Kent and Medway
NHS and Social Care Partnership Trust

Transporting Patients Policy

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DOCUMENT TRACKING SHEET

Transporting Patients Policy

Version	Status	Date	Issued to/approved by	Comments
0.1	Draft	14/12/12	Patient Experience Group	Revised Draft Patient Transport Policy
1.0		30/01/13	Patient Experience Group	Ratified
1.1	Draft	03/01/2017	Trust wide Patient and Carer Experience Group	Agreed to send out for virtual ratification
2.0	Approved	26/01/2017	Trust wide Patient and Carer Experience Group	Virtually ratified.
2.1	Approved	March 2018	Policy Manager	Separated Equality Impact Assessment screening from document. Amended 'service line' to 'care group'.
3.0	Final	July 2021	Trust wide Patient and Carer Experience Group	Some small amendments, including inclusion of MBU processes, and updates to escalation process and reference to physical health monitoring and care, as advised by ACG DGS Matron.

REFERENCES

Generic Patient Escort risk assessment HS07 – Health & Safety File

RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

Clinical Risk Assessment & Management of Service Users	KMPT.CliG.009
Health & Safety Risk Assessment Policy & Guidance	KMPT.CorG.004
Informal Patients' Policy	KMPT.CliG.022
CPA Policy	KMPT.CliG.001
AWOL Missing Person Policy	KMPT.CliG.034
Section 17 Leave	KMPT.CliG.017
Lone Working Policy	KMPT.CorG.024
Management of Serious Incidents, Incidents, Accidents and Near Misses Policy	KMPT.CorG.017
Personal Boundaries Policy	KMPT.HR.034
Health Based Places of Safety Operational Policy	KMPT.CliG.042
Consent to Examination or Treatment Policy	KMPT.CliG.049
Mental Capacity Act Policy	KMPT.CliG.052

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
19.02.21	Teresa Barker	New section 16	Updated to include reference to MBU and escalation protocols, plus reference to physical health monitoring and care

CONTENTS

1 AIMS OF POLICY

1.1 The aim of this Policy is to outline the strategies to be considered and applied in order to ensure best practice and safety when transporting patients by any means.

2 ROLES AND RESPONSIBILITIES

2.1 The Trust's Chief Executive has the overall responsibility to have processes in place to:

- Ensure that staff are aware of this policy and adhere to its requirements.
- Ensure that appropriate resources exist to meet the requirements of the policy.

2.1 The Care Group Directors are responsible for:

- Ensuring that all Team managers in their areas are aware of this policy, understand its requirements and support its implementation with relevant staff.

2.2 The Assistant Medical Directors are responsible for:

- Ensuring the policy and guidance is understood and carried out by any medical staff.

2.3 Team Managers and Ward Managers are responsible for:

- Implementing the policy with their immediate staff and ensuring that staff under their supervision adhere to requirements when considering transporting patients.

2.4 Assistant Directors are responsible for:

- Ensuring that this policy is monitored and that issues and escalations are reviewed and that amendments and addendums are implemented where necessary to ensure the service users experience and safety.

3 DEFINITIONS

3.1 **Escort**: – A health or social care professional identified to support a service user during transportation. The escort may be qualified or unqualified as identified through the planning and risk assessment process, or through legal requirement in the event of mental health act papers needing to be transported with the service user

3.2 **Accompany** - to go along or in company with as an equal.

4 SITUATIONS WHERE THE NEED TO TRANSPORT AND ESCORT SERVICE USERS MAY ARISE

4.1 Inpatient staff may be required to transport and escort Service Users in relation to

- appointments outside the ward environment
- court appearances
- planned therapeutic activities outside the ward environment

- transfers between wards and/or other hospitals/units

4.1 Community staff may accompany service users on different occasions as part of therapeutic activity but will only be required to escort and transport in the following situations:

- admission to hospital
- Out-patient appointments

4.2 Transportation may include, Patient transport services, including secure patient transport, ambulance, police vehicles, Trust owned or leased vehicles, taxi, private rented vehicles or public transport

5 RISK ASSESSMENT

5.1 All service users must have an up to date Risk Assessment in place on the Trust electronic record system which must be incorporated into the service users care plan. When deciding on patient transport consideration should be taken as to the potential risks that could impact on the decisions made. The following is a non-exhaustive list of factors, wishes and views to be considered during this risk assessment process:

5.1.1 service user diagnosis

5.1.2 Current mental state including severity, and nature of mental health crisis

5.1.3 Knowledge of the service user, the service user's history and Care Plan

5.1.4 If considering admission, the availability of a bed or the possible time frame for a bed to become available

5.1.5 The service users wishes/views

5.1.6 Specific risks associated with transporting the service user such as:

- The effect of being in a confined space
- Having to wear a seat belt
- The likelihood of a service user exhibiting high risk behaviour that may put the driver, other passengers or the public at risk; this may include the current risk of violence or self-harm
- Potential relapse indicators and trigger factors
- Distance/travel time to destination

5.1.7 Carers views/wishes – including practicalities such as:

- Giving carers an opportunity to express their views
- Appropriateness, willingness and feasibility of their involvement
- Time of day i.e. if service user is known to be more settled/unsettled at a particular time of day

5.1.8 The needs of physically disabled Service Users which should include:

- The use of mobility aids and equipment
- The service user's ability to use public transport should take into account their disability in association with their current mental state, in order that dignity and safety is not compromised
- Wheelchair users requiring wheelchair restraints

5.1.9 The service user's physical health status

- Physical health status of the service user should be considered and reviewed prior to any transportation occurring
- Existing medical/physical conditions must be recorded, and form part of the overall risk assessment and planning for the transportation
- Staff providing the escort should have basic life-saving training, and carry with them basic life-saving equipment

5.2 The assessor must consider the use of prescribed medication before transportation. The service user's mental state must be subject to ongoing assessment throughout the journey to pre-empt problems if possible.

5.3 Once the risk assessment has been completed a member of staff should be identified to act as a lead to co-ordinate the transportation.

5.4 High-risk cases should include as part of the risk assessment, a risk management plan, that is clearly explained and available to the escort, along with a crisis contingency plan for the journey should an incident occur.

6 MODE OF TRANSPORT

6.1 The completed risk assessment will determine the most appropriate mode of transport, for the patient, whether staff escort is needed and if so the numbers and skill mix of staff required.

6.2 Irrespective of the mode of transport, all those travelling are required to wear a suitable seat belt.

6.3 The patient transport Service currently provided by G4S should be considered for all non-emergency journeys in the first instance. Journeys must be booked using the online booking system, providing all requested information in order to ensure meets eligibility criteria. Where journeys are declined by the patient transport service, the escalation process should be used.

6.4 Non-emergency transport providers should not be considered appropriate if:

6.4.1 If the patient is behaving in a manner which poses a risk to either themselves of others during the journey

6.4.2 Is likely from previous behaviours to present as a risk during the journey

6.4.3 Has been admitted to an acute ward from the community within the previous 48 hours, and is not previously known to the mental health services.

6.4.4 Requires equipment that cannot be transported safely in the available vehicle.

6.5 Where private vehicles are used (including volunteer drivers) it is essential that they are roadworthy and insured for the transportation of patients. The Trust's Occupational Road Safety Policy must be adhered to.

6.6 Where it is assessed that an Ambulance is the correct means of transport needed to transfer the service user safely, this should be done providing adequate information to the ambulance service on any risks or physical health requirements of the patient. Where there are particular risks, or anxieties with the service user, it may also be required to send a staff escort to support the ambulance crew. The use of a KMPT staff escort should also be considered based on the service users wishes.

6.7 The decision may also be made that, due to the risks posed, it is deemed unsuitable for the patient to be transported at that time and the journey may need to be delayed. If the transportation is essential to manage risk i.e. transporting a high-risk patient to a ward with a higher level of security, consideration should be made as to the use of a secure vehicle. This decision must be made following discussion with the Locality Service Manager.

6.8 Secure transport is currently booked via two companies either PSS or Medisec. The staff once authorisation is received and the appropriate risks considered, will telephone book with either of these companies. There may be need to request a contracted escort at this time, but staff should also consider the use of KMPT staff escort for continuity and knowledge of risk in high risk cases. The requirements for information sharing will be as with the use of the ambulance services.

6.8.1 The use of secure vehicles and this policy is subject to change in the light of secure transport contracts being out to tender, to enable the organisation to provide better patient experience with monitoring and assurance.

6.9 Taxi use can be authorised for use through escalation to your locality service management/director in hours, and via the manager on-call system out of hours. Taxi use in the early hours of the morning can be at the discretion of the most senior nurse, and does not necessarily need a call to the on-call manager specifically for this purpose.

6.10 The KMPT Voluntary Services Transport Scheme provides a limited service for the inpatient and community patients. Wards or services are required to fill out an on-line booking form to book a journey. At the time of booking, the services must assess the wellness of the patient in order to use the volunteer car service. The service can be used for transporting a patient to an appointment (depo/dentist/consultant appointment) and to bring relatives to visit. Staff should contact Voluntary Services for further information.

7 ESCORT

7.1 Staff should be aware of the difference between **escorting** and **accompanying** a patient (see 3.1 and 3.2).

7.2 The decision to escort the service user will be made in collaboration with the service user. If a voluntary service user refuses to be escorted, further assessment should be undertaken to determine the risks the service user poses and their capacity to make that decision. Any

discussions and decisions made should then be clearly documented on the RiO clinical records system.

7.2.1 Where there is a carer or support network and an information sharing agreement is in place they should be informed if a service user plans to travel without an escort against the advice of the multidisciplinary team.

7.3 Clinical staff can escort in-patients for a number of reasons where additional support is required as per the non-exhaustive list below:

7.3.1 Attending an appointment e.g. at outpatients, court or housing department

7.3.2 Requiring assessment somewhere outside the hospital e.g. at home

7.3.3 Transferring a patient from one unit to another within or outside of the Trust should this be deemed necessary

7.3.4 Returning a patient returning from being absent without leave

7.4 Community staff may accompany a patient on different occasions as part of therapeutic activity but will only be required to escort and transport in the following situations:

7.4.1 Admission to hospital

7.4.2 Medical appointments

Transportation may include, taxi, ambulance, public transport and in certain cases staff private vehicles. (Where ever possible the use of taxi's should be avoided as this provides a larger cost implication for the Trust)

7.5 Staff must ensure that service users being transported & escorted for whatever reason must clearly understand the nature of the escort, the reason for the escort and must be able to discuss any queries or concerns that they have about the escort. For this reason an interpreter must be obtained if English isn't the service user's preferred language to plan the escort and if necessary should be available on the day of the escort to ensure the service user fully understands what will happen. Staff should ensure an interpreter is available at the destination of the journey.

7.6 Immediately prior to the service user travelling, the nurse in charge should assess the service user's mental and physical condition to ensure they are fit to travel

8 ESCORT STAFF

8.1 Following assessment, the nurse in charge should determine the number and grade of staff required for the escort, and should ensure these staff are available. There should also be adequate staff left to cover the ward.

8.1.1 There is an expectation that all acute teams based at a site will work together to achieve the required staff, and ensure service user experience, and safety. This may mean members of staff being asked to cover other teams/wards

8.2 The escorting member of staff should, wherever possible, be known to the service user and be familiar with his/her history and clinical condition.

8.3 A careful risk assessment must always be undertaken in relation to the seniority and experience of staff and number of staff required.

8.4 Particular care must also be taken to ensure that a voluntary service user agrees to the escort, or if they lack capacity to consent, that such an escort is in their best interests.

8.5 For transfers to other Trusts, and for all transfers where the service user is detained under a section of the Mental Health Act, at least one member of the escorting staff should be a registered nurse; or persons nominated to carry the mental health act papers by the approved mental health practitioner that has been part of the assessment team applying the section order.

8.6 Prior to leaving the ward the escorting member of staff should discuss anticipated time of return to the ward/unit with the service user and nurse in charge, particularly where the escort is to the service user's home.

8.7 If for any reason there is a delay in them returning, the escorting member of staff must contact the ward. The escorting member of staff must have access to a mobile telephone to enable them to be in contact with the ward whenever necessary. Ward staff must be aware of the phone number of the escort nurse's mobile phone.

8.8 If the member of staff has not returned to the ward within the expected time limit, the nurse in charge will attempt to contact the staff member, service user's home, or other likely location to establish the reason for the delay. The nurse in charge should contact the Line Manager/Clinical Lead/Team Leader to make a judgement as to the urgency of the situation, escalating to the Locality Service Manager for further advice if required. The nurse in charge may also contact the police where this is thought to be clinically justified. Lone working protocols should be adhered to.

8.9 Student nurses or other staff in training should not escort service users unless accompanied by an appropriate member of staff. The experience of the student nurse should be taken into account and this escort duty should be seen as a learning opportunity.

8.10 The number of staff required for the transfer will depend on the risk assessment of the service user, individual care plan, the nature of the transfer and mode of transportation.

8.11 The escort staff must be able to deliver all aspects of the person's transportation plan.

8.12 Where transfers are carried out in motor vehicles reference to escort staff shall not include reference to any driver of the vehicle, unless a documented risk assessment identifies no requirement for an additional escort.

9 SEATING PLAN

9.1 As part of the risk assessment process the lead member of staff must consider a seating plan for the transfer. This will ensure that consideration is given to identified risks and the implementation of appropriate seating arrangements within the vehicle.

9.2 Consideration should be given to:

9.2.1 Ensuring there is a safe distance between the patient and the driver / vehicle controls

9.2.2 Ensuring the service user cannot easily exit the vehicle, when there is a risk to that individual or others (for instance when pulled up at traffic lights) by ensuring child locks are in place and escorting staff are placed near the doors.

9.2.3 When an escort is required, that within the vehicle **at least one** member of staff is sat alongside or immediately behind the service user in a position which enables them to maintain observation.

10 CARE OF THE SERVICE USER DURING ESCORT

10.1 The escort can be used as an opportunity to further engage with the patient service user and the escort nurse must focus on the service user's needs during the escort.

10.2 The escorting nurse is responsible for monitoring the service user's mental and physical state during the journey, observing for any signs of deterioration in physical and mental health.

10.3 If the service user absconds during the escort or makes an attempt to abscond, staff must not make any attempt to physically restrain the service user. Staff must not actively put themselves in a position where they may be harmed. If the member of staff is unable to safely persuade the service user to return, contact should be made immediately with the ward manager so that the AWOL/Absconding Policy can be implemented. Where appropriate the police may also need to be contacted. The member of staff who escorted the service user must make a detailed note of the incident as soon after the event as is reasonably practicable in the circumstances, and in particular, detail the service user's mood and any other concerns they have.

10.4 During the escort staff must make sure the service user has sufficient water, as even on a short journey the patient's mouth may become dry. They must also ensure stops are made for food and toilet breaks during the journey in consultation with the patient.

10.5 Medication should be taken as prescribed during the journey, and if to be taken with food, then the nurse must ensure a stop for food is made.

10.6 Care of disabled service users who use a wheelchair

10.6.1 If a nurse is escorting a sedated service user, frequent necessary physical checks including level of consciousness, pulse and respiration must be made and recorded. In such a case it may be more appropriate for an ambulance to be used to convey the service user. The nurse in charge can make this decision in consultation with the service user's doctor. Depending on the level of sedation and the length of the journey it may be necessary, prior to the journey, to consider whether or not a member of the medical staff should also escort.

10.6.2 If a staff member needs to transport a service user in a wheelchair during the escort, or is taking a patient out for fresh air in a wheelchair, the nurse is responsible for ensuring the safety of the service user and the service user should be secured in the wheelchair using the wheelchair seat belt to ensure the patient doesn't fall out of the wheelchair. The wheelchair should also be secured using 4 tie-downs: 2 at the front and 2 at the rear of the wheelchair. All tie down systems should adhere to the standard requirements of ISO 10542

10.6.3 Where the service user has capacity to make a decision about the use of a wheelchair lap belt, they must be asked if they want it to be used. Staff must explain to the service user the risks of not using the lap belt. And if the service user refuses, a note must be put in the service user's records, and a decision taken about the safety of the transport without a lap belt. Where the patient is voluntary, and if they have capacity and refuse to use the lap belt, this refusal must be honoured and documented in the patient's record.

10.6.4 If the patient is detained under the MHA consideration needs to be given as to whether or not the refusal is in any way connected to their mental disorder. Where there is concern about a refusal legal advice should be sought and consideration given as to whether or not the patient is transported in the wheelchair. All discussions with the patient regarding consent must be documented in the patient's record.

10.6.5 When the seat belt and wheelchair tie downs are in place escort staff should frequently monitor the patient in the wheelchair to make sure they are comfortable and not sliding out of the chair. If this occurs, the vehicle must be stopped to allow the patient to be repositioned safely. Ensuring that a patient being transported is safely seated in a wheelchair with the use of proper positioning and a seat belt does not constitute restraint.

10.6.6 Further guidance can be found in Appendix C - Occupied wheelchairs in cars and private transport – reminders of safe use.

11 DOCUMENTATION

11.1 All documentation on RiO must be kept up to date at all times. Prior to transportation the risk assessment and care plan must be completed/updated to reflect the patient's needs and the risk management plan for the journey.

11.2 The nurse in charge should ensure that any paper record that needs to accompany the patient is up to date and placed in sealed envelope ready to be handed over.

11.3 The lead member of staff should adhere to Trust Policy when planning the transfer of such documents.

12 TRANSPORTATION TO HOSPITAL FROM COURT OR PRISON TO INPATIENT UNIT

12.1 Patients transferred from court of prison to an inpatient unit are transported by the police or the prison service, and is covered by their own transportation protocols. Where the patient has been involved in criminal proceedings and being transported to hospital, it may be necessary for the police to use handcuffs, for the safety and protection of others.

12.2 On arrival at the hospital, handcuffs should be removed, by the police, in a safe place respecting the dignity of the patient, and the safety of others.

13 RESPONSIBILITIES WHEN CONVEYING AND TRANSPORTING A DETAINED PATIENT (CHAPTER 11 MHA CODE OF PRACTICE)

13.1 Where an Approved Mental Health Practitioner (AMHP) has made an application for admission to hospital under a Section of the Mental Health Act 1983, they have a statutory duty to make arrangements for the patient to be conveyed to hospital.

13.2 Where the application is made by the nearest relative, the assistance of the AMHP should be made available if requested. If this is not possible, other professionals involved in the admission should give advice and assistance.

13.3 The AMHP has a professional obligation to ensure that the most humane and least threatening method of conveyance is used, taking into account the safety of the patient and others.

13.4 The AMHP should take into account:

13.4.1 The patient's preferences

13.4.2 The views of relatives or friends involved with the patient

13.4.3 The views of other professionals involved.

13.4.4 The patient's state of mind and the likelihood of violent or dangerous behaviour.

13.5 The patient should not be taken by car unless the AMHP or supervisor is satisfied that this would not present a danger. If a car is to be used, the AMHP must carry out a risk assessment before this occurs.

13.6 If the patient is conveyed by ambulance, then the AMHP must accompany them or formally assign this task to with another appropriate person such as the ambulance crew. The AMHP should be satisfied that this will not increase the risk of harm to the patient or others. If the patient is likely to be violent or dangerous, the police should be called to assist. Where possible, an ambulance should be used. If this is not possible, a suitable police vehicle should be used.

14 PROCEDURE FOR CONVEYING A DETAINED PATIENT FOLLOWING A COMMUNITY MHA ASSESSMENT

14.1 Following the decision to detain under the MHA the applicant has the duty to organise conveyance and the escort of the patient to hospital

14.2 An ambulance should be requested to assist in all cases and early consultation with them is encouraged

14.3 The following information should be provided

14.3.1 The applicants name and available telephone number

14.3.2 Patients name, age, gender and home address

14.3.3 Address from which the patient is to be collected

14.3.4 Name and address of patients' destination, including ward

14.3.5 Any mobility needs

14.3.6 If the patient has been sedated

14.3.7 Any other risk factors identified during assessment and outcome of the risk, giving the level of Category Transfer required

14.3.8 Whether or not police assistance has been requested

14.3.9 Degree and nature of priority for transporting the patient and the time the ambulance is required.

15 PROCEDURE FOR THE SAFE TRANSFER OF BABIES AT THE MOTHER AND BABY UNIT

15.1 It is likely that a situation may arise where there is a need to transport babies to or from the Mother and Baby Unit (MBU) these may include:

15.1.1 Medical emergency transport to Accident &Emergency Department (A&E)

15.1.2 Non-emergency medical appointments (e.g. immunisations, general hospital appointments etc.)

15.1.3 Discharge of mum and baby

15.1.4 Temporary leave for mum with baby

15.2 Please see Appendix A for MBU protocols.

16 PROCEDURE FOR THE SAFE TRANSFER OF PEOPLE THAT HAVE BEEN DISCHARGED FROM THE PLACE OF SAFETY, AND SUPPORT AND SIGNPOSTING

16.1 When a person is discharged home from the place of safety after a S136 assessment, or going home from the support and signposting service, transport is offered and there is often a significant distance from the place of safety to their home. On occasions, the person is unhappy with the outcome of the assessment being a discharge home and this can result in behaviours that place the person and/or the driver at risk. A full and thorough risk assessment related to the journey should be completed in advance of the transport being booked (please refer to paragraph 6.1). The assessment itself will determine whether the person requires an escorting member of staff to travel in the vehicle with them. On most occasions, this will be unnecessary, but will be determined by the individual risk assessment.

17 EQUALITY IMPACT ASSESSMENT

17.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

18 HUMAN RIGHTS

18.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with. If you think your policy/strategy could potentially breach the right of an individual contact the legal team.

19 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	How will it be monitored	Who will monitor	Frequency	evidence to demonstrate monitoring	Action to be taken in event of non-compliance
service user notes	random audit	To be coordinated via the TwPCEG	Quarterly	documentation of appropriate risk assessment/management	Review of policy for effectiveness Consideration of reasons for non-compliance in each instance

APPENDIX A PATIENT TRANSPORT POLICY ADDENDUM - ROSEWOOD MOTHER AND BABY UNIT (MBU)

Procedure for the safe transfer of babies (up to 12 months old) to/from Rosewood MBU.

It is likely that a situation may arise where there is a need to transport babies to or from the MBU, these may include:

a) Medical emergency transport to Accident &Emergency Department (A&E)
b) Non-emergency medical appointments (e.g. immunisations, general hospital appointments etc.)
c) Discharge of mum and baby
d) Temporary leave for mum with baby

Please note in the unlikely event of Local Authority removal of baby, it is the Local Authorities responsibility to safely transport the baby.

Procedure for 999 Medical Emergencies

- In the event of a baby medical emergency, staff will summons an ambulance via 9999.
- Staff will advise the call handler that the medical emergency relates to a baby and advise of the baby's age, their presenting condition and nature of emergency.
- All appropriate records, including drug prescription chart will be copied and sent with the baby.
- If they are able to do so, the mother will accompany their baby with a MBU staff member.
- If this is not possible (i.e. mums mental health, S17 or Clinical Risk Assessment) a consent form (see Appendix B) will be obtained from mum or other responsible parent/guardian, authorising staff to accompany baby without mum.
- Clinical observations should be recorded prior to transfer and Children's Early Warning Scoring under taken in order to establish baby clinical status and staff will hand over this information to emergency Ambulance Crew.
- Prior to leaving the MBU the transferring nurse will check that the baby is appropriately clothed for the transfer and bedding supplied with spare clothes and nappies as necessary to prevent heat loss and maintain comfort.
- Staff will ensure adequate nutritional supplies are taken (i.e. made up bottles, baby food)

Procedure for Non- medical emergency

For all other transporting needs, the use of a non - emergency vehicle i.e. hospital car, hospital minibus, taxi, staffs own car or family/patients own car may be appropriate and used, but only when an EU-approved car seat is correctly fitted and used.

Under no circumstances can a baby/infant be placed on an adult's lap in a vehicle. This is against the law.

https://www.gov.uk/child-car-seats-the-rules

Weight-based seats

- The baby seat that can be use and the way they must be restrained in it, depends on their weight.
- Only EU-approved weight-based child car seats can be used in the UK. These have a label showing a capital 'E' in a circle and 'ECE R44'.

Fitting a child/baby car seat

- A child/baby car seat can only be used if the car's seat belt has a diagonal strap, unless the seat is either: Specifically designed for use with a lap seat belt
  Or Fitted using ISOFIX anchor points
- Before fitting a rear-facing baby seat in a front seat, any front airbags must be deactivated
- Never fit a child car seat in side-facing seats

The Child Car Seats website has information on how to choose a seat and travel safely with children/babies in cars

GroupSeats

0kg to 10kg	0	Lie-flat or 'lateral' baby carrier, rear-facing baby carrier, or rear-facing baby seat using a harness
0kg to 13kg	0+	Rear-facing baby carrier or rear-facing baby seat using a harness
9kg to 18kg	1	Rear- or forward-facing baby seat using a harness or safety shield
15kg to 25kg	2	Rear- or forward-facing child car seat (high-backed booster seat or booster cushion) using a seat belt, harness or safety shield
22kg to 36kg	3	Rear- or forward-facing child car seat (high-backed booster seat or booster cushion) using a seat belt, harness or safety shield.

- Staff will ensure that before leaving the unit, that baby is appropriately clothed for the journey and bedding supplied with spare clothes and nappies. as necessary to prevent heat loss and maintain comfort.

- Staff will ensure adequate nutritional supplies are taken (i.e. made up bottles, baby food)
- Staff will ensure that any additional baby equipment needed for the onward journey/destination is stored safely and securely in the vehicle. I.e. pushchair/pram, care of baby items and toys.

APPENDIX B CONSENT TO ACCESS HEALTHCARE FOR YOUR BABY WITH STAFF MEMBER FORM

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Consent to access healthcare for your baby with staff member

During your admission to Rosewood Mother and Baby Unit there may be occasions when your baby requires a review of their physical health at another health care setting. In the event that you, your partner or someone with Parental Rights is unable to take your baby to the appointment, we will ensure that your baby attends under the care of an experienced member of our clinical team. This form gives us the consent to do so.

I, _____ Mother/Father/other designated family member (circle as appropriate)

Give consent for my baby _____(name of baby) _____(DOB) to be conveyed to hospital or GP surgery in the care of Rosewood MBU staff, as required to meet their physical health needs.

We will ensure that you are kept fully informed and involved in any decision making about your baby's care.

MBU Staff Name _____ Signature _____ date_____

Original to be kept in file. Copy to mother, father and family member as appropriate.

APPENDIX C OCCUPIED WHEELCHAIRS IN CARS AND PRIVATE TRANSPORT: REMINDERS OF SAFE USE

Medicines & Healthcare products Regulatory Agency

MHRA
Regulating Medicines and Medical Devices

Occupied wheelchairs in cars and private transport – reminders of safe use

March 2016

The MHRA receives reports of adverse incidents involving people seated in their wheelchairs in road vehicles. Many of these problems are caused by the incorrect use of the wheelchair and wheelchair tie-down and occupant restraint systems (WTORS).

This document is for guidance only and does **not** replace the manufacturer's instructions for use. It is aimed at:

- wheelchair service providers
- transport service providers
- healthcare professionals providing wheelchairs or transport services
- wheelchair users.

Note: only the wheelchair falls within the remit of MHRA's work and this document applies in the UK only.

Identifying a suitable wheelchair for use as a seat in transport

- Read the instructions for use and check that the choice of wheelchair is suitable for occupied use in transport – not all models are.

- The driver, clinicians, rehabilitation engineers, equipment procurement personnel, the wheelchair user and their care provider must collaborate to reduce risks in transport to the lowest possible level.

- Complete and document a comprehensive risk assessment, taking into account the requirements of the wheelchair user (including the type of transport they plan to use). This process should involve as many interested parties as possible to reach the most appropriate solution. In additional to the standard considerations, think about:

    - the degree of upper body and head control each user has and how this could be affected by the way the vehicle moves (e.g. accelerating, cornering and braking)

    - the type of occupant restraint and head support the user will need in a vehicle

    - any accessories the wheelchair user needs (instructions for accessories should state whether or not they are suitable for use in transport.)

• If in doubt, contact the manufacturer – they have designed the equipment and will be able to tell you how to get the most out of it.

Instructions for use (IFU)

The wheelchair's IFU should make it clear if the wheelchair is suitable for occupied use within a vehicle, and if so, how to do it safely. If it doesn't, report this to us using the Yellow Card online reporting system.

The IFU should clarify:

• what additional equipment is required, such as wheelchair tie-down and occupant restraint systems (WTORS) or an alternative docking system

• how to secure both the wheelchair and the seated passenger in position whilst in transit (note that lap belts and postural aids supplied with a wheelchair are **not** intended for this purpose). This includes guidance on the correct vehicle anchorage points for both tie-downs and occupant restraint

• any limitations to how the wheelchair can be used (including guidance on suitable configurations of tilt in space seating, adjustable elements of the wheelchair, suitable seat height and maximum user weight).

The latest version of the IFU for a wheelchair is often found on the manufacturer's website. If not, then request a copy from them directly.

Identifying the best occupant restraint system

The most commonly used restraints aren't suitable for everyone. If you can't follow the IFUs to the letter:

• make sure the risk assessment demonstrates that risks have been identified and reduced as far as practicable and that the benefits to the user outweigh the risks

• note that people who need to travel in their wheelchair in unconventional positions might need a bespoke WTORS

• involve both the WTORS manufacturer and seating or wheelchair supplier in discussions to ensure that the chosen wheelchair can accommodate bespoke occupant restraints

Wheelbase and seating system combinations

The party who combines a wheelbase and seating system (e.g. service provider, clinician etc) is responsible for the performance of the resulting device. It is therefore their responsibility to ensure that the combination is safe and meets the user's requirements, which may include being suitable for occupied use within a vehicle.

• Check the compatibility documentation provided by the manufacturers of both the wheelbase and the seating system to find out whether the combination has been approved and if so, if it's suitable for occupied use in transport.

• If the combination is not one already approved by the manufacturer of either device, carry out and document a risk assessment for the combination.

• If in doubt, contact the manufacturer(s) for guidance.

Docking systems

Certain wheelchair manufacturers tested third party docking systems with their products. The instructions for use should give details about this.

Note that, like WTORS, docking systems themselves are not classified as medical devices and do not fall under the remit of MHRA's work.

We are aware of situations in which wheelchairs have been damaged beyond repair because of the way they were modified to try to fit them to particular docking systems.

You must check whether the wheelchair is compatible with the docking system you want to use. If you need to modify the wheelchair, check the instructions for use for the wheelchair **and** the docking system. If you modify the wheelchair against the manufacturer's guidance, this is considered 'off-label use' and the manufacturer won't be liable if this causes an adverse event.

Preparing to travel

Remember that ideally, wheelchair users should transfer to vehicle seats whenever possible, and the wheelchair stowed as an item of luggage.

If this is not possible and the person needs to stay seated in their wheelchair, carry out the following before setting off:

• check that the wheelchair is suitable for use as a seat in a vehicle

• check that the vehicle is suitable for transporting the person sitting in their wheelchair

• use the appropriate equipment to secure both the wheelchair and the seated passenger in position. Transport providers should carry a variety of different WTORS as one type is unlikely to fit all wheelchairs and users

• check if the wheelchair needs more than the standard 4-point restraining tie-downs. The wheelchair manufacturer's instructions for use should tell you this

• ensure that powered wheelchairs are turned off

• do not leave powered wheelchairs in 'freewheel' mode

• apply the brakes on the wheelchair and/or block the wheels in position

• secure accessories and postural aids to stop them coming loose whilst the vehicle is moving or in case of an impact

• check that the accessories (e.g. headrest) don't interfere with the WTORS

Adverse events

If a wheelchair is involved in a vehicle collision, do not use the wheelchair and WTORS again until the manufacturer or their approved repair agent has checked them. If there is any doubt, the wheelchair or WTORS should be scrapped.

Report details of adverse incidents to MHRA. MHRA guidance: Occupied wheelchairs in cars and private transport Page 4 of 4 March 2016

Further reading

The Posture and Mobility Group (PMG) has a document 'Best Practice Guidelines for the Transportation of People Seated in Wheelchairs' which was put under review in March 2016. It is aimed at clinical practitioners, rehabilitation engineers and seating specialists. PMG is a charitable group created to advance and disseminate knowledge about the posture and mobility needs of people with mobility impairments.

Government advice on travelling in a wheelchair in public transport, taxis, minicabs, planes and ships.

Government policy publications from the Department for Transport.

BS 8603, Code of practice for wheelchair passport schemes intended to reduce the potential for accidental user error. This includes a generic template risk assessment. Please note that BSI charge for this document.

Driving at work: Managing work-related road safety may also be of general interest to drivers. Health and Safety Executive has generic risk assessment templates and guidance on completing risk assessments.

The Disabled Living Foundation and the British Healthcare Trades Association (BHTA) have useful information on wheelchairs.

The original ***Occupied wheelchairs in cars and private transport – reminders of safe use*** *fact sheet was reproduced from the HM Government Internet site:*

https://www.gov.uk/government/publications/occupied-wheelchairs-in-cars-and-private-transport-reminders-of-safe-use

Occupied_wheelchairs_final_2016.pdf