

The Adult Acute Services Patient Escort & Transfer Policy

Lead Manager:	Margaret A Connolly Associate Chief Nurse Judith Roulston Critical Care Outreach & Enhanced Care Service Team Leader
Responsible Director:	Angela Wallace Executive Director of Nursing
Approved by:	Acute Clinical Governance Group
Date approved:	November 2024
Date for Review:	November 2026
Replaces previous version:	NHSGGC Acute Services Patient Escort Policy: 3.1 (2021) & scope of policy widened to include Patient Transfer

This policy has been reviewed by the Equality and Human Rights Team with no risk of unfair impact on protected characteristics noted.

Contents

1. Introduction	4
2. Purpose & Scope	4
3. Roles and Responsibilities	4/5
4. Role of Patient Escort	5
4.1 Porters	6
4.2 Volunteers	6
4.3 Healthcare Practitioner	6
4.4 Registered Nurse/Midwife	6/7
4.5 Registered Mental Health Nurse	7
4.6 Medical Escort	7
5. General Principles	7
5.1 Patient Identification	7
5.2 Health & Care Staffing	7/8
5.3 Delegation	8
5.4 Carers & Interpreters	8
5.5 Management of Equipment	8
5.6 Food Fluid & Nutrition	8
5.7 Documentation	9
5.8 Incident Reporting	9
6.Communication	9
6.1 Handover	9
6.2 Documentation Supporting Patient Transfer Decisions	9
6.3 PAUSE for Transfer	9/10
7.Risk Assessments	10
7.1 Moving & Handling	10
7.2 Pressure Area Care	10
7.3 Falls	11
7.4 Infection Prevention & Control	11
8.Clinical considerations	11
8.1 Specific Diagnostic Imaging	11

8.2 Theatre, Endoscopy & Day Surgery Requirements	11/12
8.3 Oxygen Therapy	12
8.4 Medication	12
8.4.1 Intravenous (IV) Medicines & Fluids	12
8.4.2 Epidural Infusions	12
8.4.3 Critical Medicines & Missed Doses	13
8.4.4 Patient's Own Drugs (PODs)	13
9. Blood Components	13
10. Appendices	
Example of a SOP for Inter-hospital Patient Transfer for Specialist Care	14/15/16
Patient Escort & Transfer Decision Making Tree	17
Medi-Cinema Patient Handover Form	18
11. Key Contributors	19/20
12. Related Policies and Guidance	21/22
13. Policy Checklist	23/24

1. Introduction

Within NHSGGC, patients move around the hospital system; this may be between departments, across sites or to other Health board / Healthcare providers. All staff have a duty of care to ensure that patients are prepared and supported through this process and that receiving areas are provided with relevant healthcare records and handovers to ensure continuity of patient care and safety. Regardless of whether the patient is being transferred within a hospital site or requiring ambulance transfer the same principles of safe transfer apply.

Transferring patients has inherent risks and therefore patients should only be transferred for clear clinical reasons. Where possible multiple transfers of the patient should be avoided and consideration must be given to transfer timing along with the impact on the patient (however it should be noted that out of hours transfers may be clinically indicated).

2. Purpose & Scope

The purpose of this policy applies to the transfer of all adult patients, it aims to support decision making around safe patient transfer and includes transfer within and out with hospital sites. A range of transfers include the following:

- ED to assessment areas/wards
- Ward to ward
- Wards to departments for investigation/interventions return
- Wards to Critical care
- External transfers to other NHSGGC sites and to sites out with NHSGGC

This policy applies to all healthcare practitioners working within NHSGGC Acute Services involved in patient escort. For this policy's purpose, the term healthcare practitioner (HP) refers to Porters, Healthcare Support Workers (HCSW), and students, including staff bank, locum and agency staff.

This policy also applies to all Registered Healthcare Practitioners (RHP). For this policy's purpose, RHP refers to Registered Nurses/RMNs/Midwives, Operating Department Practitioners (ODPs), Allied Healthcare Professionals (AHPs), medical and paramedic ambulance staff. This policy describes the duties and responsibilities of all RHPs in the transfer process.

The scope of this policy does not extend to medical teams' responsibilities in establishing the need for specific treatments/procedures or liaison with specialist teams or services that will care for the patient (**Appendix 1**).

3. Roles & Responsibilities

For this policy, 'patient escort' is defined as the staff member with the required skill set to meet the care needs of the patient during the transfer period.

The Patient Escort and Transfer Decision Making Tree (**appendix 2**) should be utilised as part of a risk assessment process to inform Professional judgement of the RHP responsible for the patient's transfer.

This risk assessment is directed by the patient's clinical condition, the equipment required, and the need to provide supporting clinical documentation (including case notes, and other relevant documentation) prior to, and during, patient transfer.

If there are concerns around the stability of the patient's condition, these concerns should be escalated to the Senior Clinical Decision Maker (SCDM) and, where required the Consultant in charge of the patient's care, to assess suitability for the transfer. The identified escort is responsible for the safe, comfortable and effective transfer of the patient.

All staff must ensure the principles of privacy, respect/dignity and appropriate communication with all patients during transfer are upheld.

An escort should where possible be familiar with the patient's condition and care requirements. The reason for the patient's transfer must be clinically justified and the risk assessment should encompass the following considerations (this is not an exhaustive list):

- Infection Prevention and Control information
- National Early Warning Score (NEWS 2)
- Clinical deterioration & Escalation Plan
- Do Not Attempt Cardiopulmonary Resuscitation decision (form must transfer with the patient) and any treatment escalation plan
- Cognitive Impairment Status
- Mental Health/Behavior monitoring
- Falls Risk
- Stress/Distress Issues

If the patient is being transferred from outside NHSGGC it is the other health board/care provider's responsibility to ensure safe transfer, including appropriate patient escort.

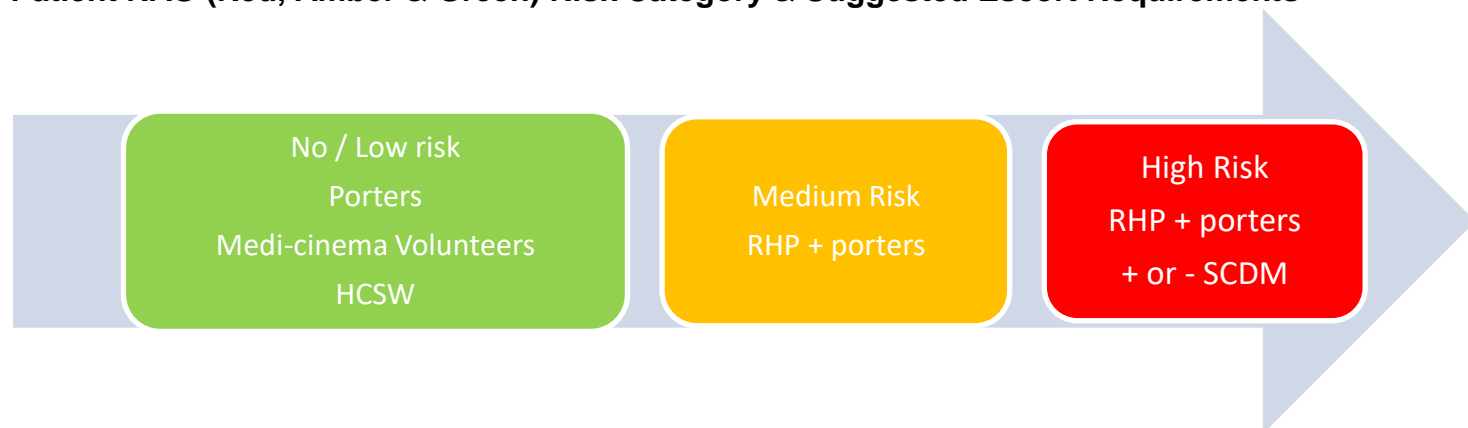
If the transfer is time sensitive (e.g. the patient is being transferred for specialist intervention) the SCDM will identify the most appropriate escort for the patient.

Where possible all interventions required to stabilise a patient prior to transfer should be undertaken and documented.

4. Role of Patient Escort

The escort must have an appropriate handover prior to escorting the patient by the RHP. The escort must always remain with the patient during transfer and provide an appropriate handover to the destination ward /department staff. The Patient Escort & Transfer Decision Tree supports the risk assessment of the patient's clinical condition and supports identification of the correct escort (**Diagram 1 & Appendix 2**). **Diagram 1:**

Patient RAG (Red, Amber & Green) Risk Category & Suggested Escort Requirements



4.1 Porters

Correct patient identification is paramount to patient safety, when collecting a patient from a ward or clinical area the porter must quote the patient's full name and reason for escort, as provided by the portering request system. This allows ward staff to identify the patient and their location within the clinical area. A RHP must check the patient's identity, confirming their name verbally and checking details on the name-band with the case notes.

The porter must introduce themselves to the patient/nurse and be informed of any specific patient or PPE requirements. If the porter feels concerned about transferring the patient without RHP escort, they should discuss this with RHP in charge. Patients should be appropriately dressed for transfer including appropriate clothing, footwear, blankets to protect their dignity.

Chairs/trolleys/beds should always be pushed at a safe speed with the patient facing the direction of travel. At doorways, doors must be held open whilst the chair/trolley/bed is guided through. Under no circumstances should the chair/trolley/bed be used to push open doors whilst the chair/trolley/bed is guided through open doors and lift doors should be held open whilst entering and leaving the lift. Care must be taken at pushing the chairs, trolleys, beds around blind corners and beds should be returned to the ward of origin post transfer.

Equipment such as chairs and trolleys must be decontaminated between each patient. If there are body fluids spilled this requires them to be cleaned by a HCSW or RHP.

4.2 Volunteers

With the exception of Medicinema volunteers, volunteers are not permitted to act as a patient escort as they are not employees of NHSGGC. When a MediCinema volunteer/staff collects a patient from a ward, they must notify a member of ward staff and let them know who they are collecting and that they are taking the patient to the MediCinema. Upon returning a patient to a ward, the MediCinema volunteer/staff must notify a member of ward staff. (**Appendix 3: MediCinema Patient Handover**).

4.3 Healthcare Practitioner

Where possible HCP should accompany the patient with following care needs (see Patient Escort & Transfer Decision Making Tree **appendix 2**):

- Any patient who is unable to identify themselves.
- Patient with cognitive impairment – assessed as unable to maintain a safe environment.
- Patient with any communication problems such as a learning disability, sensory impairment or identified mental health need.

4.4 Registered Nurse/Midwife should escort patients with the following care needs:

- Deteriorating of NEWS 2 / MEWS (maternity) requiring escalation following medical review
- Deteriorating GCS 13/15 or 14/15 or V on AVPU unrelated to anaesthetic within last 4 hours
- During the post-operative / post procedure period
- Risk of/recent seizures

- Patient requiring diagnostic procedures using contrast medium out of hours
- Blood transfusion in progress
- Ongoing infusions required that cannot be stopped during transfer period (for example Parenteral Nutrition)
- Unclamped Intercostal drain (use Heimlich valve) Patients with clamped chest drain should not be transferred
- Front of neck airway breathers (FONA): patients with tracheostomy / laryngectomy
- Complex drug infusions that cannot be stopped for transfer (for example epidural)
- Continuous monitoring required
- If the patient is in established labour, the escort must be a Midwife

4.5 Registered Mental Health Nurse must escort all patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (Emergency detention, short term detention or compulsory treatment order) who require an escort off a hospital site. Within a hospital site, professional judgement will define the most appropriate level of patient escort.

4.6 Medical Escort

Where the patient is clinically unstable or requires specific intervention there should be documented discussion with the RHP and the patient's consultant regarding the risks and interventions/skill set associated with transfer. This should include the consideration of whether it's safe to transfer the patient and if the transfer is in the patients' best interests. RHPs should discuss any other safety concerns with the patients' SCDM to ensure the most appropriate escort is provided to maintain patient safety.

5. General Principles

5.1 Patient Identification

All in-patients must have a patient identity band with name, Date of Birth and CHI and the patient identity band must be confirmed prior to leaving the ward.

5.2 Health and Care Staffing

If the staffing or skill mix levels of a clinical area is compromised by the need for a patient escort, help from other clinical areas should be considered/sought by the individual with lead professional responsibility, e.g. Nurse in charge. If no staff are available to assist in maintaining a safe ward environment and providing appropriate escort requirements, this should be escalated to line management or the clinical nurse coordinator to arrange staffing support and if unable to mitigate it should be escalated to a more senior decision-maker. Decision-makers can keep escalating risks to a senior decision-maker up to the level of the board. Who constitutes a "senior decision-maker" will be dependent on the local context in which the service is operating and on the professional and clinical governance structures in place. An individual should however be of sufficient seniority and have an agreed understanding within the organisation, supported by NHSGGCs arrangements, of their authority to act to mitigate identified risk(s).

Lead professionals (LP) involved in the mitigation of staffing risks, and senior decision-makers reaching a decision on risk, must "seek and have regard to appropriate clinical advice". This is

essential when the LP or more senior decision-maker is non-clinical. Out-of-hour transfers should be an exception based on clinical need. If no escort is available following the above process, then the Bed Manager/Clinical Nurse Coordinator must be informed and a Datix completed. If, following discussion with the Bed Manager/Clinical Nurse Coordinator, further escalation to on-call manager so that a suitable escort can be arranged for the patient transfer. **All patients requiring diagnostic procedures using contrast medium will require a registered nurse/midwife escort out of hours.**

5.3 Delegation

Health Care Support Workers (HCSW)

When a registered healthcare practitioner delegates patient escort duties to a **HCSW**, the HCSW should have the skills and abilities to perform the escort competently and accept responsibility for carrying it out. If these conditions have been met the HCSW becomes responsible for their actions and decisions. The registered healthcare practitioner remains accountable for the overall management of the patient.

Pre-registration students may undertake internal escort duties as directed by registered healthcare practitioner and if the student agrees. The RHP will make a professional judgement on whether a student is competent to undertake the level of escort required. This is based on an assessment of the level the student is performing at and includes a professional judgement of the patients' care needs.

5.4 Carers & Interpreters


If an escort has been assessed as required, they must still escort the patient in addition to a carer/interpreter. Where an escort has been assessed as required on grounds of possible clinical risk during patient movement, the escort will have access to telephone interpreting (or agreed equivalent) to support any communication requirements that may arise.

5.5 Management of Equipment

Preparation and selection of any equipment for transfer is important to maintain patient safety. The patient escort must be aware of battery life for particular equipment and the implications of losing power on route. Patients with a tracheostomy/laryngectomy (FONA) must be transferred with the Blue Tracheostomy box (emergency box). Devices should be fully charged prior to transfer and the escorting RHP must be competent with using the devices. On arrival to the destination ward/department, electrical devices should be plugged into the mains supply.

All reusable care equipment should be clean at point of use. The last person who uses the equipment is expected to decontaminate it.

5.6 Food Fluid & Nutrition

Patients should only be moved during mealtimes if this is clinically essential. If escorting a patient off site, ensure that a supply of drinks and snacks are available for the patient, if appropriate. If a patient misses a meal during patient transfer it is important to offer food and drink on return through the missed meals.  [SOP 11 Late and Missed Meals 22-23 v1.pdf](#) Patients with parenteral feed in progress require a Registered Nurse escort. (See related guidance & policies section)

5.7 Documentation

All relevant documentation must be updated prior to transfer, so that the receiving area has documented evidence of the patient's clinical condition and care needs. If the patient is being transferred permanently within NHSGGC all documentation must accompany the patient on transfer including, if FONA, the appropriate tracheostomy or laryngectomy bedhead sign. On arrival, the bedhead sign must be updated to reflect emergency contact information pertinent to the new clinical area. Paper records must be placed in an envelope to protect patient confidentiality. The escort must ensure all documentation/case notes/equipment is handed over to the patient at the transfer destination, checking there are no remaining documents on a trolley or chair.

5.8 Incident Reporting

If any healthcare practitioner involved in the patient escort process has a safety concern, they are asked to immediately report this to their manager and specific incidents must be reported by completing the [Datix Incident Form \(DF1\)](#) on the risk management information system [Datix®](#).

6. Communication

Communication between clinical teams must take place to ensure no disruption to the patient's plan of care. If a patient is being permanently transferred to another location the RHP in charge of the patient's care must communicate with the patient/the next of kin/Power of Attorney/Guardian and document this communication in patient's notes.

6.1 Handover

The **S**ituation **B**ackground **A**ssessment **R**ecommendation (SBAR) tool is a recognised patient safety tool to improve communication between all members of staff. It allows healthcare practitioners to clarify what key information should be communicated between members of the team. The SBAR tool can be used to effectively to facilitate efficient handover of patients between clinical teams. For permanent transfer between inpatient areas an electronic SBAR handover on TrakCare® should be completed. It must be documented in the patient record that electronic SBAR handover has been completed on TrakCare® and whether additional telephone or in person handover has been given.

6.2 Documentation supporting Patient Transfer Decisions

All clinical decisions relating to identifying the most appropriate escort should be clearly documented in the patient's notes and this should include a rationale for the identified escort versus the patient's care needs/identified risks. In situations where there is a decision made not to transfer the patient (as the transfer would not benefit the patient's condition), this decision will have been made with the available clinical team/SCDM and documented within the patient's notes. This documentation includes all discussions with the patient's consultant and the patient/family/carer.

6.3 PAUSE for Transfer

Taking the opportunity to PAUSE, as illustrated in Figure 1, which is a critical care example and highlights the key principles of final checks prior to patient transfer. The Critical Care PAUSE for safe Transfer example below can be adapted for non-critical care clinical areas and should be utilised as a good practice guide.

Figure 1: Critical Care PAUSE for Safe Transfer

PAUSE for safe transfer		NHS SCOTLAND	
PAUSE before DEPARTURE:		PAUSE on ARRIVAL:	
Appropriate monitoring	✓	ABCD review	Stable for handover?
IV patent and accessible	✓	'Hands-off handover' to whole team:	<ul style="list-style-type: none"> • Brief SBAR report • Venous access and invasive lines • Drugs/infusions • Blood and blood products
Drugs / infusions	Sufficient + reserve, correctly labelled		
Oxygen / battery life	Sufficient + reserve, cylinders turned on?	Maintain continuous monitoring	✓
Bag-valve-mask	✓	Detailed handover once safely moved	✓
Emergency drugs / fluid / Equipment	✓	Transferring personnel remain responsible until patient safely monitored in new location and handover complete	
Eliminate 'snag' risks	✓		
Documentation	e.g. notes, charts, ID band, consent/AWI		
Confirm transport and destination	e.g. lifts, vehicle, porters, phone ahead		
ABCD review	Stable for transfer?		

7. Risk Assessments

7.1 Moving and Handling

The responsible RHP to assess the patient for transfer should complete a moving and handling risks assessment prior to transfer.

This includes informing the transfer destination if specialist equipment is required or coming with the patient into the department. An environmental assessment may be required due to potential space constraints.

Physically immobile or bariatric patients may have requirements in terms of the specialist equipment in use and the number of staff required for any moving and handling necessary at the transfer destination. Information relating to patient weight and special requirements must be communicated to the transfer destination in advance, so that any necessary arrangements can be made.

For more information regarding specialist equipment please refer to the Moving and Handling Policy and/or [Moving and Handling StaffNet page](#). Contact the local Moving and Handling team if further advice is required.

7.2 Pressure Area Care

All patients assessed as "at risk of developing pressure damage" should have appropriate treatment/preventative measures in place. Any pressure redistributing equipment put in place for the transfer period should be included in the patient handover, with reference to the Pressure Ulcer Daily Risk Assessment and Care plan. (See link in references)

7.3 Falls Risk

Falls can result in a serious injury such as a head injury or a fractured hip. All inpatients must have a falls risk assessment completed within 24 hours of admission. The Falls intervention checklist section of the falls risk assessment must be referred to when the RHP is deciding if an escort is necessary. This consideration must include the risk related to expected mobilisation, cognitive function and the supervision available at the transfer destination. Falls assessment information for at risk patients should be communicated and passed on to the transfer destination. (See link in references).

7.4 Infection Prevention & Control

Standard Infection Control Precautions (SICPs) must be used by all staff in all care settings for all patients, whether infection is present or not. The application of SICPs ensures the safety of patients, staff and visitors and is determined by the degree of risk encountered including the task/level of interaction and/or the level of exposure to blood or other body fluids. Key precautions include the [five moments of hand hygiene](#) to reduce the risk of contamination and infection. All healthcare practitioners must assess any likely exposure to blood and/or body fluids during transfer and ensure that appropriate PPE is worn. A minimum of disposable aprons and non-sterile gloves must be worn, although additional PPE may be required. PPE is single use and should be disposed of appropriately at the earliest opportunity. Gloves should be changed if they become visibly contaminated and/or a perforation / puncture is suspected.

Suitable PPE must be worn when providing direct care to the patient but is not required when only moving beds/chairs etc. Equipment such as trolleys and chairs must be decontaminated between every patient. Further information can be found [here](#).

The registered healthcare practitioner in charge of the patient's care must ensure that the receiving area is aware of the infection status of the patient to allow appropriate patient placement, and any screening results are included and the receiving area is notified tests which are outstanding. Appropriate PPE must be used, and advice should be obtained from the Infection Prevention and Control Team if required.

8. Clinical Considerations

8.1 Specific Diagnostic Imaging Requirements

NHSGGC enacts Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) which require a patient to be identified by themselves or by a healthcare practitioner. (see link to guidance [patient id guidance 1.pdf \(sor.org\)](#)). One main thing to note is that if a patient attends the department for a radiological examination and is unable to identify themselves and is without a hospital name band, the patient's details need to be checked with **TWO** attendant healthcare practitioners.

8.2 Theatre, Endoscopy & Day Surgery Requirements

Where a specific procedure checklist exists (e.g. theatre checklist, endoscopy or interventional radiology), this must be completed by the clinical area before transfer.

Where the patient does not require an escort, any additional patient information should be telephoned to the area concerned. On arrival at reception or anaesthetic room the designated healthcare practitioner must carry out preliminary patient checks with the ward notes, using an agreed checklist. Theatre recovery will contact the receiving ward by telephone to inform them that

the patient is returning to the ward post procedure.

Patients receiving local anaesthetic are risk assessed and will either have a healthcare practitioner or registered healthcare practitioner escort to return to clinical area with a written handover by the medical staff in charge of the theatre list. All patients returning to the ward who have had a general anaesthetic will have a registered healthcare practitioner escort.

8.3 Oxygen Therapy

Patients require oxygen therapy for a wide range of clinical presentations. The RHP must use clinical judgment to decide if a patient receiving oxygen therapy requires an escort and which healthcare practitioner is most suitable. The patient escort must ensure the oxygen cylinder is full, the cylinder valve is switched on and tubing is connected properly and is administered at the correct flow rate to the portable cylinder. All oxygen cylinders used during transfers must be checked that they are in working order, secured for transport and contain an adequate supply of oxygen for transfer (Also check size of cylinder is appropriate if patient is on high flow rate). On arrival at the desired destination the patient escort must attach tubing to wall supply if available.

High Flow Nasal Oxygen (HFNO) is for adults in acute respiratory failure and an RHP or medical escort is essential. Some HFNO delivery devices have a transport mode, **but most require mains power and will not deliver oxygen during transfer unless attached to a compatible uninterruptible power supply**. Use of HFNO on transfer will also require provision of sufficient cylinder oxygen supply. Risk assessment of transfer must be completed in collaboration with medical staff. Transfers of patients in this situation should only take place when clinically justified for patient care and safety.

8.4 Medication

In assessing the need for a patient escort the RHP responsible for the patient's care must consider both continuous and intermittent medications (e.g. Intravenous, epidural, subcutaneous and oral). When a patient is being transferred to another clinical area the RHP responsible for the patient's care must plan to ensure that required doses of medicines are not missed or delayed and that stock is not wasted by duplicate orders. If a patient is at risk from a missed dose of medication or there is potential for medicine waste to be minimised the medicines may be transferred from another area in the hospital (following approved procedures).

8.4.1 Intravenous (IV) Medicines & Fluids

When an intravenous administration set is connected to a Vascular Access Device (VAD), it is essential that a closed system is maintained, avoiding all unnecessary disconnection. The RHP assessing the patient for escort must decide whether to disconnect the intravenous infusion for the period of the transfer or leave in situ.

If the closed system must be interrupted, it is essential to observe an aseptic non-touch technique (ANTT®) to maintain asepsis. All IV administration sets are single use only and should be discarded once disconnected. The Vascular Access Device (VAD) should be flushed with an appropriate volume of 0.9% sodium chloride in a 10ml syringe using push pause positive pressure technique by an RHP. For further guidance refer to the [Vascular Access Device Guidelines](#) .

8.4.2 Epidural infusions

Epidural infusions must be delivered via an infusion pump and patients receiving them **must** be accompanied by a RHP escort or member of medical staff.

8.4.3 Critical Medicines & Missed Doses

If a patient is scheduled to be away from the clinical area for a significant amount of time (e.g. over 2 hours), the RHP and medical staff responsible for the patient must consider:

- Timing of critical doses of medication (e.g. antibiotics for Sepsis 6).
- For patients with Insulin Dependent Diabetes Mellitus (IDDM), consider if insulin or food is required whilst away from the clinical area.
- For omitted medicines that could be given on return to the ward, re-prescription may be necessary
- Any 'as required' medications that could be administered before transfer
- Record missed doses on Hospital Electronic Prescribing and Medicines Administration (HEPMA) or Medicine Prescription Form or an appropriate documentation
- Seek guidance from the clinical pharmacist

8.4.4 Patient's Own Drugs (PODs)

The PODs need to accompany a patient who is being transferred to another ward. The PODs must be placed in a PODs 'green bag' or other suitable container and given to staff transferring the patient for handing over to the receiving staff. Responsibility for the safe keeping of the PODs lies with the patient escort. In the case of Controlled PODs the relevant CD register (usually the "Patients Own Controlled Drug" register, though some areas may use the general ward CD register) should be completed by both the ward transferring and receiving the patient to reflect the movement of the controlled drugs and the escort must be a RHP.

9. Blood Components

A blood component transfusion should not be started if the patient is likely to soon leave the ward e.g. for a routine X-Ray. If the patient requires 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. A RHP must escort the patient, and the blood component should continue to be infused during the transfer. At no time should the transfusion be stopped unless a transfusion reaction is suspected.

Appendix 1

Standard Operating Procedure for inter-hospital patient transfer for specialist care

Date: 11th May 2021

Wesley P Stuart: Chief of Medicine South Sector

Background

Transfer for specialist intervention is common.

Good care requires clear delineation and communication of responsibilities. This is crucially important when care involves transfer of patients between hospitals. Care is easily compromised by poor planning, failure to make responsibilities clear and failure to communicate.

(Referrals to the Major Trauma Centre are by a separate process.)

Define the required treatment

-Contact the primary provider of treatment e.g. specialist clinician or radiologist. Many procedures are image-driven. However, it is important to maintain an overview of the patient's chronic health and acute physiological status.

-Agree indications and appropriate treatment, including discussion on outcomes and other possible or subsequent, treatments and which other services might become involved.

-Agree urgency of treatment.

Establish Responsibilities

-If the care provider of treatment is non-bed-holding, decide which service will provide continuing specialist care e.g. GI medicine, general surgery, vascular surgery, renal medicine.

-Contact team(s) that will provide continuing specialty care and discuss the following:

-The **need for the treatment**

-The **limits of the treatment** and potential decisions and treatments that may ensue

-Treatments escalation plans

-**Expectations** (patient, family, referring clinician)

-**Destination and routes of transfer** e.g. ED, critical care, ward level care

-Plans for discharge or return to referring service and obligations to make repatriation beds available in a timely fashion.

-**The patient may deteriorate** while waiting for transfer. While the responsibility for care still lies with the referring team, it may also be necessary to discuss the clinical changes with the recipient service and reassess needs and priorities.

Communicate with

-Patient and family/next of kin

-Team who will deliver intervention

-Clinical teams involved in wider patient care

-Teams involved in transfer process e.g. ED, Critical care, acute specialty ward

Define later management

- Describe likely process to discharge if successful
- Describe preferred options if treatment is unsuccessful e.g. return to referring, hospital discharge, end of life care

*Example of An Acute Services Patient Transfer Checklist

ADDRESSOGRAPH LABEL

Patient Name: DOB:

CHI:

Address:

Date of Transfer:

(This does not apply to referrals to the Major Trauma Centre.)

Transfer discussed with Specialty **Team delivering** care or intervention: ☐ Eg IR, Renal medicine

Transfer discussed with **Host Team** (if different): ☐

Eg GI medicine, General Surgery

Transfer discussed with site/specialty **Bed Manager** ☐

Next of Kin informed: ☐

Plan and expectations discussed: Patient ☐ NoK ☐ Receiving team ☐

Transfer letter completed (this should contain the information below) ☐

- Diagnosis
- Reason for transfer and indications for treatment
- Important Past Medical History
- Expectations of treatment (patient, family, referring team)
- Current medications (photocopy of Kardex or copy of HEPMA paperwork)
- Copy of relevant Medical/Nursing/AHP notes
- **DNACPR status** or any discussions regarding ceiling of care ☐
- **Plans for repatriation or discharge**, and subsequent follow-up ☐
- **Infection Control** issues (incl C-19) ☐

Transfer Arrangements:

- Where will the patient be received (eg acute ward, crit care, ED)?
- Has the appropriate reception team been notified of transfer? ☐

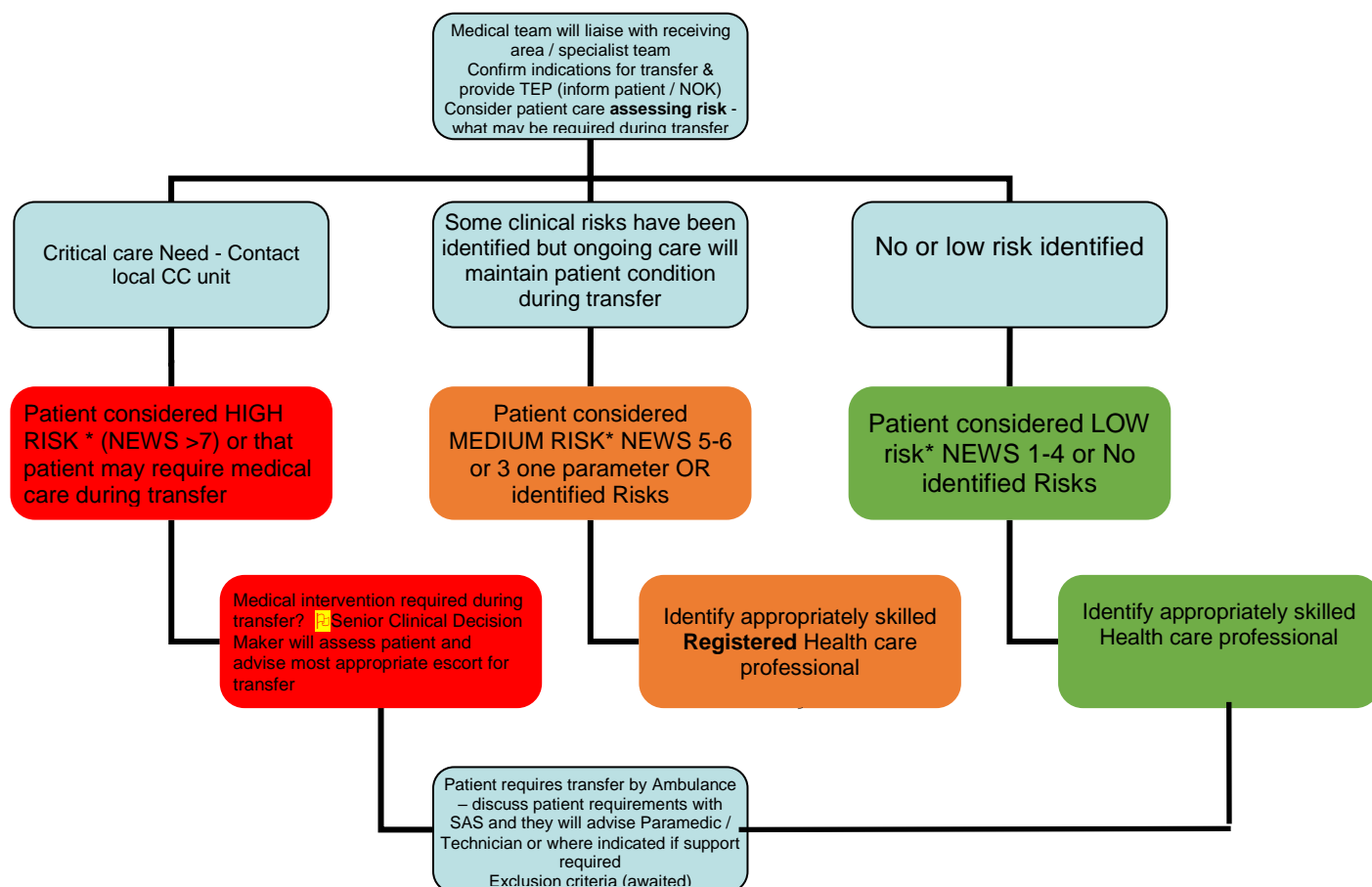
Patient **belonging's** checklist ☐

Has there been any **change in the patient's condition** while waiting for transfer?
If so, **are the receiving team aware** and **is the transfer still appropriate?**

***This Checklist can be adapted for the needs of a wide range of specialties for patient transfers**

Appendix 2

Decision Making Patient Escort & Transfer Diagram

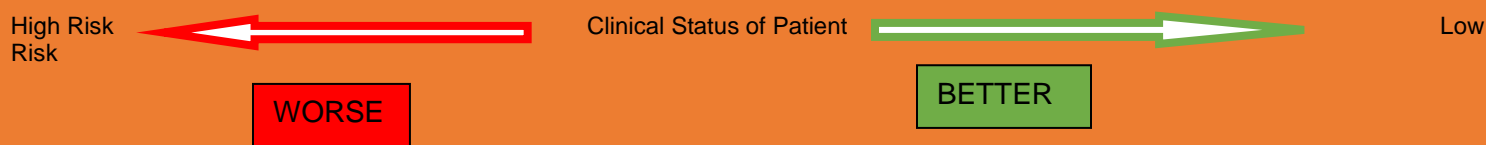


There may be some patients where the transfer has a time sensitive element. The escort requirements of the patient being transferred along with the risk: benefit ratio require to be balanced. This includes the decision not to undertake a transfer. This should be documented clearly in the patients' notes and the consultant in charge informed at the earliest opportunity

Assessing Risk – where the patient has any of the following they should be considered at least medium to high risk. The escort should be skilled in dealing with any of the possible scenarios that may occur during the transfer.

- Deteriorating of NEWS 2 / MEWS requiring escalation following medical review
- Deteriorating GCS 13/15 or 14/15 or V on AVPU unrelated to anaesthetic within last 4 hours
- During the post-operative / post procedure period
- High Risk of/recent seizures
- Patient requiring diagnostic procedures using contrast medium out of hours
- Blood transfusion in progress
- Ongoing infusions required that cannot be stopped during transfer period (for example Parenteral Nutrition)
- Unclamped Intercoastal drain (use Heimlich valve)
- Patients with clamped chest drain **should not be transferred**
- Patient with FONA (tracheostomy / laryngectomy) insert link to trachy policy
- Complex drug infusions that cannot be stopped for transfer (for example epidural)
- Continuous monitoring required

Continue to assess & respond to patients' condition prior to transfer which includes deferring the transfer.



Appendix 3 MediCinema Patient Handover Form

NURSES: PLEASE COMPLETE ALL DETAILS

PATIENTS WILL ONLY BE ADMITTED IF TICKET IS FULLY COMPLETED & SIGNED

MEDICAL DETAILS ARE CONFIDENTIAL AND ONLY FOR THE
INFORMATION OF MEDICINEMA DUTY NURSES

Patient's Name: _____

Ward: _____

Bed No: _____

Age: _____ Gender (M/F/NB): _____

Diagnosis/Medical History
+ Reason for Current
Admission: _____

Allergies: _____

Infection Risk: _____

History of Seizures? _____

Nil by Mouth? _____

Covid-19/Respiratory Risk? _____

Falls Risk? _____

Receiving one-to-one care? _____

Please describe the following:
(include any relevant info / recently administered meds etc)

IV Therapy Rate: _____

O2 Flow Rate: _____

Syringe Driver Rate: _____

DNR Status (Circle One): Yes for Resus No for Resus

MUST BE SIGNED BY NURSE IN CHARGE OF PATIENT

Name: _____ Date: _____

Signed: _____

PATIENTS WILL NOT BE PERMITTED FOR AT
LEAST 24 HOURS AFTER GENERAL ANAESTHETIC

Key Contributors

The electronic review group consisted of staff nominated by the Chief Nurses/Midwife and Chief AHP in NHSGGC Acute Services and the draft document was circulated via the Chief Nurse/Midwife group for service feedback.

Name	Position
Margaret Connolly	Associate Chief Nurse Reviewer of current version
Judith Roulston	Team Leader - Critical Care Outreach & Enhanced Care Service
Colette Byrne	Senior Clinical Risk Pharmacist
Catherine McLaughlin	Lead Pharmacist Medicines Governance, Clinical Governance
Angela Duffy	Lead Midwife
Claire Ganner	Lead Nurse, Emergency Care and Medical Specialties
Karen McGugan	Lead Nurse, Diagnostics
Jill Leckie	Interim Lead Nurse
Scott Young	Corporate Facilities Lead
Jamie Coleman	Porter Manager
David McLaughlin	HCSW Education and Development Lead
Stroma Mackay	Senior Charge Nurse, Recovery
Helena Richmond	Interim Lead Nurse,
Jillian McDonald	Lead Practitioner, Moving and Handling
Dorothy O'Hare	Senior Charge Midwife
Katherine Stewart	Practice Development Nurse
Laura Halcrow	Falls Prevention Lead, Acute Services
Heather Hodgson	Lead Nurse, Tissue Viability
Heather Boylan	Lead Radiographer, Modality
Lynn Pritchard	Nurse Consultant, Infection Control
Patient Transfer SLWG Membership	
Wesley Stuart	Chief of Medicine South Sector
Morag Gardner	Acute Deputy Director of Nursing
Margaret Connolly	Associate Chief Nurse Reviewer of current version
Judith Roulston	Team Leader - Critical Care Outreach & Enhanced Care Service
Kevin Rooney	Professor & Clinical Director Critical Care Clyde Sector
Shouren Datta	Consultant Gastroenterology. South Sector
James McAllister	Health Records manager
Myra McAdams	Consultant Anaesthetist, North Sector

Dianne O'Carroll	ED Consultant Clyde Sector
Patient Transfer SLWG Membership Continued	
Claire McCue	Consultant Anaesthetist, GRI, North Sector
Denise Wilkinson	Associate Chief Nurse Clyde Sector
Claire Fitzpatrick	ED Consultant, GRI, North Sector
Andrew Cadamy	Associate Medical Director (ScotStar: SAS)/Consultant Anaesthetist South Sector
Michael Gallacher	National Operations Manager West ACC (SAS)
Phil McAleer	Head of Service Divisional HQ (SAS)
Raymond Currie	Area Service Manager, Glasgow Central A&E (SAS)

Related policies and guidance

Aseptic Non Touch Technique: The international standard for aseptic technique [online]. Available at: http://www.antt.org/ANTT_Site/home.html

[Care of Patients with a Tracheostomy or Laryngectomy \(668\) | Right Decisions \(scot.nhs.uk\)](#)

Clinical Imaging Board (2019) Patient Identification: Guidance and Advice. Available at: <https://www.rcr.ac.uk/sites/default/files/cib-patient-identification-guidance-and-advice.pdf>

General Medical Council (GMC) (2013) Good medical practice Available at: http://www.gmc-uk.org/guidance/good_medical_practice.asp

Health and Care Professions Council (2023) Standards of conduct, performance and ethics [online]. Available at: [Standards of proficiency | \(hcpc-uk.org\)](#)

Infection prevention and control guidelines: [Infection Prevention and Control – NHSGGC](#)
[iv-meds-flush-policy-nov-2021-v1.pdf \(ggcmedicines.org.uk\)](#) **(AWAITING NEWLY RATIFIED POLICY)**

The Mental Health (Care and Treatment) (Scotland) Act 2003 Available at: www.legislation.gov.uk/asp/2003/13/contents.

National Infection Prevention and Control Manual (2012) [online]. Available at: <http://www.nipcm.hps.scot.nhs.uk/about-the-manual/>

National Patient Safety Alert (2020) Interruption of nasal high flow during transfer. Available at: [FINAL-NatPSA-Interruption-of-HFNO-during-transfer-April-2020-v3.pdf \(england.nhs.uk\)](#)

NHS Greater Glasgow and Clyde (2024) NHS Greater Glasgow and Clyde Safe and secure handling of medicines in hospital wards, theatres and departments:

[GGC Medicines: SSHM Policy](#)

NHS Greater Glasgow & Clyde (2017) NHS Greater Glasgow & Clyde Core prevention policies and SOPs (including SICPs) [online]. Available at: <http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/prevention-and-control-of-infection-manual-policies-sops-guidelines/core-prevention-policies-sops-includes-sicps/>

NHS Greater Glasgow and Clyde (2015) NHS Greater Glasgow and Clyde Acute Services Division Patient Identification Band Policy [online]. Available at: <http://www.staffnet.ggc.scot.nhs.uk/Applications/PM/Policy%20Documents/Patient%20Identification%20Band%20Feb%202015.doc>

NHS Greater Glasgow and Clyde (2017) NHS Greater Glasgow and Clyde Consent policy on healthcare assessment, care and

treatment [online]. Available at:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Key%20Information/Consent%20to%20Treatment/Consent%20Policy%20FINAL.pdf>

NHS Greater Glasgow and Clyde Nutrition Resource Manual. Available at:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Food%20Fluid%20And%20Nutrition/Pages/default.aspx>

NHS Greater Glasgow and Clyde Policy for the Prevention and Management of Falls in adults aged 16 and over. Available at: [Policy for the Prevention and Management of Falls in adults aged 16 and over](#)

NHS Greater Glasgow and Clyde Pressure Ulcer Prevention and Management Policy. Available at:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/TissueViabilityServiceAcuteDivision/Documents/NHSGGC%20Pressure%20Ulcer%20Policy%202022%20Final%2025.4.23.pdf>

Nursing and Midwifery Council (2018) The Code: professional standards of practice and behaviour for nurses and midwives. London: NMC.

<https://www.nmc.org.uk/standards/standards-for-midwives>

<https://scottish.sharepoint.com/sites/AcuteFoodFluidandNutrition/SitePages/Parenteral-Nutrition.aspx>

Scottish Government (2000) Adult and incapacity (Scotland) Act 2000 [online]. Available at:

<http://www.gov.scot/Publications/2008/03/25120154/1>

Scottish Government (2009) Code of Conduct for Health Care Support Workers.

<https://www.gov.scot/Resource/Doc/288853/0088360.pdf> (webarchive.org.uk)

Vascular Access Procedure and Practice Guidelines (2023): Available at:

<https://clinicalguidelines.nhsggc.org.uk/cardiovascular-disease/surgical-management/vascular-access-devices-vads-care-and-maintenance-592/>

Appendix 13

Assurance Checklist

Approving Body or Bodies
(in order): Acute Clinical Governance Forum

Date of Approval: November 2024

Director/Policy Lead: Professor Angela Wallace/ Margaret Connolly & Judith Roulston

	Requirement	Comment
Scope	The scope is clearly defined. There is clear evidence that it does not duplicate existing policy. Recognition is given where it overlaps with or supplements existing policy.	The scope of this policy is clearly detailed within the body of the policy and does not duplicate any existing policies.
Consultation	There has been sufficient consultation with those affected by the policy, including those with responsibility for implementation.	This policy was developed by a SLWG, then circulated through Director of AHP, Chiefs of Medicines/Nursing and the Director of Midwifery for consultation and feedback.
Staff Partnership	The policy development requires collaboration with, and agreement of, Staff Partnership.	Reviewed by Employee Director and doesn't require to be submitted via Area Partnership Forum
Communications Plan	There is a comprehensive communication and implementation plan in place.	Within the appendix section of the policy
Finance	Cost implications are fully understood and agreed by budget holders, or additional resource Secured.	Cost neutral as it supports clinical practice.

Equalities	The policy has been subject to EQIA assessment and shared with the Corporate Inequalities Team.	Corporate Inequalities Team reviewed policy & no EQIA assessment is required
Human Resources	Implications for staff are fully understood and agreed.	Yes this is multi-professional policy and has been developed in partnership with SLWG
Sustainability	Impact on the environment (e.g. carbon emissions; travel) is understood and agreed.	Neutral
Risk	Any risks to the organisation are fully understood and agreed as a result of this Policy.	Risks are clearly highlighted within the policy as these risk are assessed dynamically with each patient prior to Escort/transfer
Service Delivery	Implications for service delivery including achievement of performance targets are fully understood and agreed.	Patient Escort/transfer is integral to service delivery
Review	A review has been carried out to evaluate the effectiveness of the current policy.	Review of organisational policies at a national level to ensure a consistent approach and also development by expert group

The completed Assurance Checklist should be submitted to Iain Paterson, Corporate Services Manager (iain.paterson2@ggc.scot.nhs.uk) following approval of the Policy.