Neonatal Transport Guideline

### Amendments

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In Consultation with: Tosin Otunla, Neonatal Transport Consultant

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Comments on this document to: Helen Mayes
1. INTRODUCTION

From the beginning of specialised Neonatal Care, there has been a need to transport babies between hospitals. With the development of regionalised Neonatal Intensive Care, this has further increased, as In-utero transfers are not always feasible, and often specialist services such as surgery are needed. It is recognised that stabilisation of a baby at birth and prior to transport are key factors in determining the outcome of the baby (NTS Annual Report 2005). With this in mind, a designated Transport service for London and the South east of England was created, to improve Neonatal Care across the region. The teams are divided into London, Kent, Surrey and Sussex, with the Surrey Team being based at St Peter’s Hospital. This policy is written both to comply with the requirements of the NICU at St Peter’s Hospital (SPH) and also in accordance with the guidelines laid down by the London, Kent Surrey and Sussex Neonatal Transport Service (LKSS NTS Clinical and Operational Guidelines 2007)

Operational hours:
Since October 2009, we now run a 24 hour a day, 7 day a week service, running emergency (unplanned) and elective (planned) services in parallel. Emergency services always take priority unless already actively undertaking a planned transfer i.e. baby is already in the ambulance.

Handover is at either 8am when on nights, to the Lead Team, or at 8pm to the night team. All transfers are to be considered up until 06:30 or 18:30, and all transfers after this time are to be considered on their own merit. This period is discretionary and decisions to accept or refuse calls will be made by the consultant.

When the local team is busy, there is cross cover from the London, Kent and 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 documentation of transport activity in line with network and BAPM standards
- To ensure correct use and maintenance of equipment
- To maintain high standards of knowledge and skills by provision of training and effective supervision
- To audit performance and monitor the effectiveness of the service provided
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)
- Potential transfers (elective & unplanned)
- Cot availability for back transfers

Contact designated ambulance driver, discuss plan for shift. If no driver covering shift contact Surrey Ambulance once details of any transfers are known. Procedure for this can be found in the Transport diary.

Check the transport diary for planned transfers from other hospitals. When this is done, liaise with the other day team and decide which team is best placed to undertake 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 purple 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.

Complete sets of planned and unplanned Neonatal Transport Service (NTS) documentation are compiled in the purple folder. Ensure enough of these are available; photocopy more using master copies if necessary.

If a journey is expected, prepare a parent pack, and print off directions to the receiving hospital from the NTS Flash drive.
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 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 documentation ‘Preparation for Emergency Transfer’ kept by telephones at reception to ensure the correct information is gathered and preparation is optimised. Referring units also have this document, so the information should be readily available to give a more comprehensive picture of the transfer to be undertaken. 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 attending 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; and that a parent pack is prepared with directions, and the receiving unit information downloaded from the flash drive.

Collect cool bag and freezer blocks 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. This can be done by the team, or by the Ward Clerk if available.

On arrival at referring hospital, take detailed handover, and stabilise baby (refer to the NTS Clinical Operational Protocols).
Contact SPH NICU attending consultant for advice as required and before leaving the referring unit.

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 see their baby and photographs are taken. Parents are not to accompany baby in the ambulance and should be strongly advised not to try and keep up with the ambulance as per NTS guidelines.

Inform EBS when leaving referring Unit. Keep the 2nd 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 attending 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 SPH attending 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 / SEND.

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.

Handover 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.
 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
 Copy of Audit forms sent to Sussex Transport consultant for statistics every month, statistics released to the Network quarterly.
 Copy of Activity Returns sent to EBS manager and Network manager for statistics
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. Data is also recorded on a Trust ‘Safestick’

8. REFERENCES AND BIBLIOGRAPHY
NTS working Group: NTS Clinical and Operational Guidelines 2007
Jenkings, K: (2005) NTS Annual report 04-05