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## Guideline

# Parents accompanying their child on transfer during the COVID-19 pandemic risk period

### 1 Scope

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

### 2 Purpose

To provide a safe and efficient guide for the transfer of parents and guardians with their neonate, child or young person whilst ensuring the safety of the patient, PaNDR team and parents themselves.

### 3 Definitions and abbreviations

**Bliss:** Charity which aims to improve outcomes for premature and/or sick babies and their families by supporting research, innovation and national guideline development

**DNAR:** Do Not Attempt Resuscitation – a legal document, issued and signed by a senior doctor, confirming that cardiopulmonary resuscitation will not be commenced in the event of cardiac arrest.

**PICS-ATG:** Paediatric Intensive Care Society Acute Transport Group - now known as the Paediatric Critical Care Society ATG (PCCS-ATG)

### 4 Introduction

In accordance with the Neonatal Taskforce Document (2009) and the PICS-ATG 'Transportation of children with suspected and confirmed COVID-19' guideline (2020) it is recommended where possible that parents should have the opportunity to accompany their child during transfer. The Bliss 'Transfer of premature and sick babies' report (2016) also highlights the importance of ensuring that all parents are as involved as possible if their baby needs to be transferred to try to minimise the stress and anxiety they feel over the transfer.

During the COVID-19 pandemic and the national lockdown, many transport teams across the UK took the difficult decision to not allow parents to travel in

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the ambulance with their child. With the national ease in restrictions this has been reviewed and many teams have recommenced taking a parent in transfer should it be assessed as safe to do so. This requires individualised assessment at the time of transfer and is multifactorial, based on the health and needs of the parent, staff and child. Knowledge about localised areas of intervention or lockdown will be used when assessing the risk according to the information on the [GOV.UK dashboard](#).

## **5 Decision-making regarding fitness to travel**

This guideline applies only to the parents or legal guardians of the child. First priority and duty of care during the pandemic risk period must be the safety of the team, as COVID-19 transmission has the potential to negatively impact on safe staffing levels within the service. The PaNDR team undertaking the transfer, in consultation with the wider team, must make a decision in each individual case, as to whether it is appropriate and safe to transport one parent with the child in the ambulance. This decision is not made by the referring or receiving hospital but should be made collectively based upon the following considerations:

### **5.1 Health of the parent**

- The parent wishing to travel must complete the COVID-19 risk assessment form (appendix 1) in conjunction with a PaNDR team member. The team must be satisfied of the outcome that the parent does not pose a risk to staff and all team members must be in agreement.
- The team should advise the parent travelling that if they fall ill with COVID-19 symptoms (a known or suspected diagnosis) within 14 days of travelling they must contact the PaNDR office.
- As a minimum, the parent must wear a fluid resistant surgical mask, as must the PaNDR team. Visors will be provided and are optional.
- Hand sanitizer must be used on entering and exiting the vehicle and will be provided by the PaNDR team.
- The localised areas of intervention and lockdown should be reviewed and form part of the assessment.
- In cases of neonatal transfers, the mother should be medically discharged from midwifery/obstetric care. A discussion should be held with the wider team as to the fitness of the mother to travel as the PaNDR team is unable to provide midwifery care.

- In the event of emergency, the parent must be independently mobile to exit the ambulance as the PaNDR team will need to focus on the patient.
- In cases of neonatal transfers, if the mother has had a caesarean section, complicated delivery or has not been medically discharged, it may not be appropriate for her to travel in the ambulance with the baby. It is then the responsibility of the midwifery team at the referring unit to arrange transfer of the mother. Exceptions to this, such as enabling a mother to travel if the baby is not expected to survive, will be made at the discretion of the covering consultant.
- If the parent is known to suffer from motion sickness, travelling in the ambulance can be disorientating and exacerbate this condition. The parent should be advised not to travel in the ambulance if they suffer from severe motion sickness. Parents must be advised that they will be travelling backwards and wearing a fluid resistant surgical mask.
- In the event that a parent becomes unwell during transfer the team should contact the PaNDR consultant for advice. The PaNDR consultant will then risk assess the options of continuing the journey to the receiving hospital, leaving the parent in a safe location, taking them to the nearest emergency department or calling an ambulance to attend. This decision will depend on multiple factors such as the clinical stability of the patient, distance from receiving hospital and the suspected nature of the parent's condition.
- In cases of strong suspicion of non-accidental injury, it may be appropriate to decline parental presence on transfer. This will be decided by the PaNDR consultant and will be guided by the level of clinical suspicion from the local team and police.

## **5.2 Security and safety**

- The parent must not have been physically or verbally abusive to the staff or have behaved in a threatening manner at any time.
- Social issues must not pose a risk to staff or the child, for example where emergency protection orders are in place.
- If the parent has an existing or pre-existing medical or psychological condition which may be exacerbated by stressful situations, then transfer in the ambulance may not be advisable.
- Parents must remain seated at all times with their seat belt fastened and must endeavor not to distract the nurse/doctor/ANNP or driver during the transfer.
- Parents should be advised that due to limited space within the ambulance where items can be safely secured, we are only able to carry luggage the size of a hand luggage bag/small suitcase.

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- The parent must sign a consent form and COVID-19 risk assessment form prior to travel which will be kept with the transport documentation in line with Trust storage and retention policies.
  - Refusal to wear a surgical mask during transfer (with the exception of parents with medical exemption) will render the parents ineligible to travel in the ambulance.

### **5.3 The condition of the patient**

- For emergency transfers, if the child is felt to be at high risk of clinical deterioration en route it may be advisable to strongly encourage a parent to travel with the child should it be deemed safe for the team to offer this. A discussion must take place around what may happen if the child does deteriorate, the parent may be asked to go to the front of the ambulance and be supported by the driver whilst the doctor/nurse cares for the child.
- For palliative care transfers (eg to a hospice or home) or transfers of children who have a DNAR in place, a parent should be strongly encouraged to travel should it be deemed safe for the team to offer this and a clear plan made prior to departure regarding what the team will do in the event of a clinical deterioration during transfer, such as stopping the ambulance in a safe location so that parents can cuddle the child.

### **5.4 Guardians in place of parents**

Where neither parent/legal guardian is able to travel with the child it will not normally be possible to offer transport for any other family member during the COVID-19 pandemic. This situation will be regularly reviewed in light of emerging evidence during the pandemic period.

### **5.5 Diagnosis of COVID-19 post transfer**

It is not possible to avoid all of the risks and there may be a situation where a PaNDR team member or parent develops symptoms of COVID-19 within 14 days of a transfer. Parents will be advised to inform PaNDR of any suspected or known diagnosis within 14 days.

Should this happen PaNDR will follow the Trust advice.

- If parents and staff are wearing a fluid resistant surgical mask there will be no need to self isolate, unless the parent was symptomatic and coughing (in which case the risk assessment should have identified them as unfit to travel).
- If a staff member is subsequently found to be positive there would be no need to inform the parent if the team had all been wearing their fluid resistant surgical masks.

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- If a staff member is subsequently found to be positive, the units that the child has been transferred to and from should be informed so that their Infection Control teams can make an assessment as to how to manage the situation

## **6 Communication**

- Prior to departure contact numbers should be obtained from parents or legal guardians. If the parents/legal guardians are unable to accompany the baby they should be contacted as soon as care has been handed over to the receiving team.
- In cases of social services involvement with the family, the contact number of the responsible social worker needs to be obtained.
- Ensure the parents/legal guardians are aware that alarms can be triggered by bumpy road conditions and staff will respond as appropriate. Also prepare them for the use of 'blue lights' if required.
- Parents/legal guardians should be given:
  - A PaNDR leaflet.
  - Contact details and directions to the receiving unit.

## **7 Monitoring compliance with and the effectiveness of this document**

The effectiveness of the document will be monitored by review of any reported incidents via the lead nurse for risk. These incidents will be shared with the team and consideration given to adjusting the guideline if concerns are identified.

## **8 References**

- Neonatal Taskforce Document (2009)
- PICS-ATG 'Transportation of children with suspected and confirmed COVID-19' guideline (2020)
- Bliss Transfers of premature and sick babies (2016)
- Prevention and Management of Postpartum Haemorrhage, RCOG guideline, December 2016  
<https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.14178>

## **Equality and diversity statement**

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.



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## Disclaimer

It is **your** responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

## Document management

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## Appendix 1: Parents travelling in the PaNDR ambulance during the COVID-19 pandemic

To be reviewed on a case by case basis.

Parent to be asked a series of questions prior to travel.

Name of child :	DOB of child:
Job number:	
Date of transfer:	
Team members:	

<p><u>Symptoms</u> High temperature <math>\geq 37.8^{\circ}\text{C}</math> New continuous cough Loss of sense of taste or smell Nausea / vomiting / diarrhoea Muscle aches / joint aches Sore throat</p> <p>If the parent has <b>ONE OR MORE</b> of the above symptoms, they will be unable to travel with the team.</p>
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Have you been asked to isolate for yourself or someone in your household?  
Yes / No

Have you had contact with anybody who has required testing in the past 14 days?  
Yes / No

The final decision as to whether a parent can accompany the team will be made on the day. This takes into account whether members of the PaNDR team are in a higher risk group for COVID-19. It is necessary to protect the safety of staff at this difficult time, therefore we reserve the right to decline parents travelling with the team.

Parent name:  
Contact number:

Signature:

Did parent travel? Yes / No