

Safe Transfer of Paediatric Patients

Key Points

- To provide guidance for staff to ensure when a child/infant requires transfer within the hospital or to another hospital it is carried out in a safe and timely manner.
- To ensure there is full and proper communication between health care professionals, child & parent(s) so that they understand the process and rationale.
- To ensure appropriate healthcare staff and services are involved in the transfer, which may include South Central Ambulance Service (SCAS) or Southampton and Oxford Retrieval Team (SORT) or St Georges Trauma Network.
- This guideline should not replace experienced clinical judgement

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Abbreviations

ED	Emergency Department
SORT	Southampton and Oxford Retrieval Team
ODP	Operating Department Practitioner
NPEWS	National Paediatric Early Warning Score
PILS	Paediatric Immediate Life Support (Course)
SCAS	South Central Ambulance Service
STOPP	Safe Transfer of Paediatric Patient Tool
CT Scan	Computerised Tomography Scan
PAU	Paediatric Assessment Unit
POD	Patient Own Drugs

Definitions

Paediatric Patient	A patient from 5 days until their 16th birthday under direct or indirect care of the paediatricians or other in-patient speciality team. Transfer to the neonatal unit is covered in the guideline Admission to the neonatal unit. Patients 0 -18th birthday who are having care in ED. NB: Once young people 16-18 have been transferred to an adult area, they will fall under the adult transfer guideline.
Parent/Carer	The Person or People who have responsibility for the child or young person including local authority care or designated carer (e.g., teacher, grandparent, friend)
Internal Transfer	A transfer within the same hospital site
External Transfer	A transfer to another hospital or hospital site
Base Ward	The ward where the patient is resident and registered on the electronic system
Temporary Transfer	A visit to a department for investigation/treatment before returning
Permanent Transfer	A move from one ward or location to another with no plan for return
Registered Professionals	Doctors, registered nurses, midwives, Nursing associates (NA) and ODPs
Non registered professionals	Including but not limited to Health Care Assistants, Nursery Nurses, Clinical Support Workers and Porters

1. INTRODUCTION AND AIM OF GUIDELINE

- 1.1 There is frequently a requirement to transfer paediatric patients internally or externally for the purpose of the provision of clinical care, undertaking investigations and to facilitate patient flow. This guideline identifies the process for the safe, timely and comfortable transfer of patients, by highlighting key risk factors that should be considered as part of a clinical risk assessment when transferring patients to other areas, wards or departments within the hospital.
- 1.2 Evidence suggests that the transfer of patients either within, or outside, the hospital environment can pose risks to safety which may adversely influence their morbidity and mortality.
- 1.3 The aim of this guideline is to provide theory to support the internal and external transfer of paediatric patients. This includes the need for clear risk assessment, communication and safe staffing.
- 1.4 Prior to transfer the potential risk versus benefit of movement must be considered and the clinical need for the treatment or investigation established to be in the best interests of the patient. This should be undertaken and documented by the medical/clinical team.
- 1.5 This guidance is not totally prescriptive but is there to support and prompt staff in using their clinical judgement in promoting patient safety while undertaking any transfer internally or externally.

2. SCOPE OF THE GUIDELINE

- 2.1 This guideline applies to paediatric patients requiring an internal or external transfer and all staff, clinical and non-clinical, who are involved in the process.
- 2.2 This guideline provides an overarching framework to achieve the safe and effective transfer of patients; however, it does not replace clinical judgement which should always be used when making decisions about patient safety, individual circumstances or from specialist areas. Maternity and Critical Care have their own protocols which should be used in conjunction with this guideline.
- 2.3 This guideline applies to all members of staff employed by the trust involved in the planning, and delivery of care during an internal or external paediatric patient transfer. Students and other learners should also adhere to this policy while on placement within Frimley Health.
- 2.4 This guideline will set out the process and clarify the clinical accountability of the multi professional team and support staff who are responsible for the patient's care before, during, and after the transfer.

3. PROCESS GUIDANCE FOR SAFE INTERNAL TRANSFER OF PATIENTS

3.1 Assessing acuity and dependency of patients

- When determining the dependency of a patient consider their potential to deteriorate during or shortly after transfer, how acutely ill or unstable they are and what (if any) interventions may be required in transit (e.g. oropharyngeal suction, drug administration, repositioning)
- Patients who meet the level 0 criteria -very low or low (Appendix 1) do not routinely require a clinical escort. Apply clinical judgement.
- All children and young people until their 18th birthday should have supervision when having any transfer whether by parent/carers trained or untrained staff considering the parent/carers needs.
- Observations will need to be regularly recorded in line with the applicable Early Warning System (NPEWS/PEWS) for all patients that are transferred between clinical areas.
- A full set of observations will need to be completed and escalated in accordance with relevant Early Warning System for patients that have been transferred and show signs of acute deterioration on arrival to the receiving ward/area.
- The time away from the base ward should also be considered when risk assessing the patient.

3.2 Safe staffing

- The safety of the remaining patients must also be taken into consideration when planning a transfer requiring an escort.
- If staffing levels do not facilitate release of an escort to safely transfer the patient it should be escalated to the nurse in charge, senior sister, matron or to the senior duty nurse out of hours so alternative arrangements can be made.
- A 'red flag' for safe staffing should be raised where there is a concern via the In-phase reporting system.
- A student nurse should not be used in replacement of a registered professional.

3.3 Responsibilities

- **Non-clinical staff** – porters will support the transfer process with requests submitted for the assistance of porter with an additional person; refer to Appendix 1.
- If a porter is sent to collect, the patient must not be removed from the base ward without the knowledge and consent of the responsible nurse.
- Porters should not administer or manipulate oxygen therapy or fluid pumps.
- **Clinical staff** – registered nurses are responsible for following the guidance set out in this policy to ensure the safe transfer of patients in the trust. This registered nurse may delegate to others based on an assessment of clinical needs by the clinical team.

3.4 Appropriate escorts

- Appendix 1 provides reference guide to support the clinical judgement of the registered professional in identifying the skills and experience required to ensure a safe transfer.
- The staff member acting as an escort must be competent in basic life support and the use of any equipment that may be required during transfer.

Any registered professional escorting a patient, regardless of status or seniority has the following duties when designated as the transfer nurse:

- Locate the correct patient to be transferred ensuring identification wristband present.
- Ensuring all relevant documentation is transferred with the patient, or electronically transferred.
- Confirming the correct destination for the transfer.
- Monitoring the status of the patient during the transfer, using the appropriate monitoring devices, and documented.
- Taking all appropriate action, should the patient's condition change.

3.5 Night shift and weekend transfers (out of hours)

- All transfers regardless of time should follow the same process as set out in this guidance.
- Additional consideration should be taken during nights and weekends as staffing levels in some departments will be reduced when a transfer is taking place. Consider areas such as CT where a patient will also need to be accompanied by a staff member.
- Patient safety should always be prioritised.
- Temporary transfers for procedures and investigations will occur 24 hours a day and will always be based on the clinical need of the patient.
- Transfers from ED to PAU/Ward Areas can occur during all hours.
- Children and Young People may be transferred from the Paediatric Assessment Unit to the children's ward during all hours.
- Transfers within the ward areas should be kept to a minimum during the night to facilitate rest and minimise disruption but should reflect the clinical needs of patients.

3.6 Privacy, dignity, and respect

- The base ward staff are responsible for ensuring patients are suitably dressed and blankets are provided, if necessary, to ensure comfort and maintain privacy and dignity prior to the patient leaving their department
- Patients and their relatives (where possible) should be informed of the reason for transfer prior to the transfer occurring.
- On arrival to a new location, the patient should be greeted and introduced to the staff taking over their care and orientated to the space.

3.7 Equipment

- An assessment should be made of what (if any) equipment and monitoring should be used on any internal transfer.
- Transfer to theatre can be a choice for the child to walk, carried by parents or on a trolley/bed or wheelchair if no pre op sedation/medications have been given.
- Post operative children should be transferred on a trolley or bed with appropriate oxygen and suction (if carried by parents the trolley/bed should accompany them).
- Children who have had any sedation/seizures or are at risk of deterioration should be transferred with at minimum oxygen and suction and non-invasive monitoring available throughout transfer. Consideration should be given to the need for additional equipment (ie Bag Valve Mask (BVM). Staff accompanying should have knowledge of the equipment and be proficient in its use.

- All critical equipment used during transfer should have battery status checked before transfer.
- Oxygen therapy
 - Prior to the commencement of the transfer, the healthcare professional must check the oxygen is full, side valve opened and ensure (by calculating O2 requirement) that there is sufficient portable oxygen in the cylinder for the duration of the transfer.
 - A spare full canister should be taken in case of device failure.
 - The expiry date of the oxygen cylinder can be found on the collar of the cylinders and should be checked before administration.
 - Patients' oxygen prescription and target range should be checked and included in the handover.

3.8 Specific patient groups at higher risk

- **Neurological observations** – any patient requiring neurological observations should have a complete set of observations taken in the presence of the transferring and receiving healthcare professional to ensure continuity.
- **Blood transfusion** - patients with blood transfusions running should only be transferred for urgent reasons. The registered practitioner escorting the patient must hold a current blood transfusion competency.
- **Police/Detention** - Young people under police detention - prior to transfer a consideration should be made to contact security who should be informed of the patient movement and destination. Particular consideration to patient safety should be taken if the patient is handcuffed or otherwise restrained. Care should also be taken to consider other patients during these transfers.

Infection control

- All staff involved in the transfer process are required to follow infection control practice relating to personal protective equipment (use and disposal), hand hygiene and decontamination of equipment and environment.
- Ensure that the patient flow team and receiving ward/department are informed of the individuals' infection control status and related care/treatment needs prior to transfer.
- Further advice should be sought from the Transfer of Infectious Patients Section of the Infection Control Manual

3.9 Manual handling

- Staff should consider their abilities and training before moving a patient.
- Manual handling procedures requiring multiple personnel should be anticipated prior to leaving the ward and accounted for
- Any patient specific devices required should be taken (slide sheets, hoist slings, banana boards)

3.10 Property and medication

- All patients' property must accompany them for permanent transfers. In the absence of a parent/carer, and the patient is unconscious, confused, unable to sign the disclaimer or has a significant volume of property, a property list / cash and valuables form should also be completed.

- If any patient property is being removed and stored in the Cashier's Office, a receipt should be issued to the patient
- Special attention should be taken in ensuring all patients medication are transferred with them including items from their Patient Own Drugs (POD) cabinet, fridge and controlled drug cupboard.
- If medication has been ordered but has not yet arrived from pharmacy, the transferring ward should update the pharmacy department.

3.11 Communication and handover

- Patients should be informed, at the earliest opportunity, of the purpose and need for a transfer. Next of kin must be informed of a permanent transfer.
- The information needing to be communicated will vary with the type of transfer, and needs of the patient, but SBAR (Situation, Background, Assessment and Recommendation) should be the default communication tool.
- For patients where the transfer means a change in their base ward a full and comprehensive handover should be performed
- Where there is a change in clinician as well as base ward the accepting Consultant should be clearly documented in the medical records and the team contacted prior to transfer.
- It is best practice for a face-to-face handover between the transferring and accepting healthcare professionals. If this is not possible then a telephone handover may be considered depending on the patients' specific risk factors.
- Patients should be welcomed and orientated on to receiving wards. Staff introductions should be made and facilitates identified.

3.12 Documentation

- All permanent transfers should be documented in the patients' records including reason for transfer, destination, escort details and clinical justification for any deviation from this guidance.
- For permanent transfers patient location should be updated on the electronic systems as soon as possible
- Specific areas may require further checklists e.g. theatre checklist.
- All relevant records and documentation must accompany the patient.

3.13 Non-clinical transfers and escalation areas

- Decision to move patients for non-clinical reasons such as to relieve capacity problems in a specific speciality should be based on clinical judgement.
- Regardless of destination staff should follow the same processes as set out in this guidance.

3.14 Decision to deviate from guidance

- Clinical judgement should always be used.
- There may be occasions that lead to the registered healthcare practitioner actively deciding to act against the guidance in this document. On these occasions the justification and any additional mitigating actions taken must be clearly documented in the patients' records

4. PROCESS GUIDANCE FOR SAFE EXTERNAL TRANSFER OF PATIENTS

4.1 Assessing acuity and dependency of patients.

- When determining the dependency of a patient consider their potential to deteriorate during or shortly after transfer, how acutely ill or unstable they are and what (if any) interventions may be required in transit (e.g. oropharyngeal suction, drug administration, repositioning)
- All children and young people until their 18th birthday should have supervision when having any transfer whether by parent/carer, trained or untrained staff considering the parent/carers needs.
- Observations will need to be regularly recorded in line with the applicable Early Warning System (NPEWS/PEWS) for all patients that are transferred and escalated appropriately.
- STOPP form (2024) must be completed for **ALL** external transfers of paediatric patients regardless of the reason for transfer (this includes children being transferred for on the day specialist reviews).
 - Complete STOPP form to identify transfer category and level of staff escort required.
 - Any Paediatric Critical care level 2 or 3 patients and those level 1 who trigger as per the STOPP form should be discussed with SORT.
 - Level 2 or 3 time critical patients in non-ED areas should be transferred by the local team: anaesthetist, Nurse/ODP, senior airway and paediatric resuscitation competent Doctor AND appropriately trained ambulance crew.as per STOPP form guidance.
 - Time critical trauma patients in ED should be transferred in line with the Emergency Department **External Hospital Transfer Guideline**.
 - Where SORT transfer is not indicated call ambulance control on 999 to arrange transfer
 - Identify and contact appropriate staff for transfer escalating if unsafe staffing as per 3.2.

Parents/Carers may accompany their child in an ambulance if the ambulance clinicians deem it safe for them to do so; otherwise, they will be given instructions and contact details of ward/dept and be encouraged to leave ahead of the child and not follow the ambulance.

Inter-Hospital Transfer of Mental Health Patient

STOPP form to be completed for all patients before transfer if no clinical triggers arrange transport as follows:

- If the patient **IS NOT** under a Mental Health section and **IS NOT** under 1:1, 1:2 supervision, they can travel in their own transportation with appropriate escort.
- If the patient **IS NOT** under a Mental Health section but has 1:1 support, 1:2 support or is at risk, call hospital transport (numbers available via switchboard for both secure and non secure transport) Transfer with appropriate escort.
- If the patient **IS** under a section, to arrange for a secure ambulance on the numbers below. Stating that the ambulance needs to be secure and is for a mental health patient.

All other aspects of safe transfer of paediatric patients apply to external transfer as per internal transfer 3.2 – 3.13.

References

Thames Valley and Wessex Paediatric Critical Care Operational Delivery Network (2024) *STOPP (Safe Transfer of the Paediatric Patient) tool*. Available at: [STOPP safe transfer of paediatric patients tool \(interhospital transfer tool\)](#) (Accessed: 14 March 2025).

University Hospital Southampton NHS Foundation Trust (2024) *Standard operating procedure for the retrieval of critically ill and injured children by SORT*. Available at: [SOP for the retrieval of critically ill and injured children by SORT](#) (Accessed: 14 March 2025).

Appendix 1: Escort Guide for the Internal Transfer of Children and Young People

Escort Guidance for the Internal Transfer of Children and Young People

Level 0		Level 1a/1b		Level 2	Level 3
Very Low	Low	Moderate - High		High - Very High	Very High
Clinically stable or medically fit with no cognitive <u>impairment</u> NPEWS trigger low/PEWS 0-1 No safeguarding <u>concerns</u>		Clinically stable but has potential to deteriorate during <u>transfer</u> NPEWS trigger Medium /PEWS 2-3 Continuous monitoring <u>required</u> during transfer New or increasing oxygen <u>requirement</u> Safeguarding concerns		Clinically stable or unstable with potential to deteriorate NPEWS trigger High/PEWS 4 Continuous monitoring <u>required</u> New non-invasive airway adjunct required	Clinically stable or unstable with potential to <u>deteriorate</u> NPEWS trigger Emergency/PEWS 5-6 Requiring resuscitation Compromised airway/intubated/ <u>ventilated</u> Aggressive/psychotic presentation
Very Low Consider parent only escort	Low Unregistered <u>staff</u> +/- parent	Moderate Registered nurse (level 2 resuscitation training) and appropriate equipment +/- parent	High Registered nurse (level 3 resuscitation training) and appropriate equipment +/- parent	High Registered nurse (level 4 resus) and appropriate equipment +/- parent Involve medical escort and consider ITU/Outreach support	Very High Registered nurse (APLS or equivalent) and medical escort with appropriate equipment and medication. Parent who may require escort as <u>well</u> ITU/Outreach/Anaesthetic escort if child has compromised airway

Clinical judgement is essential, not all patients require a clinical escort

Before transfer - Make a visual assessment of your patient and re-check their observations. Do you have all the equipment you need?

On arrival – Make a visual assessment of your patient and re-check observations. Ensure SBAR handover.

Students and other learners should not be used in replacement of a registered practitioner If transfer will be delayed due to safe staffing levels escalate to Senior Sister, Matron or Senior Duty Nurse |



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Full version control record

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This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
1	Mar 2025	Emma Russell, Paediatric Resuscitation Practitioner Karen Britton (Lead Nurse for Deterioration)	Final	Ratified: Resuscitation & Deteriorating Patient Committee 11/02/2025 No Pharmacy.

Related Documents

Document Type	Document Name
Policy	Recognition and escalation of the deteriorating paediatric patient (available on FH)
Guideline	Safe internal transfer of Adult patients
Guideline	Postnatal care of the mother including transfer/discharge of the mother when her baby is requiring transfer to another hospital
Guideline	Emergency Department External Hospital Transfer
Guideline	Admission to the Neonatal Unit

Guideline	Admission and Discharge Guidelines for Adult Critical Care Services Frimley Guidelines
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