency department patient referrals and using Protecting Children & Vulnerable Adults documentation and documenting incidents as a 'running call' if engaged in any incident whilst on general patrol. It is generally perceived that savings are made on ambulance vehicle despatch because ambulance cyclists are in direct public contact and placed in pre determined areas of demand.

2.3 The cycle unit may offer patients appropriate care pathways if further clinical and local patient referral pathways knowledge is obtained thus saving motorised vehicle response and providing a better patient outcome. This kind of response assists the NHS, in collaboration with other social and healthcare agencies in many performance measured areas as well as being an environmentally friendly and cost effective means of transport saving tonnes of carbon emissions per year (appendix 29 & 30). The CRU may choose to use non emergency vehicle transport to assist in the efforts of easing the pressure on front line resources.

### **3. Procedure of Ambulance Cyclists - Rider Safety**

- 3.1 Ambulance cyclists must be in uniform and contact EOC at the start of the shift and have the radio & mobile phone switched on. They may respond to calls in which their fast response time allows them to reach the scene of an emergency first or comparable to that of a motorised vehicle, unless otherwise indicated by this policy (appendix 12). Regular contact must be made with the EOC both from the cyclist and EOC staff and in the event of the cyclist receiving a 'running call' they will ensure that EOC are immediately made aware. Communication devices such as standard issue portable radios with tracking and mobile phones should be carried with full power and means to sustain full shift communications.

**Thirty minutes is given to get into position after start of shift and thirty minutes before end of shift to return if the CRU base is out of the area of operation (Dispatch Guideline) 15 mins to get ready and 15 mins to get into area – 15 mins to RTB & 15 mins to finish.**

CRU staff are recruited for optimum performance within a small geographical area when they are in it. Any change from this can result in failure in areas of performance and health. Many CRU bases are not in their area of operation. Within the first and last thirty minutes fifteen minutes is given pre and post shift for equipment check, official drug procedure, associated paperwork, cleaning of medical and bicycle equipment. Any other routine cleaning and maintenance must be recorded as 'vehicle off the road' (appendix 1 to 5). Routine quality assurance checks will be carried out and reports made to relevant management team on failing to meet the required standard (appendix 18 NCRUG Guidance).

- 3.2 Ambulance cyclists must not challenge motor and non motor vehicle traffic or pedestrians. The rules of the Highway Code & National Cycling Standards are applicable. The use of emergency warning lights and audible sirens are to warn non motorised persons of the approach, the blue lights can also be used to protect the scene of an outdoor incident in hours of darkness. They do not provide any substantial warning or protection that a motorised vehicle would provide. No blue light training is currently provided (appendix 16).

To clarify: ***the use of sirens & blue lights must be used when warning pedestrians of the approach when on an emergency call. If road traffic red lights are treated as a give way, or any other street furniture and in addition pedestrian areas are cycled upon, then the ambulance cyclist must wait for a safe opportunity to proceed that will not cause hindrance to a motor vehicle or cause a pedestrian to be startled.***

***The ambulance bicycle under current legislation is classed as an emergency vehicle but we do not recommend challenging traffic as the current decibels of audible warnings and the non 360 degrees visibility of lighting does not provide sufficient warnings to any road user so can offer no protection, the ambulance cyclist has no vehicle protection.***

- 3.3 They should not normally be dispatched or initiate response to incidents in which their reduced emergency equipment capabilities such as; emergency warning devices, extraction equipment, vehicular shelter and any incident that the rider needs full head and foot or other protection which may present service problems or dangers, unless they are closest to a Category A and can act as a first response. Medical determinates/ clinical response profiles must be defined based on the safety of the solo responder and the welfare of the patient i.e. risk of violence, psychiatric and sexual assault. The ambulance cyclist must dynamically risk assess the situation and decide if the CRU personal protective equipment is suitable to engage i.e. road traffic accident (entrapment) and train incident (entrapment one under) are not suitable however the ambulance cyclist could assist other personnel. No full safety helmet with visor or safety boots are carried, CRU would be less efficient as a rapid responder due to weight & bulk (appendix 9 & 12).

Some incidents of CRU limitations include but are not limited to the following:

- Psychiatric & Sexual assault
- Major Incident or Civil Disturbance (see Business Continuity plans)
- High-risk of abuse or possible violence
- Hazardous Chemical Incidents and CBRN
- Situations which require full PPE i.e. building sites & entrapments- trains/ machinery

*Response to such situations may be permitted in extreme circumstances where motorised units are not readily available, or as backup where ambulance vehicles are already on the scene. The pre determined medical determinates list will be used by EOC and have manual override capability.*

*Ambulance cyclists and management teams shall exercise discretion in determining whether or not to use a bicycle for duty when excessively high or low temperatures and other weather conditions may make the use of bicycles inadvisable or hazardous.*

*CRU efforts could be diluted in the first on scene situation at a major incident until a motorised vehicle arrives due to a lesser visual presence, however communications can still be maintained and then further responsibilities of clearing station and running communications line duties.*

- 3.4 Ambulance cyclists may be used for targeted geographic areas that fall into the CRU criteria or to fulfil the service response targets and to provide medical cover at pre-planned events. They must carry scaled down versions of the map book and respond to distances normally around 1.25km from location but up to a maximum of 2.5km (appendix 11).
- 3.5 Ambulance cyclists where appropriate will respond to any emergency, the following is a guide which can will be considered in relation to the Operating Criteria:
- Difficult vehicle access emergency calls.
  - Special events; parades, festivals, fairs, sporting and other indoor and out door events.
  - Demonstrations only on instruction from the Emergency Planning Unit and have been Risk Assessed & pre-planned.
  - Disaster situations in which movement by conventional motorised emergency response vehicles is limited or impossible, only on instruction from the chain of command once a Major Incident has been established. CRU should not be knowingly sent to a major incident due to limited PPE but are best placed at a clearing station or to run communication / supply lines if appropriate.
  - Urban incidents in which the volume of vehicle or pedestrian traffic may inhibit the response of ambulance motor vehicles.
  - Possible motor vehicle cancellation emergency calls, if riders are properly equipped, trained and if their proximity or response time to the incident may be advantageous.
- 3.6 At times of bad weather, restrictions on deployment because of heavy or prolonged rain, high winds, lightning, snow, sleet, temperatures below freezing or when road conditions are otherwise perceived to be dangerous by either the individual or management team, Cycle Response may be withdrawn. Clothing drying facilities at both the base and standby locations and at minimum showers at the base should be provided. If snow or ice is settling on main roads then it may be appropriate to refrain from CRU duties until it subsides. All riders must keep an ambulance uniform spare as they maybe redeployed on a motorised vehicles.
- 3.7 Ambulance bicycles should be kept out of fast traffic areas such as any road above the 40mph speed limit. NCRUG deem it best practice for ambulance cyclists to adhere to a road limit of 40mph due to their size and vulnerability. Physical contact with a moving vehicle is not authorised and escorting any moving vehicle or Policing traffic is also not authorised.
- 3.8 Whenever possible riders should protect the scene of the incident or move to a safe area away from motor vehicles. Riders are also encouraged to use available standby sites for rest, shelter, hydration and food consumption.
- 3.9 Marked ambulance vehicles should be requested where appropriate to provide emergency lighting, cover from traffic, patient transport and further clinical assessment if required.

#### **4. Procedure of General Operations**

4.0 At the start and finish of the shift, riders shall inspect the bicycle & related equipment to ensure that it is clean, wiped down (inc pannier bags), lubricated and in proper working order. The bicycle fleet log book consists of the documents below; all staff has the responsibility of managing the compliance of the tasks set out and in order:

- CRU Appendix 1 Daily Checklist at Start of Shift (in fleet log book)
- CRU Appendix 2 Signature of Confirmation of Checks (in fleet log book)
- CRU Appendix 3 Service Schedule: Bi – Monthly – Yearly (in fleet log book)
- CRU Appendix 4 Fleet Log Book (history of the bicycle completed & updated by staff)
- CRU Appendix 5 spare

If a problem is discovered that the rider cannot fix, notice shall be given to EOC and the shift duty station officer or management team if any delay is expected. This must be followed by notice to the cru management team who will forward it to bicycle mechanic or other certified mechanic. The rider may take another bicycle for duty. The relevant documentation must be completed e.g. any defect or repair required or made written in the Log book & entry on the Fleet Board for all staff to be aware of including mechanics.

*Where possible a bicycle will be assigned to the rider whilst on the unit and shall remain their responsibility.  
**Personal assignment and correct frame size is not guaranteed.***

4.1 While riding at times of darkness ambulance cyclists should use the legally mandated lights and service supplied reflective equipment and clothing. Ensuring that they are fully charged.

4.2 Riding on pavements/ pedestrian areas are never encouraged but on emergency activation, ambulance cyclists must be alert to pedestrians recognising that they (the pedestrians) have the right-of-way. Whenever possible, riders should give an audible warning of their approach from the rear and maintain reasonable speeds and caution on all pedestrian areas. Laws governing all street furniture (traffic lights, signs, bollards and roundabouts etc) must be adhered to unless exemption is claimed and if it is safe to do so.

4.3 In no circumstance shall the ambulance cyclist delay the despatch of a motorised ambulance vehicle if it is medically required. In some cases it may be possible to cancel the ambulance vehicle as the patient does not require vehicle transportation or further clinical assessment. Ambulance cyclists will notify the EOC of all medical contacts and include their exact location. Ambulance cyclists may not leave the vicinity of any scene as EOC may have a call waiting as a pre-empt to their availability, they must not leave the footprint without permission.

4.4 In some cases the ambulance cyclist may be dispatched without any further back up. A medical assessment must be undertaken and reported on at the earliest opportunity. In a running call situation, ambulance cyclists shall request transport for the patient if required.

4.5 An ambulance cyclist shall not leave a patient without carrying out correct patient assessment and documentation or leave him or her unattended, unless an emergency exists that requires immediate action by the ambulance cyclist and is instructed to do so by EOC.

4.6 General Health advice and information on related Treatment Centres can be provided upon gained local knowledge whilst out on patrol.

4.7 The ambulance cyclist shall complete all documentation at the time of incident and carry out the process of submitting paperwork at the earliest convenience or in accordance with the service normal procedure. Mentoring/ observing shifts must be requested from the clinical Team Leader and subsequent performance measures must be delivered & kept for PDR.

4.8 During all operations, ambulance cyclists shall:

- Wear approved helmet, protective eyewear and gloves at all times whilst cycling and approved CRU uniform including epaulettes & must be of a clean appearance.
- Carry full CRU medical Itinerary of equipment 1\*
- Use only bicycles approved by a certified mechanic authorised by the service. The service recognises bicycle maintenance certification courses are of the highest standard 2\* and are acceptable. However un-medically qualified mechanics are preferable.
- Carry sufficient water & food supply for duration of the shift as this is classed as fuel.

*1\* It is generally agreed that a bicycle cannot carry full ambulance equipment. Agreement must be made as to any change in medical itinerary. Please refer to current:*

**CRU Medical Itinerary document Appendix 8.** Guidelines should be carried for local: **WIC/MIU** & maximise the use of these appropriate care pathways or consider EOC clinical help.

*Developments will be made to accommodate as much equipment as possible, as weight and size of items reduce over time. In cases that may need additional equipment motorised vehicles will be dispatched. It is estimated that basic life support BLS can be sustained for eleven minutes with full oxygen supply for a solo responder.*

*2\* The service accepts that the qualified CRU riders who have completed the cycle mechanic certification course on bicycle maintenance are able to carry out day to day repairs. Routine and annual Fleet servicing is to be carried out by an outside agency due to the work time required to complete this (appendix 6). Running repairs and daily checks are the responsibility of the operational rider as are all qualified to do so.*

4.9 When leaving bicycles unattended (it is suggested the bicycle comes as close to the casualty as possible) riders shall, whenever possible do the following:

- Secure bicycle with a combination lock set to ????. Ambulance cyclists are not expected to secure bicycles when the situation does not allow as in life saving intervention.
- Take all reasonable precautions to ensure that the bicycle does not obstruct pedestrian or vehicular traffic unless protecting the scene of an incident.
- Remove and carry with them such easily removed items i.e. medical pannier bag inserts
- Any theft of trust property must be reported to the Police and CRU management.

## 5. Procedure of Personnel Selection and Testing

5.1 Candidates can be selected from standard application process at least ONE year post EMT qualification and is open to those of Paramedic qualification with one year operational experience. However in 2017 due to commercial activity only Paramedics are requested.

Please see current **CRU Recruitment programme (appendix 13).**

Candidates must undergo several screening exercises which may be administered by a qualified fitness professional authorised by the service or an appointed instructor for fitness and any cycling administered by a qualified EMS Cyclist Instructor i.e. **Cycling-Specific Physical Fitness Test - Cycle Skill Test - Cycle Road Assessment - Workbook pre read assessment - Cycle Maintenance Test.**

Please see current **CRU Assessment centre programme (appendix 14).**

5.2 Authorisation from Occupational Health Department to undertake a physical fitness test. *At present OHD do not require this action as they understand the testing to be of a specialist nature and they do not have the capacity to undertake any fitness standardisation above that of basic observations. This process will be reviewed by OHD including staff longevity.*

- 5.3 A cycling-specific physical fitness test using heart rate analysis. This provides evidence of cycle fitness & speed using set parameters gained from the successful working model of LAS CRU Team to date and within the distances in kilometres set by the operating criteria. *The data is to identify physical limit preparedness so that the candidate can perform clinical duty on arrival of the emergency call after responsive cycling.*

***Annual Test and Data programme is managed and kept up to date if practicable.***

- 5.4 Cycle Response cycle skill test (administered by a qualified EMS Cyclist Instructor) using set basic balance and control tests. *The results are to identify agility and control so that the candidate can carry out cycle duty safely. In addition a cycle dexterity test may take place.*

- 5.5 Physical Activity Readiness Questionnaire (**PAR-Q**) before start of any EMS Cyclist training. *To identify the wellbeing and if any medical conditions/ problems are present at that time.*

*If the rider answers "yes" to any questions on the PAR-Q or fails the one of the tests; 2.5 km or 1 km test or the cycle skill test he or she has failed on this occasion and can retry in again in twelve months. **The fitness testing is being reviewed through 2017.***

*Recruitment centre example:*

#### **The physical requirement**

The aerobic test: The first part of the physical requirement. Applicants should be in a fit enough condition to be tested on a static bike whilst their heart rate and time is being monitored to achieve a constant 80% of maximum heart rate over a period of approx 6 minutes covering a distance of 2.5km. This is the patrol test.

The anaerobic test: The second part of the physical requirement. Applicants are required to complete a 1km sprint test within the time of approx 2 minutes. This is the sprint test.

These tests will be carried out on your annual fitness assessment if you are successful and have parameters set within a range of ages.

#### **The skills assessments**

There are many skill tests that will be carried out on the same day, these tests are to demonstrate the ability to negotiate various cone courses at slow speed, the ability to handle and control an un-weighted bike without touching the ground with the rider's feet or touching the cones (lock to lock, the offset serpentine & the 10ft box are various exercises). The instructor adjudicating is looking at the rider's skill level and to decide whether the riders standard / skill level is acceptable to go on to further training. 30 minutes.

#### **Cycle road assessment**

You will be expected to ride to a competent level of the National Standards Level 3 for cycling. This is the accepted standard of cycling in the UK and you will be assessed by a cycling instructor. 20 minutes.

#### **Workbook pre read assessment**

You will be need to study in advance of the assessment day the public safety cycling workbook, the pre read document. It has all the information required to enable you to take a short written test which takes 30 minutes. The pass mark is 70%, there are two different test papers.

#### **Cycle maintenance test**

You will be required to undertake a basic cycle maintenance task e.g. removing a wheel, changing a tyre or fixing a puncture. 10 minutes.

If successful you will be eligible to undertake further training with an accredited cycling instructor, ensuring you reach the recognised standard for Advanced EMS cycling. In addition you will be given a maximum of four shifts to get familiarised. EACH team has CRU Induction packs to welcome and have staff get familiar.

## **6. Procedure of Specialist Cycle Training**

6.1 Candidates will be selected from the Personnel Selection and Testing Procedure. They must undergo several training exercises which are administered by a qualified EMS Cyclist Instructor (IPMBA/ PSC standards have been accepted by NCRUG). Initial training: Selected riders must attend and pass at 70% or over the nationally recognised and standardised emergency services cycling course. The Cycle Patrol Certification course consists of a minimum of 32 hours training at International police mountain bike association/ public safety cycling standards (appendix 15). On successful completion further operational assessments will take place under the Solo Responder Assessment & Guidance (appendix 17).

### **Cycle Patrol - all staff**

If successful at the assessment centre candidates will be eligible to undertake further cycle training with an accredited cycling instructor of IPMBA/ Public Safety Cycling standards ensuring the recognised standard is reached. The second part of the physical requirement is completed within this training over the course of 3 days. It is based on ability to maintain an average cycle speed and work performance output over this period. This is called the 'workforce stamina fit test' – averaging 15mph where appropriate. Recertification of fitness and a Bicycle Skill Refresher is carried out annually at your CRU unit and a three yearly requalification is required from 2017. The course has one day of pre read material.

The course covers:

- Written Test
- Bike fit & Safety Check
- Nutrition & Fitness
- Slow Speed Skills
- Group Ride
- Night Patrol
- Obstacle Clearing
- Patrol Skills-staff safety
- Legislation
- EMS specifics
- Endurance of a cyclist 'workforce stamina fit test'

### **Search & Rescue Cycle Responder and Off Road Cycling**

Procedures for selection of personnel and training will differ from cycle patrol. The majority of Search & Rescue (SAR) cyclists may come from a volunteer background so time constraints only allow the fitness test to be undertaken before the course starts. To begin the training process the responder must be able to complete the standard 20m bleep test to Level 8 (Females) and Level 9 (Males) or the agreed NCRUG fitness tests.

The SAR Cycle Responders course will consist of The Off Road / High Terrain Rescue Operations unit (NOCN QJ4/2/MR/007) covered over a minimum of 16 hours and the SAR Safety Cycling for Responders unit (NOCN QJ4/2/MR/003).

An examination will be taken and the candidate must pass both units at 70% or over. The course must be administered by Instructors with a minimum of National Standards Cycling Instructors Award, MIAS Off Road Instructors Award (minimum level 2) or be a qualified Public Safety Cycling Instructor with adequate public/ product liabilities for all in place covering this specific activity.

All SAR Cycle Responders must undertake a 90 minute assessment on an annual basis. The SAR Responder will be required to complete a number of tests under one-to-one supervision with an instructor.

The tests will include up to a 2.5 km response over undulating off road terrain to be completed in 20 minutes or under (approximately as off road conditions are not scientific). A road ride, to and from the off road site, while adhering to the National Standards for Cycling will also be assessed. They must prove competence in a simulated trailside mechanical breakdown situation. And complete a theory re-test of 15 questions to be passed at 80% or above.

The course covers and is not limited to:

- Hazard Perception & Dynamic Risk Assessment in an off road environment
- Selection of correct and appropriate clothing for off road environments
- Weather awareness and the impact upon SAR Cycle Responders
- Terrain awareness and the impact upon SAR Cycle Responders
- Understanding of operations in extreme conditions
- Navigation skills in an off road environment including the use of map and compass, and grid references.
- Search patterns in an off road environment
- Rescue skills in an off road environment
- Casualty protection techniques in an off road environment
- Casualty handling and moving techniques in an off road environment
- Techniques for moving around a variety of terrain surfaces in an off road environment both on foot and on bike.

## **Instructor Training**

The PSC (or IPMBA) Instructors Course is a five day course designed to train and certify qualified people as Police, EMS (inc SAR) or Fire Cyclist Instructors. The Instructor course is also based on many previous emergency services cycling instructor courses and has been developed by a collaboration of UK emergency services by officers in their own time. The course will increase the confidence of the student, increase their knowledge and re-enforce their understanding of the basic principles of Public Safety Cycling, as well as improve their bike handling skills, and communicate their knowledge to others.

Teaching methods include in-class presentations, on-bike drills and peer and self-critiques. Students learn to identify and correct improper technique, how to assist students overcome individual difficulties, and how to incorporate various methods of instruction into the courses. Instructor certification is given upon satisfactory results of written and on-bike tests, as well as evaluated presentations.

It will take your on-bike and classroom instruction skills to a new level of proficiency. The primary goal of the course is to produce highly-qualified instructors who possess in-depth knowledge and outstanding skills as well as the ability to provide expert instruction to riders of all levels of experience. Another equally important goal is to ensure standardisation of instruction. Both of these goals support the ultimate objective of training public safety cyclists to operate safely and effectively under the wide range of conditions and in every type of situation.

The course covers:

- PSC (IPMBA) Cycle Patrol Course Theory & Delivery
- Cycle Drills/ Cone Courses/ Tactics
- Theories of adult learning
- Course Planning & Record Keeping
- All On-Bike manoeuvres
- Road Ride Training up to National Standards (PSC)
- Use of Instructional aids
- Course Safety Considerations
- Instructor certification

This standard has been accepted into guidance of the police cycle patrol policy agreed by the working group of the Association of Chief Police Officers ACPO, City of London Police and many others, National CRU Group NCRUG/ Association of Ambulance Chief Executives AACE, St John Ambulance SJA and National Health Service NHS.

All instructor candidates have to be able to fulfil the application criteria which has been set internationally:

One year full time or two years part time of operational cycle duty.

90% pass rate on cycle patrol course written and cycle skill tests - 32 hrs including pre read.

Provide a positive letter of recommendation from your statutory organisation and evidence of experience.

Be an active qualified member of the statutory or voluntary services currently on cycle duty i.e. Police Officer, EMT/ Paramedic (SAR), PCSO, Fire Brigade personnel or member of St John Ambulance, St Andrews Ambulance or the Red Cross Cycle Response Units.

**To remain a qualified instructor IPMBA rules are followed i.e. within every two years EMS courses must be delivered and the appropriated records kept.**

6.2 All LAS CRU trained staff contact details will be kept on a database for the LAS. Professional body membership (IPMBA) can be obtained.

Documented periodic cycle specific training/ assessment of at least one day every three years from refresher to advanced will be carried out from 2013 as determined by the CRU management team if practicable (appendix 14).

***Recertification of cycling standards will take place every three years from 2017 using the Cycle Patrol Course: Cycle Assessment & Written Tests.***

6.3 Solo Responder Assessments will take place on entry to the CRU during the familiarisation period of up to four shifts and every year by the appropriate clinical team leaders (appendix 17). The familiarisation period can be shared with existing CRU staff if the clinical team leader is not available for the whole period. These assessments can form part of a personal development plan PDP (fitness tests are also annual).

## **7. Procedures for the Delivery of Cycle Response Units**

- 7.1 The **Cycle Response Management team** will oversee: All CRU Operations/ CRU Recruitment & Recruitment Centre/ Cycle Patrol training/ CRU Secondments post training/ Fleet Management/ Cycling Standards/ Cycle Specific Annual Fitness Testing / Cycle Skill Testing/ Standards on equipment and uniform/ CRU HQ stock control & deliveries to each site/ CRU site specific equipment requests/ Implementation of all areas of CRU expansion/ CRU documentation/ CRU logistics i.e. airwave, mobile phones, oxygen/ entonox/ drug bags & pils kits etc and all planned events where official requests to cover have been made. In addition any performance improvement, quality assurance programmes, asset tracking, supply and audit (appendix 10).

EOC dispatch measures must be followed by all staff and regularly checked (appendix 11).

CRU team meetings are to meet twice yearly, regular EOC meetings must be carried out. CRU to report to other working groups when necessary and to report regularly to GM responsible for CRU service wide.

**CRU management must promote the core delivery off the teams through relations with the resource centres and other management teams, in addition must understand are responsible for the management and implementation of the appendices listed.**

**Only CR Manager or above can redeploy CRU staff to respond on other resources.**

- 7.2 Prior to riding a bicycle in an official capacity, candidates selected for duty with the cycle unit must attend and pass the Cycle Patrol/ EMS Cyclist Course. Reasonable accommodations should be made where possible when dealing with scheduling conflicts; however, all newly selected ambulance cyclists shall attend the course within 12 months of selection and only be able to fill secondment opportunities of up to one year as a solo responder (exceptions may be made if no immediate replacement).

Full time posts have been agreed for experienced staff with minimum of 60hrs (6 shifts) of ambulance vehicle work incorporated into the working year to reduce clinical skill decay possibilities. This may appear as planned time within the rota or use of pool shifts (appendix 19). This may also be increased to three months maximum in one block if required. If a full time member of staff fails the fitness tests they have three months to successfully pass it with two more separate attempts. In this time the rider can continue CRU duty to improve fitness. If the re tests are unsuccessful then the CRU management teams will follow the **LAS Performance Capability Process through Human Resources**.

- 7.3 Clinical training should be authorised in accordance with the services Education and Training Department and Medical Directorate. This will be delivered if required by the appropriate in service instructor such as guidelines on the use of appropriate health care pathways and appropriate further clinical training for the environment of any proposed area. Operating and area familiarisation training must be delivered to new team members. All riders who conduct cycle duty should complete at least four familiarisation shifts at the start of the cycling secondment (40 hrs). At Heathrow Airport, this process will take a minimum of eight shifts and to include several updates in regard to airport operations.
- 7.4 Ambulance cyclists ride the minimum number of hours each year, as established by this policy which is currently set at 60hrs (6 shifts). This will be achieved by offering cover for events. Exceptions may be made on CRU trained members, complex management teams i.e. team leaders, duty station officer & ambulance operations managers that are CRU trained. Advanced or update training will be authorised on a case-by case basis if required.

- 7.5 Newly selected riders are provided with the uniform and equipment specified by the unit and should only use these items. This will consist of an approved mountain bike (appendix 7), medical pannier bags (appendix 8), full clothing and protective equipment (appendix 9) chosen and approved by NCRUG. All items should be distributed prior to the start of the EMS Cyclist Course but may be distributed pre secondment, consideration must be given to **seasonal and short secondments – not all items may be provided.**

All cyclists should wear a helmet, gloves and protective eyewear at all times whilst mounted on a bicycle. Protective body armour must also be worn in accordance with local trust policy if standard issue, with a utility belt or vest and pouches for radio, scissors (must not be kept in radio loop on shoulder), cleanser & gloves. Morphine is allowed to be carried in a pouch on the belt or person (providing local trust medical director approval is attained).

The radio & mobile phone must be carried at all times and be durable and have waterproof capabilities or waterproof covers.

- 7.6 Cyclists properly care for their equipment including the **cleaning & lubrication** (wipe down after) of the bicycle, daily if necessary. This is paramount to the working of the bicycle and to the safety of all CRU staff (appendix 20 & COSHH). Any member of staff who has not performed this task will be quality assurance checked and due to the inability to carry out CRU duties a risk posed to others will be identified. Sufficient cleaning/ lubrication/ maintenance supplies are available and the bicycles including medical equipment (e.g. POMS/ CRU/ MRU drug bags and PALS kits, Oxygen/ Entonox etc) are to be stored properly when not in use in a CRU specified area (cabinets combination lock set to ???? ) as the items are specially designed for only CRU/ MRU use. The bicycle storage area is kept orderly, clean and all specified tools and equipment are to be kept locked up when not in use. Radios & phones also stored securely.

- 7.7 A written data base inventory of all service equipment including bicycle fleet and serial numbers are to be maintained and updated by the CRU management team (appendix 23). This will include medical equipment and required servicing. All product information on the bicycle and medical equipment is to be made readily available to all staff at the main base, an **open daily communications book (CRU Diary)** is also to be made available and checked at every site.

**Each member of staff must have an active service e mail account and check it regularly as e mails will be sent to the individual or to the .CRU hubs (split down to CRU sites) or .CRU group as the regular form of communication.**

Each operational callsign must make a note of their daily performance in the CRU Diary and in the CRU Data recording book (appendix 22). Calls dispatched on, calls attended, patients referred to WIC etc and any ambulance vehicle cancellations. Service e - mail is now the main form of communication as it is recorded information. Text must not solely be relied upon but is good communication locally. In all circumstances voice or face to face communication is best practice with written memo as a back up. Normal reporting procedure will be upheld at all times via the Resource Centre and Complex managers (appendix 10).

- 7.8 A Log Book for each vehicle (bicycle) must be maintained daily by the individual who it is assigned to and securely stored as well as all the maintenance and damage reports. Equipment is properly replaced when it is damaged beyond repair. Disciplinary action is initiated if it is deemed that negligence was involved in damage to equipment (appendix 1 to 5). The log book must be signed every upon any use of any bicycle.

If minor damage or failure is sustained during the shift the ambulance cyclist shall notify the CRU management team, log it in the daily reporting book and vehicle log book by the end of the shift and make a note on the fleet board.

If substantial damage to the bike or injury to the rider or a civilian is sustained the rider shall immediately notify the shift duty officer and complete all necessary service documentation. Due to CRU being non motorised there is a lesser need to complete any of the associated forms as the LAS & NHS Litigation Authority will investigate and deal with incident (stated by the legal department). However for best practice complete all appropriate documentation.

- 7.9 A Schedule of Fleet Servicing will be maintained on paper and carried out by the outside maintenance provider in partnership with the unit coordinator/ qualified cycle mechanic under a service level agreement (appendix 6). A data programme in addition is managed.

All maintenance requests and damage reports are assigned to a certified bicycle mechanic within one week of notification. The bicycles are to be repaired in a reasonable amount of time. No longer than 4 weeks is expected on any defect. A running repair service may be sought from local certified cycle shops who have qualified mechanics similar to the service provider with an open 'service order' i.e. Evans Cycles. If practicable and officially agreed.

The 'fleet board' must be regularly updated especially with any faults as well as the log books as this is a legal requirement. If any bicycle is not immediately repairable then another bicycle must be taken.

**All service fleet frame serial numbers are kept in the data base.**

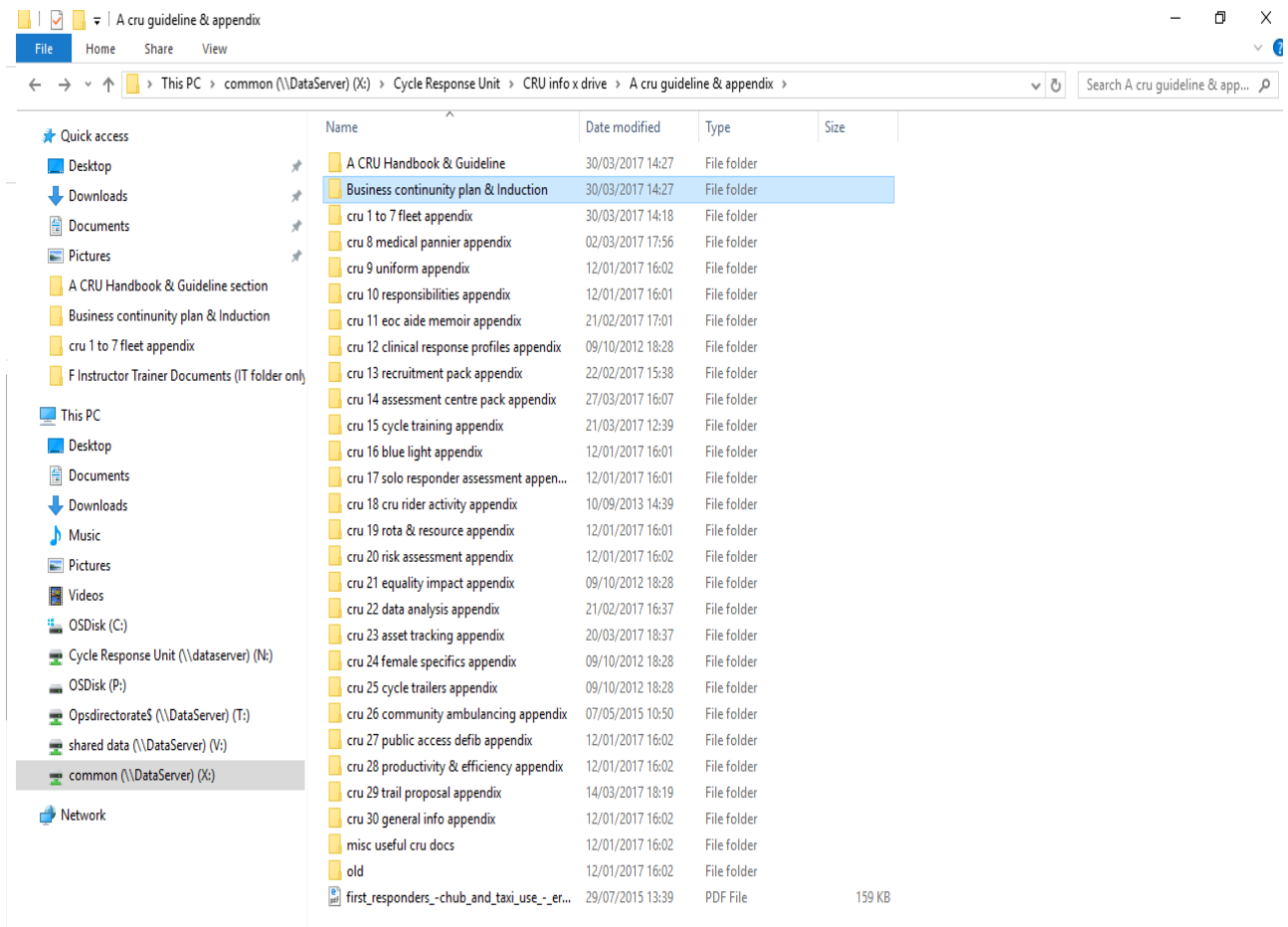
***When not in use all ambulance bicycle equipment and uniform shall be stored and locked in the designated secure area provided, this includes portable radios & mobile phones.***

*Other references:*

**LAS Specific;** TP065 Conduct on the Road Procedure. For other OP, TP, Solo Working, MIU/ WIC guidelines, solo worker/ health & safety and medical policies/ bulletins, please see 'X' drive and the Pulse for all up to date documentation.

**CRU Specific;** This handbook - CRU Handbook, CRU Guideline, Airport section, Appendices x 30, Cycle Response Unit folder on the 'X' drive. The Complete Guide to Public Safety Cycling by Bartlett and Jones. The International Police Mountain Bike Association/ Public Safety Cycling materials including the Fundamental Skills for Public Safety Cycling DVD ([ipmba.org](http://ipmba.org)). The Highway Code & the National Standards for Cycle Training (department of transport).

**Example X drive layout: [..\\..\\A cru guideline & appendix](#) hyperlink**



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