Guideline

Use of blue lights and sirens during Neonatal or Paediatric transfers

1 Scope

For use within the Paediatric and Neonatal Decision Support and Retrieval Service (PaNDR) for the East of England.

2 Purpose

To provide guidance for the PaNDR team in decision-making around which transfers should be carried out using blue lights and sirens.

3 Abbreviations and definitions

PaNDR - Paediatric and Neonatal Decision Support and Retrieval Service
PPHN: Persistent pulmonary hypertension of the newborn: Failure of the no rmal circulatory transition that occurs after birth. Characterized by marked pulmonary hypertension that causes right to left intracardiac shunting and difficulties with oxygenation.

NEC: Necrotising enterocolitis: A condition primarily seen in preterm infants where portions of the bowel become inflamed and undergo necrosis (tissue death).

4 Introduction

The overriding factor guiding the use of blue lights and sirens for transfers is the clinical condition of the child. At all times, this must justify the ambulance driver utilising blue light and siren warning devices.

In the event of an accident or incident, the ambulance provider, the ambulance driver and the PaNDR consultant must be able to justify that the vehicle was being driven under emergency conditions because of a clinical indication.

5 Deciding urgency of transfer

The urgency of transfer is decided by the team, which must include the consultant covering PaNDR, before the transfer starts.

5.1 Non blue lights (normal driving conditions)

Patient is stable and does not require urgent transfer eg repatriations, capacity management transfers, ward review by specialist team (eg liver team or ophthalmologist), stable babies being transferred for surgical opinion.

5.2 Blue lights and sirens

Transfer undertaken when the time element is important for getting the team to the patient or the patient to another hospital for expert opinion, intervention, or care e.g. getting the team to a time critical referral, an extremely preterm baby in a non-tertiary unit, a child with severe sepsis, metabolic emergency, duct dependent congenital cardiac anomaly, PPHN or an acute surgical emergency such as NEC.

6 Changing categories

If, when driving under normal conditions, the child deteriorates or severe traffic congestion puts the child at risk, the driving conditions can be altered by phoning the emergency bed service co-ordinator who contacts the covering consultant. Any changes to the driving conditions **must** first be discussed and agreed with the consultant covering PaNDR.

7 Clarity about use of blue lights – some points of confusion

- Clinical condition of the child needing to be moved **always** dictates the use of emergency driving conditions.
- Just because a transfer is classified using PaNDR criteria as an **emergency** this does not automatically mean the transfer needs to be done using blue lights and sirens.
- Capacity management transfers are **not** to be undertaken using blue lights and sirens unless the baby unexpectedly deteriorates during transfer. Capacity management transfers are categorised as emergency transfers because they take priority above elective work.
- Factors such as traffic congestion with a stable baby and avoidance of overruns never justify use of blue lights and sirens.
- In exceptional circumstances it may be appropriate to upgrade to blue lights and sirens if severe traffic congestion risks compromising the clinical condition of the child such as the cylinders running out of gas

increasing difficulty in ventilation, evolving cardiovascular instability or persistent hypoglycaemia . In these circumstances this must be discussed with the covering consultant who will risk assess the situation and options on an individual basis.

8 Monitoring compliance with and the effectiveness of this document

8.1 Audit standard

- Blue lights and sirens are only used if indicated by the clinical condition of the infant.

The standard will be monitored by regular audit of occasions when a blue light has been instigated during a transfer to ensure that the change was initiated by the infant's clinical condition.

The audit will be carried out by members of the PaNDR team and ambulance provider. The results of this will be shared with the senior team and any transfers that were inappropriately changed to blue light will be discussed and necessary actions put in place to prevent recurrences.

Equality and diversity statement

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Document management

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