

London Ambulance Service NHS Trust - Observer Authorisation Form

Name of Observer	<input type="text"/>
Telephone Number	<input type="text"/>
Address	<input type="text"/>
Date of Birth	<input type="text"/>
Emergency Contact	<input type="text"/>
Call Sign	<input type="text"/>
Date	<input type="text"/>
Observation Times	<input type="text"/>

This authorization and indemnity form should be read and signed by any person wishing to accompany London Ambulance Service staff as an observer on a vehicle:

1. You must bring a copy of the signed authorisation form along with a recognised form of photographic ID (driving licence, passport, NHS ID or similar) with you to the period of observation.
2. Due to the nature of the Ambulance Service it is difficult to predict the type of incident or locations that you will attend. With this in mind you should wear clothing that is practical and yet offers some protection from the elements etc. In particular you should wear footwear that offers protection to the feet and has a non-slip sole. In addition you will be required to wear a reflective tabard that clearly identifies you as an "observer" and appropriate safety equipment during the course of the shift.
3. At all times you must act under the instructions of the crew of the vehicle. This relates to your seating position in the vehicle and whilst at incidents or locations. Contravening these guidelines or instructions given by the crew may result in your observation period being terminated by the crew or authorising officer.
4. At all times you must be supervised by a member of London Ambulance Staff. At no time should you be left alone with a patient, a member of their family, or friend.

5. For your own safety, you should remain seated with seatbelt applied, whilst the vehicle is in motion and comply with the London Ambulance Service no smoking policy as well as other London Ambulance procedures and protocols.
6. At the beginning of the period of observation you should acquaint yourself with the layout of the vehicle and the location of any safety equipment, fire extinguishers etc.
7. During the course of this period of observation you should not attempt to use any items of LAS equipment or offer any treatment to a patient unless asked to do so by the attendant / crew members.
8. You may not disclose any information about patients to a third party under any circumstances.
9. If for operational or patient care related reasons it is not possible to immediately convey you either from the scene of an incident to hospital or from hospital back to an Ambulance Station, the LAS will make every effort to do so, as soon as possible.
10. In the event of the crew being deployed to a known violent incident/ address, or a declared major incident the crew may request you to leave the vehicle at the nearest safe location.
11. Important safety instructions are include in the LAS observers video, which can be found at: https://www.youtube.com/watch?v=D45bEzAX_RE
12. In the event that you are suffering from an unexpected illness or injury on the date of the planned period of observation, it is likely that the observation will need to be cancelled in the interests of staff and patient safety.

1. Declaration

- 1.1 In consideration of you allowing me to accompany and observe your employees, independent contractors or agents during the course of their duties with the London Ambulance Service I hereby irrevocably and unconditionally undertake as follows:
- 1.2 Not to hold you responsible or make any claim against you in respect of any loss, damage or injury arising from the period of observation in the operational environment unless I suffer personal injury or death arising out of your negligence.
- 1.3 I will keep confidential and not disclose any and all information relating to you, your staff, and any of your patients or any other third parties, which I acquire or receive during the course of activities referred to in paragraph 1 or otherwise.
- 1.4 You may terminate my activities referred to in paragraph 1 above at any time, if you consider this to be necessary for the purposes of carrying out your operations, or if I do not comply with any of my obligations under this Authorisation Form.
- 1.5 I will not film, photograph, or record during my period of observation unless approval has been provided by an executive committee member.

It is your responsibility to inform us in advance of any mobility or other impairment in order that the trust can consider any reasonable adjustments to enable a safe period of observation in the operational environment. Please advise below if appropriate

I understand the above obligations, and confirm that I have watched the LAS observers' video and understood its content.

Observer

Signature	
Print Name	
Date (DD/MM/YYYY)	

Authorising Manager

Signature	
Print Name	
Job Title	
Date (DD/MM/YYYY)	

Once completed, the authorising manager must email this form to the relevant scheduling desk in order for the observer's information to be temporarily added to the Trust rostering system