Neonatal Transport Guideline

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<td>Dec 2010</td>
<td>All</td>
<td>Full document review</td>
<td>Dr P Reynolds, Chair Neonatal Clinical Management Group</td>
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<td>Nov 2014</td>
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<td>Full document review and addition of competencies</td>
<td>Dr T Otunla, Lead Clinician, Surrey Neonatal Transport Team</td>
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Original Compilation: Helen Mayes 07/02/2008
Ratified by: Neonatal Clinical Management Group (Chairman’s actions)
Target Audience: Neonatal Transport Staff
Reviewed by: Caroline Cross & Tosin Otunla
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1. INTRODUCTION
Specialised neonatal transport services have evolved as an integral part of the development of managed perinatal networks with centralised regional Neonatal Intensive Care. With this in mind, a designated transport service for London and the South east of England was commissioned. The Surrey Neonatal Transport Service (NTS), based at St Peter’s Hospital forms part of the Kent, Surrey and Sussex (KSS) NTS. The Kent and Sussex teams are based at Medway Hospital and at The Royal Sussex County Hospital, Brighton respectively. The service is supported by the South East Coast Ambulance Service (SECAmb) using dedicated neonatal vehicles. There is also close collaboration with the London NTS based at The Royal London Hospital.
The Emergency Bed Service (EBS) is the central point of contact for neonatal intensive care cot location as well as requesting transport teams for emergencies.
This guideline is written to comply with ASPH Foundation Trust requirements. The operational and clinical aspects of the service are as laid down by the Combined Operations Group (COG) of the London, Kent, Surrey and Sussex Neonatal Transport Service (LKSS NTS Clinical and Operational Guidelines 2007) with modifications as agreed by the SECKSS group.
Operational hours:
The service is run as a 24 hour a day, 7 day a week service, providing emergency (unplanned) and elective (planned) services in parallel. Emergency services always take priority unless there is a baby already on board the ambulance in transit on a planned transfer.
There are two day teams, a ‘Lead’ team covering 08:00-20:00 hours and a second day team covering 10:00 to 22:00. The night team is operational from 20:00 hours to 08:00 hours. The Lead team should take responsibility for the efficient coordination and allocation of transfer requests for the day, ensuring that emergencies and outpatient referrals are prioritised.
Handover is at either 08:00 hours from night team to the lead day team or at 20:00 hours from the Lead team to the night team. All transfers are to be considered up until the end of each shift. The period within the last hour or two of the shift is discretionary and decisions to accept or refuse calls will be made by the consultant based primarily on clinical urgency, location of baby and availability of other transport teams.
When the local team is busy, there is cross cover from the London, Kent or Sussex teams which can be accessed via EBS or the teams directly.

2. PURPOSE
- To ensure appropriate, safe and timely transfer of babies between centres of clinical care
- To ensure effective communication between all involved in the transport process.
- To provide accurate and detailed data & documentation of transport activity in line with network, National Neonatal Transport Group and BAPM standards
3. DUTIES/RESPONSIBILITIES

3.1 DAILY RESPONSIBILITIES OF TRANSPORT TEAM

Identify transport team (doctor, nurse, ambulance personnel)

Take handover from the Night Team or from the Lead Team if we are on nights.

Transport nurse to liaise with nurse in charge of the shift with regards to potential transport activity (elective or emergency).

Contact Emergency Bed Service (EBS);
- Obtain information about any likely transfers
- Give team's availability status (this should be updated during the course of the shift)
- Give information about day’s planned activity

Phone our network hospitals- Frimley Park Hospital (FPH); East Surrey Hospital, Redhill (ESH); and Royal Surrey County Hospital, Guildford (RSCH) to enquire about
- Potential transfers (elective & unplanned)
- Cot availability for back transfers

Contact designated ambulance driver, discuss plan for shift. If no driver availability, contact SECAmb (Chertsey station) once details of any transfers are known. Procedure for this is in the Transport diary.

Check the Transport diary for planned transfers from other hospitals. Liaise with the other NTS team and discuss allocation of any planned transfers- if we are Lead Team, then co-ordinate this.

Check all transport related equipment at the start of the shift. Refer to the checklist in the folder on the transport trolley.

Report or resolve any arising problems with equipment.

Check the emergency bag against the checklist.

Restock where necessary. Ensure drugs and fluids are within their expiry date.

Rotate any stock in the bag that is nearing its expiry date.

Maintain the hygiene of the incubator, clean and damp dust as necessary.

Neonatal Transport Service (NTS) documentation are in the blue folder on transport incubator. Ensure enough of these are available; photocopy more using master copies if necessary.
If no transfers are planned, and all necessary jobs are done, assist on the unit where needed. Transport staff should try not to take on tasks that cannot be left at short notice should an emergency call be received.

If a journey has been undertaken, ensure that all documentation is correctly filed.

Ensure the incubator and equipment is thoroughly cleaned, and restocked with linen.

Replace the ventilator circuit if necessary.

Restock the bag of any equipment used so bag and equipment are set up ready for immediate use.

At the end of the shift, fill in the day's statistics on the activity data sheet.

3.2 EMERGENCY (UNPLANNED) TRANSFERS

Receive call from EBS or referring hospital and note time of request. If from referring hospital, ensure EBS is aware of details.

Establish if transfer is possible and appropriate, and which team is the most appropriate to undertake the job based on geography and current workload

Identify and inform transport team members.

The transport (attending or on call) neonatal consultant must be informed of all transfer activity to give clinical advice and determine safety and appropriateness of transfer.

Commence NTS Audit form.

Ring the referring unit directly for further information. Use NTS referral form to ensure the correct information is gathered and preparation is optimised. A copy of this documentation remains with the baby and one with the transporting team.

Give advice to the Referring Unit when, and if, appropriate.

Brief the transport consultant of details of the transfer.

Collect emergency bag, mobile phone, controlled drugs, and any other drugs that may be needed specific to the transfer to be undertaken.

Ensure complete pack of NTS documentation for Emergency (Unplanned) Transport is ready.

Collect freezer blocks for cool bag if milk is to be moved with the baby.

On leaving the unit, inform EBS of plans, and inform the Referring unit of estimated time of arrival. Use the Transport mobile phone so that a log is kept of all calls.

On arrival at referring hospital, take detailed handover, and stabilise baby (refer to the NTS Clinical Operational Protocols).

Contact SPH NICU transport consultant for advice as required and before moving baby into transport incubator.
Fully complete all relevant documentation, and ensure this is signed by all members of the Transport Team, and the appropriate staff from the referring Unit.

Ensure parents are fully informed, see their baby and photographs are taken. A parent may accompany their baby in the ambulance. Parents making their own way should leave only after departure of the team and baby and must be strongly advised not to try and keep up with the ambulance.

Inform EBS when leaving the referring Unit. Keep the other day transport team updated as to the team whereabouts.

Inform receiving unit before leaving and update them on current condition of the baby and your estimated time of arrival.

Transport baby to receiving unit as per NTS guidelines.

Carry out full observations and any necessary procedures on the baby during transfer and document fully on the NTS paperwork.

Discuss any concerns about baby’s instability or appropriateness of transfer with transport consultant.

If baby is going for specialist care such as cardiac or other surgery, it may be more appropriate to discuss with the receiving unit consultant.

Should problems arise in transit, stop the ambulance when it is safe to do so and then intervene. Update the receiving Unit, and discuss with your transport consultant. In unusual situations, there may be a need to divert to the nearest medical facility or to ask for police presence to ensure safety.

On arrival at the receiving unit, give a detailed team to team handover and check baby’s temperature, gas and glucose preferably prior to transfer out of the transport incubator.

Obtain signatures and names from the appropriate receiving unit staff.

Photocopy documentation, one copy stays with baby in the notes, original goes with the transport team. This is filed and archived.

On return to SPH NICU, complete and file audit form and transport paperwork (See Daily duties).

3.3 ELECTIVE (PLANNED) TRANSFERS

Telephone the referring (if not SPH) and receiving units on the day of the transfer, to ensure the baby is still fit for transfer, and that the cot is still available.

Remind the referring unit to complete all discharge paperwork / Badgernet.

Commence the NTS audit form.

Give all the relevant information to nursing and medical staff over the telephone, so the receiving unit can be prepared for the baby.
Inform the baby’s parents at the earliest possible opportunity of the imminent transfer—either in person if they are resident on the unit or over the telephone if they are at home. If baby not at SPH this will be done by the staff at the referring unit.

Give parents directions if necessary.

If the baby is on the SPH NICU, complete the appropriate repatriation paperwork, photocopy any relevant current charts, including blood results.

Ensure all the transport equipment is ready in case of diversion to an unplanned request. This means carrying appropriate paperwork, the emergency bag, and the controlled drug box.

Take full handover of the baby, and ensure the planned neonatal transfer documentation is completed and signed by all members of the transport team and the appropriate staff from the referring unit. A copy of this documentation remains with the baby and one with the transporting team.

Ensure all the baby’s possessions are collected, including any Expressed Breast Milk (EBM); this should be placed into the cool bag.

Phone the receiving unit prior to the transfer to inform them the team is on its way.

Inform EBS of activity.

Transfer the baby safely.

Hand over the baby at the receiving Unit. Ensure the paperwork is signed by the transport team and the staff at the receiving unit.

Photocopy documentation— one copy stays with the baby in the notes, and the original goes with the transport team.

On return to SPH NICU, complete the audit form, and file in the purple folder. File the transport documentation—this is kept and archived. See daily duties.

4. DISSEMINATION AND IMPLEMENTATION

Twice yearly study day arranged for new transport doctors and nurses. Transport and stabilisation study days arranged for medical and nursing staff from Network hospitals.

Individual training and feedback sessions

Regular training and updates on new equipment.

Transport ‘debriefing and review’ sessions as part of our neonatal morbidity and mortality meetings.

5. MONITORING OF COMPLIANCE

There is an active audit programme looking at quality clinical endpoints as well as documentation issues.

Regular meetings with all members

Our data can now be benchmarked via the BAPM transport data review process. Audit forms analysed as part of KSS service monthly, statistics published by the Network quarterly.

Activity Returns sent to EBS manager and Network manager for analysis.
6. DOCUMENTATION
   All data is recorded on the NTS ratified paperwork- separate forms for emergency and
   elective transfers.
   A copy of this documentation stays with the patient and a copy is kept in the NTS files
   stored as stated below

7. ARCHIVING ARRANGEMENTS
   Old Transport documentation and audit forms are filed and archived in archive room on
   NICU, accessible to staff only.

8. REFERENCES AND BIBLIOGRAPHY

   1. Dataset for neonatal transport (2012) BAPM and UK Neonatal Transport Group
   2. NTS working Group: NTS Clinical and Operational Guidelines 2007