OP67
Patient Escort Policy

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1.0   Policy Statement

The Department of Health has a long-term strategy for ensuring patient safety in all healthcare settings (Department of Health, 2000) and the National Patient Safety Agency, established in 2001, plays a key role in implementing this agenda.

Escort duties may include the transfer of patients to and from any ward or department, for any reason e.g., attendance to departments for diagnostic investigations, admission to another ward, or attendance at a scheduled appointment.

1.1   Purpose

Utilising the escort policy will enable optimal safety for those patients being transferred within the Royal Wolverhampton NHS Trust, as appropriate personnel to escort them and equipment will be identified.

1.2   Objectives

To ensure that the appropriate personnel are employed to support patient transfer.

To maintain patient wellbeing and provide optimal care during the escort period, ensuring the appropriate level of portering, escort and equipment is available and utilised.

To ensure patient safety, continuing care and good communication exists between all parties before and during the escort period.

2.0   Definitions

2.1   Escort refers to the assisted transfer of a patient to another ward or department by way of a trolley, bed or chair.

2.2   Unregistered Escort – a member of the nursing team who is not registered with the Nursing and Midwifery Council (NMC).

3.0   Accountabilities

3.1   It is the responsibility of all staff involved in the patient's care to assess their needs prior to transfer.

3.2   Staff should ensure they familiarise themselves with and adhere to the contents of this policy.

4.0 Policy Detail

4.1 It is the responsibility of the nurse in charge of the ward or department to utilise the flowchart **(appendix 1 Adult Areas, appendix 2 Paediatrics)** to decide the level of escort required and the mode of transport (i.e. wheelchair or trolley).

4.2 Wherever possible, without compromising patient safety, the first option should be to clearly identify why patients should not be transferred in wheelchairs, as taking patients in wheelchairs is the most economic means of moving patients within the Trust.

4.3 Excluding emergency situations, the reason for the journey must be fully discussed with the patient or client and, or their relatives and carers.

4.4 The registered nurse caring for the patient is responsible for ensuring the patient is prepared for the transfer and that Portering Services are informed of the level of assistance required, including if the patient requires mobile oxygen during transit including the return journey if applicable.

4.5 For patients requiring oxygen, it is the responsibility of the registered nurse caring for the patient to ensure that the oxygen cylinder used has enough capacity for the journey required taking in to consideration the return journey if applicable, **(appendix 3)**.

4.6 The nurse in charge is responsible for ensuring that equipment is available in the event it is required, and that the appropriate level of nursing and medical support is available to ensure adequate care is provided to maintain the patient's wellbeing during the transfer.

4.7 Prior to the transfer the registered nurse caring for the patient must check the following details:

- The patient and, or their relatives or carers have been made aware of the reasons for and timing of the transfer.
- The patient's clinical needs during the transfer have been appropriately risk assessed and documented in the patient's notes to include the relevant early warning score.
- Appropriate level of portering and mode of transport are arranged **(Appendix 1 and Appendix 2)**.
- Appropriate staff are allocated to provide care and handover during transfer where necessary **(Appendix 1 and Appendix 2)**.
- If appropriate, the necessary equipment and medication must be available for use during transfer.
- All documentation must be completed and ready to be transferred with the patient ; if the patient is being transferred without an escort (i.e, with a porter) then case notes must be in a sealed envelope (see **Health Records Policy OP07**).
- Necessary information checks should be made prior to the escort –a registered

nurse must check identity wrist bands are in place and contain the correct patient information.

o Accompanying staff must be aware of the patient's needs during escort.

o Prescribed medication must be reviewed to ensure where necessary that it is available during transit if required and there is sufficient available for the anticipated duration of the transfer.

o If the patient is being discharged or transferred to a different hospital, the relevant paperwork to support discharge must be completed – in conjunction with **CP04 Discharge Policy** and **Patient Transfer Policy CP05**.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources?	No
2	Does the implementation revenue resources of this policy require additional?	No
3	Does the implementation of this policy require additional manpower?	No
4	Does the implementation of this policy release any manpower costs through a change in practice?	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments	

6.0 Equality Impact Assessment

6.1 There is no indication that this policy adversely impacts on equality and diversity

7.0 Maintenance

The Director of Nursing- should coordinate the review of this policy

8.0 Communication and Training

The information within this policy to be disseminated to Matrons and Department Leads. The escort checklists are included in the nursing induction that all clinical staff receive on commencement of their employment in the trust.

9.0   Audit Process

The policy will be monitored monthly by the monitoring of any adverse incident reported on Datix within each specialty and reported into Directorate Governance meetings via the Integrated Governance Reports.

Criterion	Lead	Monitoring method	Frequency	Committee
To ensure that the correct level of escort is provided and safety maintained	Chair of Directorate Governance Meetings	Datix incidents review Integrated Governance Report (IGR)	Monthly	Directorate Governance Meetings

10.0   References - Legal, professional or national guidelines

Department of Health [2005] A Safer place for patients: learning to improve patient Safety. Department of Health. London

Department of Health [2003] How can we help older people not fall again?

Implementing the Older People's NSF Falls Standard: support for

commissioning good services. Department of Health. London

Department of Health [2000] NHS Plan; a plan for investment a plan for reform. Department of Health. London

Part A - Document Control

Policy number and Policy version: OP67 Version 6.0 May 2022	Policy Title OP67 Patient Escort Policy		Status: Final		Author: Matron for Gastroenterology and Endoscopy Chief Officer Sponsor: Director of Nursing
Version / Amendment History	Version	Date	Author		Reason
	1.0	October 2006	Capacity Manager		Introduction
	2.0	Sept 2008	Capacity Manager		Review
	3.0	October 2010	Capacity Manager		Review
	4.0	Nov 2015	Matron Lead Creating Best Practice Transfer and admission group		Review
	4.1	Feb 2018	Matron Lead Creating Best Practice Transfer and admission group		Update of Appendix 1 & 2 to support changes made in the Oxygen Policy CP57.
	4.2	April 2019	Matron Lead Creating Best Practice Transfer and admission group		Review by CNO extended to November 2019 pending full review
	5	May 2019	Matron for Respiratory, Diabetes and Dermatology		Full review undertaken not amendments required save for appendix 1
	5.1	July 21	Matron for Gastroenterology and Endoscopy		Minor amendments to appendices 1 and 2.
	6.0	May 2022	Matron for Gastroenterology and Endoscopy		Review

Intended Recipients: Trust staff who transfer patients to other areas either for admission or investigations.

Consultation Group / Role Titles and Date: Matron Group January 2022, Medical Gas Committee January 2022.

Name and date of Trust level group where reviewed	Trust Policy Group – May 2022

Name and date of final approval committee	Trust Management Committee – July 2022
Date of Policy issue	July 2022
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	May 2024 (2 years as agreed at TPG May 2022)
Training and Dissemination: Uploaded to the Trust Intranet site, Trust email bulletin, Band 7 and 8 forum and emailed to Matron group for dissemination to teams.	
Publishing Requirements: Can this document be published on the Trust's public page: **Yes**	
To be read in conjunction with: : CP05 Transfer of Patients between wards, Departments, Specialist Units and Other Hospitals, OP18 Patient Property and OP07 Health Records Policy	
Initial Equality Impact Assessment (all policies): **Completed Yes** **Full Equality Impact assessment (as required):** **Completed NA** If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904	
Monitoring arrangements and Committee	Matron group spot check audit Datix monitoring
Document summary/key issues covered. This policy provides direction for all staff who are involved in arranging internal transfer of patients / clients to and from other ward / departments by way of a bed, chair or trolley .	
Key words for intranet searching purposes	Escort
High Risk Policy? **Definition:** - Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. - References to individually identifiable cases. - References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No** :

Ratification Assurance Statement

Name of document: Escort Policy

Name of author: Neil Jarvis   Job Title: Matron for gastroenterology and Endoscopy

I,   the above named author confirm that:

• The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.

• I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.

• The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).

• The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.

• I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.

• I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.

• I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: N Jarvis

Date: 5/3/22

Name of Person Ratifying this document (Chief Officer or Nominee):
Job Title:
Signature:

• I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version OP67 V6	Policy Title - Escort Policy	
Reviewing Group		**Date reviewed:**

Implementation lead: Print name and contact details : Matron for Gastroenterology and Endoscopy

Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.		
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Medical device trainers to include in trust induction and train the trainers on each area.	Neil Jarvis
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed		
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Disseminate to Matron groups and Senior nurses in each area, Disseminate to medical gas committee	Neil Jarvis
Financial cost implementation Consider Business case development		
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

Adult Escort Checklist

Registered nurse, trained clinical staff or doctor escort (trolley or bed)

- Patients with IV's with additives (consider syringe driver)
- Patient receiving IV opioids
- Respiratory support
- Blood transfusion
- Patient with current chest pain
- Patient on >2l oxygen
- Patient being transferred to C 14 / C 26 for NIV or ICCU
- Cardiac monitoring
- Sedation
- VIEWS > 5
- Fitting / known uncontrolled seizures
- Unstable spinal injuries
- Head injury
- A V **P U**
- Altered airway support e.g. tracheostomies
- Patient about whom you have additional concerns
- End of life patients / patients on SWAN pathway
- Known suicide risk
- Patient with sliding scale

Requires non-registered escort (trolley, bed or chair)

- Pt with confusion
- Pt on IVI - for hydration only
- Pt at risk of falls
- Oxygen therapy 2 litres or less
- A **V** P U - if stable
- Learning disability
- Patients with dementia

Does not require escort (chair)

- Pt not confused
- No IVI in place
- Not at risk of falls
- Views < 4
- **A** V P U

- **This does not replace your clinical judgment**

Patients with an altered airway

The emergency airway box must accompany the patient when transferring between departments.

Paediatric Escort Checklist

Registered nurse or doctor escort (trolley or bed)

- Received IV opioids in the last 2 hours
- Respiratory support
- Blood transfusion
- Current chest pain
- Patient on > 2L oxygen
- Transfer to ITU or HDU or for NIV
- Cardiac monitoring
- Sedation
- PEWS = >5
- Fitting / known uncontrolled seizures
- Unstable spinal injuries
- Head injury
- GCS <12
- Altered airway support
- Patient about whom you have additional concerns
- End of life patients
- Known suicide risk

Requires non-registered escort (trolley, bed or chair)

- Patient with confusion
- Patient on IVI
- Patient at risk of falls
- Oxygen therapy 2litres or less
- GCS 12-14
- Learning disability
- No parent / carer present
- Any child protection issues

Parent / Carer escort

- Patient with confusion
- Patient at risk of falls
- Learning disability

Does not require escort (chair)

- No confusion
- No IVI in place
- Not at risk of falls
- PEWS = < 4
- GCS 15

- **This does not replace your clinical judgment**

Patients with an altered airway

The emergency airway box must accompany the patient when transferring between departments.

FULL Oxygen Cylinder Run Times (BOC)

Flow = ltrs/min

Size → Flow ↓	D (340 ltrs)	CD/DD (460 ltrs)	E (680 ltrs)	F/AF (1360 ltrs)	HX (2300 ltrs)	G (3400 ltrs)	J (6800 ltrs)
0.25	22h 40min	30h 40min	45h 20min	90h 40min	153h 20min	226h 40min	453h 20min
0.5	11h 20min	15h 20min	22h 40min	45h 20min	76h 40min	113h 20min	226h 40min
0.75	7h 33min	10h 13min	15h 6min	30h 13min	51h 6min	75h 33min	151h 6min
1	5h 40min	7h 40min	11h 20min	22h 40min	38h 20min	56h 40min	113h 20min
2	2h 50min	3h 50min	5h 40min	11h 20min	19h 10min	28h 20min	56h 40min
3	1h 53min	2h 33min	3h 46min	7h 33min	12h 46min	18h 53min	37h 46min
4	1h 25min	1h 55min	2h 50min	5h 40min	9h 35min	14h 10min	28h 20min
5	1h 8min	1h 32min	2h 16min	4h 32min	7h 40min	11h 20min	22h 40min
6	56min	1h 16min	1h 53min	3h 46min	6h 23min	9h 26min	18h 53min
7	48min	1h 5min	1h 37min	3h 14min	5h 28min	8h 5min	16h 11min
8	42min	57min	1h 25min	2h 50min	4h 47min	7h 5min	14h 10min
9	37min	51min	1h 15min	2h 31min	4h 15min	6h 17min	12h 35min
10	34min	46min	1h 8min	2h 16min	3h 50min	5h 40min	11h 20min
12	28min	38min	56min	1h 53min	3h 11min	4h 43min	9h 26min
15	22min	30min	45min	1h 30min	2h 33min	3h 46min	7h 33min

Nov 16

Time = Hours: Minutes