Western Health and Social Care Trust

TRANSFER POLICY FOR NEONATES, INFANTS AND CHILDREN

September 2021

Western Health and Social Care Trust

Title:	**Transfer Policy for Neonates, Infants and Children**		
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Table of Contents

		Page
1.0	**INTRODUCTION/PURPOSE**	**4**
1.1	Background	**4**
1.2	Purpose	**4**
1.3	Objectives	**4**
1.4	Definitions	**5**
2.0	**SCOPE OF THE POLICY**	**5**
3.0	**ROLES/RESPONSIBILITIES**	**5**
3.1	Role of Director of Women & Children	**5**
3.2	The Role of the Consultant / Senior Doctor Requesting Transfer	**6**
3.3	The Role of the Registered Nurse/Midwife in Charge	**7**
3.4	The Team Involved in the Transfer of the acutely ill neonate/infant / child	**7**
3.5	The Role of the Doctor/s Escorting Patient	**8**
3.6	The Role of the Registered Nurse/Midwife Escorting Patient	**8**
4.0	**KEY PRINCIPLES**	
4.1	Flow chart of actions required	**10**
4.2	Communication	**11**
4.3	Parents	**11**
4.4	Ambulance	**12**
4.5	Documentation	**12**
4.6	Infection Control	**13**
4.7	Equipment	**13**
4.8	Governance	**13**
4.9	Transfers undertaken by independent sector	**13**
4.10	Transfers outside Northern Ireland	**14**
5.0	**IMPLEMENTATION**	**14**
6.0	**MONITORING**	**14**
7.0	**CONSULTATION PROCESS**	**14**
8.0	**EQUALITY STATEMENT**	**15**
9.0	**SIGNATORIES**	**15**
10.0	**APPENDICES/ATTACHMENTS**	
Appendix 1.Northern Ireland Paediatric Transfer Form		**16**
Appendix 2 Adult, Paediatric and Neonatal Critical Care Transport Data Set		**20**
Appendix 3. NISTAR Telephone Numbers - Neonatal & Paediatric		**24**
Appendix 4 Single Point of Contact for all Referrals form		**26**
Appendix 5 Guidance on ex-utero Neonatal Transfers (when NISTAR/transfer Team are not available).		**28**
Appendix 6 Emergency And Urgent Transfers(Time-Critical or Retrieval Unavailable)		**34**
Appendix 7 Inter-Hospital Transfer of the Stable/Non-Critically Ill Child		**35**
Appendix 8 Process for organising paediatric care outside of NI		**37**
Appendix 9 Child Requires Treatment in a Specialist Centre Outside Northern Ireland		**39**
Appendix 10. Travel form		**40**

1.0 INTRODUCTION/PURPOSE

1.1 Background

Neonates, infants and children requiring transfer either within the hospital or to a Tertiary centre have specific needs. They are always potentially at risk whenever they are moved out of areas of relative clinical safety. This policy is to be adhered to for any infant or child who requires transfer either within the hospital or to a Tertiary centre or location outside Western Health & Social Care Trust (WHSCT) hospitals.

1.2 Purpose

The purpose of this policy and its supportive documents is to provide a standard Trust wide policy which ensures that all sick neonates, infants and children are transferred safely with minimal risk. It also provides staff with a clear course of action for transferring patients internally and externally out of the Trust. The policy includes the procedure to be followed when considering transferring a critically ill neonate, infant or child, including contacting the appropriate Neonatal or Paediatric Emergency Retrieval Team.

The policy considers the needs of the parent/guardian or carer.

It also covers guidance on measures to employ when a neonate/infant/child needs to be transferred out of Northern Ireland, to either the ROI or the UK mainland. This includes an explanation of how to organise an urgent Extra Contractual Referral when necessary.

1.3 Objectives

The objectives of the policy are:

- To provide a consistent approach to practice and assist medical, nursing and ambulance staff in the safe transfer of neonates, infants and children both within the Hospital and to other hospitals. It is not intended to replace national or regional Paediatric Intensive Care Unit (PICU) or Neonatal transfer guidelines established to manage the care of the critically ill child and the non-emergency/elective transfers.

- To comply with safe transfer guidelines, reduce the risk involved in a transfer.

- To ensure safety for the patient and the welfare of any member of staff involved in escort duties.

- To reduce risk of healthcare associated infections through adherence to Trust Infection Prevention and Control policies and regional guidance (NNNI policy for Testing and Isolation to Prevent Infection (TIPI) in neonatal units, 2015).

- To ensure that there is effective communication with the child or young person and their family/guardian/ carers.

- To ensure that any safeguarding issues have been identified and are highlighted to the hospital taking over care of the child and the transport Team

- To meet professional standards and comply with Health and Safety legislation

1.4 Definitions

Intra Hospital: From one clinical area to another within the hospital
Within the Trust: From a clinical area within one part of the Trust to another.
Externally: From a clinical area within the hospital to another area outside the hospital i.e. Tertiary centre, clinic at another hospital, or the patients home
Tertiary Centre: Specialist Hospital

2.0 SCOPE OF THE POLICY, PROCEDURE, GUIDELINE OR PROTOCOL

This policy applies to all clinical staff who may be involved in the emergency/ non-emergency/ elective transfers of neonates, infants and children; either internally or externally to the Trust

The scope of the policy is Trust wide.

3.0 ROLES/RESPONSIBILITIES

The Chief Executive has an overall duty of care to ensure that all patients are safe and is responsible for ensuring that processes are in place to ensure that all transfers are carried out in a safe manner. This duty of care extends to transfers to and from other Trusts.

When a patient is transferred by WHSCT personnel, the patient remains under the care of WHSCT in transit until care is formally handed over from WHSCT staff to the receiving Trust staff.

If the patient is 'handed over' to a transport team, there is joint responsibility until they leave the WHSCT, but the transport team will have full responsibility during the patients transfer. At the conclusion of the handover to the receiving Trust, they will assume full responsibility for all of the patients care needs. The nurse/ nurse in charge has responsivity for completing the 'Critical Care Transport Data Set' form and sending it to the Manager@ccanni.hscni.net or the Neonatal Network Manager.

3.1 Role of Director of Women & Children

The Director of Women & Children's Services holds governance responsibility for the safe transfer of sick children.

3.2 The Role of the Consultant / Senior Doctor Requesting Transfer

The referring physician assesses and initiates the need for the transfer of the neonate/ infant/child, deciding on the appropriate level of transfer need required

• A Risk Assessment regarding patient transfer should be conducted:

The Assessment
- Acuity of Care should include:
  (this includes any potential needs that could occur during transportation)
- Stability /instability of the condition
- Behavioural Risks and Concerns
- The need for the establishment and securing of appropriate intravenous (or equivalent) lines prior to transport.
- The level of medical and nursing skills required for a safe transfer
- The urgency of the transfer
- The need for time critical transfers e.g. Head Injuries and surgical emergencies
- The availability of NISTAR or independent sector Transport Teams

All patients requiring an escort must be assessed in order to ascertain the level and grade of staff that is required. Some patients may be fit enough to travel using their own transport escorted by a relative. Conversely, a critically ill patient may require a full medical team to undertake the transfer. Children and young people with learning difficulties and confused patients should where possible, have a known carer to accompany them to reduce the risk of unpredictable behaviour. (These decisions can be made jointly with the Nurse in Charge and Northern Ireland Ambulance Service).

A senior Doctor/Nurse should notify the Northern Ireland Specialist Transport and Retrieval Service (NISTAR) when a neonate / infant / child requires transfer for further intensive care management or when a neonate is repatriated to a local Neonatal Unit (See Appendices1-4). A Paediatric/Neonatal Transport Request Telephone Proforma should be completed prior to contacting NISTAR.

However, should the medical condition of a patient be time- critical necessitating an immediate transfer then the Consultant / Senior Doctor must arrange transfer by a local team of competent staff. This will also involve communication with the Nurse in Charge of the area (See Appendix 6).

If anaesthetics are involved, the Consultant in charge must discuss the clinical position with the Consultant Anaesthetist on-call, and both Consultants will be responsible for the clinical decision- making to ensure the safe transfer of the child. They are also responsible for ensuring that the team has the collective relevant skills and competencies for that transfer and that appropriate equipment is used.

3.3 The Role of the Registered Nurse/Midwife in Charge

- The assessment of the need for a nurse escort must be conducted by the registered nurse/midwife in charge; discussed with the consultant requesting patient transfer; and documented in the patient's notes.

- The nurse /midwife in charge must ensure that any incidents are accurately recorded, including completion of the Trust's Datix system.

- The nurse/midwife should ensure that a member of staff is allocated to support the relatives, and ensure that they are regularly updated on the situation.

- The nurse/midwife in charge should ensure that the necessary notes and documentation required are available and are transferred with the patient. This may include photocopying the relevant information and liaising with the referral hospital in order to provide H&C numbers so that they can access the relevant IT systems such as PACS or BadgerNet.

- The nurse/midwife in charge should ensure that the ambulance service have been notified of the need for transfer as soon as it is confirmed.

3.4 The Team Involved in the Transfer of the acutely ill neonate/infant / child

- The team involved in the transfer need to be:

- Trained and competent in care of the acutely ill neonate/infant / child including:
- Airway Management
- Resuscitation
- Inotropic Support if required
- Use and Management of Invasive Lines
- Handling preterm babies who require respiratory support

- Familiar with the equipment they are expected to use

- Familiar with the contents of the Emergency Bag and their usage.

- Familiar with the documentation required for transfer

- When a medical and nursing team are undertaking the transfer, they have joint responsibility for ensuring that the child is carefully monitored and appropriate treat any changes in the patient's condition during the journey.

- Both medical and nursing staff have joint responsibility for ensuring that any safeguarding issues identified are appropriately documented and communicated to the Referral hospital Team and any action plans in place are handed over to the accepting Nurse/Dr

3.5 The Role of the Doctor/s Escorting Patient

- The Doctor/s must have a full knowledge of the patient's condition prior to the transfer and during the transfer journey, and ensure that this is relayed to the referral Team when handing over the care of the patient.

- The Doctor/s should have the necessary skills to maintain stability and treat any changes in the patient's condition during its transportation.

3.6 The Role of the Registered Nurse/Midwife Escorting Patient

- The registered nurse/midwife caring for the patient must have a full knowledge of the patient's condition prior to the transfer and during the transfer journey; when they handover the care of the patient to the referral team.

- The registered nurse/midwife shall 'ensure that no action or omission on his/her part or within his/her sphere of influence is detrimental to the condition or safety of patients/clients'.

- The registered nurse/midwife that is escorting the patient should ensure that all equipment required for the transfer has been checked and is in working order, with sufficient battery power for the journey. All monitoring equipment and Infusion devices should be attached to a secure pole/ or holding device and securely fastened.

- If the patient is prescribed medications, these should be checked against the patient prescription sheet before transfer. Difficult to obtain medications should be transferred with the patient.

- The registered nurse/midwife escorting the patients should ensure that all the necessary documentation/notes have been completed and are collected prior for transfer. this includes the 'Neonate Notification Of Alert Organism Status Transfer Form'

- The registered nurse/midwife escorting the patient during the transfer is responsible for keeping the patient under careful observation to ensure patient stability and safety; to document vital signs as appropriate to the child's condition; to adhere to fluid management requirements- including caring for any infusions and drainage systems in-situ; and to provide an appropriate response to any observed deterioration in condition and to document same in the clinical record.

- The child's property should be placed in a bag ready for transfer and given to the parent /guardian or carer if they are present, (or transferred directly with the child if not present). Any Breastmilk should be transferred with the baby using appropriate cold storage equipment.

- Under the Health and Safety at Work Act 1974, each member of staff must ensure their own personal safety during the escorted journey. This equates to ensuring the same regard for personal safety as when working in the usual place of employment, for example must use seatbelts in the ambulance; disposing of sharps safely; or using appropriate equipment when moving a patient to prevent a back injury.

Where possible the parent/guardian /carer should be present during the transfer of the child. Parents of critically ill children, may be able to accompany them in the ambulance with the retrieval team, providing agreement has been reached. When this is not possible or is not appropriate, the nurse should ensure that the parents are given a route map to the hospital, with the relevant telephone numbers.

This policy cannot cover all eventualities and is designed to set out the key principles and safeguards to help staff and managers

4.0 KEY PRINCIPLES

4.1 Flow chart of actions required

Transferring Area	Receiving Area
Decision made to transfer patient	Decision made to receive patient
Senior Doctor and Nurse/Midwife in Charge risk assess patient for suitability for transfer & document	
Cot / Bed availability confirmed	
Transfer discussed with patient and/or family	
Telephone Referral form completed and relevant patient information (including infection risk) communicated to receiving area. Transfer time agreed? Need for side room	Telephone handover received from transferring area included all relevant patient information. Transfer time agreed. Ask about infection risk? Need for side room
NISTAR required for transfer **Go to Appendix 1 / 2**	
Transfer documentation completed (if applicable), check patient ID in place and correct	
All equipment required for transfer is collected and tested for function. Drug infusions running via pumps must be attached to portable IV poles for transfer and all other drains/catheters appropriately secured.(for infants and children only) Patients with infusions running must have IV Fluid chart completed	Cot / Bed area prepared in line with the clinical need of the patient Assistance given to transferring nurse to settle patient into new environment
All multi professional health care records, investigation results and imaging collected(the H&C should be given to the referral hospital before transfer so imaging can be accessed in a timely manner via PACS)	Patient ID and all accompanying documentation received and checked. Patients with infusions running must have the IV Fluid chart completed by both the transferring and receiving ward nurses
Patient transferred	
Comprehensive handover given to receiving area, using transfer form if applicable	Property checked and received and stored appropriately into local area
Health care records & patient property given to receiving nurse/healthcare professional and checked by transferring and receiving staff(children's ward only).PAS system updated. Transfer form needs handing over and receiving ward sign. Nurse to nurse review. Check can patient Healthcare Record be photocopied and left with receiving Trust.	Full clinical and risk assessment carried out on patient, care planning. Orientate patient to new environment. PAS system updated

4.2 Communication

Preparation and communication are important. Whether the transfer is planned or unplanned, there should be contact between the WHSCT and the receiving Trust before the transfer, to ensure that the patient is expected and the patients care needs have been explained to the receiving Trust.

A decision to transfer should be made by consultants after full assessment and discussion between the referring and receiving hospitals.

It is essential that all information relating to the patient's condition and rationale for transfer, is clearly recorded, using an agreed standardised format for written communication.

Written records should include biographical and introductory information, clinical observations, airway, fluid balance, blood results, drugs used, x-rays, medical history including respiratory function, names of referring and accepting consultants and nursing care records.

For time critical transfers, the ambulance service should not be contacted until both the transferring and receiving teams are satisfied that the patient is ready for transfer. Before transfer, the receiving unit must confirm that it is ready to receive the patient.

The receiving unit should be informed of the estimated time of arrival.

It is good practice that relatives be made aware of the transfer decision as soon as is practicable, where appropriate. If time permits, a member of the transfer team could meet with the family to explain their role in the transfer.

Accompanying documentation must include the patient's history, indications for transfer and a record of the patient's vital signs and status throughout the transfer period.

The transferring ward must inform the receiving ward/department and ambulance control of any relevant Infection Prevention and Control risks.

4.3 Parents

Parents need to be informed about the contact details and whereabouts of the clinical area that their baby/child is going to. Regional hospital information can be obtained via the NISTAR website.

Parents need to be kept informed of decisions being made regarding their baby/child's transfer.

Parents should be told not to lead or follow the ambulance especially if a blue light journey is essential.

Parents should be told that they may be unable to accompany a very ill baby/child in the ambulance due to restricted spaces.

Parent information leaflets are available on Children's Ward Sharepoint
http://sharepoint.westhealth.n-i.nhs.uk/sites/wacs/childUnitwt/PARENT%20INFORMATION/Forms/AllItems.aspx?RootFolder=%2Fsites%2Fwacs%2FchildUnitwt%2FPARENT%20INFORMATION%2FTRANSFERS&FolderCTID=0x01200082DE64A060849549BDDCB7DC0D4F01F0&View=%7BC10858DD%2DF7C8%2D4287%2DBB14%2D74029D995D4F%7D

4.4 Ambulance

Contact ambulance control as soon as decision made to transfer and discuss expected time of departure.
The speed of travel should normally be dictated by patient condition and should generally be maintained at normal or below normal speed to ensure patient and staff safety except in exceptional circumstances.

Patient and staff safety must be paramount once the decision is made to transfer a child.

The child must be appropriately secured for the duration of the journey, harnessed or seat belted onto the trolley.

All staff must wear a seatbelt for the duration of the journey.

The use of blue lights should be discussed by the team and only used if absolutely necessary as the use of them can increase the risk to the entire team and patient.

4.5 Documentation

Written and clear evidence of communication with parents must be documented to cover illness severity, reason for transfer and where the baby/child is being transferred to. *This should be honest and include risks.*

A copy of the original notes must be sent with the patient (children's ward only) and all results should be obtained prior to transfer if time allows. In the event that the original notes are taken to another Trust these must be marked out on PAS, under case note tracking.

Details of all drugs, including loading doses, administered to the baby/child both prior to and during transfer must be clearly documented and form part of the formal handover to the receiving team. A full record of drugs administered must also be brought back to the base hospital.

For critical care transfers the NI Transfer form must be completed and sent with the notes. See Appendix 1

In the event that a local team have to transfer a critical care transfer, the CCaNNI audit form must be completed. See appendix 2.

On completion of transfer and on return to base, it must be documented what (even if nothing) occurred during the transfer. Should there be any untoward event then an incident should be reported on Datix.

4.6 Infection Control

Infection Control guidelines must be adhered to at all times. Relevant personnel must be made aware of the need for isolation precautions i.e. NIAS or the receiving unit. For Neonatal transfers, the 'Neonate Notification Of Alert Organism Status Transfer Form' should be completed and sent to the referral hospital with the baby. Any positive outstanding results should be telephoned immediately to the receiving hospital as soon as results received and a record made in the patients notes.

4.7 Equipment

Equipment required for the transfer should be in good working order. The CCT6 trolley should be used for transfers of all children who have a need for additional equipment. Staff using this equipment must be competent in its use. After transfer it is the responsibility of the transferring personnel to ensure all equipment is decontaminated, returned and stored appropriately.

Neonatal transfers undertaken by local staff should be undertaken by those who are competent in the use of the transport incubator and accompanying equipment.

4.8 Governance

The service should have appropriate arrangements for clinical review of morbidity, mortality, transfers and critical incidents.

There is an individual obligation on all professionals to keep skills and competencies up to date and practised.

There is a team obligation to practise in order to maintain competency.

There is an organisational obligation to ensure that the environment and equipment meet the standards required for the effective delivery of resuscitation and stabilisation.

Data collection, audit and inspection form an essential part of the process of service review and improvement.

4.9 Transfers undertaken by independent sector

NISTAR should always be contacted when a transfer is required, however there may be occasions when NISTAR or local staff are unable to undertake the transfer. NISTAR may contact the independent transfer Team to determine if they are available to do the transfer (see Appendix 3 &4). However, the onus is on the Nurse in Charge to arrange this if this is deemed urgent. (back transfers may be delayed until NISTAR are available). Permission to organise an independent transfer must be obtained from the named Consultant and the Lead Nurse/ HOS. The transfer must be completed to reflect the independent sector has undertaken this transfer.

4.10 Transfers outside Northern Ireland

There may be occasions when babies/children need to be transferred to specialist hospital for on-going care. Neonates are generally transferred to a ROI NICU for continuing intensive care treatment, but may need to go to mainland UK for specific treatment such as ECMO.

Paediatric children may also be transferred to mainland UK if they require specialist treatment or due to lack of PICU beds.

An ECR form 'The Transfer of Patients outside Northern Ireland' should be completed. This needs to be signed by a Consultant and should be returned to the addressed detailed on the form. Appendix???

The parents should also be given a ''Patient Travel Information Leaflet' (appendix ??) and a 'Patient Travel Reimbursement Form' (appendix ?/)

The process for organising this is available in Appendices 8 -10.

4.5 Out of region transfers

There are occasions when an Out of Region transfers are necessary. The following documentation will guide staff on how to organise these:

- Transfer of Patients outside Northern Ireland
- Patient Travel Reimbursement Form
- Patient Travel Information Leaflet

5.0 IMPLEMENTATION

5.1 Dissemination

Ward and Department managers are responsible for ensuring adequate dissemination and implementation of this policy within their own areas. All managers will be aware of the contents of this policy and will ensure that their staff have read and understood the procedures and processes relating to the transfer of patients.
New versions of the policy will be updated on the Trust Intranet site with a summary of all amendments made to the updated version.

6.0 MONITORING

The policy authors are responsible for ensuring that the policy is kept up to date, with reviews being carried out at least once every 3 years, reflecting changes in legislation where necessary. The authors must also ensure that the policy has been screened to establish if it requires a full Impact Assessment to ensure no minority group is discriminated against within the document.

7.0 CONSULTATION PROCESS

This policy has been shared widely with medical and nursing staff from paediatrics and neonatal, membership of the peri-operative group, Director and Assistant Director for

Woman and Childrens healthcare, Clinical Directors for surgery and anaesthetics and Medicine and Emergency care, Medical Director, Service managers for Emergency Departments in both Altnagelvin and SWAH, Senior Theatre technician, Nurse consultant Critical care and Lead Nurse for Nursing Governance. Comments received have been considered and amendments made where applicable.

8.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability Discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the equality screening for this policy, procedure, guideline or protocol is:

Major Impact ❒

Minor Impact ❒

No Impact ☒

9.0 REFERENCES

Mid Essex Hospital Services, 2014, 'Guideline for transferring Children (0-16yrs)', accessed online 6.6.18 @ http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiCjZ-hhL_bAhUpIMAKHRUQDywQFggnMAA&url=http%3A%2F%2Fwww.meht.nhs.uk%2FEasysiteWeb%2Fgetresource.axd%3FAssetID%3D10295%26type%3Dfull%26servicetype%3DAttachment&usg=AOvVaw1QasV0nNlz8H9YVSIyufhL

Warren et al, 2004, 'Guidelines for the inter- and intrahospital transport of critically ill Patients' , Crit Care Med. Vol. 32, No. 1 accessed online 6.6.18 @ http://www.learnicu.org/Docs/Guidelines/Inter-IntrahospitalTransport.pdf

NISTAR website; accessed online 6.6.18@ http://www.belfasttrust.hscni.net/NISTAR%20.htm

Western Health and Social Care Trust

11.0 APPENDICES/ATTACHMENTS

Appendix 1

Northern Ireland Paediatric Transfer Form

Name		Transferring Hospital		DOB	
Hosp No.		Receiving Hospital		Age	
Address		Referring Consultant		Weight	
		Diagnosis		Initial Onset Date & Time	
		GP Name & Address		Admission Date & Time	
Parental Responsibility					
				Transfer Date & Time	
Tel No.		Religion			
		Attended by clergy		Arrival Time	

OBSERVATIONS		On Admission	On Departure						On Arrival
	Time								
	Heart Rate								
	BP								
	Temperature								
	Resp. Rate								
	Saturations								
	Cap. Refill								
	Colour								
	GCS/AVPU								
	Pupils								
	Blood Sugar								

Airway	Self / Oral Airway / Tracheostomy	**If Intubated See Respiratory Section Last Page**

FLUID BALANCE						
	Time of last orals		Naso / Orogastric Tube (yes / no)			
	Arterial line (yes/no, site)		IV lines (list all sites)			
	IV Fluids Insitu					
	Total Intake (Specify others)	Blood	Plasma	Colloid	Oral	
	Total Output	Urine	Aspirate	Drainage	Blood loss	

DRUGS	DRUG	Dose	Route	Time		DRUG	Dose	Route	Time

Western Health and Social Care Trust

Northern Ireland Paediatric Transfer Form

NURSING CARE REQUIREMENTS & ACTIVITY			
	Relevant Social Information: (Name of Social Worker:		
		Nurse Signature	
		Print Name	

TRAVEL	Transfer confirmed with receiving hospital		Parents aware of transfer	
	Ambulance booked		Parents transport arranged	
	Equipment checked		Do they need directions	
	Receiving hospital phoned on departure			

BLOODS & XRAYS	U&E			FBP			ABG										
	Time														Guthrie		
	Na			Hb			pH										
	K			PCV			pCO2										
	Cl			Platelets			Bicarb								Immunisations		
	Ca			WBC			B.E.								Trip. Vaccine		
	Urea						pO2								Men C		
	Creatinine						Sao2								Polio		
	Bilirubin														Hib		
	Glucose														MMR		
	Cultures Sent																
	C-Spine			Skull			Chest			Pelvis				MRI			
	Collar						USS			CT Scan							

RESPIRATORY	ET Tube	Nasal / Oral			Length		
	Time						
	Mode of ventilation						
	FiO2						
	Ventilator Rate						
	Pressure						
	Volume						
	Time I:E						
	Flow						
	Cylinder Air Levels						
	Cylinder O2 Levels						
	Suction						

MEDICAL HISTORY & EXAMINATION			
	Meningococcal Guidelines completed if appropriate		
	MRSA STATUS		
		Doctors Signature	
		Print	

TRANSFER TEAM	Doctor	
	Anaesthetist	
	Nurse	
	Technician	

Produced by the Paediatric Benchmarking Nurses' Group in association with Consultant Paediatric Medical Staff 2001

Appendix 2

Western Health and Social Care Trust

Adult, Paediatric and Neonatal Critical Care Transport Data Set

SECTION 1 *To be completed by Transport Service Co-ordinator*

Date	
Time of request (24 hour clock)	
Requesting clinician (Name and Grade):	
Requesting hospital and department / ward:	

Reason for transfer			
Clinical	☐ Treatment	☐ Investigation	☐ Repatriation
Non Clinical	☐ No ICU in Hospital	☐ No ICU bed	☐ To make bed

SECTION 2 Outcome of request:

Transfer undertaken by

☐ Regional Transfer Service **(Then go to section 4)**

☐ Independent Sector (IS) **(Then go to section 4)**

☐ Local Transfer Team (**Then go to section 5)**

If transfer refused by Transfer Service complete section 3

From:	*Hospital / Ward*	**To:**	*Hospital / Ward*

SECTION 3 Reason for refusal by regional transfer service

Western Health and Social Care Trust

Clinical reason (e.g. does not meet criteria for critical care transport)

Please state reason:

Non-clinical reason

Please state reason:

Completed by Date

Critical Care Transfer Data Set	
Date	
Transfer Details	
SECTION 4 (to be completed by Transfer Service) Departure Time (Transfer Service) Arrival at tranferring hospital to departure Time of ruturn (to base)	 _____ _____ _____
SECTION 5 (to be completed by Local Team) Time ready to depart /NIAS informed Departure time Arrival at receiving hospital Time of ruturn (to base)	 _____ _____ _____ _____
Critical Incident /Learning points Yes / No if yes please give details _____ _____	
SECTION 6 Patient details DOB Age Provisional Diagnosis _____ Speciality _____ Level of Care (please circle) Level 1 Level 2 Level 3 Level 4	

SECTION 7 Escort details	
Transfer undertaken by NISTAR Neonatal ☐ Paediatric ☐ Adult ☐ **Personnel** Grade _____ Grade _____ Grade _____	Transfer not undertaken by NISTAR Independent Sector ☐ Local team ☐ Other (state) ☐
Vehicle ID	

SECTION 8 (to be completed by CCaNNI Office)

Discharge Date

Discharge time

Length of ICU Stay

Comments

Guidelines for completion

A Transfer Data Set MUST be completed for EVERY critical care transfer and all transfers using the Regional Transfer Services

Completed form to be returned to CCaNNI Office as soon as completed (address below)

Forms can either be completed

- manually, scanned and emailed
- manually and posted

Sections to be completed as follows

Section 1	Specialist Transport Services
Section 2	Personnel undertaking transfer using the appropriate box
Section 3	Specialist Transport services to fill out if transfer refused
Section 4	Specialist Transport Services
Section 5	Completed by local team
Section 6	Completed by ALL
Section 7	Completed by ALL (to include details of parent / guardian if accompanying)
Section 8	Completed by CCaNNI Office

Forms to be returned to be returned to

Manager@ccanni.hscni.net or

Network Manager
Critical Care Network N.I.
Back Entrance
Knockbracken Clinic
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Appendix 3. Nistar Telephone Numbers

HSC NISTAR
Northern Ireland Specialist Transport & Retrieval

All referrals can be made 8am-8pm Monday to Friday on **02895040167**.

Out of hours, (Monday to Friday 8pm-8am and on weekends) referrals can be made using the numbers below

Adults

02896150690 or **07740907481**

Paediatric

02896151358, **02896151359** or **02896151360**

Neonatal

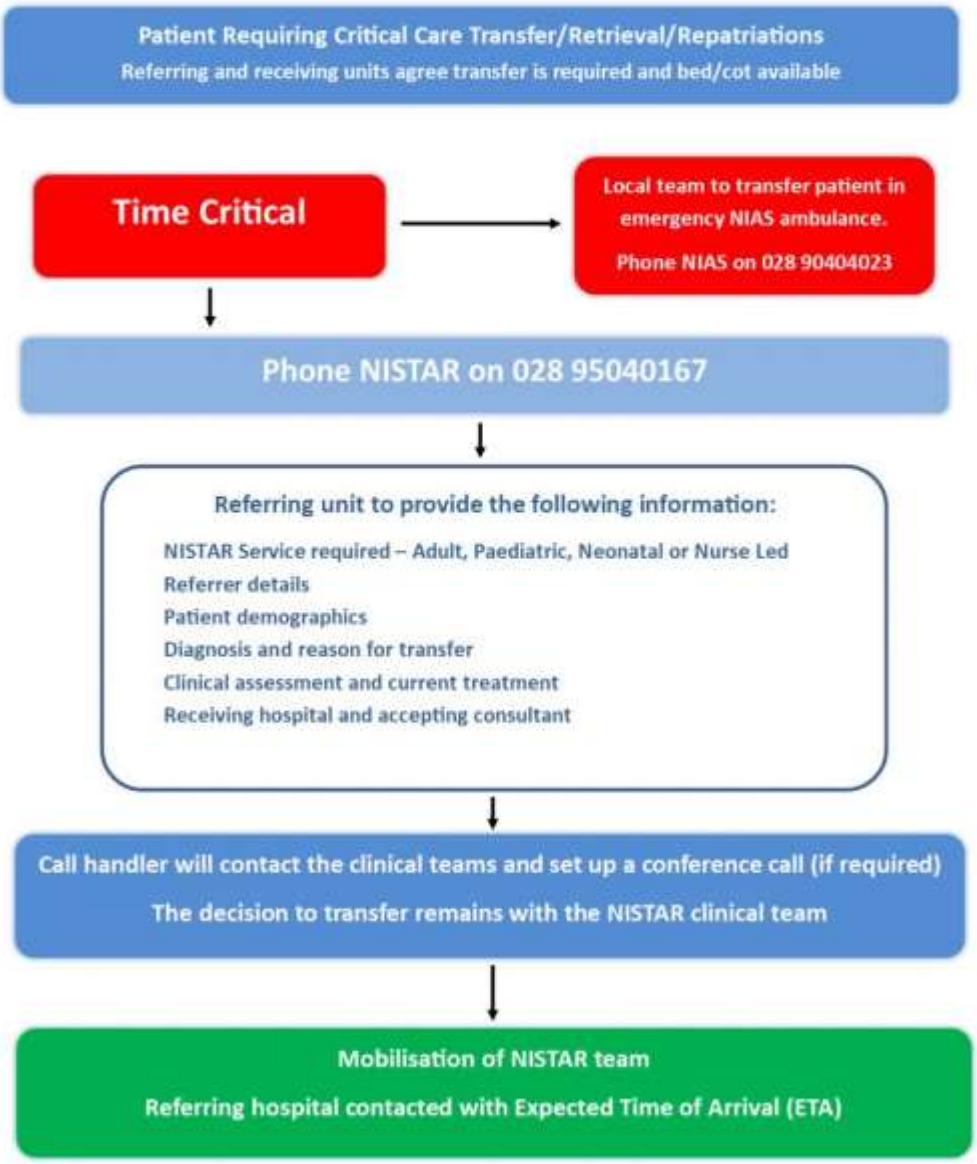
8am- 8pm **07825147266**

8pm- 8am **02890632449** or **02890633466**

Nurse Led

8am – 8pm **07749401483**

HSC NISTAR
Northern Ireland Specialist Transport & Retrieval



Appendix 4 –Single point of contact for all Referrals

SINGLE POINT OF CONTACT FOR ALL REFERRALS

028 9504 0167

HSC NISTAR

Northern Ireland Specialist Transport & Retrieval

DATE | TIME

TRANSFER DATE

Time Critical *YES / NO*

SERVICE

Adults | Paeds | Neonatal | Nurse Led

CONTACT NAME | NUMBER

REFERRING HOSPITAL

REFERRING CONSULTANT

RECEIVING HOSPITAL

RECIEVING CONSULTANT

BED CONFIRMATION BY:

MALE | FEMALE

PATIENT NAME

DOB

H&C

WEIGHT

GESTATION

FEEDS (HOW MANY MLS PER KILO PER DAY

TIME OF LAST FEED

REASON FOR TRANSFER

CLINICAL

BED ISSUES

REPATRIATION

MRI

ROP

INVESTIGATION

TREATMENT

SURGERY

OUTPATIENTS APPOINTMENT

OTHER

PATIENT DIAGNOSIS

INTUBATED AND VENTILATED?

CURRENT TREATMENT/ MEDICATION

OLD CORRIDOR | RVH | GROSVENOR ROAD | BELFAST | BT12 6BA | T: 02895040167 | E: NISTAR@BELFASTTRUST.HSCNI.NET

Western Health and Social Care Trust

HEART RATE	**BLOOD PRESSURE**
GCS	**OXYGEN SATURATIONS**
TEMPERATURE	**RESPIRATORY RATE**
Eco2 (Adults/Paeds)	**BLOOD GLUCOSE**
IV ACCESS	

BLOOD GAS RESULTS

PH *PO2* *PCO2*

B-CCARB *BASE EXCESS* *LACTATE*

Relevant Medical History

TEAM PICK UP

RVH RICU
RJMH NISTAR office | NNU
RBHSC PICU

ADDITIONAL INFORMATION

TIME OF COLLECTION

PARENTS TRAVELLING

YES NO

ALLERGIES

COVID 19 CONTACT OR INFECTIONS

BOOKING REF: TIME:

CALL TAKEN BY

OLD CORRIDOR | RVH | GROSVENOR ROAD | BELFAST | BT12 6BA | T: 02895040167 | E: NISTAR@BELFASTTRUST.HSCNI.NET

Appendix 5
Guidance on ex-utero Neonatal Transfers (when NISTAR/transfer team are not available) and this is a time critical transfer.

The following guidelines are applicable to all staff who have received training in the use of the Neonatal Transport incubator and who are responsible for ensuring the safe and efficient transfer of a baby from one Hospital to another. All Intensive Care trained nurses will also have received additional training in the use of the transport ventilator and will be assessed as competent prior to the transfer of a sick or ventilated baby. Where it is safe to do so, in-utero transfers are preferable to ex-utero transfers and Local obstetric guidelines should be adhered to.

Aim:

To facilitate the safe and efficient transfer of a baby. from one neonatal unit to another neonatal Unit/ department within a hospital
To ensure the neonate receives optimal care and remains stable throughout the journey.
To deliver immediate and appropriate action should the baby become unstable
To ensure effective communication between each hospital prior to and after transfer
To ensure effective communication with the ambulance crew
To ensure all relevant documentation is complete and available at the time of transfer
To ensure that any outstanding results are forwarded in a timely manner.
To ensure that the parents are updated and have received relevant information re: destination hospital.

Types of inter-hospital Transfers

Acute/emergency Intensive care
Non-emergency
Back transfers to local hospital
Specialist outpatients/ clinic appointments

Personnel permitted to undertake Procedure

Depending on the type of transfer, the accompanying nurse should be familiar with the equipment required for that transfer e.g. an unstable or ventilated baby will require an Intensive Care (IC) nurse who has been competency assessed in the use of transport incubator and ventilator.

Acute/Emergency Intensive Care Transfers

Indications

Altnagelvin Area Hospital (AAH)
Extremely premature infant (when considered in the baby's best interest's)
No available IC cots
Baby requires specialised treatment e.g. Nitric oxide/ ECMO
Cardiac conditions (that require specialist care)
Surgical conditions

South West Acute Hospital (SWAH)
In addition to the above:
Babies < 34 weeks gestation
IUGR infants requiring a central line
Babies who require cooling
Any other unstable baby

Prior to transfer

A decision to transfer a baby should be made by the Consultant. Once a decision has been made the destination hospital should be contacted to ensure a cot is available. For babies requiring specialist treatment in a regional unit, NISTAR (Northern Ireland Specialist Transport and Retrieval Service) is contacted to determine the availability of a Transfer and ambulance (during working hours).
If the regional unit is not required, the nurse in charge should review the cot status of each unit in the 'Cot Locator' and determine the most appropriate neonatal unit. All babies > 26 weeks from SWAH should be referred to AAH in the first instance.
When an appropriate cot has been identified, the nurse should ring the Neonatal Unit directly to confirm that the cot is still available and to request the transfer of the baby. Medical staff from each hospital will communicate directly to ensure that the medical details are handed over and it is appropriate to continue to plan for transfer. This discussion will include the need for further treatment and the availability of IA/IV access and what respiratory support the baby is receiving.

NISTAR Transfers

The neonatal staff will be guided by the Transport Team guidelines on the availability of a transport team.

Northern Ireland Ambulance Service (NIAS) Transfers (if no transport team is available)

The nurse in charge will contact NIAS via switchboard and give the relevant details for the transfer. An estimated time of arrival is obtained, so that planning for the transfer can be commenced.

Parents

Parents should be informed and arrangements made for the parents to spend time with their baby prior to transfer. If the mother is unwell, the nurse in charge should speak to the named midwife and if possible arrange for the midwife to accompany the mother to visit in her bed.
A photograph should be taken and available for the parents.
Parents may request to see a clergyman/ spiritual advisor before the transfer.

Documentation

All documentation should be updated and available to take on the transfer. This includes:
a copy of the Badger Admission& discharge summary (Badger should be transferred to receiving unit to allow access to information).

- Copies of ECGS
- Copy of x-ray/CD/ access to PACS

- Latest blood results
- Copies of the notes, observation and Prescription charts.
- Details of all invasive devices such as lines, ETT and NGT
- Details of emergency contact numbers.
- PCHR
- Identity bands
- In addition a list of outstanding blood results and Infection screening results should be noted (for follow-up and reporting at a later date).

Equipment

A transport Incubator checklist is available and should be completed prior to transferring the baby into the incubator. Ensure that the oxygen cylinders are full prior to departure.
The temperature of the incubator should be set according to the needs of the baby e.g. a cooling baby may have the incubator set to minimum, whereas a preterm baby will require a higher level. A temperature probe may be used to deliver servo-controlled temperature.
Monitor alarms should be set to appropriate levels prior to transferring the baby into the incubator.
Safety harnesses are available to ensure that the baby is supported throughout the journey. A rolled up towel/ blanket covered in a soft sheet can be used as a head support.
A Stethoscope should be readily available for emergency use.
The Neopuff / Ambubag should have the correct sized mask available and pressures pre-set for use.
The suction machine is checked and adjusted to ensure the correct pressure for the baby.
The incubator cover should be set aside ready for use immediately on departure.
The identity bands should be checked against the notes immediately prior to departure.

Emergency bag

This should be checked immediately prior to the transfer. A Checklist is available inside the bag.

Fluids & Drugs

All new infusions should be prepared and placed in the syringes, ready for use.
It is appropriate to use the current fluids if they are in syringes as they can be easily transferred to the syringe pumps. Ensure that the fluid is in the correct pump and the rate has been checked by 2 registered nurses.
All drugs should be given according to the prescription chart and it should be documented if they have been omitted during the journey.

Transfer into incubator

The incubator should be brought to the relevant cot space. It should be plugged into the main electrical supply (to conserve battery life).
The gas hoses should be plugged into the cot-space outlets and the ventilation requirements set and confirmed by a Dr, ready for use.
The incubator is prepared to receive the baby:
The harnesses hooked into the incubator holes
A head roll available
The monitor leads and saturation probe at hand.

Sheet/ blanket (if appropriate)
Light on (if necessary)
The Lead person is identified and is responsible for co-ordinating and instructing the others. Immediately prior to the move, the incubator door is opened and one nurse gently lifts the baby whilst the doctor is responsible for the airway during the transfer. The baby should be disconnected from the ventilator during the transfer to avoid dislodging the ETT unless they are receiving Nitrous Oxide. If a third person is available, they will be instructed as appropriate eg.to be responsible for any attachments such as leads and lines.
The consultant may decide to trial the baby on the incubator ventilator prior to transfer. The incubator should be moved into position to accommodate the length of the ventilator tubing, which can then be attached to the baby's ETT (If the baby becomes unstable, corrective measures should be employed).
As soon as the baby is in the incubator, in order to provide the baby with boundaries, the head roll is adjusted to provide additional support. The lines and leads are adjusted to provide ease of access and to ensure that there is no pulling or kinking of lines.
The harnesses are brought to the midline and the Velcro secured. A light blanket may be used, providing there is no umbilical lines present and the chest can be seen continuously.
Baseline observations should be recorded and continuous monitoring of vital signs should be carried out.
The light should be switched on if it is difficult to see the baby. The incubator cover is used to cover/ partially cover the incubator in an effort to reduce noxious stimuli and provide a degree of privacy for the baby.

Immediately prior to leaving the unit

Ensure that the baby is stable in the incubator and collect all the necessary equipment/ documentation prior to the transfer. Allow parents a few moments with their baby.
Ask a colleague to ring the referral hospital to inform them that the ambulance is about to leave (in order to allow them to prepare for the admission)
Inform the ambulance crew that the baby is ready for departure and transfer the oxygen supply from the main sockets to the incubator cylinder supply (automatically defaults when cylinders are switched on). Remove the incubator from the electrical supply to allow the battery supply to take over. The incubator will alarm, and the 'alarm' button should be pressed to stop this.

In ambulance

The ambulance crew will bring the incubator to the ambulance and secure the trolley when inside.
Prior to transferring the power to the ambulance sockets, the ambulance engine should be switched on. Failure to do may result in power failure and malfunctioning of the incubator/ ventilator.
Non-emergency ambulances have one electrical outlet. The invertor which supplies the incubator and ventilator should be plugged into this socket. The other electrical appliances will run on battery power for the duration of the journey (Please ensure that these are checked daily and immediately before using the incubator).
Emergency ambulances have two electrical outlets which means that both invertors can be plugged at the same time.
Ensure that all equipment is in working order before departure

During transfer

Ensure that baby is adequately seen at all times. Observations should be carried out at 30 minute intervals and documented on the observation sheet.
Should the baby become clinically unwell during the journey, ask the ambulance crew to stop the ambulance when it is safe to do so and then take appropriate action.
In the event of a medical emergency it may be necessary to divert to the nearest A&E department. Ask the ambulance crew to telephone the nearest hospital to inform them ahead of arrival.
The consultant paediatrician should be contacted through the hospital switchboard or via mobile phone if advice is needed during transfer. The consultant should be informed of any serious adverse event occurring during transfer and a critical incident reported.

On arrival

On arrival at the receiving unit, the transport doctor gives a detailed handover to the receiving nurse & doctor taking over the care of the baby. Any additional relevant nursing information may then be handed over to the receiving nurse.
In collaboration with the receiving Team, the baby will be transferred into the allocated incubator, making sure that s/he is stable and in a comfortable position.
Complete another set of observations. Ensure that there have no further queries and inform the Team if there are outstanding results.
Switch off oxygen supply in incubator and prepare for return journey. Document the baby's condition during transfer in the medical and nursing notes.

On return to the Neonatal Unit

On return to Neonatal Unit, ensure all documentation is complete and filed, including monthly transfer log and record in ward diary if there are outstanding results which need to be followed up.
The transport incubator should be decontaminated (according to local guidelines) and set up ready for use. The transfer bag should be checked and stocks replenished.
The oxygen cylinders should be checked and changed if supply is low. If the mother is still an inpatient, the nurse should update her.

All other Non-emergency transfers

These include:
Back transfers to a local hospital: For SWAH this may include babies from other hospitals > 32 weeks who require on-going level 3 care (following discussion with medical staff at both hospitals)
Specialist outpatients/ clinic appointments

It is hoped that the NISTAR team would be able to undertake these transfers but there may be occasions when other commitments prevent them from doing so.

On the day of the transfer

Confirm that the baby is well enough for the transfer to take place and that the cot is still available at the receiving hospital.
Inform the parents of the time transfer is anticipated

Prior to Transfer

Prepare for the transfer by ensuring that the documentation and equipment is ready for use (as per instructions above).
If the baby requires oxygen therapy, this can be delivered through the incubator (via the ventilator) or by nasal prongs via a low-flow meter (via an outlet attached to an oxygen cylinder at the base of the trolley).
CPAP may be required (for stable babies) and this can be given via the pink prongs which are attached to the ventilator tubing.
If the baby is receiving IV fluids ensure that these are prepared as per instructions above. If the baby is being enterally fed, ensure that this is not given within one hour of departure (depending on the volume of milk this may be reduced).
Ensure that parents are given an opportunity to spend time with their baby prior to departure. If the parents are not present telephone them to inform them of the departure.
If appropriate, telephone the receiving unit/ department to inform them of the departure (not required for appointments).
Ensure that any stored expressed milk is placed in a cool bag with ice packs and is labelled appropriately.

During transfer and arrival to receiving Neonatal Unit

The same on-going care applies as for emergency transfers

Additional considerations

There may be occasions when AAH NICU staff are asked to undertake and emergency transfer of a baby from SWAH Neonatal Unit or from the Paediatric Unit. The nurse should be familiar with the condition of the baby and the relevant documentation.
Babies requiring cooling
There may be occasions when a baby requiring cooling needs to be transferred from SWAH Neonatal unit. The Consultants in collaboration with nursing staff at both units will discuss which unit should do the transfer. This discussion will also include the immediate care of the baby with regards cooling.
For babies transferred the incubator temperature needs to be set at level which keeps the baby's temperature with the range of 34- 34.5^{O}C. This can be done using the servo-control mode on the Incubator, or by manually reducing the temperature of the incubator. The temperature probe must be securely on the baby in order to achieve this.
The incubator temperature should not be set to 'off'. By switching the temperature 'off', air flow is prevented from circulating throughout the incubator. The minimum temperature of the incubator is 20.3^{O}C.
A user's guide on the use of the transport incubator is available at unit level.

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Appendix 6 **EMERGENCY AND URGENT TRANSFERS**
(Time-Critical or Retrieval Unavailable)

DECISION TO TRANSFER

Consultant Paediatrician

- Resuscitation & stabilisation
- Negotiate PICU Bed
- Liaison with Family
- Designate colleague for travel

Theatre manager

- Immediate access to theatre
- Control numbers in theatre
- Liaise with Technician for Transfer kit (CCT6, bags etc)
- Designate nurse for travel

Consultant Anaesthetist

- Resuscitation & stabilisation
- Invasive monitoring
- Move to transfer equipment
- Direct communication with PICU

CONSULTANT ANESTHETIST

Only when physically ready to leave, ask switchboard for "999". Tell ambulance control that it is a "Time-Critical Transfer" Have the patient name available and your direct line number. Advise that you will be using the CCT6 Trolley and any other special requirements.

UPON CREW'S ARRIVAL

(1) INTRODUCTIONS. (2) SUMMARISE CASE AND INTERVENTIONS. (3) ESTABLISH URGENCY (4) ENSURE CONNECTIVITY (5) ENSURE TEAM SAFETY – SEAT BELTS MUST BE WORN & DO NOT ROUTINELY REQUEST POLICE ESCORT

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Appendix 7
Inter-Hospital Transfer of the Stable/Non-Critically Ill Child

Introduction

Transfer of the stable/non-critically ill child may be electively between hospitals for specialist investigation/treatment or for an outpatient assessment. The transfer of any child must have clear, clinical advantages for the child and conducted as safely as possible. This assumes accurate clinical assessment and grading of the child's condition prior to any transfer

The child with airway or cardiovascular compromise will be transferred by the regional retrieval team NISTAR, or in the event of a time critical transfer the relevant Consultant will risk assess the level of care and personnel required for the safest possible transfer.

Aim

To facilitate the safe transfer of a child from WHSCT to another hospital eg RBHSC, Belfast with as little risk as possible to the child
To communicate with all involved in the transfer process thus ensuring an efficient service
To minimise any potential distress or anxiety caused to the child and their family during this process
To ensure the receiving hospital/department have all the necessary information and documentation they require for the care of the child

Transfer Process

The need for transfer to another hospital/department is established through an assessment carried out by the Consultant of the discipline eg Paediatrician/ Surgeon and the Ward Sister/Nurse in Charge

Bed availability (or appointment time) will be confirmed by the Medical Staff with the receiving hospital. The Nursing Staff will also contact the nurse in charge of the ward or the Bed Manager of the receiving hospital to give them further details.

The child's condition is assessed based on a) currently known or suspected conditions b) PEWS c) potential to deteriorate d) potential interventions during transfer e) medical devices eg NG tube, tracheostomy tube f) patients medical history

Personnel required based on level of need or potential risk, this may be medical, nursing or both. Any personnel who are to accompany the child should be appropriately trained and competent: they should have full knowledge of the child's condition and history. An assessment may determine that the child does not require any accompanying personnel, and that t is appropriate to travel with parents or carers. If personnel have to accompany a child on transfer there should be adequate staff left to ensure safe cover of the Unit/Ward.

The type of transport required for transfer should reflect the child's condition, urgency of transfer and level of care needed. If an Ambulance vehicle is required the Nursing Staff will contact NIAS and request a vehicle, they will provide all the information required to ensure appropriate vehicle and crew arrive. If the child is stable and not at risk of requiring any potential interventions during transfer, then they may travel by car with their parents/carers or by

taxi/volunteer car if no family transport available. This assessment must be carried out by both the nurse in charge and the most senior doctor available and the decision documented in the child's notes.

Parents/ carers must be fully involved in all discussions and decisions on transfer. Parents need to understand the reason for transfer, where their child is going, who will be taking them and who will be looking after them when they arrive at the destination. Consideration will be given to the added stress this puts on family life, and staff will support these parents as much as possible. Where possible a parent or carer should accompany their child during transfer. If parents are taking their child in their own transport, staff should make sure they know where they have to go, at what time and how to get there. Maps and route planners can be of help.

Moving and Handling assessment will identify if any equipment required for the transfer, this may include getting the child to the transport as well as on and off eg wheelchair. Car seats, incubator, trolley or pod may be necessary to ensure safety during transfer by Ambulance. In the event of parents transport being used Nursing Staff must ensure appropriate car seat or restraint in place for child.

Infection Control Guidelines must be adhered to at all times, relevant personnel should be made aware of the need for isolation precautions eg NIAS and the receiving hospital/unit.

Equipment required during transfer should be in working order and checked prior to leaving unit. Electrical equipment should be fully charged and adaptor available for use in ambulance if needed. Staff using this equipment should be competent in its use. After transfer it is the responsibility of the transferring personnel to ensure all equipment is returned, cleaned and stored appropriately.

Medications taken for emergency use on transfer and not needed should be returned to the unit and checked by two registered nurses

Documentation such as medical notes, blood results, observation charts, medicine kardex and other relevant notes required by the receiving hospital should be in place. If Trust personnel are accompanying a child, they may take the notes with them and allow the receiving hospital to see or copy what they feel is necessary. Patient notes will not be left in any other hospital and must be returned intact to the transferring unit. If no Trust personnel are accompanying a child, copies of notes may be made and sent in a sealed envelope with the parents. The NI Paediatric Transfer Form must be completed by both medical and nursing staff and sent with the child on transfer. The child's hospital armband must be checked by two staff prior to leaving for transfer

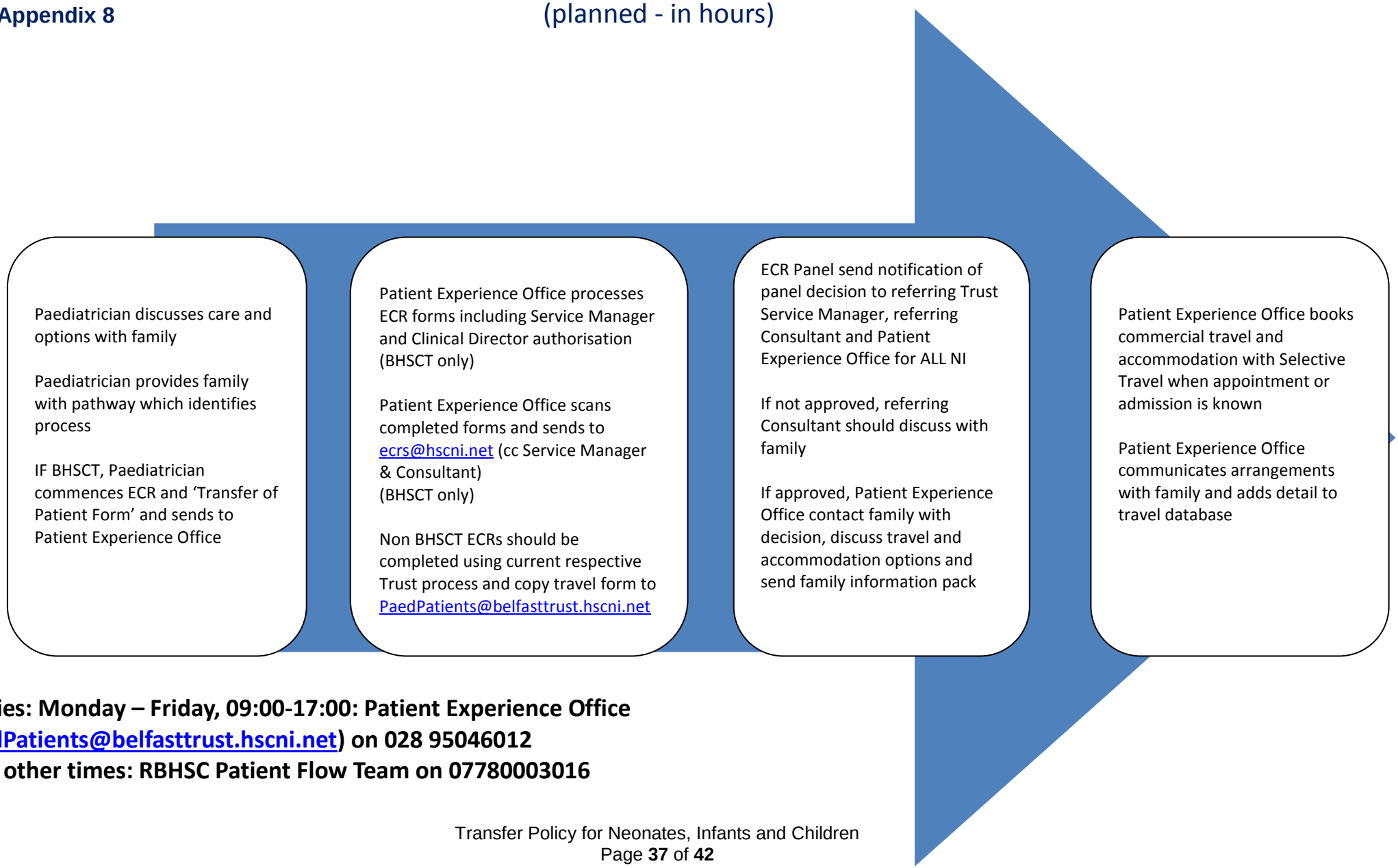
Communication between the requesting and receiving units must be maintained throughout the transfer process. All relevant information must be shared between the units and with the parents. Telephone calls should be made to inform of the child's departure and arrival so both units are aware. If child is to be transferred back at a later date the unit the child is currently an inpatient must arrange the transport but if a nurse is needed one will be provided from the original unit.

This process is in place to ensure the safe, efficient transfer of a child from one hospital setting to another. It will be subject to changes and amendments to suit the specific needs of each child and is therefore only a guide.

Western Health and Social Care Trust

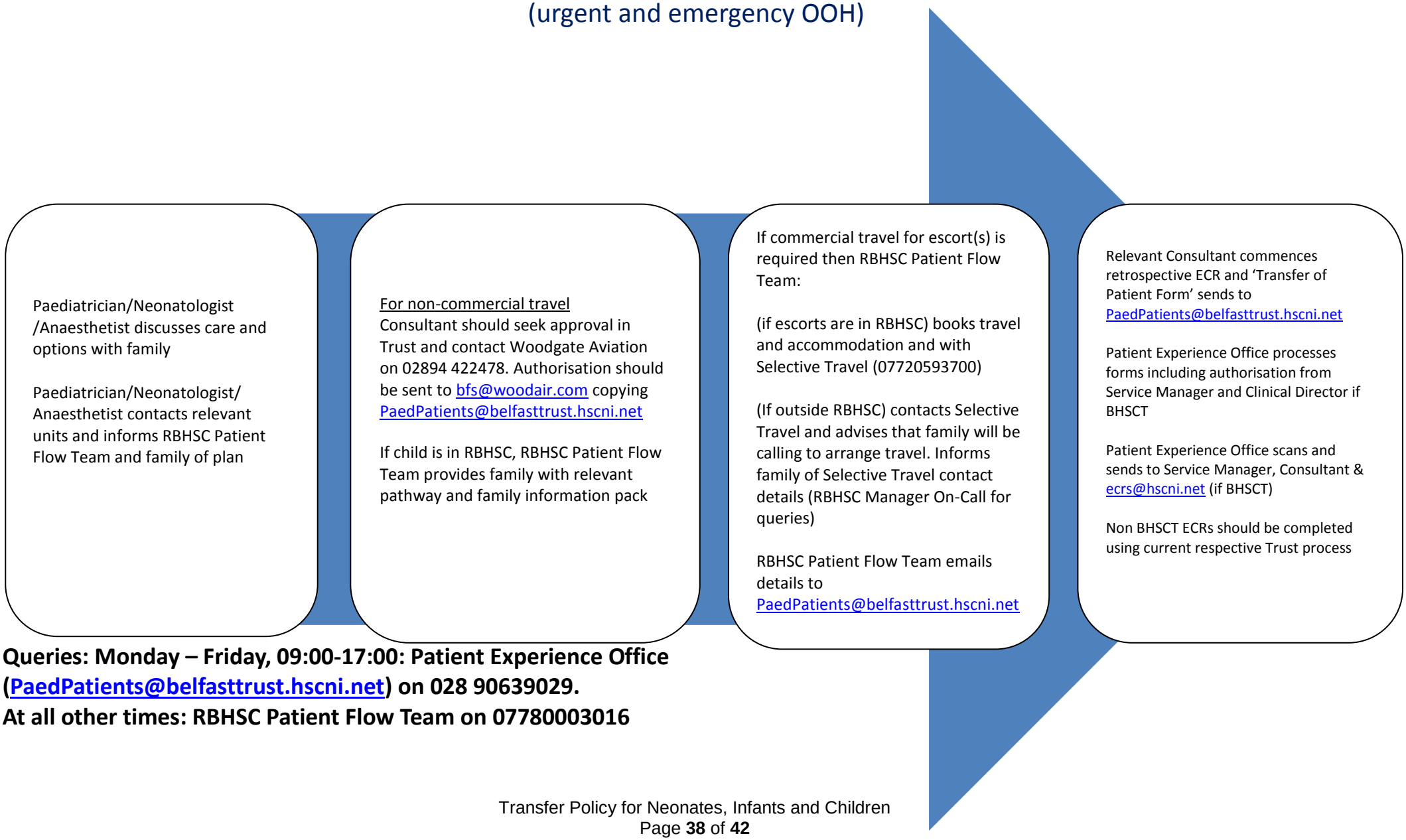
Appendix 8

Process for organising paediatric care outside of NI (planned - in hours)



Queries: Monday – Friday, 09:00-17:00: Patient Experience Office (PaedPatients@belfasttrust.hscni.net) on 028 95046012
At all other times: RBHSC Patient Flow Team on 07780003016

Process for organising paediatric care outside of NI (urgent and emergency OOH)



Queries: Monday – Friday, 09:00-17:00: Patient Experience Office (PaedPatients@belfasttrust.hscni.net) on 028 90639029.
At all other times: RBHSC Patient Flow Team on 07780003016

Western Health and Social Care Trust

Appendix 9

Child Requires Treatment in a Specialist Centre Outside Northern Ireland

Urgent

If Child Able to Transfer on Commercial Flight
Confirm Bed / Cot Availability

9 - 5pm

Contact Joanne Porter on 214755 who will contact Selective Travel to arrange flights for child / parents on 02890442060

Out of Hours

Contact:
Mary McKenna 07833290591
Michelle Bryson 07817934245
who are approved names who can contact Selective Travel Management on 07720593700 to request flights for child / parents

Form ECR001 to Be Completed Retrospectively and Sent to Clinical Director / Clinical Lead and Assistant Director for signatures and Onward Referral to ecrs@hscni.net

If Child Not Fit For Transfer on Commercial Flight

Contact Woodgate on 02894422478

Form ECR001 to Be Completed Retrospectively and Sent to Clinical Director / Clinical Lead and Assistant Director for signatures and Onward Referral to ecrs@hscni.net

Non Urgent

Form ECR001 to Be Completed by Consultant, signed by Clinical Director / Clinical Lead and Assistant Director, Healthcare and forwarded to ecrs@hscni.net

Copies of Form ECR001 are available on the HSCB Intranet on the following link
http://intranet.hscb.hscni.net/documents/IFR_ECR_Process/

Health and Social Care Board

Appendix 10 Transfer of Patients outside Northern Ireland

This form should be completed **IN FULL** and returned under **Confidential** Cover		
To:	**Patient Travel** **Health & Social Care Board** **12-22 Linenhall Street** **BELFAST BT2 8BS**	
Tel No:	**95363242 or Direct Line: 0300 555 0116**	**OR 028 95363034**
Fax No:	**95 363124**	
Email:	patient.travel@hscni.net	
Requests for transfer should reach us at least 7 days before date of transfer. A new form must be submitted for any changes to treatment/travel.		

Patient Name:		DOB:
H&C Number:		Age:
Home Address:		
Postcode:	Tel No:	Mobile:
Is patient ordinarily resident in Northern Ireland:		YES / NO
Referring Consultant:		
Contact Tel No:	Email:	
Secretary name:		
Contact Tel No:	Email:	
Referring Hospital:		
If inpatient - Ward details:		
Specialty/Diagnosis:		
Receiving Consultant:		
Contact Tel No:	Email:	
Secretary name		
Contact Tel No:	Email:	
Receiving Hospital:		
Reason for Transfer:		
Date of Transfer:		
Consultant Recommended Mode of Travel (e.g. Air/Sea):		
Is patient clinically able to use public transport:		YES / NO
Is an escort clinically required:		YES / NO
Number and Name(s) (if known) of Escort(s):		
Please provide **MEDICAL** reasoning if more than one escort required:		
Special Needs* (see notes below):		
Has ECR funding been approved/requested:		YES / NO

I certify that the necessary treatment is not available in Northern Ireland:
(Authorisation for a transfer can **only** be given by a Consultant)

Signed:	**Date:**

* An Air Travel Medi Form **must** be completed if the patient has any special travel requirements e.g. stretcher, wheelchair, oxygen (include oxygen tank make, model & size) etc.

HSC Health and Social Care Board

Patient Travel Reimbursement Form

Patient Details		
Patient Name:		
Patient DoB:		
Patient Address: (include postcode)		
Contact Tel – Home:		
Contact Tel – Mobile:		
Contact – Email Address:		
Name of escort(s):		**Under 5 years**
Treatment Details		
Name of Receiving Hospital Attended:		
Name of Receiving Consultant:		
Name of Local NI/ Referring Hospital Attended:		
Name of Local NI/ Referring Consultant:		
Dates of Travel:	**Outgoing Travel Date** ☐☐/☐☐/☐☐ **Time of outgoing flight** _____	**Incoming Travel Date** ☐☐/☐☐/☐☐ **Time of incoming flight** _____
Dates in Hospital:	**Appointment / Admission Date** ☐☐/☐☐/☐☐	**Discharge Date** ☐☐/☐☐/☐☐

Expenses	Number of	Total Cost (£)	*Official Use Only*

	Receipts?			
Travel receipts (bus / tube / rail / flight / taxi)				
Accommodation				
Mileage @ 0.35 per mile (from 1st Nov 14 - (Public Transport Rate)				
Do you wish to claim subsistence allowance (see below)	**YES**	**No**		
Total Amount (£)				***Approved by***
Subsistence will be calculated based on £15 per person/£5 child under 5 per full day, please note that inpatients will be excluded as their food needs are met in hospital) and added to this claim.				

Payment Details	
Preferred Payment Method: (please tick)	**Cheque** ☐ **Bank Account payment (BACS)** ☐
Cheque Payee Name / Name on Account:	
Bank / Building Society Name:	
Branch Name / Location:	
Sort Code (6 digits):	☐☐ ☐☐ ☐☐
Account Number (8 digits):	☐☐☐☐☐☐☐☐

Appointment letter included ☐ **Receipts included** ☐

I certify that expenses claimed above have been incurred as a result of a referral for Healthcare treatment outside Northern Ireland.

Signed: _____

Date: _____

Please return completed forms to Patient Travel Team, 12/22 Linenhall Street, Belfast, BT2 8BS.
Please note: The HSC Board can only provide reimbursement, upon presentation of (original) receipts, for *reasonable* expenses, for example: public transport and basic grade hotels. *Please keep a copy of all receipts that have been sent into the office.* Failure to submit originals travel receipts or a copy of your appointment letter may result in a delay in the processing of your reimbursement claim.

If you have any doubts regarding whether or not an expense can be reimbursed, please contact the Patient Travel Office 0300 555 0116 for guidance before committing yourself to the expense.