



Safe vehicular transport of service users and others

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Type of document	Policy
Target audience	All CWP staff
Document purpose	To ensure staff have access to safe procedures when transporting service users and others and assessments of risk are documented and reviewed

Approving meeting	Health Safety and Well Being Sub Committee	Date 3-Nov-16
Implementation date	Dec- 2016	

CWP documents to be read in conjunction with	
GR1 GR2 GR3 CP1 CP35 HR2.11	Incident Reporting, Management and Review Policy Health and Safety Arrangements and Responsibilities Risk Management Policy Admission to and transfer/ discharge from hospital Physical Health care policy Guide to claiming Travel expenses

Document change history	
What is different?	New appendix (3) added for safe use of Trust Vehicle
Appendices / electronic forms	Appendix 1- Transfer Checklist Appendix 2- Risk Assessment prior to transporting service users Appendix 3- Safe use of Trust vehicle
What is the impact of change?	All transfers must use Trust Vehicle- Arrange via Porterage Department

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
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Document consultation	
East locality	
Wirral locality	
West locality	
Corporate services	Health and Safety Sub Committee
External agencies	

Financial resource implications	None
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External references
1. Health and Safety at Work etc Act 1974 2. Management of Health and Safety at Work Regulations 1992

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	No	
- What alternatives are there to achieving the document without the impact?	No	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Select	

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1. Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) recognises its need to ensure so far as is reasonably practicable the Health, Safety and Welfare of employees whilst at work and those persons who may be affected by our undertaking (service users and others). The Management of Health and Safety at Work Regulations 1992 (amended 1999) require us to carry out an assessment of risks to health and safety of employees and others affected by our work activities. These assessments must be reviewed periodically. This policy relates to the transport of service users and others by CWP staff. The purpose of this policy is to ensure that staff are aware of their responsibilities under Health and Safety Law and the need to comply with safe systems of work in place to protect their safety and well being and that of others whilst at work and to minimise risk by providing a standardised risk assessed approach to transporting / escorting service users and others within areas of the trust.

2. Duties and responsibilities

2.1 Chief Executive

As accountable officer, the Chief Executive must ensure the responsibility to manage the risks associated with safe vehicular transport of service users and others is delegated to an appropriate executive lead, as outlined in the executive portfolios.

2.2 Director of Nursing, Therapies and Patient Partnership

The Director of Nursing, Therapies and Patient Partnership has responsibility to ensure effective delivery of policies relating to Health safety and welfare of staff and others affected by the Trusts undertaking.

2.3 All Locality staff

All staff within the Trust to whom this policy applies will adhere to the procedures and protocols outlined within this policy.

2.4 Line managers responsibilities

- To check driving licence and insurance documents, including policy booklet of staff on employment and annually to ensure business use classification on insurance document.
- HR Policy 2.11, section 2 states driving licences should be checked at least annually and evidence kept for audit purposes.
- To ensure that the definition of business use is checked and the insurance company contacted if necessary to ensure it includes liability for carrying passengers, service users and their children.
- To ensure that travel claim forms are signed and forwarded to the Payroll department each month.

2.5 Employees responsibilities

- To ensure if they are transporting service users and others that their vehicle is compliant with Driver and Vehicle Licensing Agency requirements (Valid MOT Certificate, valid insurance for business use) and that the vehicle is roadworthy.
- To ensure they are compliant with Highway Code requirements.
- To ensure that travel claim forms are completed monthly and submitted to their line manager for verification/ signing and forwarded to payroll.
- If an employee needs to inform the DVLA of any notifiable illnesses they must inform their line manager immediately.

- To complete assessment forms for transport of service users and others and make an entry onto the Health Care records that such an assessment has been completed and dates planned for review of this assessment - see appendix 2.

2.6 Inter - hospital transfer – planned- See Appendix 3- trust vehicle protocol

Where the situation arises for an inter hospital transfer, local guidance and procedures must be implemented.

Use of the Trust vehicle must be the first option

Staff should not transport patients on inter hospital transfers in their own vehicles. All staff should be made aware of local procedures. A risk assessment and checklist must be carried out and recorded - see appendix 1 & 2

One copy should accompany the staff and one copy kept in the service users file.

Arrangements must be made in case of adverse incidents.

2.7 Transfer from accident and emergency departments

It is the responsibility of the host trust to arrange transport to our Mental Health Services if admission is required i.e. from a designated place of safety.

Service users will not be placed on an observation level until admitted to the ward therefore the assessor in Accident and Emergency will consider and document the level of support needed for safe transport of that service user from Accident and Emergency Department to the Mental Health Unit in Accident and Emergency records as part of the assessment.

2.8 Transfer to accident and emergency department

Should the need arise for a service user to be transported to an Accident and Emergency Department; the decision must be made by the senior staff which is the safest mode of transport. The number of staff accompanying the service user must be documented and the rationale for the decision.

2.9 Trasfer to and from PICU

Local procedures are in place as this is a planned transfer.

2.10 Incident / accident guidance and reporting

- You must stop after an accident – but you do not have to involve the Police unless there are injuries to anyone involved;
- Ensure that no one is injured. If injuries are suspected seek medical attention immediately. If a child is a passenger in your car advise the child's parents to seek medical attention immediately, even if injury is not immediately apparent;
- Exchange particulars with all other parties involved in the accident:
 - Full names and addresses of owner and driver;
 - Make a note of the registration numbers;
 - Obtain insurance details.
- Obtain names and addresses of all independent witnesses to the accident;
- Make a note of distances, speed, car positions, street names and other relevant information;
- Under no circumstances admit liability for any accident and never offer payment for damage or injury;
- Report accident to Manager and complete Trust Incident reporting system. This must be completed even if there is no damage to the vehicle;
- Any damage to vehicles, or personal injuries, however caused must be reported using the Trusts incident reporting system.

Any untoward incidents that occur during transportation of service users and others must be reported to the staff's line manager and the Trust incident reporting system must be accessed and the incident reported.

2.11 Infection control

All staff transporting service users and others should have access to spill kits in the event of body spillages, such as vomit, in the form of gloves, wipes, apron and plastic bags. Information can be obtained from the Infection Prevention and Control Team 01244 397700.

2.12 Insurance

All staff who drive lease cars will have adequate insurance for transporting service users. Staff who transport service users in their own vehicles must ensure that they have business use insurance for their vehicles and passengers and that safety checks are carried out on their vehicles according to the Driver and Vehicle Licensing Agency and Vehicle and Operator Services Agency (MOT test).

2.13 Mobile phone usage

Staff must ensure they have a mobile phone available if transporting service users, in case of an untoward incident or vehicle breakdown.

It is illegal to drive a vehicle or ride a motorbike and use a hand held mobile phone or similar device.

2.14 Lone working

Staff where possible should not transport service users alone. In particular, where possible staff should not transport children of service users alone.

If staff are to transport service users alone then a risk assessment must be completed and recorded and reviewed as necessary - see appendix 2.

If a staff member is working alone, and is transporting a service user's child the staff member should not be alone with the child. An additional risk assessment must be carried out. See appendix 1 of Risk Management policy, Identification, Assessment and Analysis of Risks (GR3).

Staff must ensure that a colleague is aware of their actions/ whereabouts and Contingency plans must be in place in case of vehicle breakdown.

Staff must ensure they carry a mobile phone with them but must not use it whilst driving a vehicle.

2.15 Transport of children

Children may only be transported in the following circumstances:

- Where the child them self is the service user;
- Where the child is the son or daughter of the service user or other child for which the service user has or is authorised to exercise parental responsibility;
- it is absolutely necessary to transport the child in order to be able to provide health care to the service user;
- The service user consents to this.

Where a child is being transported in a staff member's car the appropriate child restraint must always be used. If the child is under 12 or 135cms they must not be transported without appropriate restraint. The adult seat belt is not sufficient.

A child over 3 may be transported using the adult seat belt alone in **exceptional circumstances:**

- For a short distance as an unexpected necessity (this exception is unlikely to apply and if relied upon the staff member should report the reasons for this and complete an incident form);
- In a taxi;

- Where 2 occupied child restraints prevent the fitting of a third.

2.16 Units with own transport

Some units have their own transport vehicles and local procedures will apply. Examples shown:

- Greenways Ward
- Soss Moss Site

2.17 Special circumstances

On occasions, service users need to be transported from another county or country. Each situation will be unique and the multi disciplinary team involved in the care of the service user in partnership with the area from where the transfer will take place must determine how these transfers are to be managed.

All risks must be addressed and a risk assessment completed and recorded;

If staff are transporting service users to non clinical events, then the policy must be followed in relation to employees responsibilities.

Students working within the Trust must not transport service users.

3.1 References

- Health and Safety at Work etc Act 1974;
- The Management of Health and Safety at Work Regulations 1992 (amended 1999) S/I 1999/3242;
- Health and Safety Arrangements and Responsibilities GR2;
- Lone Workers Policy;
- Incident reporting, management and review policy GR1;
- Risk management policy Identification, assessment and analysis of risks GR3;
- Physical Health Care Policy CP35;
- Admission to and Transfer/ discharge from hospital CP1;
- Human Resource Policies 2.11 – Guide to claiming Travel Expenses.

Appendix 1 - Transfer check list for inter hospital / unit transfer

Action	Date and time	Signature/ Print name
Mental Health assessment completed prior to transfer by RMO / senior Mental Health Nurse and documented in multidisciplinary notes.		
Observation Level Reviewed and confirmed please insert level.		
Identify Risk Factors below and actions required to minimise risks		
1. 2. 3.		
Vehicle		
Paramedic Local transport provider 2 Man Ambulance Staff vehicle Check Child Locks activated		
No of escorts based on risk assessment / male or female/ minimum 2 with 1 substantive member of staff		
Relatives/carers/advocate informed		
Any comments		
All above confirmed with transport operator when booking transport and then when completed to be filed in case notes and copy to go with patient.		

Appendix 2 Risk assessment prior to transporting service users (S.U.) and others

Service user Name _____ DOB _____

S.U Address _____

S.U Tel No _____

Type of Activity _____

Risk Factors

- | |
|--|
| 1. History of aggression/convictions/challenging behaviour/paranoia <input type="checkbox"/> |
| 2. History of medical emergencies/unstable physical condition <input type="checkbox"/> |
| 3. History of inappropriate sexual behaviour <input type="checkbox"/> |

- | | | | |
|---------------------------|---|---|---|
| ◆ Current physical health | – | ◆ Mobility/Manual Handling concerns/falls | – |
| ◆ MHA status | – | ◆ History of non compliance/absconding | – |
| ◆ History of self harm | – | ◆ History of delusions re:
belongings/valuables | – |
| ◆ Any other | – | ◆ Environmental risks (e.g. home
environment, animals, family, members of
the public) | – |

Any risk identified and action needed:

Date of planned review _____

Decision following risk assessment _____

To transport alone/with colleague/other (please delete)

Name of assessor and Signature _____

Date ____/____/____ Designation _____

Appendix 3 Author – Local Security Management Specialist -Clinical Education

1. Purpose of the protocol

To provide guidance, information and operational procedures for the safe transfer of service users within Cheshire and Wirral Partnership [CWP] services and to external services as required. This is not designed to replace GR35 Safe vehicular transport of service users and others policy guidance but act as a clinical tool which promotes safe practice.

2. Use of the vehicle

This vehicle will specifically be used by CWP inpatient services to safely transfer service users to a variety of designated destinations.

This vehicle must not be used for;

- Emergency transfers or as a substitute for blue light services
- Transfers which will include planned restraint interventions

In an emergency the appropriate services must be notified to safe guard all services users and staff. The transport vehicle does not have any equipment which could be used in an emergency i.e. oxygen, defibrillator, First Aid box. In an emergency situation where there is a risk to health the emergency services must be called as per policy. The driver provision and vehicle used will be the responsibility of CWP Estates and facilities department at all times.

3. Protocol

This protocol is intended to be used for planned inpatient journeys to transfer persons, who following assessment of risk, require safer and more appropriate environments. This protocol will also refer to service users who require an increased level of security for transfer to and from court or other associated criminal law purposes. The vehicle can also be safely adapted to accommodate wheel care users who cannot travel on existing seating.

4. Assessment of risk

The risk criteria proforma (at the end of this document) is designed to be used as a care bundle or checklist for nursing staff when planning the transfer arrangements of a service user.

4.1 Risk Assessment

The assessment of risk form (at the end of this document) acts as a guide which staff can use to develop transport plans. Whenever possible the completion of the assessment of risk form must be taken from a multi-disciplinary perspective and include input from as many members of the service users care team as possible.

- 4.1.1 Prior to any journey being undertaken an assessment of risk must be by the nurse in charge and approved by the ward manager/bleep holder.
- 4.1.2 In order to complete the assessment of risk this will require the service users electronic patient record and Care Programme Approach documentation.
- 4.1.3 Once each section of the assessment of risk is completed it should be electronically copied and added to the service users clinical notes.
- 4.1.4 A copy of the assessment of risk must be kept on the transferring ward for any review or audit purpose.
- 4.1.5 Audits of assessments of risk will be carried out annually by CWP Security Lead and reported to Health Safety and Wellbeing Sub Committee
- 4.1.6 In carrying out the assessment of risk the risk criteria proforma [see Appendix 2] must be applied to the circumstances of the transfer and the service user.

It is to be used as a care bundle or checklist for nursing staff when planning the transfer arrangements of a service user in addition to the GR35 Safe vehicular transport of service users and others policy and both act as a clinical tools which promote safe practice.

4.2 Escorting Staff

- 4.2.1 In addition to the driver only the service user and escorting nurse team will be transferred within the vehicle.
- 4.2.2 Student nurses will only act as a lone nurse escort with the specific written agreement of the nurse in charge. Such agreement must be recorded in the assessment of risk.
- 4.2.3 At no time will a service user be allowed to sit or otherwise be transported in the front of the vehicle.
- 4.2.4 With the exception of the driver all service users and CWP staff must be seated in the rear of the vehicle unless there are more than two CWP staff present.
- 4.2.5 The escorting nurse is responsible for all clinical decisions and communications which involve clinical information.
- 4.2.6 One member of the nurse escort must carry a CWP mobile phone at all times.

4.3 Vehicle safety prior to commencing journey

- 4.3.1 CWP Estates and Facilities staff must only be allowed to operate the vehicle and are not to be included in any clinical decisions or care delivery.
- 4.3.2 CWP Estates and Facilities staff are responsible for ensuring the vehicle is road worthy and safe to travel in.
- 4.3.3 The receiving unit/ward must be notified of the expected time of arrival and agree to the transfer [not applicable where journeys are to acute general services]
- 4.3.4 All luggage must be secured in front of the vehicle unless more than two nurse escorts are required. In this case the luggage will be secured in the rear of the vehicle behind the seated passengers.
- 4.3.5 Prior to any service user access both the exit doors [side and rear] within the vehicle must be secured [where appropriate child locks applied].

4.4 Seating Plan [One nurse escort]

- 4.4.1 Staff should have a professional rapport and a clinical knowledge of any known risks associated with the service user.
- 4.4.2 Female service users from CAMHS must be accompanied by a female escort.
- 4.4.3 The nurse escort is must be seated adjacent to the exit door. The other door must have child locks applied prior to entering the vehicle so that the door can only be opened from the outside.
- 4.4.4 The service user must be seated in the middle seat at all times throughout any journey

- 4.4.5 Where the service user is a wheel chair user the middle seat must be removed to accommodate the wheel chair which must be secured using the appropriate fixings by the driver only.

Seating plan [Two or more nurse escorts]

- 4.4.6 One nurse escort must enter the vehicle first [non-wheel chair usage only] and remain seated adjacent to the exit door.

- 4.4.7 Nurse escort staff must not sit in the front of the vehicle when there are two or less nurse escort staff.

- 4.4.8 Nurse escort staff must be seated either side of the service user at all times in the rear seats.

- 4.4.9 Nurse escort staff must remain highly vigilant throughout any journey.

4.4.10 More than two nurse escorts

- 4.4.11 If the assessment of risk indicates that more than two nurse escorts are required for the safe transfer of a service user this must only follow discussion with the nurse in charge and /or the bleep holder and should only happen as a last resort in the service user's best interest. Such decisions should be recorded in the assessment of risk.

4.5 Vehicle safety during transfer

- 4.5.1 During any journey both exit doors within the rear of the vehicle must remain secured by the nurse escorts.

- 4.5.2 Seat belts must be worn at all times by all vehicle users.

- 4.5.3 Only when the vehicle stops and with the nurse escort assistance must seat belts be removed.

4.6 For transfers to General Hospital care settings [including wheel chair access]

- 4.6.1 Following an assessment of risk a minimum of one nursing staff member must accompany the service user at all times. This staff member must be seated next to the service user at all times.

- 4.6.2 The member of the nurse escort must carry a CWP mobile phone at all times

4.7 For mental health transfers [including PICU & courts transfers]

- 4.7.1 If rapid tranquillisation has been administered the service user **MUST** have their vital signs observed and documented for at least **2 hours before** the transfer begins. Physical observations [MEWS] must be monitored and recorded in compliance with CWP policy CP35 and SOP3 throughout the transfer.

- 4.7.2 There must be a **minimum of two nursing staff** escorts seated within the rear secure compartment of the vehicle. [This does not include the driver]. The assessment of risk must state whether extra escorts are required.

- 4.7.3 All nurse escorts must have received restrictive interventions training in accordance with CWP Education mandatory training matrix.

- 4.7.4 A search of the service user must be conducted in accordance with the CP12 policy prior to any transfer.

4.7.5 Where the service user transfer includes the handover of MHA records or legal documentation a registered nurse will be required to ensure safe and secure escort and delivery of that documentation.

4.7.6 When transferring female service users at least one staff member must be of the same gender.

4.8 Communication

4.8.1 A member of the nurse escort team must carry a CWP mobile phone with them at all times.

4.8.2 The driver must carry a CWP mobile phone at all times

4.8.3 During any transfer communications with the driver must be kept to a minimum to promote road and passenger safety.

4.9 Emergency situations [risk of violence]

4.9.1 If the service user becomes physically challenging during the transfer and, in the opinion of the lead nurse escort there is a risk of harm displayed the lead nurse escort must instruct the driver to stop the vehicle at the safest and earliest opportunity.

4.9.2 In accordance with Trust CP6 policy the nurse escort staff must attempt to manage the behaviour of service user using only reasonable force that is necessary to protect the escorting staff and the service user from harm and only to use physical restraint when necessary.

4.9.3 If physical restraint interventions are deemed necessary this must only be achieved where safe to do so and using the least restrictive techniques.

4.9.4 All use of force and/or restraint must be recorded into the CWP Datix system. CWP Security Lead will review all incidents and report to bi-monthly HS&WSC

4.9.5 If any restraint action requires the placing of the service user in the prone position in the rear of the vehicle is deemed to be an emergency and the Police must be notified immediately with details of the location.

4.9.6 Where the vehicle driver is trained in the management of violence and aggression they may assist at the request of the lead nurse escort and then only to protect the escort staff and the service user from harm .

4.9.7 Where there is significant risk of harm to the nursing staff and/or the driver they must withdraw to a safe distance and continue to engage the service user in conversation to attempt to calm and de-escalate the situation, unless it is not safe to do so.

4.9.8 If the situation cannot be managed safely and there is a threat of harm to others the driver must contact the Police, giving exact details of the situation, current location and request an emergency response.

4.9.9 The bleep holder of the transferring unit must be informed of all incidents at the earliest opportunity and asked to contact the receiving ward/unit to advise them of all details and plans.

4.10 Emergency situations [Physical health]

4.10.1 If at any point during a journey it is known or suspected that a service user is becoming physically unwell the nurse escort staff must always act in the best interest of the welfare of the service user.

- 4.10.2 If the service user becomes physically unwell or complains of feeling unwell the lead nurse escort must instruct the driver to stop the vehicle at the safest and earliest opportunity.
- 4.10.3 All escort staff must be trained to monitor physical observations [respirations, pulse and conscious levels] and these must be taken and recorded at the earliest opportunity in accordance with Trust CP35 and SOP3 policies.
- 4.10.4 If the service user requires urgent medical attention the lead nurse escort must instruct the driver to contact the emergency services and request immediate paramedic assistance, giving exact details of the situation and current location.
- 4.10.5 If the service user collapses, loses consciousness or appears to become unresponsive nurse escort must attempt to relocate the service user to the floor and implement actions in accordance with basic life support training and CWP CP24 policy.
- 4.10.6 The bleep holder must be notified by the lead nurse escort at the earliest opportunity of any incident.
- 4.10.7 If at any point any nurse escort or driver becomes unwell the bleep holder must be notified and appropriate action taken to safeguard the member of staff.
- 4.10.8 If the driver is deemed not well enough to continue to drive the vehicle the escorting nurse staff must immediately contact the bleep holder and agree a plan which safeguards all vehicle passengers.

4.11 Absconding/AWOL service users

- 4.11.1 In the event that a service user absconds from the nurse escort staff must only attempt to follow where it is safe to do. At the earliest opportunity a visual description [including clothing] of the service user and last known direction of travel must be recorded and passed to the Police in accordance with CWP Missing Persons policy.
- 4.11.2 The bleep holder must be notified by the lead nurse escort and the CWP Missing Persons policy implemented. Where the incident involves a transfer across county borders i.e. Wirral and Cheshire, the responsible Police for the incident location must be notified.

4.12 Extended journey protocol

- 4.12.1 All planned transfers will be undertaken in one break free journey and will not exceed 50 miles or 90 minutes journey time unless there are exceptional circumstances which must be documented in the assessment of risk.
- 4.12.2 Where a single leg of a transfer is more than 50 miles/1.5 hours in duration the driver must, as part of journey plan, schedule a rest/toilet break. Breaks mean that escorts will leave the secure transport so decreasing the level of supervision and increasing the risk of absconding. All breaks should be kept to a minimum and planned to ensure sufficient escorts are present to ensure supervision at all times and so reduce risks.
- 4.12.3 Food and hydration must be considered for all journeys with particular attention for journeys lasting more than 3 hours. Pre packed/ bought sandwiches and drinks [only in plastic water bottle] should be obtained observing service users requests and diversity issues.
- 4.12.4 If a rest break has been included the driver should report when this happens to the receiving unit/ward.

4.12.5 A second driver must be present for longer transfers (deemed to be over 200 miles) to prevent driver fatigue and share the driving tasks.

4.13 Wheel Chairs

4.13.1 If a wheel chair user cannot be accommodated in the existing seating available the CWP Porters must make the necessary adaptation to ensure the service user and their wheel chair can be transported safely. All accompanying staff must be seated as described in section 4 above.

4.14 Training

4.14.1 All clinical in-patient staff training needs will be facilitated through existing Education CWP MVA mandatory training programmes. CWP Clinical Education Trainers [Restrictive Skills] will include the physical skills training within the vehicle to complement the current training programme. All attendance figures are reported through existing Education CWP governance processes to Work Force and Organisational Development.

	Risk Issue	Prompts/Action
Service User Factors	1. Has the service user been informed of the planned transfer?	Transfer details to be discussed with service user prior to journey, any concerns/risk raised must be addressed and documented within the electronic patient record
	2. Does the service user have known physical health/medical risks which may impact on service user safety during planned transfer?	To consider: Obesity, Acute & Chronic Respiratory Conditions, Cardiac/heart problems, Pregnancy, Head Injury, Sensory Impairment. Record in the electronic patient record how these risks will be managed
	3. Will the service users mental health condition present a risk during the planned transfer?	To consider: Autism, severe cognitive impairment, confusion, psychosis to ensure nurse escort team are familiar with service user condition and agreed plan of care
	4. Is the service user a risk of violence/aggression during transfer?	Undertake assessment of risk prior to travel. Consider nurse escort staff involvement in assessment i.e. rapport with SU, confidence with role, numbers required, urgency to transfer?
	5. Has the service user undergone ground prone or seated flexed restraint in the last 24 hours?	Review physical observation levels to highlight any change to vital signs during or after restraint been observed? Has the service user complained of any pain or discomfort and/or is a medical review necessary?
	6. Has oral Rapid Tranquilisation or PRN medication been given to the service user prior to transfer? [Intra-muscular RT must not be administered immediately prior to any transfer]	The patient MUST have vital signs observed & documented for at least 2 hours BEFORE the transfer begins. Physical observations [MEWS] must be monitored and recorded in compliance with CWP policy.
	7. Assess any mobility restrictions or ongoing physical health issues before entering vehicle?	Consider using a wheel chair or other mobility aid? Can any physical restrictions be managed by another provider i.e. ambulance
	8. Has the RMO stated that the Patient is medically fit to be transferred? [Service user must not be transferred on sections 37 – 41 court orders without appropriate authorization].	Record RC's guidance and consent. MHA paper transfer required? Nursing notes/medicine card? Cash & valuables returned? Nearest relative notified?
	9. Does the service user have an absconding risk history and are they resistant to transfer	Review incidents with escorting nurse staff and agree transfer details. Alert receiving ward of ETA when commencing journey
	10. Has the service user been searched for potential sharps or weapons? [All luggage should be stored behind the seating in front of the rear tailgate]	Search prior to leaving ward in compliance with CWP policy. [Inc. Service user and luggage].
	1. Will the transfer involve a scheduled break (Over 50 miles/1.5 hours in duration)	Need to consider planning rest breaks and meal/sandwich on route?
Team & Transfer Factors	1. Has the journey been planned and route details left with ward/unit?	On ALL trips the proposed route to be filed with ward
	2. Have the lead nurse escort team got a CWP mobile phone?	Document phone number prior to commencing on route
	3. Has the seating plan been agreed prior to entering vehicle? [Two nurse escort must be seated in the rear of the vehicle with service user between staff].	Need to ensure service user is seated appropriately in accordance with this protocol
	4. Have all the required internal vehicle checks been carried out?	Doors locked, vehicle rear secure area checked for hazards
	5. Has the receiving ward/unit been made aware and agreed to the transfer immediately prior to commencement of journey?	This will ensure that there are no unexpected problems on arrival to destination.
	6. Has the receiving ward/unit been made aware of all known physical and mental health risks prior to commencement of journey?	This will ensure that there will be planned actions in place to safeguard all service user needs on arrival.
	7. Outside of normal hours has the bleep holder been notified of the planned transfer?	This will ensure that the bleep holder is aware of staff and service user planned transfer and staffing levels left available.

