ESCORT AND TRANSFER POLICY ADULT PATIENTS

POLICY

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CONTENTS

1.0 INTRODUCTION

This policy has been written to standardise inter-hospital transfers and the types of escorts required to perform this task for Sherwood Forest Hospitals NHS Foundation Trust **in regard to adult patients only**; ensuring patients are appropriately assessed, that the correct escort provision is provided for the effective risk management and care for the patient during transfer within Sherwood Forest Hospitals. It will support the delegation of this task, giving clear guidance to staff when making decisions regarding the type of escort required for their patients.

For the transfer of patients between Sherwood Forest Hospitals Newark site and Kingsmill Hospital please see:

- Transfer of Inpatients on Sconce Ward Newark Hospital to Kings Mill Hospital SOP
- Emergency Transfer of the acutely unwell adult from Newark Surgery SOP
- Emergency Transfer of the acutely unwell adult/ child from Newark Urgent Care SOP
- Castle Ward Operational Policy – Newark Hospital
- Observation and Escalation Policy for Adult Patients

It is important to note that the Trust has multiple area specific transfer policies to ensure the individual clinical needs of the patient are safely and appropriately met. Therefore, please ensure you are following the correct guideline/ SOP/ Policy based on your patient's clinical need:

- Escort and transfer policy for adult in-patients (this Policy) – includes guidance on the transfer of adult patients within Kingsmill Site ONLY as well as specific guidance for ED, Theatre and Radiology transfers.
- Non-Urgent Transfer from Newark Urgent Treatment Centre SOP
- East Midlands Critical Care Network Admission, Operational Discharge and Transfer Policy
- Maternal Transfer by Ambulance Guideline
- Neonatal Transfer for the Maternity Unit to the Neonatal Unit Guideline
- Paediatric Transfer SOP
- Adult Critical Unit Operational Policy

All other Healthcare disciplines should refer to the associated policies and their own professional codes of conduct, competencies and guidance when participating in the escort and transfer of adult patients.

2.0 POLICY STATEMENT

This policy will:

- ensure that care continues with minimal interruption and risk.
- Outline the responsibilities of all staff members involved in the patient transfer including documentation within the nursing component of the patient's health record.

This policy specifically outlines transfers from:

- The Emergency Department / Same Day Emergency Care (SDEC) to Assessment areas / Units / Base wards / Diagnostic Facilities.
- Assessment Areas to Base wards / Units / Base Wards / Units/ Diagnostic Facilities/ Theatres.
- Transfer between Sherwood Forest Hospital sites.
- Post Operative Transfer of Patients from the Operating Theatres to another area of Care.

Staff group(s)

This policy refers to the practice of all Sherwood Forest Hospitals NHS Foundation Trust staff and staff employed through other agencies working on a temporary basis for the Trust who are involved in any aspect of escorting and transferring adult patients.

Clinical area(s)

All adult clinical areas across all hospital sites including but not exclusively:

- Inpatient wards including Integrated Critical Care Unit and Discharge Lounge
- Emergency Department (ED) KMH and Same Day Emergency Care (SDEC)
- Assessment Areas
- Day Case Unit
- Operating Departments including Recovery
- Maternity
- All other clinical areas involved in the care of adult inpatients and ED attendees such as diagnostic facilities e.g., Radiology, Cardiac Catheter Suite, Endoscopy, Kings Treatment Centre.
- Outpatients

Patient group(s)

This policy applies to all adult in-patients and ED adult attendees within Sherwood Forest Hospitals NHS Foundation Trust.

Exclusions

- Children and young people (Please see Paediatric Transfer SOP)
- Intra-Hospital Transfer from Newark; Please see:
    - Transfer of Inpatients on Sconce Ward Newark Hospital to Kings Mill Hospital SOP
    - Emergency Transfer of the acutely unwell adult from Newark Surgery SOP
    - Emergency Transfer of the acutely unwell adult/ child from Newark Urgent Care SOP
    - Criteria for the Acceptance of Patients for the transfer to Newark Hospitals SOP
    - Castle Ward Operational Policy – Newark Hospital

3.0 OVERARCHING DEFINITIONS/ ABBREVIATIONS

An Escort is:

- Any member of staff who is involved with escorting patients between wards and departments within the hospital environment and/ or transferring patients to other hospitals/ healthcare providers.
- The escort must have the relevant knowledge and skills to provide a high standard of care during the transfer to ensure patient safety is not compromised.
- Dependant on the level of escort required this can be either a registered or non-registered staff member. Assessment for level of escort must be performed by the Registered Nurse, Midwife and Nursing Associate utilising the information within this policy.
- Non–registered staff members refers to Medical Support Workers, Emergency Care Support Workers, Nursing Apprentices, Apprentice Operating Department Practitioners, Healthcare Assistants and Hospital at Night Support Workers, Student Nursing Associates, Student Nurses who are working under the supervision of a Registered Nurse who is recorded as competent on Trust systems, Health Care Support Workers, Theatre Support Workers, Theatre Escorts, Assistant Practitioners.

ED	Emergency Department
EAU	Emergency Assessment Unit
KMH	Kings Mill Hospital
NH	Newark Hospital
UTC	Urgent Treatment Centre
ODP	Operating Department Practitioner
NEWS	National Early Warning Score
TTO'S	(Medications) To Take Out
SAU	Surgical Admissions Unit
MEWS	Maternal Early Warning Score (Used within Midwifery Services)
SDEC	Same Day Emergency Care
Intra Hospital Transfer	Means to transfer within one hospital site
Inter Hospital Transfer	Means to transfer between different hospitals / healthcare providers.

4.0 ASSESSMENT CRITERIA FOR PATIENTS LEVEL OF CARE

All patients categorised as level 1, 2 and 3 as defined below will require escort by a Registered Nurse, Midwife and Nursing Associate with the appropriate monitoring equipment. All patients should be assessed prior to transfer, and if their clinical signs indicate a risk of deterioration during the transfer a Registered Nurse, Midwife and Nursing Associate must always act as the escort. This assessment must consider the patients observations taken within the last three hours (Appendix 2).

- **Level 0** Patients whose needs can be met through normal ward care in an acute hospital.
- **Level 1** Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.
- **Level 2** Patients requiring more detailed observation or intervention including support from a single failing organ system or post – operative care and those "stepping down" from higher levels of care.
- **Level 3** Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. The level includes all complex patients requiring support for a multi – organ failure.

(Intensive Care Society (2009))

5.0 ROLES AND RESPONSIBILITIES

5.1 **Directors and Matrons**

The Service Directors and the Matrons will have the responsibility to ensure this policy is followed in clinical areas.

5.2 **Divisional Director of Nursing**

The Divisional Director of Nursing will be responsible for monitoring compliance of this policy and reporting findings through the Divisional Governance Forums.

5.3 **Registered Healthcare Professionals**

All Registered Nurse's, Midwives and Nursing Associates have ultimate responsibility and accountability for assessing patients for transfer, and identifying the appropriate escort and method of transport which should be recorded in the Nursing Documentation/ Accountability Handover Sheet/Digitally where appropriate.

Assessment of the patient to be transferred must only be performed by the following staff groups: -

- Registered Nurses
- Registered Midwives
- Nursing Associates
- Allied Health Professionals

All other Healthcare disciplines should refer to the associated policies and their own professional codes of conduct, competencies and guidance when participating in the escort and transfer of adult patients.

Using the Assessment Criteria for Patients Level of Care above in section 4 and Appendix 2 of this policy, a decision will be made as to which member of staff can safely escort the patient (Theatre staff must utilise Appendix 3).

Before delegating the escorting of a level 0 patient to a non-registered staff member, the Registered Nurse, Midwife and Nursing Associate should consider the following:

A. Airway
B. Breathing
C. Circulation
D. Disability - Drugs, including under / over-dosing with infusion therapies and with special attention to Opioids and to those drugs with respiratory or cardiac side-effects.
E. Exposure

The Registered Nurse, Midwife and Nursing Associate must ensure that any non-registered staff member who has been delegated to is recorded as competent on Trust systems. Health Care Support Workers must have completed the Escort training on Induction, completed the competency assessment documentation, and have been assessed as competent by a Registered Nurse, Midwife and Nursing Associate.

If a patient is being transferred without a Registered Nurse, Midwife and Nursing Associate (or without an escort for example stable patients to x-ray/ Kings Treatment Centre) the Registered Nurse, Midwife and Nursing Associate must telephone the receiving area to verbally handover the patient's care needs before the patient leaves for transfer. The Registered Nurse, Midwife or Nursing Associate remains accountable and responsible for the care of the patient during the transfer.

The Registered Nurse, Midwife and Nursing Associate will follow all aspects of this policy.

5.4 **Porters**
Porters will assist with the physical transportation of the patient from one area to another in accordance with Appendix 2 of this Policy. Porters should not transfer an unstable patient (NEWS above 4 (MEWS above 3) or a single observation scoring 3 in 1 parameter) without the presence of a Registered Nurse, Midwife and Nursing Associate. If transferring the patient via a bed, 2 persons or a bed mover device must be used.

5.5 **Theatre Escorts and Orderlies**
When assisting with the physical transportation of a patient before surgery i.e. to the operating theatres will utilise the guidance in Appendix 2.

When returning the patient to the ward area following surgery Appendix 3 must be utilised.

5.6 Registered Nurse, Midwife and Nursing Associate
Registered Nurse, Midwife and Nursing Associates will only transfer patients if they have completed and are recorded on Trust systems as competent, the Registered Professional Escort and Transfer self-assessment competency tool. Health Care Support Worker escorts must complete the Escort of an Adult Patient Training on the Clinical Induction Programme, and following this must complete the Escort and Transfer of Adult Patients competency document and be recorded as competent on Trust systems. Non-registered staff should not transfer an unstable patient without the presence of a Registered Nurse, Midwife or Nursing Associate.

5.7 **The Escort**

The role of the escort (regardless of status) is to positively identify the patient using the Positive Identification Policy ensuring all relevant documentation required is transferred with the patient, confirm the correct destination and monitor the patient using A,B,C,D,E approach.

Where required the escort will monitor the general status of the patient during the transfer using the appropriate monitoring devices and take appropriate action if the patient's condition changes. They are also responsible for handing over relevant information to the area that is in receipt of the patient into their care.

The staff member acting as an escort, accompanying the porter, must be competent to use the equipment and ensure it has sufficient battery life for the period of the transfer (if applicable). The charging cable should be taken with the patient and equipment should be plugged in by the Registered Nurse, Midwife and Nursing Associate/Non-registered staff member when they have reached the destination.

If an emergency situation occurs on transit (internal only), e.g., cardiac arrest or if a Patient's condition deteriorates it is the responsibility of the escort to ensure the patient is taken to whichever clinical area is the closest. An emergency call should be put out via the nearest telephone point (call 2222) for the resuscitation team to respond.

The Escort must only transfer the patient if they feel competent and confident to complete this task and should only transfer patients in accordance with Appendix 2 (Appendix 3 for Theatre Escorts only) of this policy.

6.0 APPROVAL

This policy (v7.0) has been approved by the Trust's Documentation Group.

7.0 OVERARCHING DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

7.1 Overview of quality and safety standards

By stipulating the types of transfers and the escort required, it will reduce the risk of patient morbidity and standardise the transfer process throughout the Trust. It will give direction to staff when delegating duties to other non-registered staff members and support the Trust's Governance Agenda.

No patient should be transferred out of the ward / department area without an assessment by a Doctor, or a Registered Nurse, Midwife and Nursing Associate to determine the type and level of escort required. The decision regarding escort should be documented in the medical notes/ nursing notes/ Transfer Handover Sheet as appropriate.

All patients will have a full set of vital signs and Early Warning Score (NEWS/ MEWS) recorded to aid the decision as to the level of escort required (Observations must include respirations, blood pressure, SPO2, pulse, temperature and level of consciousness).

The Registered Nurse, Midwife and Nursing Associate completing the assessment and delegation of the escort will remain accountable for that patient's care at all times.

7.2 Assessment Tools

To support the Registered Nurse, Midwife and Nursing Associate to complete a patient assessment there are a number of accepted assessment tools, including:

- NEWS/MEWS – monitored and recorded (either on a paper chart, or digital application)
- Adult Glasgow Coma Scale (GCS) and Neurological Observations – monitored and recorded within the patient's Observations Chart (Paper or Digital)
- Salim's Recovery Score – (Airways, Behaviour and Consciousness) (Appendix 1), generally used in Theatre Recovery areas).
- Patient Transfer Assessment Tool (Appendix 2).
- Post Operative Transfer of Patients from the Operating Theatres to Another Area of Care (Appendix 3) (For theatre staff only).

7.3 Medicines

As with any other patient property, medicines must be transferred with the patient when they move between wards or hospitals. All medicines that have been labelled for that patient, including those dispensed within the Trust should be transferred with the patient. Failure to comply with this will require completion of an incident form. It is important that the patient's medicines are removed from the Patients' Own Drugs locker when the patient is transferred and moved with the patient to the new location.

7.4 Overarching Influencing Considerations when Assessing the Need for / type of Escort (APPLICABLE FOR ALL AREAS):

7.4.1 Patient Criteria

- Any patient that is unable to support the positive patient identification process must be transferred with an escort (i.e., are unable to state their full name and DOB). Refer to the Positive Identification Policy and Procedure for further information.
- A Registered Nurse, Midwife or Nursing Associate must always escort patients who are unstable, unconscious, have an altered levels of consciousness or have compromised airways, breathing or circulation.
- Patients who have any NEWS of 3 in a single parameter and have been risk assessed as being unstable must have a Registered Nurse, Midwife or Nursing Associate as an escort and the appropriate monitoring equipment.
- A Registered Nurse, Midwife or Nursing Associate should always escort patients on transfer who have a NEWS of 5 or above with the appropriate monitoring equipment required.
- Patients within Maternity Services who have a MEWS of above 3 or 3 in 1 parameter should be transported with a Registered Midwife, who should ensure the patient is transferred with the appropriate equipment.
- A Registered Nurse, Midwife or Nursing Associate must escort all patients who have received sedation within the last hour before transfer and ensure they have the appropriate monitoring equipment.
- The following patients are considered high risk and must be escorted with a Registered Nurse, Midwife or Nursing Associate; all patients who have an epidural, under water chest drain or a tracheostomy that the patient is unable to self-care for.
- For all patients, the Registered Nurse, Midwife and Nursing Associate must consider the mode of transfer in relation to the patient's condition (e.g., walking, bed, trolley, wheelchair). These details should be documented in the nursing evaluation.

- For the transfer of patients from the Ward to Radiology out of hours (2000-0800) the patient must have an appropriate escort to maintain patient safety due to minimal staffing levels within radiology/ around the site.

7.4.2 Infection Risk

- The escort and the ward / department where the patient is visiting or being transferred to, must be aware of any current infection risks prior to the patient leaving the ward area, respecting confidentiality and dignity at all times.
- Specific infection control precautions may be required depending on the specific infection. The escort should check any specific requirements with the Nurse in Charge/ the Infection Prevention and Control Team (ext. 3525)

7.4.3 Intravenous Infusions

- All infusions containing medicines, including Potassium or TPN must be on an infusion pump with appropriate battery life for the transfer and the Registered Nurse, Midwife or Nursing Associate should have been trained and assessed/recorded as competent to use the equipment. A Registered Nurse, Midwife and Nursing Associate must escort a patient with any infusion with medications being administered via a GH syringe pump, or Bodyguard ambulatory infusion pump. A Healthcare Support Worker can only escort the patients with the GP volumetric pump, with only the following fluids: 0.9% or Glucose 5% / Glucose 4% in Sodium Chloride 0.18% or Glucose 5% in Sodium Chloride 0.45%. Any other fluids administered by the GP pump, or additives, must be escorted by a Registered Nurse, Midwife or Nursing Associate. A charging cable must be taken with the pump and plugged in at the destination. To achieve competency the individual must have attended the Trust's Intravenous Medication and Fluids Study Day, completed formative and summative assessments, Lead for Training and Clinical Advisor for Medical Equipment, and their competency recorded on ESR. A Registered Nurse, Midwife and Nursing Associate can escort patients without having full compliance, however, would escort the patient with the same restrictions as a Healthcare Support Worker.
- If the patient requires a continuous infusion or the infusion cannot be stopped during the transfer (as advised by a doctor) the Registered Nurse, Midwife or Nursing Associate responsible for the assessment must clearly document the actions required for any on-going intravenous infusion within the nursing notes.
- If close observation of the patient is required, or if medicine administration is required, a Registered Nurse, Midwife or Nursing Associate must always act as the escort for the patient.
- If a patient has been assessed as competent to self-administer medication by a Registered Nurse, Midwife or Nursing Associate and is using an ambulatory infusion device then it is acceptable for a non – registered staff member to act as an escort once the device has been checked by a Registered Nurse, Midwife or Nursing Associate to ensure there is sufficient battery life and medication for the duration of the escort.

For patients in all clinical areas outside of ED: It is acceptable for a Non – registered staff member (excluding porters) to escort a patient connected to an infusion pump but ONLY when sodium chloride 0.9% or Glucose 5% / Glucose 4% in Sodium Chloride 0.18% or Glucose 5% in Sodium Chloride 0.45% is being administered. They are not allowed to transfer patients receiving intravenous drug therapies and they are not allowed to touch or use any infusion devices. The infusion pump must not be removed, and the infusion pump placed on the bed or

trolley, due to the removal of the infusion safety system, and including the risks to patient safety, for example free-flow fluids. For Intravenous Infusion advice specific to ED transfers please see section 8.

7.4.4 Blood Transfusions

- Where possible the transfusion should not be started if the patient is likely to leave the ward e.g., for a routine X-Ray.
- If the patient has to be transferred to another ward/department whilst a transfusion is in progress the transfusion **MUST** have been running for at least 15 minutes unless it is an emergency transfer e.g., ED to theatre.
- A Registered Nurse or Midwife must escort the patient.
- The blood component must be hung from an infusion stand attached to the patient's bed during the transfer. At no time should the component be laid flat.
- The blood component should continue to be infused during the transfer. At no time should it be stopped unless a transfusion reaction is suspected.
- If blood is transfused en-route during an inter hospital transfer the escorting nurse will act as sole checker. It will be the escort nurse's responsibility to ensure the blood bag tag for traceability purposes is returned to KMH Blood Bank.
- If blood is to be sent on an inter hospital transfer, there **MUST** be an escorting Registered Nurse or Midwife who is recorded as competent in blood administration. If the blood is transfused en-route to the hospital, the escorting Registered Nurse or Midwife will act as sole checker. (The ambulance crew are not trained in this procedure). In these circumstances it will be the escort Registered Nurse or Midwife responsibility to ensure they have a fully completed Blood Components Authorisation Sheet in case they need to administer en-route and that the blood bag tag for traceability purposes is returned to KMH Blood Bank. If no blood is transfused en-route the escorting nurse should hand over the blood in the transport box unopened to the receiving team.

7.4.5 Oxygen Therapy

- Any patient with signs of respiratory deterioration should be transferred with a Registered Nurse, Midwife or Nursing Associate. Signs include increased respiratory rate (especially above 30 respirations per minute). Reduced Sp02 levels (In adults less than 70 years of age at rest, 96% - 98%. Aged 70 and above at rest, greater than 94%). Increased National Early Warning score outside of their normal parameters.
- All patients requiring oxygen therapy will have a prescription for oxygen therapy recorded on the patient's medicine prescription chart. N.B exceptions include emergency situations, patients attending outpatients who use long-term oxygen or ambulatory oxygen in the community who should use their oxygen as outlined in their Home Oxygen Order Form (HOOF).
- Prior to transfer, patients must have clear documentation of their ongoing oxygen requirements, oxygen delivery system and documentation of their target oxygen saturations upon their prescription chart.
- If a patient transfers from an area not utilising the target saturation system their oxygen should be administered as per the transferring areas prescription until the patient is reviewed and transferred over to the target saturation scheme, which should occur as soon as possible.
- The Registered Nurse, Midwife or Nursing Associate making the assessment is responsible for ensuring that all required information is given to the patient's escort.
- The Registered Nurse, Midwife or Nursing Associate must check and ensure there is sufficient oxygen in the cylinder required for the full duration of the

transfer and as oxygen is a prescribed medication, is responsible for transferring the patient from/to the wall supply to the oxygen cylinder to support administration, as indicated in the Trust Medicines Policy

- Patients requiring more than 4 litres/minute of oxygen should transfer with the supervision of an RN or cared for at the bedside, as indicated in the Trust Oxygen Policy - Prescription, Administration and Monitoring of Oxygen Therapy of Adults
- For oxygen therapy advice specific to ED transfers please see section 8.

7.4.6 Out of Hours Transfers

- This policy must be followed with every transfer. Patients must not be transferred from one base ward to another for a non-direct clinical reason after 10pm at night and before 7am in the morning. However, there may be exceptional circumstance when this is unavoidable. Should this occur an incident report must be completed; admissions from EAU / SAU/ Theatres / Recovery to a base ward/ transfers within Maternity Services/ Intensive Critical Care Unit are excluded from incident reporting.

7.4.7 Documentation Required for Transfer

- All the following documentation must be completed before the patient leaves for transfer. If a Non-registered staff member is escorting the patient, then a verbal handover from Registered Nurse, Midwife or Nursing Associate to Registered Nurse, Midwife or Nursing Associate must be completed before transfer of the patient. For further specifics for transfers from the Emergency Department (ED) please see section 9.0. For further specifics on transfers to/ from operating theatres please see section 10.0.
- With the exception of the Emergency Department/Urgent Treatment Centre (UTC), when patients are transferred from any clinical area to undergo an investigation or attend an outpatient appointment the documentation to accompany the patient will be:
  - Inpatient Adult Nursing RISK Assessment Booklet (Community Hospital).
  - Inpatient Admission Booklet (if admission longer than 7 days then the Risk Assessment document must be completed).
- When patients are being transferred from **Assessment Units to base wards**, the documentation completed digitally will include:
  - Inpatient admission booklet.
  - Nursing documentation (including charts and prescriptions).
  - Accountability handover sheet/ SBAR and/or completed Digital handover.
  - Any original GP letters.
- If any patients in the Urgent Treatment Centre at Newark Hospital get admitted to base wards at Newark Hospital the following documentation will accompany the patient:
  - Inpatient admission booklet.
  - Nursing documentation (including charts and prescriptions).
  - Accountability handover sheet.
  - Any original GP letters.

7.4.8 Moving and Handling

- With the exception of transfers from the Emergency Department/Same Day Emergency Care/Urgent Treatment Centre, all patients must have a documented, up to date moving and handling assessment prior to transfer to

another area. If there are any specific moving and handling requirements for the patient then the receiving area must be informed prior to transfer.

- The Registered Nurse, Midwife or Nursing Associate is recorded in the moving and handling plan.
- The moving of a patient on a bed must be 2 persons or with the use of a bed mover.
- The Trust Moving and Handling Policy should be referred to during the patient transfer.

7.4.9 Tissue Viability

- All patients must have a documented, up to date pressure area assessment prior to their transfer.
- The Registered Nurse Midwife or Nursing Associate is responsible for informing the receiving Registered Nurse, Midwife or Nursing Associate of any pressure area changes.
- The Registered Nurse, Midwife or Nursing Associate is responsible for deciding if the patient requires pressure-relieving equipment during their transfer.
- For Tissue Viability advice specific to ED transfers please see section 8.

7.4.10 Accountability Handover

- Accountability Handover should be completed in accordance with the Accountability Handover Policy for Registered Healthcare Professionals.
- Within Maternity Services an SBAR Handover should fully completed as appropriate.
- Transfer from the Emergency Admissions Unit to inpatient wards/ between inpatient ward areas should complete the paper Accountability Handover Record Sheet, or Digital Accountability Handover.
- Both paper and electronic Accountability Handover should include any outstanding items or omissions. Once signed/ handed over the accepting nurse becomes accountable for the patients on going care including the outstanding items or omissions.
- If a non-registered staff member is acting as the escort for a patient, the Registered Nurse, Midwife or Nursing Associate responsible for that patient's care must give a telephone hand-over to the appropriate Registered Nurse, Midwife or Nursing Associate prior to the transfer to another ward. This must be recorded on the paper/ electronic Accountability Handover document and signed for by the Registered Nurse, Midwife or Nursing Associate making the assessment.
- For Accountability Handover advice specific to ED transfers please see section 8.

8.0 SPECIFIC CONSIDERATION FOR THE TRANSPORT OF PATIENTS FROM THE EMERGENCY DEPARTMENT (ONLY):

8.1 Patients in the Emergency Department requiring specific investigations

- For patients who are under the care of ED who need to have specific investigations and require radiological interventions and have received sedation, the escort must be a Registered Nurse, Midwife or Nursing Associate, and they must ensure that accurate records of the patient's observations are documented on SystmOne (Minors Area), or Trust digital systems (Majors/Resuscitation areas)
- In the event that a patient meets the above criteria and arrives in radiology and the radiographer is concerned about the patient, the radiographer will be required to speak with the Registered Nurse in charge of ED for an escort to be provided.
- When a patient in ED requires radiological interventions, a Registered Nurse, Midwife or Nursing Associate should use their clinical judgement in conjunction with Appendix 2 to decide on the appropriate escort needs of the patient.
- When a patient has a stable NEWS, is clinically stable, has full mental capacity, is independently mobile, a Registered Nurse, Midwife or Nursing Associate could, using their clinical judgement, consider if it is appropriate for the patient to make their own way to the radiology department without an escort. The Radiology Department should be contacted prior to any patient independently transferring themselves so any relevant information can be verbally handed over. The only exception is for a patient requiring a CT out of hours (2000-0800 or 1700-1000 for Newark site) who should have an escort to maintain safety due to minimal radiology staffing out of hours.
- For patients who require an MRI if a handheld digital oximeter is required then a normal oximeter will need to be removed and replaced with the MRI specific SPO2 monitor and the observations can be completed from the MRI window inside the radiographer's room.

8.2 Intravenous Infusions

- It is acceptable for a porter to independently transfer a stable patient from ED to Radiology (**only**) if they are connected to an infusion pump **AND ONLY** when receiving the following preparations:
    - Sodium Chloride 0.9%
    - Glucose 5% / Glucose 4% in Sodium Chloride 0.18%
    - Glucose 5% in Sodium Chloride 0.45% can be transferred with a porter and do not require an escort.
- Porters must not touch or use any infusion devices, and the infusion device must not be removed, and placed on the bed or trolley to facilitate this.

8.3 Oxygen Therapy

- Patients must have clear documentation of their ongoing oxygen requirements, oxygen delivery system and documentation of their target oxygen saturations upon their prescription chart.
- Patients who are on less than 4L of oxygen therapy and who are stable (NEWS 4 or below (MEWS 3 or below) with no single observation scoring 3 in 1 parameter) **can** be transferred by an independent porter between ED and Radiology if a Registered Nurse or Midwife has deemed clinically appropriate (this is not applicable to the transfer of patients to any other areas).

8.4 Tissue Viability

- Patients transferred from the Emergency Department to a ward base, with an Anderson Score of > 2 must have a skin inspection documented.

8.5 Documentation

- Original Emergency Department records should be transferred with the patient, including nursing notes and Emergency Department single point of access document (Do not photocopy documents as a copy is not required to stay in the Emergency Department).
- Any relevant GP letter (original accompanies patient on transfer) photocopy will be filed and kept with the Emergency Department records.
- Inpatient case record (if there is one and it has been requested by the Emergency Department) to be sent to the Assessment Unit or base ward.
- All images and investigations are electronic.
- Accountability Handover: Patients transferred from ED /SDEC/ UTC to an inpatient setting must complete the appropriate paper Accountability Handover documentation (found within the ED / SDEC documentation booklet). The documents must be signed by both the sending and receiving Registered Nurse, Midwife or Nursing Associate responsible for the patients care.

9.0 SPECIFIC CONSIDERATIONS FOR THE TRANSFER OF PATIENTS TO/ FROM OPERATING THEATRES (PROCEDURES ONLY):

- Operating theatre patients will be collected from the ward or admitting area by a theatre escort who has completed the trust approved escort of adults training and deemed as competent may escort the patient to theatre, during the normal working day or a medirest porter out of hours.
- The theatre escort when sent to the ward area to collect a patient will have a patient identification card with the following details on it:
    - Patient's name.
    - Date of Birth.
    - Hospital record number.
    - Ward number.
    - Operating theatre number.

- If the Ward Sister/ Charge Nurse does not have a suitable person to escort the patient, the theatre coordinator should be informed, and an appropriate escort arranged for the safe transfer and handover of the patient.
- Patients may also require an additional escort to escort them to theatre, for example carer, parent, or custodial staff to the theatre patient reception.
- In an emergency the escort accompanying the patient to theatre is dependent on the criteria outlined in Appendix 2 of this policy.

- The patient will be checked out of the ward area by the Registered accountable practitioner responsible for the care of the patient, and who has signed the patients perioperative care record.

- The following documentation must also be completed via paper copy, or digitally where applicable, on transfer of the patient to theatre:

    - Patients notes.
    - Consent form- if consent 4 two stage documentation to accompany the patient to theatre.
    - Perioperative Care record.
    - Anaesthetic chart.
    - Medication chart and infusion charts.

- Fluid balance chart (if applicable).
- Completed disclaimers forms e.g., Human Chorionic Gonadotropin (HCG) testing.
- Purpose-T and PUPPS Assessment chart.
- Spare patient addressograph labels.
- Cannulation chart if cannulated.
- Patients to be transferred to the operating theatre to have the perioperative theatre transfer check list signed by a registered practitioner on the first and second check prior to leaving the admission area. A third check to be completed by a registered theatre practitioner in theatre reception/holding area.

- Patients' medication e.g., GTN spray and inhalers must also accompany the patient to the theatre patient reception and must be labelled with an addressograph.

- Communication aids such as glasses, contact lenses, hearing aids, dentures, should also accompany the patient to theatre.

- Any equipment such as infusion pumps, giving sets, traction, CPAP machines etc must also accompany the patient to theatre reception. If this equipment belongs to the patient, it must also be labelled with the patient's addressograph.

- All Postoperative patients will be assessed using Appendix 3 of this policy for the appropriately trained escort to accompany the patient back to their post-operative care area. This includes both elective and emergency care patients. All patients will also be accompanied by a theatre orderly and another member of the operating theatre team.

- When patients are requiring transfer to the **Radiology department for interventional procedures,** please refer to the *Policy for the transfer of Patients to the Radiology Department for Interventional Procedures (KMH only).*

10.0 SPECIFIC CONSIDERATIONS FOR INTER HOSPITAL TRANSFERS

Please ensure you follow the most appropriate guidance for the transfer of patients to other care settings or acute hospitals as there are specifics depending on the patient's clinical needs. Please see the Trusts Intranet site for a full list. Some pertinent policies include:

Mid Trent Critical Care Network Guide (MTCCN) for transfer of level 3 patients or the Intensive Critical Care Unit / Critical Care Operational Policy re - discharge / transfer out of Intensive Critical Care Unit to a ward in the hospital or to another Trust.

- Adult Critical Care Operational Policy
- Emergency Transfer of the Acutely Unwell Adult from Newark Surgery SOP
- Criteria for the Acceptance of Patients for Transfer to Newark Hospital
- Transfer of Inpatients on Sconce Ward at Newark Hospital to Kings Mill Hospital SOP
- Castle Ward Operational Policy – Newark Hospital
- East Midlands Critical Care Network Admission, Operational Discharge and Transfer Policy

When patients are transferred to other acute care settings or other acute hospitals the documentation to accompany the patient will be:

- A copy of the relevant sections of the case record and nursing documentation which will include a summary of the treatment plan.

- Handover of care to the receiving Trust must include a full assessment and plan prior to any patient transfer to **minimise the risk** and ensure safe handover of care, this assessment must include the requirement for a nurse escort, method of transportation and equipment required to facilitate safe transfer.

- If an escort is provided that Registered Nurse, Midwife or Nursing Associate remains responsible for the care of the patient until handover to the receiving area has taken place.

- 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 making use of seatbelts in the ambulance, disposing of sharps safely, or using appropriate equipment for moving a patient to prevent back injury.

11.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g., Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (e.g., verbal, formal report etc) and by who)
Transfer requirements between all care settings, to include both giving and receiving of information	Associate Corporate Director of Nursing Clinical Governance leads	Analysing trends in incident reporting and the nursing metrics. Monthly audit of documentation presented at ward assurance.	Monthly Monthly Monthly	Nursing, Midwifery and AHP Committee Ward Assurance Divisional Governance
How the organisation monitors compliance with all of the above	Chief Nurse Divisional Directors of Nursing		Monthly	Nursing, Midwifery and AHP Committee
Training attendance records and relevant completed competency documents.	Training, Education & Development Department	Review of training records and documentation. Staff failing to complete and forward the competency document will be sent a letter copied to the relevant Matron.	Monthly	Nursing, Midwifery and AHP Committee

12.0 TRAINING AND IMPLEMENTATION

Registered Nursing staff and Midwives are required to have completed the Mid Trent Critical Care Network training course before escorting critically ill patients / critically injured patients to another hospital.

Emergency Department professionals are required to have completed the Immediate Life Support Course and preferably the Advanced Life Support Course before escorting critically ill / critically injured patients during transfer to another hospital.

All Registered Nurse's, Midwives and Nursing Associates must have completed the Escort self-Assessment on Sherwood E-academy, and be recorded as competent on Trust systems

All Non–registered staff members acting as a patient escort must have completed the Escort Training session on clinical induction training, which covers all the essential skills and knowledge required to function as a patient's escort. They must then complete the competency assessment documentation and be assessed as competent by a Registered Healthcare Professional before they can escort patients to and from the operating theatres, or function as an escort for inter/ intra transfers.

Registered Nurse's, Midwives and Nursing Associates must be IV competent to escort patients who are receiving IV therapies such as blood products (not Nursing Associates), Insulin, antibiotics, analgesia.
The Registered Nurse, Midwife and Nursing Associates must have attended the Trust's Intravenous Medication and Fluids Study Day, and completed their Intravenous Fluids and Pump competencies, which must be signed off by a cascade trainer/ Lead for Training and Clinical Advisor for Medical Equipment, and their competency recorded on ESR.

13.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 4.
- This document is not subject to an Environmental Impact Assessment.

14.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Intensive Care Society (2009). Levels of Critical Care for Adult Patients.
- National Institute for Health and Care Excellence (2007) Acutely Ill Adults in Hospital: Recognising and Responding to Deterioration. CG 50.
- National Institute for Health and Care Excellence (2014) Head Injury: Assessment and Early Management. CG176.
- British Thoracic Society. (2017) British Thoracic Society Guideline for Oxygen Use in Adults in Healthcare and Emergency Settings.

- **Related SFHFT Documents:**
- Accountability Handover Policy for Registered Health Care Professionals (Including Intra-Area Patient Handover / Transfer, and Handover at a Change of Shift)
- Guideline for Maternal Transfer by Ambulance
- Guideline for Neonatal Transfer from the Maternity Unit to the Neonatal Unit
- Policy for the Transfer of Patients to the Radiology Department for Interventional Procedures (KMH Only)
- Discharge Policy
- Patient Outlier Policy (for adult patients)
- Policy and Procedure for the Positive Identification of Patients
- Policy for the Prescription, Administration and Monitoring of Oxygen Therapy in Adults
- Intravenous (IV) Medication and Fluid Therapy Administration Through a Peripheral Venous Cannula Policy
- Adult Critical Care Operational Policy
- Operational Policy for Main, Obstetric, Emergency and Day Case Operating Departments for King's Mill Hospital
- Home Birth Management Guideline
- Observation and Escalation Policy for Adult Patients
- Medical Equipment User Training Policy
- Blood Transfusion Policy
- East Midlands Critical Care Network Admission, Operational Discharge and Transfer Policy
- Moving and Handling Policy

15.0 KEYWORDS

Intra, Inter, Hospital, Handover, out of hours, ooh, porter, HCA, HCSW, nurse, senior, theatre, theatres, operating department, departments, check, checking, following, from, for the, ward checks prior

16.0 APPENDICES

Appendix 1	Salim's Recovery Score
Appendix 2	Guidance for Patient Transfer and Assessment
Appendix 3	Post operative transfer of patients from the operating theatres to another area of care (for theatre staff only)
Appendix 4	Equality Impact Assessment

Appendix 1 – Salim's Recovery Score

SCORE FOR RESPONSE

PHYSICAL SIGNS	4	3	2	1
AIRWAYS	Patient can cough or cry	Maintain clear airway without holding the jaw	Holding of Jaw needed	Holding of jaw and other measures taken to maintain airways
BEHAVIOUR	Patient can lift the head	Can open eyes and show their tongue	Some none-purposeful movements	No movement at all
CONSCIOUSNESS	Fully awake, can talk well orientated	Awake but needs support	Responds to stimuli only	No response

NOTES:

Salim's Recovery Score – ABC of recovery (AIRWAYS, BEHAVIOUR, CONSCIOUSNESS)

A score of 8 is the minimum for discharge from recovery ward

Appendix 2: Guidance for Patient Transfer and Assessment:

	Level 0: No risk When patient needs can be met through normal ward based care.	**Level 0 : Low Risk** When patients needs can be met through normal ward based care.	**Level 1 and 2: Medium Risk** Patients at risk of deterioration or those who have recently relocated from higher levels of care. Needs can be met on ward but will need from critical care outreach. May have single failing organ system/ post-operative.	Level 3: High Risk Patients requiring advanced respiratory support alone or basic respiratory support together with of least two organ systems. This includes complex patients requiring support for multi organ failure.
Patient Assessment	• Maintaining own airway • Alert and orientated. • No Oxygen therapy in-situ • No medical devices • No mental health concerns • NEWS/ MEWS Stable	• Maintaining own airway • Risk of falls • Oxygen therapy in situ <4L **for ED patients only** (deemed stable following nursing assessment) • Infusions: Sodium chloride 0.9%. Glucose 5%. Glucose 4% in Sodium Chloride 0.18%. Glucose 5% in Sodium chloride 0.45%. These can be given via a volumetric pump. • NEWS 4 or less • MEWS 3 or less • No single NEWS/MEWS parameter scoring 3. • GCS 15/15 • No mental health concerns. • Patient unable to support positive patient identification process.	• Potential risk to airway (Post operatively, post sedation within last hour, seizures, obstruction, tracheostomy or reduced GCS). • Oxygen therapy >4L. • Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). • Reduced GCS. • Mental health concerns. • NEWS of 5 or above. • NEWS/ MEWS of 3 in single parameter. • MEWS 4 or above • Tracheostomy where the patient is not self-caring. • Patient with an underwater seal drain.	• Critically unwell patients. • Respiratory problems requiring invasive or non-invasive ventilatory support. • Unstable patients requiring one organ or multi-organ failure suppor.t
Type of Escort	• Independently self-transferring • Porter • Health care Support worker • Student Nurse • Trainee Nurse Associate	• Health care support worker • Student Nurse • Trainee Nurse Associate • Nurse Associate • Porter (ONLY If transferring from KMH ED to Radiology – patient must be able to support the positive patient identification process and not be at risk of falls)	• Registered Professional.	• Registered Professional. • Appropriately trained critical care medical staff.
Mode of Transport	• Chair • Bed • Trolley • Walking	• Chair • Bed • Trolley	• Bed • Trolley	• Bed • Trolley

Appendix 3 – Post Operative Transfer of Patients from the Operating Theatres to Another Area of Care (FOR THEATRE STAFF ONLY)

	Level 0: No risk	Level 0: Low risk	Level 0/1: medium risk	Level 2: medium risk	Level 3: high risk
	No procedure or procedure under no anaesthetic or local anaesthetic.	When patients needs can be met through normal ward-based care, and recovery criteria has been met.	Patients going to a ward area following medium/major surgery. Patients who require a pre-planned enhanced care level 1 bed.	Pre-planned High Dependency Unit (HDU) admission or emergency admission to HDU.	Patients requiring advanced respiratory support alone or basic respiratory support together with of least two organ systems. This includes complex patients requiring support for multi organ failure.
Patient Assessment when ready for discharge to ward	- Alert and orientated. - Maintaining own airway. - No oxygen. - No medical devices. - NEWS Stable.	- Maintaining own airway. - Oxygen therapy in situ <4L. - Infusions: Sodium chloride 0.9%. Glucose 5%. Glucose 4% in Sodium Chloride 0.18%. Glucose 5% in Sodium chloride 0.45%. These can be given via a volumetric pump. NEWS 5 or less. - No single NEWS parameter scoring 3. - Patient unable to support positive patient identification process.	- Oxygen therapy >4L. - Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). - NEWS of 5 or above. - NEWS/ MEWS of 3 in single parameter. - MEWS 4 or above. - Tracheostomy where the patient is self-caring. - Patient with an underwater seal drain.	- Potential risk to airway post- surgery. - Oxygen therapy >4L. - Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). - Specialist infusions i.e., metaraminol. - Arterial/central line monitoring. - NEWS of 5 or above. - NEWS/ MEWS of 3 in single parameter. - MEWS 4 or above. - Tracheostomy where the patient is not self-caring. - Patient with an underwater seal drain.	- Critically unwell patients requiring ventilatory support in a level 3 bed. - Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). - Specialist infusions i.e., metaraminol. - Arterial monitoring. - Central line in situ. - Tracheostomy where the patient is not self-caring.
Examples of type of Surgery undertaken	E.g., carpal tunnel release Injects with no anaesthetic Insertion of lines.	- ENT. - gynaecology. - urology. - orthopaedics.	- Laparotomy. - Major bowel surgery. - Bladder Chemo. - Nephrectomies.	- Major bowel surgery. - Revision Hip replacement. - major surgery.	- Emergency surgery. - Major bowel surgery. - Major surgery.
Type of escort	Theatre Support Worker. Senior Theatre Support Worker. Assistant Practitioner. Registered Nurse. Operating Department. Practitioner.	Assistant Practitioner. Registered Nurse. Operating Department. Practitioner.	Registered Nurse. Operating Department. Practitioner.	Registered Nurse. Operating Department Practitioner.	Anaesthetist and Operating Department Practitioner
Mode of Transport	Bed. Trolley. Chair	Bed. Trolley	Bed	CCU Bed	CCU Bed

APPENDIX 4 – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Escort and Transfer of Adult Patients Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 22/05/2024			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	**Nil**	**Not applicable**	**None**
Gender	**Nil**	**Not applicable**	**None**
Age	**Nil**	**Not applicable**	**None**
Religion	**Nil**	**Not applicable**	**None**
Disability	**Nil**	**Not applicable**	**None**
Sexuality	**Nil**	**Not applicable**	**None**
Pregnancy and Maternity	**Manual Handling issues Pregnancy related**	**Moving and handling section. Manager will need to complete individual staff member risk assessment for working within their clinical environment**	**None**
Gender Reassignment	**Nil**	**Not applicable**	**None**
Marriage and Civil Partnership	**Nil**	**Not applicable**	**None**
Socio-Economic Factors (i.e., living in a poorer neighbourhood / social deprivation)	**Nil**	**Not applicable**	**None**

What consultation with protected characteristic groups including patient groups have you carried out? • **None – referred to existing policies**
What data or information did you use in support of this EqIA? • **SFH Leave Policy (2023)** • **SFH Moving and Handling Policy (2022)** • **SFH Health and Safety Policy (2021)**
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? • **NO**
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: **Low Level of Impact** For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment:
Signature: **Alison Davidson**
Date: **22/05/2024**