

## Transfer & Escort of Patients Policy

**Excluding Maternity (see Section 17 of Delivery Suite Guidelines) and Neonates (see Chapter 16 of the Neonatal Handbook available on the trust intranet).**

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This procedural document has been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences and the results are shown in Appendix H.

Policy Profile			
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## **Executive Summary**

The policy has been created to provide a standardised framework for all staff involved in the transfer and escort of all patients both between departments in the Trust and to other hospitals or care facilities.

St Georges Healthcare NHS Trust reminds all Trust staff that there is a shared responsibility for NHS patients. The Trust is committed to ensure the safe and timely transfer of all patients both within the hospital and community settings.

This policy draws on the fundamental importance of partnership between patients, carers and healthcare professionals when planning a safe and timely transfer.

## **Introduction**

Transfer planning is an integral part of a patient-centred quality approach to care. St Georges NHS Trust is committed to ensuring an effective system is in place to support the safe transfer of patients.

The Trust recognises that there is a requirement to transfer patients across the Trust. Care needs of patients change constantly and therefore it is often necessary to transfer patients to clinical care settings that will provide the most appropriate expertise and care delivery.

The Patient Transfer & Escort Policy aims to facilitate the safe, timely and coordinated transfer of patients, between wards and departments and transfers external to St Georges Healthcare NHS Trust. This will minimise risk and standardise the transfer process providing guidance to staff when transfer planning.

### **1. Purpose**

The purpose of this policy is to provide a standard Trust-wide procedure that will ensure the safe transfer of all patients both internally and externally. The level of escort provision that is necessary for effective risk management and the care of patients is also defined in this policy.

The policy aims to ensure that:

- Patients are transferred safely and efficiently to the required destination
- There is clear ownership, roles and responsibilities in relation to patient transfer
- Transfer practices are standardised.
- The appropriate mode of transport is used to ensure the safest and most appropriate transfer for the patient e.g. car/ambulance.
- The patient is treated as an individual during their transfer from one setting to another

### 3. Definitions

For the purpose of this policy the following definitions are used:-

**The Trust:** refers to the acute Hospital; outpatient services; Offender Healthcare; Community Hospitals and all other locations registered with the Care Quality Commission that provide regulated activities for the trust.

**Transfer:** refers to the process and systems required to ensure the safe movement of any patient from a ward or department to a different area.

**Transport:** refers to the movement of any patient from one place to another.

**Escort:** any member of staff who is accompanying patients during their transfer to provide on-going care. The escort will have the relevant knowledge and skills to provide a high standard of care during the transfer, to ensure patient safety is not compromised. An escort can be:

- Registered professionals, doctors, registered nurses and midwives, operating department practitioners
- Non registered professionals, healthcare assistants, other clinical support workers and porters.

**Internal hospital transfer:** the movement of patients between departments or clinical areas for the purposes of treatment, investigation or admission within St Georges Healthcare NHS Trust.

**External hospital transfer:** the movement of patients to hospitals or care facilities outside St George's Healthcare NHS Trust where the duty of care is handed over to another for the purposes of treatment, investigation or admission. This should not be confused with a discharge, where the duty of care is discharged to another environment, although the principles are similar.

**Out of Hours:** a transfer that occurs between 22.00 hours and 08.00 hours.

**Qualified Healthcare Professional:** any healthcare provider that holds a professional qualification e.g. doctor, nurse, physiotherapist, radiographer etc.

**SBAR:** A tool used to improve communication. It consists of standardised prompt questions within 4 headings and provides a structured framework in a concise and organised format.

- **S**ituation
- **B**ackground
- **A**ssessment
- **R**ecommendation

For more information on SBAR please see the Clinical Handover Policy and for Paediatric SBAR see the Paediatric Observations Policy.

**Levels of care:** these are defined in this policy using the table in Appendix A adapted from the Intensive Care Society (2009), The Shelford Group Safer Nursing Care Tool (2013) and the Paediatric Intensive Care Society (2010).

**Internal Transfers:** Internal transfers normally take place between 08.00 hours and 22.00 hours. No internal transfers should take place after 2200hrs, unless the Site Manager feels that the transfer is absolutely essential. The exception to the above will be the transfer of patients from the A&E department or the acute medical unit to a suitable ward bed. When transfers are necessary to safeguard emergency or specialist beds or to ensure specialist care they are coordinated by the Site Manager in liaison with the nurse in charge of the ward and the medical teams.

#### **4. Scope**

The Patient Transfer and Escort Policy applies to all situations where a patient, (excluding maternity and neonates) is being moved from one ward or department to another internally and those that are being transferred to another healthcare facility or destination, external to the Trust. For Maternity see Section 17 of Delivery Suite Guidelines and Neonates see Chapter 16 of the Neonatal Handbook available on the trust intranet.

This policy applies to all staff (temporary or permanent) working in all the locations registered by St George's Healthcare NHS Trust with the Care Quality Commission, to provide its regulated activities.

#### **5. Roles and Responsibilities**

##### **5.1 Chief Executive Officer**

The Chief Executive has overall accountability for ensuring that the Trust meets its strategic and operational obligations in respect of maintaining safe processes for the safe transfer of patients. The Chief Executive devolves the responsibility for monitoring and compliance to the Medical and Executive Nursing Directors.

##### **5.2 Chief Nurse and Director of Operations**

The Chief Nurse and Director of Operations has executive responsibility to ensure the policy is implemented across the Trust with satisfactory monitoring and compliance systems in place and advises the Board of any significant incidents that arise from patient transfer.

##### **5.3 Medical Director**

The Medical Director is responsible for:

- ensuring that medical personnel are aware of and adhere to this policy
- that clinical incidents arising from inappropriate transfer are investigated

##### **5.4 Divisional Directors of Nursing and Governance / Divisional Directors of Operations**

Responsible for implementing the policy within the Divisions and for monitoring compliance. To ensure bed allocation happens in a timely way and as early in the day as possible.

##### **5.5 Head of Patient Safety**

Identify patient issues arising from patient transfer and ensure appropriate investigations are undertaken.

## **5.6 Bed/ Site Managers**

To ensure a safe and timely transfer of the patient. To ensure patients are not transferred between wards, unless clinically indicated, after 22:30hrs.

## **5.7 Medical Staff**

- To ensure the patients are accurately assessed as safe for transfer and have the final decision as to whether the patient's condition is stable and suitable for transfer, whether it is internal or external to the Trust.
- To ensure that a suitably experienced doctor will accompany the patient when appropriate.
- To report clinical incidents in accordance with the Adverse Incident Reporting Policy.

## **5.8 Heads of Nursing/Matrons/Ward Managers**

- Ensuring that all patients under their care are transported in a safe and timely manner in accordance with this policy.
- Their teams are aware of the requirements of this policy.
- Ensuring there are operational systems in place within their teams to fulfil the requirements of this policy at local level.
- Leading in resolving patient transfer issues at a local level and ensuring lessons learned across divisions, by representation at the Divisional Governance Committees and the Matron's forum chaired by the Deputy Chief Nurse.

**5.9 Qualified Healthcare Professionals** are responsible for ensuring that they have followed the procedures outlined in this policy.

**5.10 HCA's, Porters, and assistants to allied healthcare professionals** are responsible for ensuring that this policy is adhered to when transferring a patient.

# **6. PROCESS**

## **Transfer of Patients**

### **6.1 Escorts**

- 6.1.1 The registered nurse responsible for the patient's care or the nurse in charge of the ward will assess if an escort is required using the Levels of care table (appendix A) and record the requirement in the patient's medical notes.
- 6.1.2 The escort identified using the Levels of care table (appendix A) must be suitably experienced in transferring patients and know how to summon assistance if required (please refer to the Cardiopulmonary Resuscitation Policy). The Levels of care table (appendix A) should not replace clinical judgement.
- 6.1.3 Porters will support the transfer process. Porters will need to be booked via the Tele Tracking System. The patient must be ready for transfer at time of booking. All relevant information such as bed, chair, oxygen need etc. must be detailed. Porters will wait for up to 10 minutes to transfer the patient, after this time the porter will rebook the transfer on Tele Tracking to avoid transfer delays for other patients, unless the situation is life threatening.

6.1.4 The staff member acting as an escort will:

- Be competent to use any equipment that is being transferred with the patient and ensure it has sufficient battery life for the period of the transfer.
- Ensure the patient is adequately clothed or wrapped for the journey and will ensure patient dignity during the transfer at all times.
- When necessary the escort should politely request the public to vacate the lifts, for patient use.
- During hot weather consider if a drink is required.
- Utilise the appropriate mode of transport (walking, wheelchair, bed, ambulance etc.)
- Ensure bed rails (or equivalent) are up and locked in position. If the patient is in a chair, ensure that the patient's feet are on the stand. The appropriate manual handling techniques (please refer to the Manual Handling Policy) will be used for patient transfer.
- Secure all equipment, invasive lines and catheters to avoid unintentional disconnection.
- Remain with the patient throughout the transfer until patient returns to the clinical area, unless the patient is going to theatre for surgery when the duty of care and responsibility will be handed over to qualified theatre staff.
- Regularly check that patient's condition remains unchanged and if there is deterioration in patients' condition summon assistance.
- Ensure all equipment and monitoring devices are functioning and not resting on the patient but attached to stands on the bed/trolley

6.1.5 Standard infection control precautions must be adhered to during transfer (refer to Infection Control Policy).

6.1.6 In offender health a risk assessment of the prisoner, the level of restraint and the area the prisoner is going to must be completed to support the safety of staff (officers and other areas staff), the public, visitors and that prisoner prior to transfer.

## **6.2 Preparation for Transfer**

6.2.1 There must be adequate and effective communication between the transferring ward /department and the receiving ward/department.

6.2.2 The nurse in charge of the patient's care on the transferring ward must provide a telephone handover to the receiving ward/department nurse if not accompanying the patient (see the Clinical Handover Policy).

6.2.3 Nurse in charge will confirm that the receiving ward/department are ready to accept patient and he/she will inform nursing staff of any specific equipment required to enable timely preparation to receive patient.

6.2.4 Assess transfer equipment requirements to meet patients' individual clinical need for Level 2 & 3 patients (see appendix C, D, E, F for specific guidance on forms for individual critical care areas). These must be fully completed by the team caring for the patient prior to and during transfer.

6.2.5 Patients will be informed at the earliest opportunity of the need for a transfer. The purpose of the transfer will also be explained. The patient's next of kin should be informed of all planned transfers, following discussion and consent of the patient and this should be clearly documented in nursing notes.

- 6.2.6 The registered nurse is responsible for deciding if the patient requires pressure relieving equipment during the transfer and ensuring the receiving destination is aware of the need to have the appropriate mattress available.

### 6.3 Documentation

- 6.3.1 The nurse in charge is responsible for ensuring that all appropriate records accompany the patient. All documentation must be updated and accurate prior to transfer.

Documentation listed in the checklist (Appendix B) must accompany the patient.

### 6.4 During the Transfer

- 6.4.1 For transfer of Level 0 and 1 patients, continue observations as required and monitor any changes in the patient's condition.

For transfer of Level 2/3 patients, the standard of care and monitoring during transport should be comparative to standards in St George's level 2/3 facilities. This includes the monitoring and recording of observations, safe management of any medicines required by the patient and liaison with the patient or other healthcare professionals and the completion of the SGH critical care transfer form (see appendix C, D, E, F for specific guidance on forms for individual critical care areas).

Temperature should be a standard monitoring process for transfer of a patient whose temperature is being managed i.e. being actively cooled or warmed.

- 6.4.2 The **minimum** standards required for Level 2 and above patients are:
- Continuous presence of appropriately trained staff
  - ECG monitoring
  - Non-invasive blood pressure.
  - Respiratory rate
  - Arterial oxygen saturation (SaO<sub>2</sub>)
  - End tidal carbon dioxide (EtCO<sub>2</sub>) in ventilated patients
  - Sedation score or GCS
  - Temperature should be a standard monitoring process for transfer of a patient whose temperature is being managed i.e. being actively cooled or warmed.

#### 6.4.3 Equipment

- All equipment must have alarms with set parameters and must be recorded using relevant documentation.
- Electrical equipment used must be designed to function on battery when not plugged into the mains and be fully charged.
- Alarms will be visible as well as audible in view of extraneous noise levels.
- Portable mechanical ventilators will have as a minimum disconnection and high pressure alarms, the ability to supply positive end expiratory pressure (PEEP), variable inspired oxygen concentration (FiO<sub>2</sub>), variable inspiratory/expiratory (I/E) ratio, respiratory rate and tidal volume. In addition the ability to provide mandatory, synchronised and supported modes of ventilation is desirable.



- Sufficient syringe or infusion pumps are required to enable essential fluids and drugs to be delivered. Pumps should preferably be mounted below the level of the patient and infusion sets fitted with anti-siphon devices. Please refer to the Injectable Medicines Policy available on the trust intranet for further guidance.
- A portable defibrillator and portable suction should be available for the duration of the transfer if appropriate
- Ensure batteries are charged, transfer and emergency drug bag checked and checklist completed (ICS 2011).

#### 6.4.4 Medications

All infusions should be rationalised with only those considered essential continued and monitored during transfer. Ensure sufficient supply of infusions allowing for increasing requirements as well as emergency and anaesthetic drugs.

#### 6.4.5 Oxygen Therapy

Oxygen requirements should be calculated before transfer to ensure you have sufficient oxygen in the cylinder required for the entire journey. At least 200% requirement should be taken to allow for increased oxygen demands, unforeseen circumstances and/or delays.

### 6.5 On Arrival at Destination

- 6.5.1. Escort will inform qualified healthcare professional in the receiving ward / dept that the patient has arrived. Escort will hand over the patient to the receiving ward / department. The escort must ensure all equipment used during the transfer and no longer needed by the patient is returned to the ward. For external transfers all equipment must return with escort.
- 6.5.2 All equipment must be returned to the originating area / cleaned / recharged / prepared for the next transfer and checked. The transfer & / or emergency drug bag(s) must be restocked as necessary by those involved in the transfer.

### 6.6 External Transfers / Discharge to an external care environment

**All the above conditions and arrangements relating to internal transfers apply, plus**

- 6.6.1 External transfers to and from other hospitals.
  - Referral of patients to other hospitals for specialist treatment and those patients requiring transfer to St Georges Hospital NHS Trust from another acute NHS Trust requires a medical referral usually Consultant to Consultant prior to any transfer taking place.
  - The appropriate medical/surgical team need to liaise with the nurse in charge to inform them of the medical referral on the day that this occurs. The nurse in charge will then liaise with the site manager at the accepting/referring hospital to ensure transfer to or repatriation takes place at the earliest opportunity.
  - The Site Manager will collect information on patients for transfer and those for repatriation according to the Site management protocol and the Discharge Policy. An exchange of patients will be organised if bed availability is limited.

## **6.7 Special considerations.**

- Vulnerable adults – ensure the safety and protection of vulnerable adults during the transfer has been considered when organising escort and is in accordance with the Safeguarding Adults Policy. The butterfly scheme should be in use for relevant patients, to alert all members of the team to delirium/dementia.
- Paediatrics - ensure the safety and protection of children during the transfer has been considered when organising escort and is in accordance with the Safeguarding Children and Young People Policy.
- Escorts by relatives/friends - A patient may be accompanied by a relative/friend if they request this or for other reasons such as language difficulties or cultural needs and the patient has consented to their presence. Relatives/friends may not be provided with transport nor admitted during procedures and should under no circumstances be used to support transfers in place of nursing staff.

## **6.8 Process for transfer out of hours.**

- 6.9.1 Where possible, transfers to other hospitals should be completed by 17:00 as this reduces the disruption to patients and admitting teams.
- 6.9.2 When there is clinical need or pressure on beds it may be necessary to transfer patients to other hospitals after 17.00hrs.
- 6.9.3 If a decision is reached to transfer the patient then the process will be the same as for 'in hours' transfers. This should be managed in accordance with Bed Management policy.

## **7. Dissemination and implementation**

### **7.1 Dissemination:**

This procedural document replaces an existing policy and will be updated on the Trust intranet and master paper copy files via the corporate office.

The policy will be published on the weekly e.g. bulletin with alert all staff via e-mail with the intranet link directly to the policy and through corporate and local inductions.

### **7.2. Implementation**

The policy will be disseminated via the Divisional Directors of Nursing and Governance and the Divisional Directors of Operations who are responsible to ensure all staff are made aware of the updated policy and comply with its contents.

## **8. Monitoring compliance**

The table below outlines the process for monitoring compliance with this document.

**Monitoring compliance and effectiveness table**

<b>Element/ Activity being monitored</b>	<b>Lead/role</b>	<b>Methodology to be used for monitoring</b>	<b>Frequency of monitoring and Reporting arrangements</b>	<b>Acting on recommendations and Leads</b>	<b>Change in practice and lessons to be shared</b>
Patient groups are appropriately identified in accordance with their level of care	Chief Nurse and Director of Operations	On-going review of completed audit form for all Patient Transfers (Appendix G) ; undertaken by ward/ departmental managers	Annual report to the Patient Safety Committee who will be expected to read and interrogate the report to identify deficiencies in the system and act upon them.	Required actions will be identified by the Patient Safety Committee and completed by Matron and ward managers in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders
Transfer and escort requirements are assessed and met dependant on level of care	Chief Nurse and Director of Operations	On-going review of completed audit form for all Patient Transfers (Appendix G) ; undertaken by ward/ departmental managers	Annual report to the Patient Safety Committee who will be expected to read and interrogate the report to identify deficiencies in the system and act upon them.	Required actions will be identified by the Patient Safety Committee and completed by Matron and ward managers in a specified timeframe.	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders
Appropriate documentation accompanies the	Chief Nurse and Director of Operations	On-going review of completed audit form for all Patient Transfers	Annual report to the Patient Safety Committee who will be	Required actions will be identified by the Patient Safety	Required changes to practice will be identified and actioned

patient when transferred.

(Appendix G) ;  
undertaken by ward/  
departmental managers

expected to read and  
interrogate the report to  
identify deficiencies in  
the system and act  
upon them.

Committee and  
completed by Matron  
and ward managers in  
a specified timeframe.

within a specific time  
frame. A lead member  
of the team will be  
identified to take each  
change forward where  
appropriate. Lessons  
will be shared with all  
the relevant  
stakeholders

Transfer out of  
hours Chief Nurse and  
Director of Operations

On-going review of  
completed audit form for  
all Patient Transfers  
(Appendix G) ;  
undertaken by ward/  
departmental managers

Annual report to the  
Patient Safety  
Committee who will be  
expected to read and  
interrogate the report to  
identify deficiencies in  
the system and act  
upon them.

Required actions will  
be identified by the  
Patient Safety  
Committee and  
completed by Matron  
and ward managers in  
a specified timeframe.

Required changes to  
practice will be  
identified and actioned  
within a specific time  
frame. A lead member  
of the team will be  
identified to take each  
change forward where  
appropriate. Lessons  
will be shared with all  
the relevant  
stakeholders

## 9. Associated documentation

Adverse Incident Reporting Policy & Procedure  
Bed Management Policy  
Cardiopulmonary Resuscitation Policy  
Discharge of Patients from Hospital  
Delivery Suite Guidelines  
Health and Safety Policy  
Heavier Patients Safer Management policy  
Infection Control Policy  
Moving and Handling Policy  
Medicines Management Policy  
Neonatal Handbook  
Observations Policy (Adults)  
Observation Policy (Paediatrics)  
Paediatric Documentation Policy  
Patient Identification Policy  
Safeguarding Adults Policy  
Safeguarding Children and Young People

## 10. References

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- Wallace PGM, Ridley SA (1999) ABC of intensive care: Transport of critically ill patients. BMJ 319 (7206): 368 – 371

**Appendix A -Table showing levels of care and Escort**

Escort Required	Examples of <b>Adult Patient Groups</b> by Levels of Care		Examples of <b>Paediatric Patient Groups</b> by Levels of Care	
Porter Only	Level 0	<ul style="list-style-type: none"> <li>Outpatients</li> <li>Patients requiring hospitalisation where needs can be met through normal ward care</li> <li>Early Warning Score is within normal threshold.</li> </ul>	Level 0	<p><b>Infants or children whose needs can be met on a normal ward in an acute hospital</b></p> <p><b>Outpatients</b></p>
<b>HCA and Porter</b>		<ul style="list-style-type: none"> <li><b>Oxygen therapy less than 35%</b></li> <li><b>IV Fluids</b></li> <li><b>Confused patients not at risk</b></li> </ul>		
<b>Registered Nurse and Porter</b>	Level 1	<ul style="list-style-type: none"> <li>Patients recently discharged from a higher level of care.</li> <li>Patients in need of additional monitoring/clinical interventions with/without sedation</li> <li>Early Warning Score - trigger point reached and requiring escalation.</li> <li>Severe infection or sepsis</li> <li>Patients immediately post-operative</li> <li>Confused patients who are at risk or requiring constant supervision</li> </ul>	Level 1	<p>Children who are sufficiently sick or have potential for deterioration and require close monitoring and observation but do not require acute mechanical ventilation. This category is referred to as high dependency care. E.g. recently extubated child who is stable, child undergoing close post-operative observation or child with tracheostomy on long term ventilation. These children may be nursed on the acute ward if appropriate staffing and support allow or on a dedicated HDU.</p>
<b>Registered Nurse and Porter</b>	Level 2	<ul style="list-style-type: none"> <li>Deteriorating / compromised single organ system</li> <li>Post-operative optimisation (pre-op invasive monitoring) / extended post-op care.</li> <li>Greater than 50% oxygen continuously</li> <li>Patients requiring non-invasive ventilation / respiratory support; CPAP / BiPAP in acute respiratory failure</li> </ul>	Level 2	<p>A child requiring continuous nursing supervision who is usually intubated and ventilated including continuous positive airway pressure (CPAP). Also the unstable non intubated child e.g. child with acute upper airway obstruction requiring nebulised adrenaline.</p>
<b>Registered Nurse, Doctor and Porter</b>	Level 3	<ul style="list-style-type: none"> <li>Patients requiring advanced respiratory support alone</li> <li>Patients requiring two organ support (unless basic respiratory and basic cardiovascular)</li> </ul>	Level 3	<p>The child requiring intensive supervision at all times who needs additional complex therapeutic interventions and drug therapy. E.g. unstable ventilated child on inotropes or with multiple organ failure</p>

**Appendix B - Patient Transfer Checklist – To be completed for ALL patients immediately prior to transfer and filed in notes on completion of transfer**

Patient Name:	Hospital Number:	I.D. Band (Circle) Yes      No		Transferring Ward / Dept
NHS Number:		Yes	No	Comment/Not applicable
Patient informed of transfer:				
NOK informed of transfer: Insert name / relationship				
Escort risk assessment completed (Appendix A)				
Escort / Transport arranged as indicated in risk assessment:				
Transfer / discharge form completed:				
Infection control transfer form completed				
Patient property checked and ready for transfer (include locked belongings)				
Receiving Ward / Dept: Contact Person & No:				
Date of transfer confirmed as:	Yes	No	Date	
Time of transfer confirmed as:	Yes	No	Time	
Informed of infection status				
Informed of Pressure Area Damage (Use photo)				

**ATTACH COMPLETED SBAR FORM**

**(Use in all face to face and telephone communications)**

Please indicate level of care – if unsure always default to highest level of care

	Level 0 – Outpatient or Care can be delivered at ward level		
	Level 1 - At risk of deteriorating/stepping down from a higher level of care		
	Level 2 - High dependency patients		
	Level 3 - Intensive care patients		
	Yes	No	Comment
Case notes & Charts			
Lab results			
Equipment (as indicated by level of care)			
Allergies / audits			
Radiographs			
Drugs (includes oxygen therapy)			

<b>Privacy &amp; Dignity</b>	Yes	No	Comment
Patient is appropriately dressed / covered			
Patient's toileting needs met			
Patient provided drink and / or snack			

Handover completed by:

Designation:

Contact No:

Print

Name

**Patient Transfer Form****General Intensive Care Unit**

PATIENT DETAILS			
Name			
Hospital Number			
Male / Female			
Date of Birth		Age	
Weight		Height	

TRANSFER DETAILS			
Date			
Destination	Telephone No.		
Reason for Transfer			
Returning Area	Telephone No.	Cost Code:	

PATIENT'S AIRWAY				(Airway safe or secured by intubation)			
Tracheal Tube (Tick <input type="checkbox"/> )	ETT		Trachy		SV		
Size			Length cut				
Length at lips / tie			Position				
Ventilator (Tick <input type="checkbox"/> )	Oxylog		TransPac		LTV1000		

ABG PRIOR TO DEPARTURE							
Time		Mode		FiO <sub>2</sub>			
Blood Gas		Acid Base			Electrolytes		
pH		HCO <sub>3</sub> (mmol/L)		Gluc (mmol/L)			
PaCO <sub>2</sub> (kPa)		BXE (mmol/L)		K <sup>+</sup> (mmol/L)			
PaO <sub>2</sub> (kPa)		Lactate (mmol/L)		Na <sup>+</sup> (mmol/L)			
SaO <sub>2</sub> (%)		Hb (g/dL)		Cl <sup>-</sup> (mmol/L)			
				Ca <sup>+</sup> (mmol/L)			

TRANSFER BOOKING	
Time Transfer Booked	
Time Porters' contacted	
Time Ambulance service contacted	
Time porters / crew arrived on G-ICU	
Time of departure from G-ICU	
Next of Kin aware of transfer (if applicable)	

ESCORTING PERSONNEL from G-ICU			
	Name (print)	Signature	Initials
1. DOCTOR			
2. NURSE			
3.			



EQUIPMENT	OUT (√)	RETURNED (√)
<b>AIRWAY</b>		
<b>LTV 1000</b> (Pulmonetic Systems®) O <sub>2</sub> range 21%-100%, alarm settings Vent driving gas = 1L/min or 1000ml/min		
<b>LTV 1000</b> portable battery		
<b>LTV 1000</b> mains power adaptor		
TransPAC (pneuPAC®) O <sub>2</sub> range 45%-100%, pressure alarms only Vent driving gas = 1L/min or 1000ml/min		
Oxylog (Drager®) O <sub>2</sub> 50% (air mix) or 100% (no mix), no alarms Vent driving gas = 1L/min or 1000ml/min		
Other Transport Ventilator (please specify) e.g. Servo i		
Oxygen Cylinder (state size taken e.g. E) & toolkit (flow meter, 'keys', bodok seals)  Size, height & capacity: <b>D</b> (20") = 360L; <b>E</b> (30") = 625L; <b>F</b> (34") = 1360; <b>G</b> (50") = 3400L		
O <sub>2</sub> requirements in mls = $\left\{ (MV \times FiO_2) + \text{Vent driving gas ml/min} \right\} \times \text{journey time in minutes} \times 2$ (safety factor) $\left\{ (\square \times \square) + \square \text{ ml/min} \right\} \times \square \times 2$		
E <sub>T</sub> CO <sub>2</sub> Sensor		
Suction Unit & Tubing (test battery function)		
<b>CARDIOVASCULAR</b>		
Cardiac Monitor x 1	Internal batteries x 2	
	Mains power adapter	
	Invertors if ambulance	
No. of infusion devices	Syringe drivers or Fresenius Volumat®	
Pressure Bag (s)		
Pressure Transducers for Art & CVP		
NIBP cuff & lead		
Sealed Transfer Bag & trolley		
Emergency intubation DRUG BOX from fridge (check contents)		
Patient's Notes		
Patient's X-rays & other imaging data (saved to CD)		

**All medical devices checked for function, ensure enough battery power & O<sub>2</sub> for duration of transfer (& return journey to G-ICU if applicable)**

**Signature of Named Transfer Nurse: .....**

<b>CHECKLIST</b>	YES √	NO √	N/A √	Nurses Initials
<b>AIRWAY &amp; RESPIRATORY</b>				
Airway safe or secured by intubation				
Tracheal tube (ETT/TT) position confirmed on chest x-ray				
Length of ETT secured at lips recorded .....cm				
Patient sedated				
Patient paralysed				
Ventilation established on transport ventilator				
Adequate gas exchange confirmed by pre transfer <b>ABG</b>				
E <sub>T</sub> CO <sub>2</sub> monitoring commenced				
SpO <sub>2</sub> monitoring				
Patient's level of tracheal secretions assessed				
Patient suctioned prior to transfer				
Chest drains changed to ambulatory or transfer chest drain bags (with Heimlich flutter valve with no underwater seal)				
<b>CIRCULATION</b>				
Heart rate stable				
ECG & rhythm				
Blood pressure stable				
Capillary refill time checked				
Inotropic support required				
Tissue and organ perfusion adequate				
Hb adequate				
Obvious blood loss controlled				
Circulation blood volume restored / Fluid loaded				
Minimum two routes of intravenous access & secured				
Arterial cannulae secured & visible				
CVP access secured				
PAC (sheath only) secured, no flotation balloon present				
<b>FLUIDS</b>				
Urine catheter bag emptied				
NG tube aspirated & secured				
<b>NEUROLOGY</b>				
Seizures controlled, metabolic causes treated or excluded				
Increased ICP appropriately managed				
Extra ventricular Drain (EVD) secured & safe for transfer				
Pupil size recorded				
Sedation Score &/or GCS				
<b>METABOLIC</b>				
Plasma glucose > 4 mmol/L				
Potassium < 6 mmol/L				
Ionised calcium (from ABG) > 1 mmol/L				
Acid-base balance acceptable				
Adequately wrapped to prevent heat loss ('Mummy wrapped')				
<b>TRAUMA</b>				
Long bone / pelvic fractures stabilised				
Traction in situ & secured for transfer				

# TRANSFER OBSERVATIONS

OBSERVATION / PARAMETER	Pre Transfer ↓	Pre ICU depart ↓	Arrival receive area ↓			Pre depart receiving area ↓	
<b>TIME of observation</b>							
<b>CVS</b>	Heart Rate (bpm)						
	Rhythm (ECG)						
	MAP (mmHg)						
	Systolic BP (mmHg)						
	Diastolic BP (mmHg)						
	CVP (mmHg)						
	Temperature (°C)						
<b>RESPIRATORY</b>	Air Entry R/L						
	Vent Mode						
	Resp Rate (bpm)						
	TV (insp/exp) (ml)						
	MV (insp/exp) (L)						
	PS / IPAP (cmH <sub>2</sub> O)						
	PEEP / EPAP (cmH <sub>2</sub> O)						
	AP <sub>PEAK</sub> (cmH <sub>2</sub> O)						
	FiO <sub>2</sub> (%)						
	SpO <sub>2</sub> (%)						
	E <sub>T</sub> CO <sub>2</sub> (kPa)						
	Alarms set?						
	Oxygen left (L)						
	Suctioned						
<b>NEURO</b>	Sedation Score						
	GCS (EVM)						
	Pupils PEARL						
	Pupil size (mm)						
<b>INFUSIONS</b> Dose/rate (ml/h) Fluids given (Type & Vol)	1.						
	2.						
	3.						
	4.						
	5.						
<b>OUT-PUT</b>	1. Urine output						
	3. Drains						
	3.						

## EVENTS *e.g. Bolus drugs, contrast dye, respiratory hold, infusions, equipment failure, personnel*

Time	Details of event

**Patient Transfer Form      Neuro Intensive Care Unit****PATIENT DETAILS**

Name			
Hospital Number			
Male / Female			
Date of Birth		Age	
Weight		Height	

**TRANSFER DETAILS**

Date		
Destination		Telephone No.
Reason for Transfer		
Returning Area		Telephone No.      Cost Code:

**PATIENT'S AIRWAY**

(Airway safe or secured by intubation)

Tracheal Tube (Tick <input checked="" type="checkbox"/> )	ETT		Trachy		SV	
Size		Length cut				
Length at lips / tie		Position				
Ventilator (Tick <input checked="" type="checkbox"/> )	Siemens i		LTV 1200			

**ABG PRIOR TO DEPARTURE**

Time		Mode		FiO <sub>2</sub>	
Blood Gas		Acid Base		Electrolytes	
pH		HCO <sub>3</sub> (mmol/L)		Gluc (mmol/L)	
PaCO <sub>2</sub> (kPa)		BXE (mmol/L)		K <sup>+</sup> (mmol/L)	
PaO <sub>2</sub> (kPa)		Lactate (mmol/L)		Na <sup>+</sup> (mmol/L)	
SaO <sub>2</sub> (%)		Hb (g/dL)		Cl <sup>-</sup> (mmol/L)	
				Ca <sup>+</sup> (mmol/L)	

**TRANSFER BOOKING**

Time Transfer Booked	
Time Porters' contacted	
Time Ambulance service contacted	
Time porters / crew arrived on N-ICU	
Time of departure from N-ICU	
Next of Kin aware of transfer (if applicable)	

**ESCORTING PERSONNEL from N-ICU**

	Name (print)	Signature	Initials
4. DOCTOR			
5. NURSE			
6.			

EQUIPMENT		OUT (√)	RETURNED (√)
<b>AIRWAY</b>			
SIEMENS SERVOi(Fully Charged)			
LTV 1200 (Pulmonetic Systems®) O <sub>2</sub> range 21%-100%,alarm settings Vent driving gas=1L/min or 1000ml/min			
LTV 1200 portable battery			
LTV 1200 mains power adaptor			
Other Transport Ventilator (please specify)			
Oxygen Cylinder (state size taken e.g. E) & toolkit (flow meter, 'keys', bodok seals)  Size, height & capacity: D (20") = 360L; E (30") = 625L; F (34") = 1360; G (50") = 3400L			
O <sub>2</sub> requirements in mls = $\left\{ (MV \times FiO_2) + \text{Vent driving gas ml/min} \right\} \times \text{journey time in minutes} \times 2$ (safety factor)			
		$\left\{ (\square \times \square) + \square \text{ ml/min} \right\} \times \square$	$\times 2$
E <sub>T</sub> CO <sub>2</sub> Sensor			
Suction Unit & Tubing (test battery function)			
<b>CARDIOVASCULAR</b>			
Cardiac Monitor x 1	Internal batteries x 2		
	Mains power adapter		
	Invertors if ambulance		
No. of Infusion Pumps	Syringe drivers (no volumetric pumps)		
Pressure Bag (s)			
Pressure Transducers for Art & CVP			
NIBP cuff & lead			
Red Transfer Bag			
Green Transfer Bag			
Heart Start Defibrillator			
Drugs requested by the anaesthetist			
Red DRUG wallet form fridge (check contents)			
Patients Notes			
Patients X-Rays & other imaging data (saved to CD)			

**All medical devices checked for function, ensure enough battery power & O<sub>2</sub> for duration of transfer (& return journey to N-ICU if applicable)**

**Signature of Named Transfer Nurse: .....**

<b>CHECKLIST</b>	YES √	NO √	N/A √	Nurses Initials
<b>AIRWAY &amp; RESPIRATORY</b>				
Airway safe or secured by intubation				
Tracheal tube (ETT/TT) position confirmed on chest x-ray				
Length of ETT secured at lips recorded .....cm				
Patient sedated				
Patient paralysed				
Ventilation established on transport ventilator				
Adequate gas exchange confirmed by pre transfer <b>ABG</b>				
E <sub>T</sub> CO <sub>2</sub> monitoring commenced				
SpO <sub>2</sub> monitoring				
Patient's level of tracheal secretions assessed				
Patient suctioned prior to transfer				
Chest drains changed to ambulatory or transfer chest drain bags (with Heimlich flutter valve with no underwater seal)				
<b>CIRCULATION</b>				
Heart rate				
ECG & rhythm				
Blood pressure stable				
Capillary refill time checked				
Inotropic support required				
Tissue and organ perfusion adequate				
Hb adequate				
Minimum two routes of intravenous access & secured				
Arterial cannulae secured & visible				
CVP access secured				
<b>FLUIDS</b>				
Urine catheter bag emptied				
NG tube aspirated & secured				
<b>NEUROLOGY</b>				
Seizures controlled, metabolic causes treated or excluded				
Increased ICP appropriately managed				
Extra ventricular Drain (EVD) secured & safe for transfer				
Pupil size recorded				
GCS				
<b>TRAUMA AND TRACTION</b>				
Long bone/ pelvic fractures stabilised				
Traction in situ & secured for transfer				
<b>OTHER</b>				
Money				
Mobile Phone				

# TRANSFER OBSERVATIONS

OBSERVATION / PARAMETER	Pre Transf er ↓	Pre ICU depart ↓	Arrival receive area↓			Pre depart receiving area↓	
<b>TIME of observation</b>							
<b>CVS</b>	Heart Rate (bpm)						
	Rhythm (ECG)						
	MAP (mmHg)						
	Systolic BP (mmHg)						
	Diastolic BP (mmHg)						
	CVP (mmHg)						
	Temperature (°C)						
<b>RESPIRATORY</b>	Air Entry R/L						
	Vent Mode						
	Resp Rate (bpm)						
	TV (insp/exp) (ml)						
	MV (insp/exp) (L)						
	PS / (cmH <sub>2</sub> O)						
	PEEP (cmH <sub>2</sub> O)						
	FiO <sub>2</sub> (%)						
	Sp O <sub>2</sub> (%)						
	E <sub>T</sub> CO <sub>2</sub> (kPa)						
	Alarms set?						
	Suctioned						
<b>NEURO</b>	GCS						
	E						
	V						
	M						
	Pupils PEARL						
	Pupil size (mm) LR						
<b>INFUSIONS</b> Dose/rate (ml/h) Fluids given (Type & Vol)	1.						
	2.						
	3.						
	4.						
	5.						
<b>OUT- PUT</b>	1. Urine output						
	3. Drains						
	3. EVD						

**EVENTS** *e.g. Bolus drugs, contrast dye, respiratory hold, infusions, equipment failure, personnel*

Time	Details of event

**Appendix G**

**Audit tool for Patient Transfers**

To be completed by participating ward / departmental leaders during annual audit

Ward.....

Date.....

Has patient level of care been identified on transfer checklist?	Yes	No
Has the transfer checklist been completed?	Yes	No
Did the escort accompanying the patient comply with the level of care and escort requirement table?	Yes	No
Was the documentation identified on the transfer checklist with the patient during transfer?	Yes	No
Patient Age		
Patient Sex	M	F



## Appendix H

### 1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
Patient Transfer and Escort Policy	Corporate Nursing	Jenny Hudek/ Paul Silke	Existing Policy review	January 2014
<p><b>1.1 Who is responsible for this service / function / policy/ business plan?</b>  <b>Strategic:</b> The Chief Executive has overall accountability for ensuring that the Trust meets its obligations in respect of maintaining appropriate standards of patient transfer.  <b>Operational:</b> Divisional Directors of Nursing and governance / Divisional Directors of Operations are responsible for implementing the policy within the divisions / directorates and for monitoring compliance.</p>				
<p><b>1.2 Describe the purpose of the service / function / policy?</b> Who is it intended to benefit?            What are the intended outcomes?</p> <ul style="list-style-type: none"> <li>The purpose of this policy is to provide a standard Trust wide procedure that will ensure the safe transfer of patients. The policy will provide staff with clear guidance for transferring patients both internally and externally.</li> </ul> <p><b>Intended outcomes:</b>            The outcomes of the policy are:</p> <ul style="list-style-type: none"> <li>Patients are transferred safely and efficiently to the required destination</li> <li>There is clear ownership, roles and responsibilities in relation to patient transfer</li> <li>Transfer practices are standardised</li> <li>The appropriate mode of transport is used to ensure the most safe and appropriate transfer for the patient i.e. car/ambulance.</li> </ul> <p>To ensure the patient is treated as an individual as they are transferred from one setting for another</p>				
<p><b>1.3 Are there any associated objectives?</b></p> <ul style="list-style-type: none"> <li>NHSLA Risk Management Standards 2013-14 , Standard 4.9 Clinical Handover of Care</li> <li>Care Quality Commission Guidance about compliance (2010) – Essential Standards of Quality and Safety – Outcome 4 Care and Welfare of people who use services</li> </ul> <p><u>Trust Strategic aims</u></p> <ul style="list-style-type: none"> <li>Provide excellent clinical care</li> <li>Redesign and reconfigure our hospital services to provide higher quality care</li> <li></li> </ul>				
<p><b>1.4 What factors contribute or detract from achieving intended outcomes?</b>  <b>Contribute:</b> Support for this policy from the Trust Board, CMB, all professional groups and other staff.  <b>Detract:</b> Failure to escalate issues with manpower resources, where skill mix is inadequate to facilitate an appropriate transfer.</p>				
<p><b>1.5 Does the service / policy / function / have a positive or negative impact in terms of race, disability, gender, sexual orientation, age, religion or belief and Human</b></p>				

<p><b>Rights?</b></p> <p>This policy will ensure that all patients, irrespective of any protected characteristics under Equality legislation will have a safe transfer within the Trust. This will support their right to life under Human Rights legislation.</p>
<p><b>1.6 If yes, please describe current or planned activities to address the impact.</b></p> <ul style="list-style-type: none"> <li>• Section 6.6.3 details how to ensure a safe handover</li> <li>• Section 6.8 pays attention to vulnerable patients, paediatric patients and family escorts with the patient's request</li> </ul>
<p><b>1.7 Is there any scope for new measures which would promote equality?</b></p> <p>Not at present</p>
<p><b>1.8 What are your monitoring arrangements for this policy/ service</b></p> <ul style="list-style-type: none"> <li>• Adverse incidents during a patient transfer will generate incident record on DATIX. All datix trends are reported monthly to the patient safety committee for action</li> <li>• Number of incidences relating to transfers</li> <li>• Number of complaints relating to transfers</li> <li>• An annual report will be presented at the Patient Safety Committee Nursing and Clinical Management Boards. Where deficiencies are identified, areas of improvement will be highlighted and action plans will be developed</li> </ul> <p>Appendix C sets out the audit tool for this policy</p>
<p><b>1.9 Equality Impact Rating [low, medium, high]- see guidance notes 3.1 above</b></p> <p><b>Medium</b></p>
<p><b>2.0. Please give you reasons for this rating</b></p> <p>This is a critical policy to ensure the safety and well-being of patients. There is no evidence to date that any group of patients has been adversely impacted. The Monitoring reports will identify any trends and will inform fuller investigations and actions accordingly</p> <p><b><i>If you have rated the policy, service or function as having a high impact for any of these equality dimensions, it is necessary to carry out a detailed assessment and then complete section 2 of this form</i></b></p>
<p><b>Review date of Policy:</b> January 2017</p>

## 2. EQUALITY IMPACT ASSESSMENT FROM – DETAILED ASSESSMENT FOR HIGH IMPACT AREAS

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Policy/Service	Date of Assessment
<p><b>2.1 In which areas is the service, function or policy judged to be high priority? Summarise issues raised at the screening stage. Outlined above</b></p>				
<p><b>2.2 What relevant data is available [e.g. ethnic coding monitoring, complaints, previous consultation etc]? Does the data indicate there is a differential impact on any groups?</b></p> <p>N/R</p>				
<p><b>2.3 Is there any national or local guidance on equality issues for this service, policy or function?</b></p> <p>N/R</p>				
<p><b>2.4 Summarise the consultation. Who are the main stakeholders? What are their views?</b></p>				

N/R

2.5 What are the recommendations for change arising from the assessment? (To consult with key stakeholders before disseminating trust wide)

N/R

2.6 What are the costs and benefits to the relevant group and to the Trust?

N/R

2.7 Details of the action plan to ensure implementation, including how relevant groups will be advised of the changes.

N/R

2.8 Monitoring arrangements

**Appendix I**  
**Checklist for the Approval of the Transfer Policy.**

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
	<b>Title</b>		
<b>1</b>	Is the title clear and unambiguous?	Yes	
	Is it clear whether the main document is a policy rather than guidelines or procedures?	Yes	
	<b>Rationale</b>		
<b>2</b>	Are reasons for development of the document stated?	Yes	
	<b>Development Process</b>		
<b>3</b>	Are people involved in the development identified?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	<b>Content</b>		
<b>4</b>	Are the objectives and aims defined?	Yes	
	Is target population as mentioned in Scope clear?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
	<b>Evidence Base</b>		
<b>5</b>	Is the type of evidence required to support the document identified explicitly?	Yes	
	Are the references cited in full?	Yes	
	Are all supporting documents referenced?	Yes	
	<b>Consultation</b>		
<b>6</b>	Where appropriate, e.g. HR Policies, has the Partnership Forum been consulted on the document?	Yes	
	<b>Approval and Ratification</b>		
<b>7</b>	Has the table of control information been completed on the front cover of the Policy?	Yes	
	Has an Equality Impact Assessment been completed? Is the EIA an appendix to this policy?	Yes	
	<b>Dissemination and Implementation</b>		
<b>8</b>	Does the plan include the necessary training and support to ensure compliance?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
	<b>Review Date</b>		
<b>9</b>	Is the frequency of review identified?	Yes	
	<b>Overall Responsibility for the Document</b>		
<b>10</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	