



Guideline

Use of 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. This guideline is to be followed by all teams where the use of blue lights and sirens may be indicated during the transfer process.

2 Purpose

To provide PaNDR teams with robust guidance for decision making regarding the use of blue lights and sirens.

To ensure the use of visual and audible warning devices and legal exemptions are justified and proportionate.

3 Abbreviations and definitions

Exemptions: Drivers of emergency vehicles are afforded legal exemptions. These exemptions are intended to be used to expedite responses to calls and to facilitate convenient, safe and timely care. Exemptions include the obeying of posted speed limits, parking, and motorway regulations. It is an expectation of staff to use exemptions professionally and appropriately. When responding to emergency calls, or driving to hospital under emergency conditions, the correct exemptions should be used to expedite the journey appropriately.

PaNDR - Paediatric and Neonatal Decision Support and Retrieval Service

PaNDR Team: Nurse, Medic, SJA technician and Consultant.

PPHN: Persistent pulmonary hypertension of the newborn: Failure of the normal circulatory transition that occurs after birth. Characterised by marked pulmonary hypertension that causes right to left intracardiac shunting and difficulties with oxygenation.

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



4 Introduction and Accountability

The overriding factor guiding the use of blue lights and sirens for transfers is the clinical condition of the neonate/child.

Emergency response driving is an extension of the clinical care that the patient is receiving. The manner and style of driving and the use of lights and sirens and legal exemptions must always reflect the clinical condition of the neonate/child. The use of blue lights and sirens is seldom about speed. Instead, blue light driving is more about making steady progression and therefore speed is limited to 80mph for the safety and stability of the patient as well as the safety of the team and wider public.

In the event of an accident or incident, the ambulance provider, the ambulance technician and the PaNDR team must be able to justify that the vehicle was being driven under emergency conditions due to the clinical need of the patient. Both the technician and the organisation are obliged under the Corporate Manslaughter Act and the Corporate Homicide Act 2007 and the Road Safety Act 2006 to afford, at all times, the maximum protection to other road users. St John Ambulance has a robust driving policy to ensure all vehicles are operated in a safe and efficient manner.

5 Decision and Risk Assessment of Transfer

The urgency of transfer is decided by the PaNDR team caring for the neonate/child and the consultant on call. When the clinical condition indicates the use of blue lights and sirens, the whole team should discuss the case, along with the rationale, with the ambulance technician.

The use of blue lights and sirens should be agreed by all members of the PaNDR team. If one member of the team disagrees with the use of blue lights, the reasons should be explored as a team and a consensus decision should be reached with the patient's clinical care at the forefront. Following the team discussion if a consensus decision is not agreed, the team should not proceed on blue lights and sirens. On return to base, a Datix report should be submitted to prompt further investigation. This should be completed by a member of the team completing the transfer.

Documentation

Decisions made in relation to the use of lights and sirens must be documented in the patient's transfer notes in EPIC and by using the smart phrase built into the notes. This should include any changes in circumstances and relevant decision making.



The PaNDR team recognise that the use of blue lights and sirens needs to be carefully considered, is dynamic in nature, is based on individual circumstances and the information available at the time.

The following Decision making, and Risk Assessment process should be followed in all cases where blue lights and sirens are being considered:

Patient Acuity	Considerations include medical condition, stability of the neonate/child, risk of deterioration.
Emergency	Urgency of transfer, benefit to the patient of timely and expeditious transfer using lights and sirens. Potential risk to patient if the transfer is undertaken in normal, non- emergency conditions.
Risk Assessment	Assessment of current and anticipated risk factors, including weather, road conditions, time of day/night, vehicle considerations, length of transfer.
Communication	Communication between all involved is essential and should be maintained before, during and post transfer, with immediate communication of any change in circumstance.
Route	The technician is responsible for ensuring the journey is appropriately planned and meets the needs of the patient, adapting the route as circumstances require. Speed to be limited to 80mph.
Evaluation and Review	Any transfer is dynamic. All decisions should be subject to constant review and re-evaluation to ensure decisions remain appropriate to the prevailing circumstances.
Documentation	All decisions should be documented within the patient record and will be subject to audit/review

Figure 1 – Implementing the use of blue lights and sirens procedure.

5.1 Non blue lights (normal driving conditions)

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



5.2 Blue lights and sirens

Transfers undertaken when the element of steady progression is important for getting the team to the patient or the patient to another hospital for expert opinion, intervention, or care. Examples of this may include but are not exclusive to 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 neonate/child deteriorates or there is a significant delay putting the neonate or child at clinical risk, the driving conditions can be reviewed by following the table/figure 1 above.

7 Clarity about use of blue lights and sirens – points of confusion

- Clinical condition of the neonate/child needing to be transferred **always** dictates the use of blue lights and sirens.
- Just because a transfer is classified using PaNDR criteria as an **emergency** this does not automatically mean the transfer needs to be completed using blue lights and sirens. The clinical team should have a strong rationale when justifying the use of blue lights and sirens.
- Capacity management transfers are **not** to be undertaken using blue lights and sirens. Capacity management transfers are categorised as emergency transfers because they take priority above elective work.
- Factors such as traffic congestion with a stable patient and avoidance of overruns **do not** 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 neonate/child such as the cylinders running out of gas, increasing difficulty in ventilation, evolving cardiovascular instability, persistent hypoglycemia, or no intravenous access. In these circumstances, the risk assessment must be followed.

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 neonate/child.



- The standard will be monitored through Datix incident reporting and reviewed each day through daily morning handover referring to the appropriate governance process as required.
- 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.

9 References

Corporate Manslaughter and Corporate Homicide Act [2007]
 Paediatric Critical Care Society (2021) PCCS Quality standards for the Care of Critically Ill Children (6th Edition).
 Road Safety Act [2006]

Equality and diversity statement

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

Disclaimer

It is the responsibility of all staff to ensure they are using the latest version of a document.

Document management

Approval:	PaNDR Governance July 2025		
JDTC approval:	n/a		
Owning department:	PaNDR		
Author(s):	Dan Abbott / Lorraine Highe/ Sarah Sadler		
Pharmacist:	n/a		
File name:	Use of blue lights and sirens during neonatal and paediatric transfers version 5 Feb 2025.doc		
Supersedes:	Version 4 Nov 2021		
Version number:	5	Review date:	July 2028
Local reference:		Document ID:	17268