PRE-TRANSFER CHECKLIST V4

Action	CHECK			
Referring unit to contact NISTAR at the earliest opportunity.				
Transfer discussed & agreed between referring unit, receiving unit and the NISTAR team. Conference call to facilitate arrangements. (Conference call number 08445819050 — pin 2949979)				
If NISTAR unavailable—referring unit consider delaying until NISTAR free or referring unit do transfer themselves.				
NISTAR team MUST contact the Referring and Receiving Units Single Point of Contact (SPOC) for Coronavirus (Appendix 1) in order to plan access and egress routes within each of the hospitals. *[RVH ring ED Duty Manager—Appendix 1]				
Ensure transferring team fit tested.				
Two ACAs required—one to assist with medical team and one to remain in the front of vehicle for driving/comms. Call 02890404023 to request second ACA (if only one on-call).				
NISTAR team prepare only essential equipment for transfer. The MRX should be removed from the wall bracket and placed inside a cupboard.				
Emergency transfer bags (blue and red) should be placed in the front of the ambulance and remain clean - only to be used in an absolute emergency.				
NISTAR team should dress in theatre scrubs & wipeable shoes.				
Clean scrubs could be placed in front of ambulance for post-transfer change, along with personal items (money/phones/jackets/etc).				
Ensure that adequate PPE supplies available (put in front of ambulance):				
FFP3 respirator masks, surgical hats, gloves				
Single use full length gowns—disposable fluid-resistant				
Eye protection—goggles or face visor				
Clinical waste bags, Hand hygiene supplies				
General-purpose detergent and chlorine based disinfectant solutions				
TEAM BRIEF; full verbal run-through of transfer plan with full team.				

TRANSFER AND POST TRANSFER CHECKLIST

Action					
NISTAR team make introductions to referring staff and explain transfer procedure - receive handover.					
NISTAI	R team set up new portable ventilation circuit as per Appendix 2.1				
Donnii	ng of PPE prior to assessment and packaging of patient .				
Ensure adequate drugs (journey will be longer than usual)					
•	change all infusion syringes to new full syringes,				
•	ensure adequate spare infusions, bolus drugs, syringes, IV access.				
NISTAR team MUST check the ETT cuff pressures to ensure there is no leak.					
•	appendix 3.1 explains the correct procedure for connecting the patient to the transport ventilator and what to do in the event of ventilator failure (3.2).				
•	Patient notes to be transferred in the front of the ambulance				
•	No relatives to accompany.				
•	The NISTAR team may be asked to transport small items of patient property. This will be limited to personal / valuable items only e.g. phone / watch / wallet. The referring unit MUST confirm what the items are; that they are "clean" and have been "double bagged".				
Prior t	o departing the NISTAR team should doff, have a short break and donn new PPE .				
Every	effort to make one continuous journey, plan designated stopping points if change of PPE required.				
During	transfer the NISTAR team must adhere to the following at all time:				
•	Ventilator circuits should not be broken unless necessary,				
•	Individuals not wearing PPE should be >2m from the patient,				
•	NISTAR team should not touch doors/lifts/walls for duration of transfer.				
On arrival at the receiving unit:					
•	1st ACA ('clean') to check ingress route and plan before team offload patient from ambulance. The receiving staff must be in PPE,				
•	Take patient straight to the receiving unit and not wait in a communal area,				
•	The receiving area should be cleared of any surplus equipment,				
•	Transfer patient safely and ventilators on standby for ventilator change,				
•	After doffing NISTAR team should consider changing scrubs,				
•	Ensure all information handed over and transport documentation.				
•	Ensure patient property is handed over to receiving unit and that this is documented				
•	Where patients have been transferred to the Belfast City Hospital, patient notes should be left at the main reception in the day surgery unit (regardless of which ward / unit the patient has been transferred to)				
Reusable equipment must be decontaminated.					
First team member to do first clean in room. Second staff member to donn clean PPE and do a second clean.					
When transfer complete the ambulance crew MUST clean the vehicle to NIAS IPC standards before the return journey is undertaken and before anyone else enters the vehicle.					
If there are any mechanical issues with the vehicle contact NIAS control 02890404040 to request another ambulance and inform HART advisor.					
Any deviations from the guidance or adverse incidents must be reported via Datix.					
Trancf	er debrief to be carried out on completion of the transfer or next working day				

Appendix 1

HSC Organisations Single Point of Contact (SPOC) for Coronavirus Testing							
	In-hours	In-hours		Out of Hours			
Trust	Name / Team	Contact Number	Name / Team	Contact Number			
NHSCT	Infection Pre- vention & Con- trol (IPC) Team	Antrim Hospital Switchboard:- 02894 424000	Infection Preven- tion & Control (IPC) Team	Antrim Hospital Switchboard:- 02894 424000			
SEHSCT	Senior Manager on-call	Ulster Hospital Switch- board:- 02890 484511	Senior Manager on-call	Ulster Hospital Switchboard:- 02890 484511			
BHSCT	BHSCT SPOC	ED duty manager day (8am – 8pm) 07714850513 ED duty manager night (8pm – 8am) 07714850511					
BHSCT	Mater ICU	07712506361					
ВНЅСТ	Belfast City Hospital	Security control (SPOC) 02895 042000	ICU consultant (1st on) 07592362082	ICU consultant (2nd on call) 07592362074			
BHSCT	Co-director on call	07825578214					
BHSCT	Director on call	Via switchboard 02890240503					
РНА	Director on call	0300 555 0119 / 0300 555 0118					
SHSCT	Assistant Director on-call and Director on-call	Via CAH switchboard 02838 334444	Assistant Director on-call and Director on-call	Via CAH switchboard 02838 334444			
WHSCT	Manager on-call for Acute Services	02871 345171 and bleep manager on-call	Manager on-call for Acute Services	02871 345171 and bleep manager on-call			
NIAS	Ambulance HART Advisor	07798610618	Ambulance HART Advisor	07798610618			

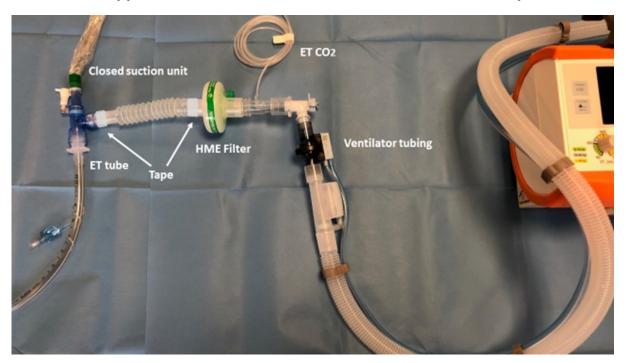
Appendix 3.1 Procedure for connecting to the transport ventilator

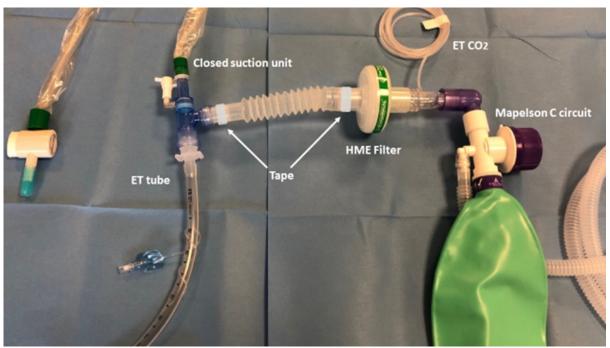
- Set FiO₂ to 100% to allow the longest interruption of ventilation possible.
- Ensure the patient is fully curarised to avoid coughing or spontaneous breathing.
- Consider closed suctioning of the patient at this point to avoid the need to do so later during transit.
- Suction oral secretions.
- Prepare the transport ventilator circuit (*Appendix 1*).
- Tape the circuit joining points (as highlighted in *Appendix 1*) to prevent inadvertent disconnections.
- Set the transport ventilator to match the current ICU ventilatory settings but place on standby.
- Put an inco pad on the patient's chest to capture any secretions that may come out of the ETT.
- Switch ICU ventilator off.
- Consider clamping the ETT prior to disconnection.

Appendix 3.2 Procedure for ventilator failure during transport/retrieval

- Connect Mapleson C circuit to the oxygen cylinder on transport trolley or ambulance.
- Ensure transport ventilator is placed on standby.
- Disconnect the ventilator from the ventilator side of the HME filter.
- DO NOT take the HME filter off.
- Connect the Mapleson C circuit to the ventilator side of the HME filter.
- Ventilate the patient manually.

Appendix 2.1 Adult ventilation circuit — correct set-up





- BHSCT Co-Director on-call **07825578214**
- BHSCT Director on-call via switchboard 02890240503
- PHA Director on-call 03005550119 / 03005550118
- RVH ED Duty Manager Day (8am—8pm) **07714850513**
- RVH ED Duty Manager Night (8pm—8am) **07714850511**
- 7A Nurses Station— 02896150860/61

Should any additional queries / issues arise, please contact a member of the NISTAR Core Team:

- Service Manager, Ciaran McKenna **07933700867**
- Clinical Director, Dr Brian Mullan **07803799570**
- Lead Nurse, Emma Thompson 07511166455