OP67
Escort of Adult Patients Policy

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Appendices

1.0   Policy Statement (Purpose / Objectives of the policy

The purpose of this policy is to ensure that adult patients are safely transferred between departments internally within the hospital without compromising their condition, ensuring that appropriate personnel to escort them and equipment is identified.

Escort duties may include the transfer of patients to and from any ward or department within the hospital, for any reason e.g., attendance to departments for diagnostic investigations, transfer to another ward for ongoing care or attendance at a scheduled appointment.

2.0 Definitions

2.1 **Escort:** the staff member assigned to accompany the patient being transferred to another ward or department.

2.2 **Internal Transfer:** Within same hospital site

2.3 **SBART:** communication acronym used to provide a patient handover for transfer

        S situation

        B background

        A assessment

        R recommendation

        T transfer

2.2 **Trained clinical staff:** clinical staff who have the appropriate skills to manage the patients specialist care needs (eg. tracheostomy)

2.3 **Transfer:** The movement of the patient form one department or ward to another either for diagnostic intervention, treatment or ongoing inpatient care.

2.4 **Unregistered Escort:** a member of the nursing team who is not registered with the Nursing and Midwifery Council (NMC).

3.0 Accountabilities

3.1 It is the responsibility of all staff involved in the patient's care to assess their needs prior to transfer.

3.2 Staff should ensure they familiarise themselves with and adhere to the contents of this policy.

4.0 Policy Detail

4.1 The registered nurse responsible for the patients care or the nurse in charge of the ward will assess if an escort is required, and if so, the level of escort required using the Adult Escort Checklist (Appendix 1).

4.2 The escort identified must be suitably experienced in escorting patients and know how to seek assistance in an emergency if required.

4.2 Wherever possible, patients should be transferred in wheelchairs as this is the most economic means of moving patients within the Trust. This should be assessed prior to transfer, ensuring patient safety is never compromised.

4.3 Excluding emergency situations, the reason for the journey must be fully discussed with the patient and, or their relatives and carers.

4.4 Porters will support the transfer process and patients will be booked via the Teletracking system. All relevant information such as mode of transport, destination, the patients infection status and the need of supplementary equipment eg. Oxygen must be detailed within the request.

4.5 For patients requiring oxygen, it is the responsibility of the registered nurse caring for the patient to ensure that the oxygen cylinder used has enough capacity for the journey required taking into consideration the return journey if applicable, referring to the Oxygen Cylinder Run Times Table (Appendix 2).

4.6 The nurse in charge is responsible for ensuring that equipment is available in the event it is required, and that the appropriate level of nursing and medical support is available to ensure adequate care is provided to maintain the patient's wellbeing during the transfer.

4.7 Prior to the transfer the registered nurse caring for the patient must check the following details:

- The patient and, or their relatives or carers have been made aware of the reasons for and timing of the transfer.
- The patient's clinical needs during the transfer have been appropriately risk assessed and documented in the patient's notes to include the relevant early warning score.
- If required a handover has been provided to the receiving area using the SBART process
- Appropriate level of portering and mode of transport are arranged (Appendix 1)
- Appropriate staff are allocated to provide care and handover during transfer where necessary (Appendix 1)
- If appropriate, the necessary equipment and medication must be available for use during transfer.
- All documentation must be completed and ready to be transferred with the patient; if the patient is being transferred without an escort (i.e. with a porter) then case notes must be in a sealed envelope (see Health Records Policy OP07).
- Necessary information checks should be made prior to the escort – a registered nurse must check identity wrist bands are in place and contain the correct patient information.
- Ensure the escorting staff are aware of patient's needs during escort.
- Prescribed medication must be reviewed to ensure where necessary that it is available during transit and there is sufficient available for the anticipated duration of the transfer.

4.8 The staff member acting as an escort will:

- Be competent to use any equipment that is being transferred with the patient
- Ensure that the patient is adequately clothed or covered for the journey ensuring that the patients dignity is maintained at all times during the transfer
- When necessary the escort should politely request the public to vacate the lifts in order for the patients use
- Secure all equipment, invasive lines and indwelling devices to avoid unintentional disconnection
- Remain with the patient throughout the duration of the transfer process (until returning to the original clinical area or has been received by another area for ongoing inpatient care)
- Ensure all equipment and monitoring devices continue to work and are not resting on the patient.

- Regularly check that the patient's condition remains unchanged and if there is a deterioration in the patients condition summon help. If a patient goes into cardio or respiratory arrest mid transfer the escort is to take them to the nearest ward or department where assistance can be summoned and emergency intervention commenced.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Doe the implementation of this policy requires additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

7.0 Maintenance

The Chief Nursing Officer should coordinate the review of this policy.

8.0 Communication and Training

The information within this policy to be disseminated to Matrons and Department Leads. The escort checklists are included in the nursing induction that all clinical staff receive on commencement of their employment in the trust.

9.0   Audit Process

The policy will be monitored monthly by the monitoring of any adverse incident reported on Datix within each specialty and reported into Directorate Governance meetings via the Integrated Governance Reports.

Criterion	Lead	Monitoring method	Frequency	Committee
To ensure that the correct level of escort is provided, and safety maintained	Chair of Directorate Governance Meetings	Datix incidents review Integrated Governance Report (IGR)	Monthly	Directorate Governance Meetings

10.0   References - Legal, professional or national guidelines

Department of Health [2005] A Safer place for patients: learning to improve patient

Safety. Department of Health. London

Department of Health [2003] How can we help older people not fall again?

Implementing the Older People's NSF Falls Standard: support for commissioning

good services. Department of Health. London

Department of Health [2000] NHS Plan; a plan for investment a plan for reform.

Department of Health. London Department of Health [2003] How can we help older

Part A - Document Control

Policy number and Policy version: OP67 Version 7.0	Policy Title **OP67 Patient Escort Policy**	Status: Final		Author: Matron for Capacity & Patient Flow **Chief Officer Sponsor:** Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	October 2006	Capacity Manager	Introduction
	2.0	September 2008	Capacity Manager	Review
	3.0	October 2010	Capacity Manager	Review
	4.0	November 2015	Matron Lead creating best practice transfer and admission group	Review
	4.1	February 2018	Matron Lead creating best practice transfer and admission group	Update of Appendix 1 & 2 to support changes made in the Oxygen Policy CP57
	4.2	April 2019	Matron Lead creating best practice transfer and admission group	Review by CNO extended to November 2019 pending full review
	5.0	May 2019	Matron for Respiratory, Diabetes and Dermatology	Full review undertaken not amendments required save for appendix 1
	5.1	July 2021	Matron for Gastroenterology and Endoscopy	Minor amendments to appendices 1 and 2
	6.0	May 2022	Matron for Gastroenterology and Endoscopy	Review
	7.0	January 2024	Matron for Capacity & Patient Flow	Review
Intended Recipients: Trust staff who transfer adult patients to other areas either for on going in-patient stay or investigations.				
Consultation Group / Role Titles and Date: Matron Group January 2024, Medical Gas Committee January 2024.				
Name and date of Trust level group where reviewed	Trust Policy Group – April 2024			

Name and date of final approval committee	Trust Management Committee – April 2024
Date of Policy issue	May 2024
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	May 2027
Training and Dissemination: Uploaded to the Trust Intranet site, Trust email bulletin, Band 7 and 8 forum and emailed to Matron group for dissemination to teams.	
Publishing Requirements: Can this document be published on the Trust's public page: Yes	
To be read in conjunction with: 1.CP05 Transfer of patients between wards, departments, specialist units and other hospitals 2. Operational policy for the transfer of Children 3. Intra- hospital transfer for Critically Ill Patients 4. CP16 The safe and effective use of bed and trolley rails policy	
Initial Equality Impact Assessment (all policies): **Completed Yes** **Full Equality Impact assessment** (as required): **Completed NA** If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904	
Monitoring arrangements and Committee	Matron group spot check audit Datix monitoring
Document summary/key issues covered. This policy provides direction for all staff who are involved in arranging internal transfer of patients / clients to and from other ward / departments by way of a bed, chair or trolley	
Key words for intranet searching purposes	Escort Transfer

Adult Escort Checklist

Registered nurse, trained clinical staff or doctor escort (trolley or bed)

- Patients with IV's with additives (consider syringe driver)
- Patient receiving IV opioids
- Respiratory support
- Blood transfusion
- Patient with current chest pain
- Patient on >2l oxygen
- Patient being transferred to C 14 / C 26 for NIV or ICCU
- Cardiac monitoring
- Sedation
- NEWS > 5
- Fitting / known uncontrolled seizures
- Unstable spinal injuries
- Head injury
- A V **P U**
- Altered airway support e.g. tracheostomies
- Patient about whom you have additional concerns
- End of life patients / patients on SWAN pathway
- Known suicide risk
- Patient with sliding scale

Requires non-registered escort (trolley, bed or chair)

- Pt with confusion
- Pt on IVI - for hydration only
- Pt at risk of falls
- Oxygen therapy 2 litres or less
- A **V** P U - if stable
- Learning disability
- Patients with dementia

Does not require escort (chair)

- Pt not confused
- No IVI in place
- Not at risk of falls
- NEWS < 4
- A V P U

- **This does not replace your clinical judgement**
- **Refer to Trust Policy CP16: use of bed/trolley rails when transferring the patient**

Patients with an altered airway

The emergency airway box must accompany the patient when transferring between departments.

FULL Oxygen Cylinder Run Times (BOC)

Size → Flow ↓	D (340 ltrs)	CD/DD (460 ltrs)	E (680 ltrs)	F/AF (1360 ltrs)	HX (2300 ltrs)	G (3400 ltrs)	J (6800 ltrs)
0.25	22h 40min	30h 40min	45h 20min	90h 40min	153h 20min	226h 40min	453h 20min
0.5	11h 20min	15h 20min	22h 40min	45h 20min	76h 40min	113h 20min	226h 40min
0.75	7h 33min	10h 13min	15h 6min	30h 13min	51h 6min	75h 33min	151h 6min
1	5h 40min	7h 40min	11h 20min	22h 40min	38h 20min	56h 40min	113h 20min
2	2h 50min	3h 50min	5h 40min	11h 20min	19h 10min	28h 20min	56h 40min
3	1h 53min	2h 33min	3h 46min	7h 33min	12h 46min	18h 53min	37h 46min
4	1h 25min	1h 55min	2h 50min	5h 40min	9h 35min	14h 10min	28h 20min
5	1h 8min	1h 32min	2h 16min	4h 32min	7h 40min	11h 20min	22h 40min
6	56min	1h 16min	1h 53min	3h 46min	6h 23min	9h 26min	18h 53min
7	48min	1h 5min	1h 37min	3h 14min	5h 28min	8h 5min	16h 11min
8	42min	57min	1h 25min	2h 50min	4h 47min	7h 5min	14h 10min
9	37min	51min	1h 15min	2h 31min	4h 15min	6h 17min	12h 35min
10	34min	46min	1h 8min	2h 16min	3h 50min	5h 40min	11h 20min
12	28min	38min	56min	1h 53min	3h 11min	4h 43min	9h 26min
15	22min	30min	45min	1h 30min	2h 33min	3h 46min	7h 33min

Flow = ltrs/min

Nov 16

Time = Hours: Minutes