

Contingency, breakdown, surge and diversion

Standard operating procedure (SOP) | PTR-SOP-012

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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S6 (Patient transfers and referrals), criterion S6.28, S6.29, S6.30
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Every vehicle has a breakdown and accident plan.
2. A diversion goes to the nearest appropriate facility.
3. The transport service has a mass casualty and surge plan.
4. Each contingency is tested each year.

Stop and get help straight away if: a vehicle breaks down or crashes and the crew has no plan to follow.

1. Purpose

To keep patients safe when something goes wrong on the road or in the air, and when demand surges (S6.28, S6.29, S6.30).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

When many patients need transport at once, an unplanned response leaves some patients waiting far too long. A surge plan sets who does what and how the service scales up.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Dispatch lead	Owens the contingency plans and the surge plan	Trained dispatcher
Crew lead	Acts on the plan on the road	Trained crew

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Breakdown or accident.	- Make the patient safe, call dispatch and request a replacement vehicle. - Record the event.	Patient first, then the vehicle.
2	Divert.	Divert to the nearest appropriate facility and tell dispatch and the receiver.	Nearest appropriate.
3	Surge.	Follow the mass casualty and surge plan (HOS-PLN-001 adapted for transport) and test it each year.	Tested before needed.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Vehicles with contingency plan on board	100%	Quarterly	Dispatch lead	Escalate to chief executive
Surge plan tested in the last 12 months	100%	Yearly	Dispatch lead	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-PLN-001	Mass-casualty and utility failure plan	Surge
HOS-REG-004	Rehearsal and drill record	Drill

16. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval