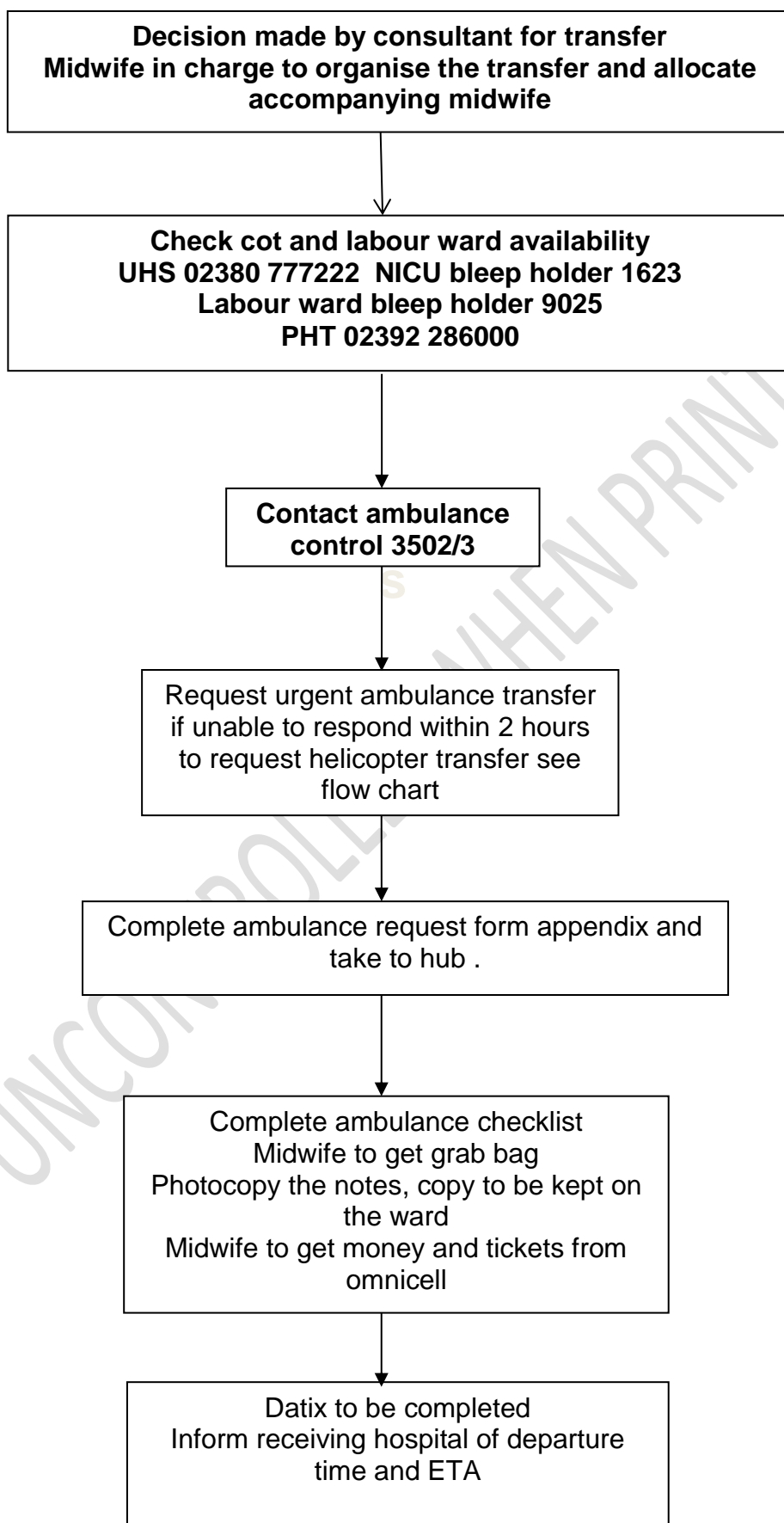


# **Standard Operating Procedure for the Transfer of Women from St Marys Maternity Unit to a Mainland Hospital via Helicopter or Ambulance**

Prepared by: A Pearson  
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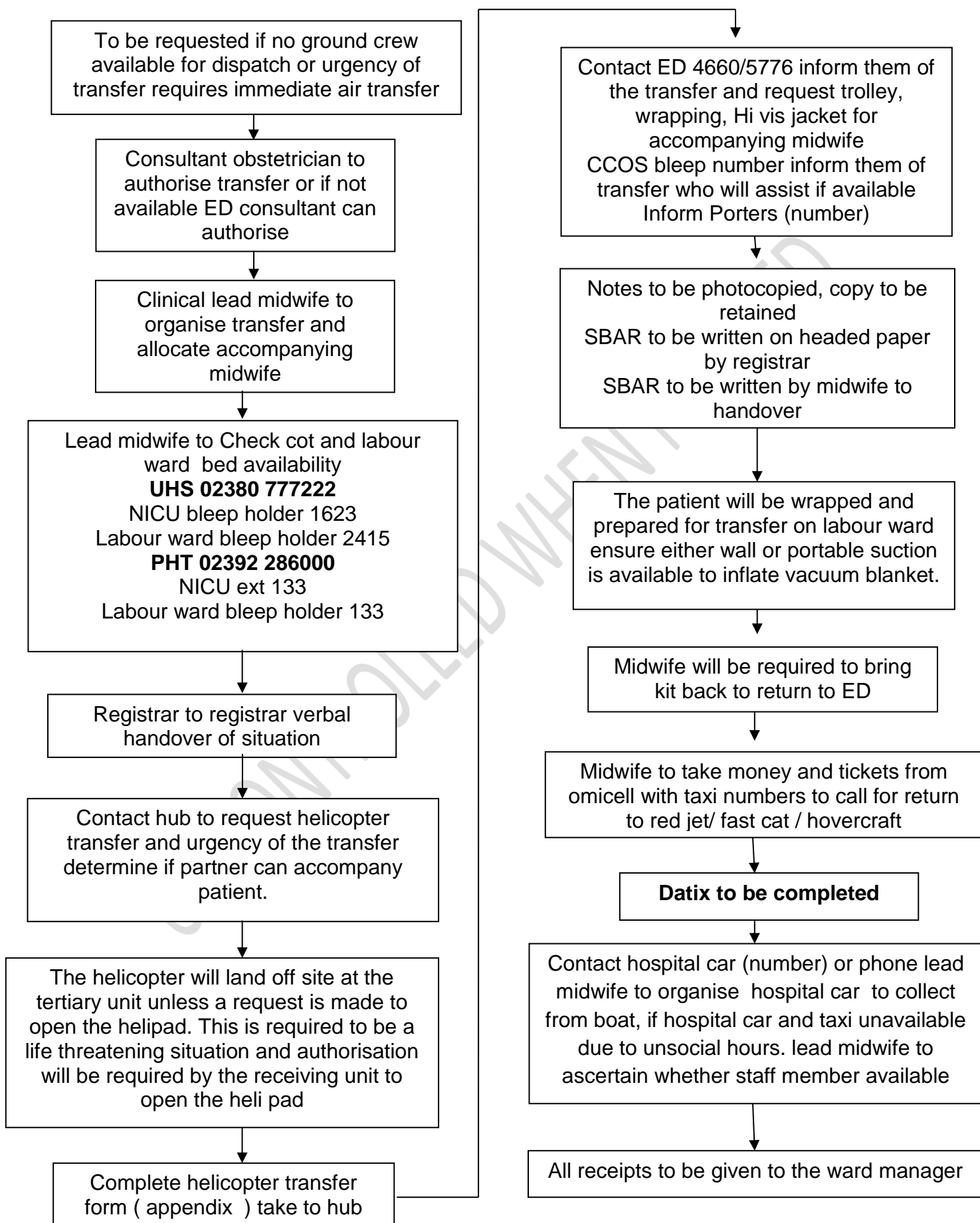
## Transfer To Mainland – Ambulance Request



## Checklist - Ambulance Transfer

Action	Comments	Time agreed & signature
Midwife in charge to organise transfer and allocate midwife to go on transfer	<b>Name:</b> <b>Decision to Transfer Time:</b>	
Contact tertiary units for bed and cot availability <b>UHS 02380 7772222</b> NICU bleep 1623 LW ext 8103 LW Coordinators bleep 2415 Consultant bleep 9025 <b>PHT 02392 286000</b> NICU ext 3231/3232 Labour ward bleep 133 Provide verbal handover SBAR	NICU contact name     LW contact name	Hospital :
Registrar to registrar handover with receiving hospital.	Receiving doctors name	
Contact ambulance control and request urgent ambulance within 2 Hours		
Complete ambulance transfer form (Appendix 2) Take to hub ( tick STR for stretcher)	Ambulance control is situated next to the Heli Pad	
Phone the allocated hospital to clarify the arrangements being made for transfer. Update on ETA.		
Registrar/Consultant to write SBAR on headed paper. This will be handed over to the receiving hospital by the midwife accompanying the Woman.		
Midwife to complete SBAR handover.		
Copy of notes to be taken copy to remain on the ward. Original copy must go on the transfer with the woman.		
Midwife to access 'Grab bag' if required	Community Office	
The transfer purse for the accompanying Midwife can be found in the omnicell. It includes, ferry tickets and money for taxis, contact numbers for taxis and hospital transport		
Inform receiving hospital of departure time and any updates. Document departure time.	<b>Time of Transfer:</b>	
On arrival back on the island hospital transport can be contacted to collect midwife (number)		

## Flow chart Helicopter Transfer



## Checklist- Helicopter Transfer

Action	Comments	Time agreed & signature
Consultant decision for transfer Midwife in charge to organise transfer and allocate midwife to go on transfer	<b>Name:</b> <b>Decision to Transfer</b> <b>Time:</b>	
Contact tertiary units for bed and cot availability <b>UHS 02380 7772222</b> NICU bleep 1623 LW ext 8103 LW Coordinators bleep 2415 Consultant bleep 9025 <b>PHT 02392 286000</b> NICU ext 3231/3232 Labour ward bleep 133 Provide verbal handover SBAR	NICU contact name      LW contact name	Hospital Allocated:
Registrar to registrar handover with receiving hospital.	Receiving doctors name	
Contact Hub to request air transfer, ascertain ETA and where Helicopter will land		
Complete ambulance transfer form (Appendix 2) Take to hub	Ambulance control is situated next to the Heli Pad	
Ring the Emergency Department and inform them of the transfer. Ext. 4660 / 5776 The Emergency Department who will attend the Maternity Ward with the equipment needed for transfer (VACCUM WRAPPING, High Vis Jacket)		
Contact CCOS who will assist in prepping the patient		
Contact porters and inform them of the transfer		
Phone the allocated hospital to clarify the arrangements being made for transfer. Update on ETA, and Landing Location	<b>Time of Transfer:</b>	
Registrar/Consultant to write SBAR on headed paper. This will be handed over to the receiving hospital by the midwife accompanying the Woman.		
Midwife to complete SBAR handover.		
Copy of notes to be taken. Copy to remain on the ward. Original copy must go on the transfer with the woman.		
Accompanying midwife will be required to bring all kit back to unit, and inform ED		
The transfer purse for the accompanying Midwife can be found in the omniceil.It includes,ferry tickets and money for taxis, contact numbers for taxis and hospital transport		
Contact hospital car (number) or phone lead midwife to organise hospital car to collect from boat, if hospital car and taxi unavailable due to unsocial hours. lead midwife to ascertain <b>whether staff member available</b>		

## **1. Purpose/Background:**

The Standard Operating Procedure (SOP) has been written to clarify the procedure for Obstetric and Midwifery Staff to follow when there is the need to transfer a Woman from the Isle of Wight Maternity Unit to a Mainland hospital via Helicopter or Ambulance.

## **2. Scope:**

This Standard Operating Procedure (SOP) relates to all members of the Obstetric and Midwifery Staff. It sets out the basic roles and responsibilities of the Obstetricians and /or Midwives following decision to transfer

## **3. Responsibilities:**

It is the responsibility of all Midwifery Nursing and medical staff to:

- Access read understand and apply this guidance
- Attend any mandatory training pertaining to the guidance

It is the responsibility of the department to:

- Ensure the guideline is reviewed as required in line with trust and national recommendations
- Ensure the guideline is accessible to all relevant staff

## **4. Role of the midwifery clinical lead**

- That priority of assessment is made for women presenting preterm singleton below 32 weeks, multiples below 34 weeks or women with an identified risk factor requiring delivery in a tertiary unit
- Ensure the consultant obstetrician has made the decision to transfer a woman off the Island to a tertiary unit
- To identify receiving unit with both NICU and labour ward bed availability
- To identify accompanying midwife and implement escalation policy if required to support the unit
- To Inform neonatal ward lead and consultant paediatrician of admission to alert them of admission and potential for delivery if transfer not appropriate

- To ensure that patients name is added to outliers data and daily update for MDT handover
- To ensure that accompanying midwife has the necessary money and tickets for transfer
- To ensure Datix incident form is completed
- **Linked documents:**

**AMBULANCE CONVEYANCE POLICY 2018-**

<https://www.iow.nhs.uk/Downloads/Policies/Ambulance%20Conveyance%20policy.pdf>

***This is not an exhaustive list, any experiences identified that are not on this list should be escalated to a Manager/Clinical Lead Midwife to enable inclusion.***

**5. Auditable Standards:**

Key aspects of the procedural document that will be monitored:

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will coordinate findings	Which group or report will receive findings
1 hr from time of request of transfer to time of departure.	Transfer form	Yearly	10	Audit midwife	LW meeting

**6. Document History**

Date of Issue	Version No.	Next review date	Date approved	Director responsible for change	Nature of Change
April 2019	SOP 1	April 2022	April 2019	Maternity CSG	New SOP
Sept 2019	1.1	Sept 2022	Sept 2019	MCSG	Changes made to Checklists

# Appendix 1- Transport request form



## Isle of Wight Ambulance Service Ambulance Transport Request Form

Patient Transport Services  
Communications Centre  
St Mary's Hospital  
Newport  
Isle of Wight  
PO30 5TG  
T : 01983 822099  
Extension 3504  
F : 01983 534104

- Please complete in BLOCK capitals and do not use adhesive patient labels
- Transport MUST be booked a minimum of 24 hours in advance
- Incomplete or illegible forms will not be accepted—these will be returned by fax and will need to be resubmitted before transport is booked
- It is the booking departments responsibility to provide accurate information regarding the needs of the patient

Patient Details : First Name _____ Surname _____		
IW No. _____ NHS Number _____ GP Name / Surgery _____		
D.O . B _____ Tel. _____ Weight _____ KG/Stone- (Essential for ALL requests)		
Collection Address _____ _____ _____ Post Code _____ Telephone _____ X _____ Fax _____	Destination Address _____ _____ _____ Post Code _____ Telephone _____ X _____ Fax _____	Date Transport Required ____ / ____ / ____  Please select session AM <input type="checkbox"/> PM <input type="checkbox"/> For Out Patient appointment purposes the Patient Transport Service arrive for 1000 hrs or 1400 hrs Appointments.
<p><b>Mode of Transportation Required.</b> Please use Patient Transport flow chart to derive this. Requests for "Sitting" Ambulances will not be accepted. Failure to request the correct transportation may result in the incorrect resource being sent and therefore the patient may not be able to be conveyed. Requests without valid patient types will be returned to booking department.</p> <p>C1 <input type="checkbox"/> C1A <input type="checkbox"/> C2 <input type="checkbox"/> STR <input type="checkbox"/> OWC <input type="checkbox"/> AWC <input type="checkbox"/> WC/STR <input type="checkbox"/> Risk Assessment Required <input type="checkbox"/></p> <p><i>Empty Wheelchairs will not be conveyed and electric wheelchairs must be able to be placed in manual mode for loading and unloading</i></p>		<p><b>REASON</b></p> <p>Admission <input type="checkbox"/></p> <p>Discharge <input type="checkbox"/></p> <p>Intermediate care <input type="checkbox"/></p> <p>Mainland <input type="checkbox"/></p> <p>Out Patient <input type="checkbox"/></p> <p>Private <input type="checkbox"/></p> <p>Transfer <input type="checkbox"/></p>
<p>Crew Selection: Patient Transport <input type="checkbox"/> Paramedic <input type="checkbox"/></p> <p>Authorisation by: Consultant/ Doctor / Practitioner (delete as appropriate)</p> <p>This patient requires the provision of an Ambulance for transportation due to the Medical Condition Stated below and is unable to use any other form of transportation:</p> <p>Name _____ Signature _____</p>		<p><b>Additional Information</b></p> <p>Infectious <input type="checkbox"/></p> <p>Oxygen required (pre prescribed) <input type="checkbox"/></p> <p>Escort travelling (medically needed) <input type="checkbox"/></p> <p>Bariatric <input type="checkbox"/></p> <p>Electric wheelchair <input type="checkbox"/></p> <p>Full leg POP <input type="checkbox"/></p> <p>OWC + leg extension <input type="checkbox"/></p> <p>If any boxes selected please provide further information below :</p>
Requester Information: Phone No. _____ Fax No. _____		
Department _____ Budget Code _____ Requester Name _____		

**Communications Centre use only**

GAD REF: \_\_\_\_\_ Entered by \_\_\_\_\_ Date Entered \_\_\_\_\_

Dispatch Vehicle IN \_\_\_\_\_ OUT \_\_\_\_\_

Outward Journey Ready time \_\_\_\_\_ Moved to D/L ? \_\_\_\_\_

HMB/DW  
08/2013 V4



**Appendix 2 – SBAR tool for patient handover**

SBAR / Plan of care		Ref. 201217v1
Date		
Name		
Name of midwife requesting advice		
Plan provided must be documented in the text below		
Situation	Background	
Assessment	Recommendation	
Maternal		
Fetal		
	Person information communicated to (Midwife in charge/Doctor)	
	Print name	
	Document plan of care in notes	