

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>PATIENT TRANSFER PROTOCOL</p>	<p>PATIENT TRANSFER – INTER-HOSPITAL TRANSFER STANDARDS</p>	<p>Policy 6.4.1 Protocol 2</p>
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STANDARDS

1. Responsible Consultant

- a) The referring hospital consultant remains responsible for the patient until formal handover has occurred to the receiving hospital consultant team / transport team.
- b) i) Tauranga Air: When a patient is being transported by the Tauranga Hospital air ambulance, the transport team will take over responsibility of the patient after formal handover at the transferring hospital.
- ii) All other air ambulance providers will take responsibility for the patient on completion of handover by the referring hospital.
- c) All transfers by road ambulance / car will remain the responsibility of the Medical Team until the patient is formally handed over at the accepting hospital / facility.

2. Transfer Personnel

- a) The transfer personnel must be competent to practice autonomously within their scope of practice, to initiate treatment and manage ongoing patient care, health and safety.
- b) The skill level of transfer personnel must be appropriate to manage the acuity of the patient in the road or air ambulance environment.
- c) Air ambulance transfer personnel will be trained in aviation physiology, occupational health and safety, and be a member of a designated Transport Team.
- d) Significant others wishing to accompany the patient will travel at the discretion of the pilot and / or transfer personnel.
- e) If staff are in an ambulance which is diverted to an emergency, they must only work within their scope of practice and be mindful the work is not covered by the BOPDHB policies and protocols.

3. Equipment

- a) All equipment will be compatible with the transport vehicle e.g. commercial or air ambulance aircraft, and appropriate to the patient's condition.
- b) Electrical equipment will have sufficient battery backup for the duration of the transfer.
- c) Inter-Hospital transfer personnel will carry a mobile phone.
- d) Transfer personnel are responsible for the return of equipment to source of acquisition, checking, recharging or replacing used items.
- e) Special needs / oxygen requirements will be identified and requested at the time of booking a transfer on a commercial airline on MEDA form.
- f) All equipment will be carried in a secure position in accordance with the Dangerous Goods Act.
- g) Incubators are to be used for all transfers to / from Neonate / Newborn units.
- h) All paediatric patients must be appropriately restrained in the vehicle.

4. Documentation

- a) The patient's current health record may accompany patient at the discretion of the transport nurse and must be returned on completion of transfer.
- b) The following documentation must accompany the patient:
 - i. Nursing and medical referral letters
 - ii. Copy of relevant clinical notes
 - iii. Copy of medication sheet
 - iv. Print out all laboratory results
 - v. X-rays need to be available on PACS or Digitised to CD *as required*.
 - vi. Copy of other procedures / test results.
- c) Ward nurse completes the inter-hospital transfer form.

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<p>Protocol Steward: Clinical Nurse Co-ordinator, Patient Transfers</p>	<p>Authorised by: Medical Leader, Anaesthesia & Surgical Services</p>	

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- d) For international transfer / repatriation all ticketing, accommodation, passports, visa and customs requirements will be completed 24 – 72 hours before departure i.e. ready by Friday if departure is a Monday.
- e) The nurse who accompanies the patient is responsible for ensuring adequate handover is completed.

5. Patient Property

- a) Patient property accompanying the patient is restricted to personal clothing, toiletries, medication and medical aids e.g. hearing aid / glasses.
- b) Any essential personal aids / equipment that cannot be secured will need to go as cargo / baggage or be sent with family or by courier.
- c) Where the patient is being transferred on an air ambulance or commercial airline the transfer personnel will ensure **no** dangerous goods are packed in the patient's bag(s) e.g. pressurised or glass containers, corrosive / flammable liquids.

6. Mode of Transport

- a) Road Ambulance - where patient requires ongoing treatment or potential intervention
- b) Patients requiring transport by ambulance must not be transported in the front seat.
- c) Patients able to be transported by hospital car can also travel in the front seat of an ambulance
- d) Hospital car - when patient has been given medical clearance to go 'on leave'.
- e) Air Ambulance - where treatment required is clinically or time critical at a Tertiary / Regional hospital

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 2.2.5 Media
- Bay of Plenty District Health Board policy 6.4.1 Transfer of Patients
- Bay of Plenty District Health Board policy 6.4.1 Protocol 3 Patient Transfer – Road Transfer Standards (To / From Another Hospital)
- Bay of Plenty District Health Board policy 6.4.1 Protocol 5 Patient Transfer – Air Transfer Standards (To / From)
- Bay of Plenty District Health Board policy 6.4.1 Protocol 10 Patient Transfer - International Repatriation / Transfer Standards
- Bay of Plenty District Health Board policy 2.5.2 protocol 4 Health Records - Transportation by BOPDHB Staff Members
- Bay of Plenty District Health Board policy 5.1.6 Transport – BOPDHB Vehicle Fleet

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