

# TRANSFER AND TRANSPORT OF PATIENTS WITHIN SCHN HOSPITALS

## PROCEDURE®

### DOCUMENT SUMMARY/KEY POINTS

- This document outlines general principles of **internal transfer and transport** of infants and children within the **individual hospital campuses** of SCHN (SCH and CHW).
- **External transfers** into and out of SCHN facilities will be covered in the Admission policy and the external transfer and transport policy [in draft].

### CHANGE SUMMARY

- Individual facility-specific patient transfer and transport policies have been superseded by this SCHN Policy.

### READ ACKNOWLEDGEMENT

- AHNMS, Bed Managers, NUMS and clinical staff are to read and acknowledge they understand the contents of this document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> August 2015	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Nurse Managers	<b>Area/Dept:</b> Patient Flow [SCH & CHW]

## 1 Introduction

The Sydney Children's Hospital Network (SCHN), (incorporating The Children's Hospital at Westmead, (CHW) and Sydney Children's Hospital, (SCH), campuses), aims to facilitate equitable patient access to appropriate health care through effective resource management. Safe and efficient transport and transfer of patients, within the facilities of SCHN is a priority.

Children requiring care should be transferred and transported in a manner sensitive to both the patients and families wellbeing, with patient safety being the utmost priority.

This procedural guideline aims to facilitate consistency in the SCHN approach across both campuses to transferring and transporting infants and children internally within the facilities of SCHN.

### **Definitions:**

- **Transferring** is defined as the process of moving a patient from one location to another. For example, from one campus to the other, one ward to another, one department to another, from the network to another health care facility etc.
- **Transporting** is defined as the mode by which the patient is transferred. For example, ambulance, car, trolley, wheelchair, etc.

## 2 General Principles

- Work, health and safety (WHS) requirements must be observed at all times when transporting and transferring neonates, infants and children, within the SCHN.
- All patients requiring transfer to other departments within both CHW and SCH must be assessed prior to transfer to ensure they are clinically stable and not at risk of experiencing an adverse event either during transport or whilst in another department.
- Patients that are to be transported are to be assessed to the level of escort that is required.
- Parents/caregivers/guardians are to be informed where possible, prior to the transfer and transport of a patient to another ward or department.
- Patients are to be transported between areas in a safe and timely manner.
- Patients being transported in a bed or cot should be accompanied by a porter.
- Patients who are being transported on a trolley, bed or cot, must have the cot sides up and the bedhead and footboard in situ.
- Patients who are being transported in a hospital stroller must be buckled in using a five point harness.
- Patients who are being transported in a wheelchair should be strapped in if required or maybe held by their parent/carer in the wheelchair.

- Nurses should not carry children. However, parents may carry their child, if it does not compromise the safety of the child. Older children may choose to walk.
- All equipment necessary for the patient during transport must be secured to the bed, cot or IV pole in order to prevent injury occurring to the patient or others accompanying them.
- The patient's clinical progress notes should accompany the patient when transferring to another ward or department.
- All patients who are infectious must be transported according to infection control principles and those escorting them attired in the applicable personal protective equipment (PPE). Communication regarding a patient's infectious status must occur prior to the transfer of the patient to another ward or department.
- Patients who are receiving continuous cytotoxic IV infusions should ideally not be transported through the hospital. In an emergency situation, nursing staff should first check with medical staff if the cytotoxic infusion can be ceased prior to transport. In the instance where it must be continued, every effort should be made to have a cytotoxic accredited registered nurse accompany the patient. A cytotoxic spill kit must accompany the patient.
- All patients transferring to another ward or department must be accompanied by an appropriately accredited nurse escort in the following circumstances:

Clinical Circumstance	Escort required
Intravenous therapy or blood product in progress	EN or RN
Sedation has been administered	EN or RN
Epidural infusion in situ	RN
Extrapleural catheter in situ	EN or RN
Premedication has been administered	EN or RN
Tracheostomy in situ	AIN, EN or RN
Chest tube in situ	EN or RN
Opiate infusion in progress	RN
Oxygen therapy in progress	EN or RN
Spinal precautions in place	EN or RN
Non-invasive ventilation or ventilation via an established tracheostomy	AIN, EN or RN

Patients falling outside of these criteria may be appropriately accompanied by an AIN or their parent/guardian/caregiver. Discussion should occur with the team leader and/or NUM prior to this decision being made.

### 3 Transfer and Transport of Critically Ill or Potentially Unstable Infants and Children

- Should a patient at risk of clinical deterioration require transfer between ward areas then **the appropriate personnel and equipment should accompany the patient** during transport.
- If a patient is medically unstable but requires transfer to another department for diagnostic purposes, for example to medical imaging, the medical and nursing staff responsible for the patient's care must liaise to determine the method of transport that will maximise the safety of the patient and the timeliness of the transfer. Consideration should be given to the need for a medical, nurse practitioner or anaesthetic escort.
- If a patient is medically unstable and requires transfer, the following conditions **must** be met:
  - The staff member/s escorting the patient has the required skills to effectively manage any deterioration in the patient's condition, either en route or within the other department.
  - The patient is transported in a cot or bed to facilitate appropriate observation and the transport of necessary equipment.
  - The appropriate monitoring and emergency equipment accompanies the patient during transport.

**NB:** It is of the utmost importance that transportation of the critically ill child is facilitated with particular emphasis placed upon safety and timeliness. Appropriate staff must accompany the child at all times and adequate monitoring and equipment must be in progress and available at all times.

- For **transport or transfer of the intensive care patient**, refer to:
  - **At SCH:**
    - **Internal Transport: Ventilated CICU Patients to Medical Imaging, Operating Theatres and Other Areas- SCH:**  
<http://chw.schn.health.nsw.gov.au/o/documents/policies/guidelines/2013-1023.pdf>
  - **At CHW:**
    - **Discharge of Patients from PICU:**  
<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2007-0019.pdf>.

## **4 Transfer and Transport of Medically Stable Infants and Children with an Artificial Airway and/or Requiring Ventilation**

This information applies to the transfer and transport of children with either a tracheostomy or a nasopharyngeal airway in situ across the SCHN. Ventilated children in this context are ventilated long term via either a tracheostomy or via facial or nasal mask.

- For any child with an artificial airway in situ, spare equipment, including replacement tubes, must be with the child at all times.
- The child must be escorted by an adult who has undergone the appropriate level of training to safely and effectively manage any adverse events involving the child's airway and/or ventilation.
- The appropriate escort is determined by the need to ensure the child's safety and falls into the following categories:
  - i. A child who has an artificial airway and whose parent/guardian has been fully trained in their care may take responsibility during transfer/transport.
  - ii. In the absence of a fully trained parent/guardian, a RN, EN, AIN who has completed the appropriate training and been deemed competent must accompany the child during transfer/transport.
  - iii. If patient is not stable then a RN who has completed the appropriate training and been deemed competent must accompany the child during transfer/transport.

## 5 Guidelines for Severely Immunocompromised Patients

- Patients who have recently undergone a stem cell transplant (in the previous 3 months) or solid organ transplant should wear a mask whilst being transported throughout the hospital.
- If the patient is too young to wear a mask, he/she may be carried by a parent/carer as close to their body as possible. An alternative method of transport is to have patient sit in his/her stroller and cover with a plastic rain cover or a sun screen cover.
- If patient is being transferred to CICU/operating theatre/radiology due to a sudden deterioration in condition, all patients should be moved on a bed/trolley without any mask/covers in order for RN/MO to continually monitor patient.
- Do not enter a lift with the patient if there are already other people in the lift. If the lift stops at another floor, ask the people waiting to refrain from entering it.
- Walk briskly through the corridors whilst transporting the patient.
- Do not transport the patient through an area of the hospital where there is construction work. This includes areas where ceiling panels have been removed and/or are missing.
- If transporting to Medical Imaging, CT, Nuclear Medicine, Radiation Oncology, Operating theatre etc., ensure that patient is not asked to wait in general waiting area with other hospital patients/visitors/staff. The patient must wait in a separate room. Alert the department prior to your arrival that the patient must be in protective isolation at all times.

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