Perinatal Services BC
Provincial Health Services Authority

Low-Risk Infant Ground Transport in the Care of a Registered Nurse

Practice Resource for Health Care Providers

June 2020

LOW-RISK INFANT GROUND TRANSPORT IN THE CARE OF A REGISTERED NURSE
Practice Resource Guide

Contents

INTRODUCTION

Information in this practice resource is intended to provide clear principles and processes on which to build an effective, efficient, and safe low-risk infant ground transfer service in care of a Registered Nurse (RN) within participating health authorities.

Currently British Columbia's transfer network supporting the critically ill newborn requiring a higher level of care is well established. Acute transfers using Infant Transport Team (ITT) resources are prioritized above repatriation and outpatient appointment transfers. Due to the volume of acute transfer and available ITT resources required for these transfers, low-risk repatriation and outpatient transfers are often delayed. The Registered Nurse/Primary Care Paramedic model offers a sustainable and safe alternative method of inter-facility transfer of the low-risk infant.

Developing clear principles and processes for an alternate form of transport for the low-risk infant will allow for:

- Timely repatriation of the infant closer to the mother/family's home community where there are existing family and social support networks.
- Effective bed utilization. There is a provincial responsibility to actively preserve beds for infants requiring tier Level 3a and Level 3b care. This may require the transfer of an infant not needing tier Level 3a/Level 3b care any more to a facility providing an alternate level of inpatient care. See **Appendix 1** for description of levels of neonatal care.
- Timely transport of an infant requiring outpatient specialist consultation and investigations at another facility and return to sending facility.
- A cost effective model of transport. Infant will be transported by general duty regional ambulance in the care of an RN.[1,2,3]
- Site specific adjustments while still meeting the safety standards included in this document. Each participating health authority and site needs to consider operational, geographical, transportation and weather-related implications specific to the area where the infant will be transported.

ABBREVIATIONS

BCAS	British Columbia Ambulance Service
BCCDC	BC Centre for Disease Control
BCEHS	BC Emergency Health Services
BLS	Basic Life Support
EBM	Expressed Breastmilk
ETA	Expected Time of Arrival
ETD	Expected Time of Departure
GRT	Gastric Residence Time
ITT	Infant Transport Team
LFNP	Low Flow Nasal Prongs
L1, L2, L3	Level 1, 2 or 3 as per Neonatal Daily Classification Level (PSBC 1559). See **Appendix 1**.
MRP	Most Responsible Provider: A Physician, at the sending site, with the authority to make decisions regarding the care of a newborn/infant, constitutes the Most Responsible Care Provider.
NICU	Neonatal Intensive Care Unit
NTE	Neutral Thermal Environment
PEEP	Positive End Expiratory Pressure
PMA	Post Menstrual Age
PPE	Personal Protective Equipment
PSBC	Perinatal Services BC
PTN	Patient Transport Network
RN	Registered Nurse

CLINICAL PARAMETERS

Prior to consideration of low-risk ground transfer in the care of an RN, the following clinical parameters must be met:

CLINICAL PARAMETER	YES	NO*	N/A
Gestational age ≥32 weeks PMA			
Current weight ≥1500 grams			
On supplemental oxygen by Low Flow Nasal Prongs (LFNP) not requiring additional pressure support for >48 hours prior to transport			
If on caffeine, no major episodes of apnea requiring positive pressure ventilation for >48 hours prior to transport			
Saline lock can be placed for transport if on intravenous (IV) fluid and/or antibiotics			
*If any of the clinical parameters are not met, i.e. answered with a NO, ground transport in care of an RN will be deemed unsuitable for this infant.			

GUIDING PRINCIPLES OF CARE

Family-Centered Care[4,5]

Each institution should develop a system that:

- Informs parent/caregiver early in their infant's NICU stay that transfer to an alternate level of care that is best suited to their infant may be part of their journey with their infant.
- Involves parents/caregiver in all discussions related to transfer of the infant.
- Facilitates a parent/caregiver to accompany the infant.
- Informs parents/caregiver in a timely manner of planned transfer.
- Informs parents/caregiver in a timely manner of planned off-site appointment or consultation. Every effort should be made to facilitate a parent/caregiver to accompany the infant.
- Provides information to parents/caregiver on the transport arrangements (benefits & risks, anticipated time lines, mode, type of care during transport, and health care provider that will attend to their infant during transport).
- Provides information about the receiving hospital, including information about the new unit, directions to the hospital and modes of transport, visiting hours, telephone numbers, accommodation for families and support service (see **Appendix 2**).[5]
- Provides information on options and costs of transportation to the mother/family to get to the new unit if not able to accompany infant.
- Encourages parents/caregiver to complete All About Me document to support the transfer to a new facility (see **Appendix 3**).[6]

PROCESS

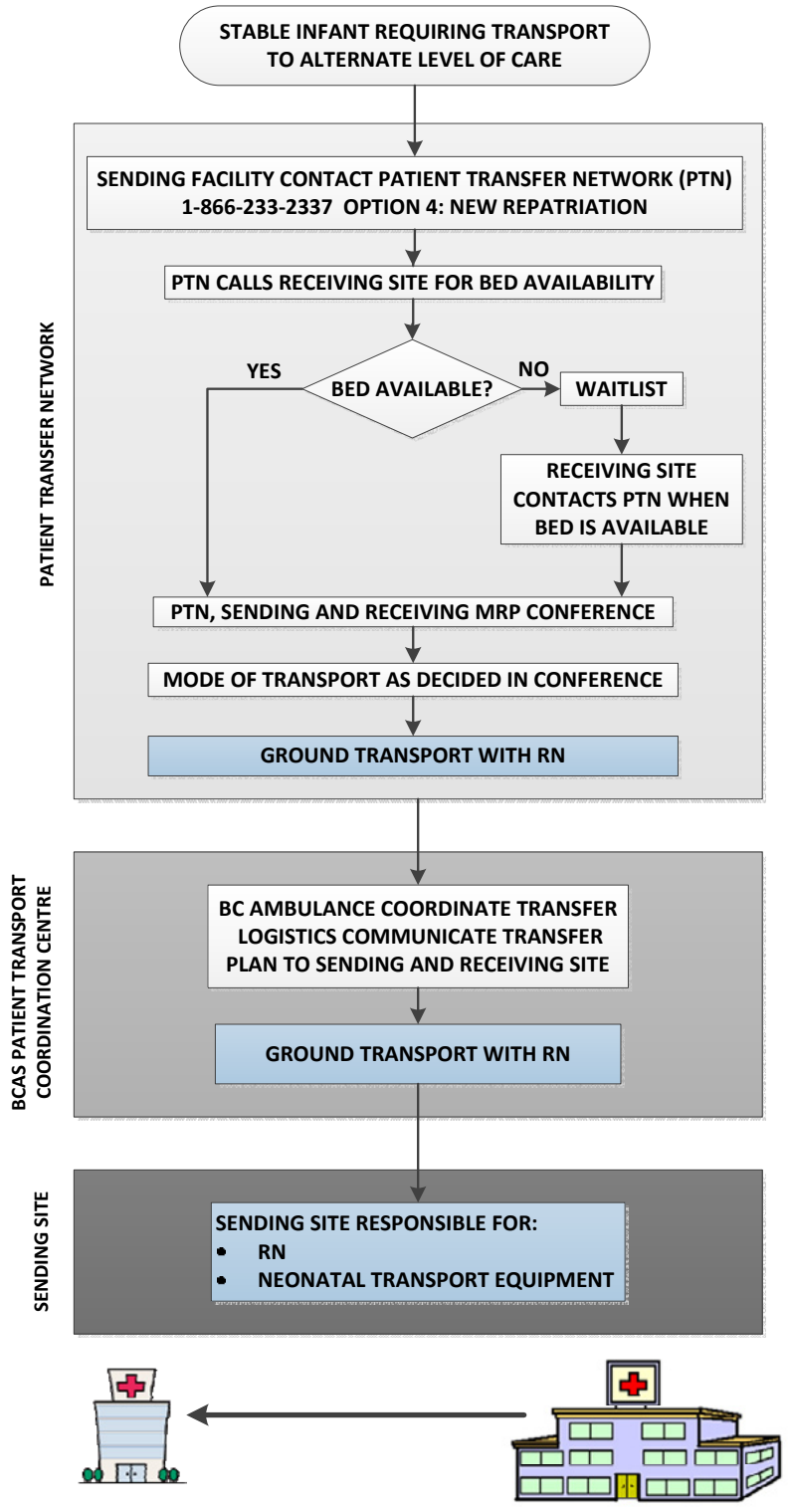
In November 2017 a Memorandum of Understanding between BCEHS and the provincial Health Authorities was signed that outlines the process of arranging patient repatriation. The process arranging for repatriation is different from the process arranging for transport to outpatient consultation and/or investigation. For clarity each process and roles of responsibility related to each process are described under separate headings:

- Transport of the low-risk infant by ground ambulance to alternate level of inpatient care in the care of a Registered Nurse
- Transport of the low-risk infant by ground ambulance to outpatient consultation and/or investigation in the care of a Registered Nurse

TRANSPORT OF THE LOW-RISK INFANT BY GROUND AMBULANCE TO ALTERNATE LEVEL OF INPATIENT CARE IN THE CARE OF A REGISTERED NURSE

If low-risk infant ground transport with an RN is deemed appropriate please follow Patient Transfer Network process described below to initiate the transfer.

STABLE NEONATAL TRANSPORT TO ALTERNATE LEVEL OF CARE FLOW DIAGRAM



Sending site considerations/responsibilities

- Employ principles of family centered care in process.
- Follow Patient Transfer Network process to arrange for repatriation transport.
- Confirm if RN staffing levels at sending site allow for RN to accompany infant on transport.
- Confirm with BCAS if parent/caregiver can accompany infant.
- Ensure RN with required competencies is available to accompany infant.
- Initiate communication between sending and receiving site to ensure timely transfer of the following information:
    - Patient name and relevant identifiers.
    - Relevant care details as per BC Neonatal Transfer Record.
    - Expected Time of Departure (EDT).
    - Expected Time of Arrival (ETA).
- Arrange for copies/original of relevant/appropriate patient documents to send with transport team, including:
    - Copies of BC Newborn Records Part 1 and 2 (PSBC 1925), patient chart, including pertinent laboratory data and radiographs.
    - Contact information for the baby's parents and family physician.
    - Completed discharge summary.
    - Completed All About Me document (see **Appendix 3**).
- Required infant transport supplies and equipment are available, checked and in working order.
- Telephonic Handover/Report between sending and receiving unit RN.
- Arrange for return options for RN and transport equipment as return is not guaranteed with BSAC car.

Roles and Responsibilities

Most Responsible Provider (MRP)[7]

MRP: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO ALTERNATE LEVEL OF INPATIENT CARE	
Repatriation	• MRP will assess infant and determine if low-risk infant ground transport in the care of an RN is appropriate mode of transport. • Complete discharge summary. • Handover to receiving MRP. • In the event of emergent issues during the transport the MRP will be notified as soon as possible.[6] • MRP at the sending unit will remain the MRP during the transport and until the infant arrives at the receiving unit.[6]
Non-emergency clinical situations	• MRP will be contacted for non-emergency clinical directions if required. • MRP will be contacted as per site-specific routine, e.g. pager, unit phone.

BC Ambulance Services (BCAS) Crew

BCAS CREW: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO ALTERNATE LEVEL OF INPATIENT CARE	

Prior to transport	• Secure Transport Canada approved infant car bed or car seat onto ambulance stretcher if being used (see **Appendix 4**).
	• If transport incubator is being used clear stretcher area to accommodate dedicated transport incubator.
	• Prepare patient cabin area:
	  ○ Check oxygen supply.
	  ○ Have AC/DC port available for infant transport incubator and portable suctioning.
	  ○ Secure car seat/car bed/incubator stretcher and all assorted equipment in the back of the ambulance.[6]
	  ○ Ensure that the patient compartment is safe for the patient and accompanying RN as well as parent that may accompany the infant during the transport.[6]
	  ○ Adjust ambient temperature in consultation with the RN.
	• Complete BCEHS Ambulance Safety Orientation with the RN and parent, using the BCAS Orientation for Non BCAS Employees to an Emergency Vehicle document (**Appendix 5**).[6]
	• Consider traffic flow and other known obstructions on route to determine best route to destination.

During transportation	The BCAS crew is responsible to: • Divert to the closest hospital in the event of unexpected deterioration of the infant at the request of the transport RN. • Contact sending unit for further direction in the event of road closure or accident. • Assist with radio/telephone calls if required. • Assist/support RN as required. • Adjust ambient temperature as required after discussion with the RN.

Registered Nurse

RN that accompanies the infant on transport must:

- Have current NRP Provider status.
- Be oriented to the:
  - Role and responsibilities of the RN during low-risk infant ground transport.
  - Transport equipment and supplies.
  - BC Neonatal Transfer Record PSBC 1995 (**Appendix 6**), Low-risk Infant Transport Patient Care Flow Sheet (**Appendix 7**), and Practice Resource: Low-Risk Infant Transport in the Care of a Registered Nurse.
    - The Guide for Completion for PSBC 1995 is available at www.perinatalservicesbc.ca/health-professionals/forms
    - The Guide for Completion for PSBC 1996 is available at www.perinatalservicesbc.ca/health-professionals/forms
- If required, complete site or health authority specific learning for Low-Risk Infant Ground Transport.
- Be physically able to perform transport functions in a moving ambulance (without antiemetic).[8]

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO ALTERNATE LEVEL OF INPATIENT CARE	

Prior to transport	• Check and prepare infant transport supplies and prepare the infant for transport.
	  ○ Confirm patient identification; ensure that the infant has two identification bands on, and initial Section A: Infant identity confirmed on the Low-Risk Infant Transport Patient Care Flow Sheet.[6]
	  ○ Ensure that the infant is appropriately dressed.
	  ○ Consider type of infant feed and adjust timing and/or volume to prevent emesis during transport. Typically gastric residence time (GRT) is 57 minutes for breastmilk and 64 minutes for breastmilk substitute.[9]
	  ○ Adjust medication administration times to avoid giving medication during transport.
	  ○ Complete final assessment prior to transfer.
	• Pack all the infant's personal belongings.

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO ALTERNATE LEVEL OF INPATIENT CARE	

Prior to transport
(cont'd.)
	• Pack Expressed Breast Milk (EBM) following instructions (see page 21).
	• Review and anticipate care required for neonate during transport, take required supplies (e.g. EBM/formula, feeding supplies, diapers etc.).
	• Pack patient specific medication in case there is a delay during transport to ensure continuation of care.
	• Ensure that the BC Neonatal Transfer Record (PSBC 1995) is completed and copied. The original document will remain in the infant's health record at the sending unit and the copied version will be given to the RN at the receiving unit.
	• Ensure that telephonic handover to receiving unit RN has been done.
	• Ensure that receiving unit is aware of Expected Time of Departure and Expected Time of Arrival.
	• If infant car seat is used secure infant as per Transport Canada guidelines after BCAS crew has secured the car bed to the ambulance stretcher.
	• If infant car bed is used secure infant in the car bed with the integrated 3-point harness after BCAS crew has secured the car bed to the ambulance stretcher.
	• If infant is transported in a transport incubator:
	  ○ Secure infant in restraining system as per manufacturer's instructions.
	  ○ Ensure that no loose equipment is placed inside the incubator.[10]
	  ○ Cover incubator with blanket on route to the ambulance to minimize heat loss and ensure privacy. Remove blanket once ambulance doors are closed and incubator plugged in.
	• Follow infection prevention control procedures.[6]
	• Pack the BCAS Orientation for Non BCAS Employees to an Emergency Vehicle document (**Appendix 5**). This document will be used by the BCAS crew to indicate that the safety orientation has been provided. The RN needs to keep the document in the event of potential WorkSafe claims.

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO ALTERNATE LEVEL OF INPATIENT CARE	

During transport	• Ensure infant remains visible and securely restrained[6] at all times during transport.
	• Assessment and documentation:
	  ○ Complete Section A of PSBC Low-Risk Infant Transport Patient Care Flow Sheet.
	  ○ Document baseline vital signs on PSBC Low-Risk Infant Transport Patient Care Flow Sheet Section B at start of transport.
	  ○ Continue to assess and document vital signs on the PSBC Low-Risk Infant Transport Patient Care Flow Sheet Section B at the beginning, and at least every 15 to 30 minutes during the transport.[10]
	  ○ Assess and document prior to handover of care at receiving unit.
	• Maintain Neutral Thermal Environment (NTE) by adjusting clothing and blankets or incubator temperature. If indicated adjust ambient temperature in collaboration with BCAS crew.
	• Follow infection prevention control procedures.[6]
	• Provide nursing interventions as appropriate and within scope of practice.
	• Communicate with accompanying family member as appropriate.
	• Communicate with BCAS crew as needed.
	• Communicate with BCAS crew and indicate need to divert to the closest hospital in the event of an unexpected deterioration of the infant.
	• Inform sending MRP regarding emergent situation as per site-specific routine.
	• Inform receiving site regarding emergent situation.

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO ALTERNATE LEVEL OF INPATIENT CARE	
At receiving site	• Perform final assessment and documentation. • Complete documentation on PSBC Low-Risk Infant Transport Patient Care Flow Sheet Section A. • Final hand over to receiving RN. • Hand over BC Neonatal Transfer Record copy to receiving RN. • Copy PSBC Low-Risk Infant Transport Patient Care Flow Sheet. Leave copy at receiving site.
Upon returning to sending unit	• Place original completed PSBC Low-Risk Infant Transport Patient Care Flow Sheet on medical record at sending site. • Follow unit/site-specific protocol and policies regarding cleaning of equipment and restocking supplies.

TRANSPORT OF THE LOW-RISK INFANT BY GROUND AMBULANCE TO AND FROM SCHEDULED OFF-SITE OUTPATIENT MEDICAL APPOINTMENT IN THE CARE OF A REGISTERED NURSE

INTER FACILITY TRANSPORT FOR PRESCHEDULED MEDICAL APPOINTMENT OF THE STABLE NEONATE FLOW DIAGRAM

STABLE INFANT NEEDING INTER-FACILITY TRANSPORT FOR OFF-SITE CONSULTATION

↓

CONTACT PTN AT 1-866-233-2337
SELECT OPTION 3: PRESCHEDULED MEDICAL APPOINTMENT

↓

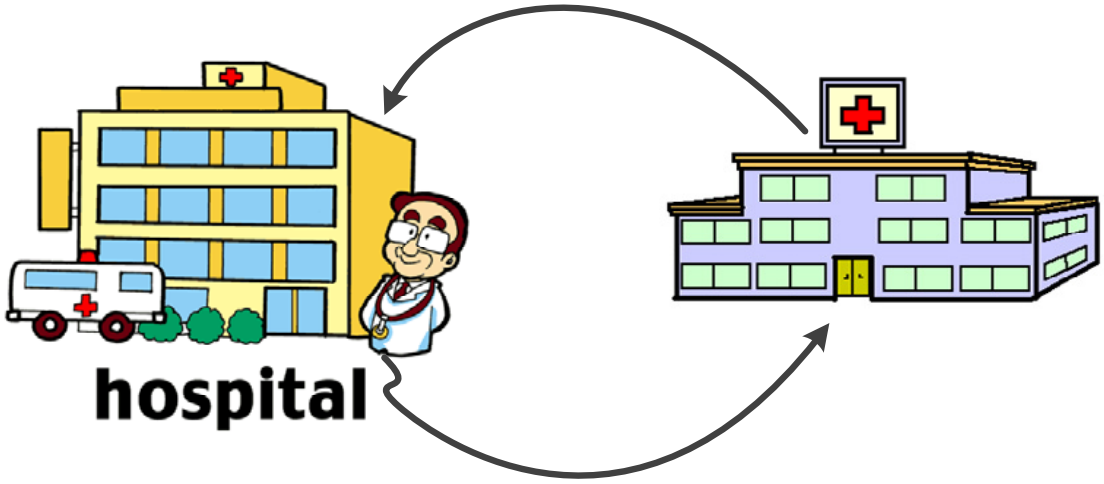
CALL BYPASS PTN → GOES STRAIGHT TO BCAS PATIENT TRANSPORT COORDINATION CENTRE

↓

BOOK GROUND AMBULANCE

↓

SENDING/HOME NICU RESPONSIBLE FOR:
- RN
- NEONATAL TRANSPORT EQUIPMENT



Roles and Responsibilities

Most Responsible Provider (MRP)[7]

MRP: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO AND FROM SCHEDULED OFF-SITE OUTPATIENT MEDICAL APPOINTMENT	
Transport to and from scheduled off-site outpatient medical appointment	• MRP will assess infant and determine if low-risk infant ground transport in the care of an RN is appropriate mode of transport. • MRP at the home unit will remain the MRP during the transport, outpatient consultation and/or investigation and until the infant arrives back at the home unit.
Non-emergency clinical situations	• MRP from home unit will be contacted for non-emergency clinical directions if required. • MRP will be contacted as per site-specific routine, e.g. pager, unit phone.

BC Ambulance Services (BCAS) Crew

BCAS CREW: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO AND FROM SCHEDULED OFF-SITE OUTPATIENT MEDICAL APPOINTMENT	

Prior to transport	• Secure Transport Canada approved infant car bed or car seat onto ambulance stretcher if being used.
	• If transport incubator is being used clear stretcher area to accommodate dedicated transport incubator.
	• Prepare patient cabin area:
	  ○ Check oxygen supply.
	  ○ Have AC/DC port available for infant transport incubator and portable suctioning.
	  ○ Secure car seat/car bed/incubator stretcher and all assorted equipment in the back of the ambulance.[6]
	  ○ Ensure that the patient compartment is safe for the patient and accompanying RN as well as parent that may accompany the infant during the transport.
	  ○ Adjust ambient temperature in consultation with the RN.
	• Complete BCEHS Ambulance Safety Orientation with the RN and parent, using the BCAS Orientation for Non BCAS Employees to an Emergency Vehicle document (**Appendix 5**).[6]
	• Consider traffic flow and other known obstructions on route to determine best route to destination.

During transportation	The BCAS crew is responsible to: • Divert to the closest hospital in the event of unexpected deterioration of the infant at the request of the transport RN. • Contact home unit for further direction in the event of road closure or accident. • Assist with radio/telephone calls if required. • Assist/support RN as required. • Adjust ambient temperature as required after discussion with the RN.

Registered Nurse

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO AND FROM SCHEDULED OFF-SITE OUTPATIENT MEDICAL APPOINTMENT	

Prior to transport	• Check and prepare infant transport supplies and equipment (see page 22).
	• Prepare the infant for transport:
	  ○ Confirm patient identification; ensure that the infant has two identification bands on, and initial Section A: Infant identity confirmed on the Low-Risk Infant Transport Patient Care Flow Sheet.
	  ○ Ensure that the infant is appropriately dressed.
	  ○ Consider type of infant feed and adjust timing and/or volume to prevent emesis during transport. Typically gastric residence time (GRT) is 57 minutes for breastmilk and 64 minutes for breastmilk substitute.[9]
	  ○ Adjust medication administration times to avoid giving medication during transport.
	  ○ Complete final assessment prior to transfer.
	• Pack Expressed Breast Milk (EBM) following instructions on page 21.
	• Review and anticipate care required for neonate during transport and scheduled off-site outpatient medical appointment, take required supplies (e.g. EBM/formula, feeding supplies, diapers etc.).
	• Pack patient specific medication to ensure continuation of care during transport to and from, and while at off-site outpatient medical appointment.
	• If infant car bed is used secure infant in the car bed with the integrated 3-point harness after BCAS crew has secured the car bed to the ambulance stretcher.
	• If infant car seat is used secure infant as per Transport Canada guidelines after BCAS crew has secured the car bed to the ambulance stretcher.

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO AND FROM SCHEDULED OFF-SITE OUTPATIENT MEDICAL APPOINTMENT	

Prior to transport
(cont'd.)
	• If infant is transported in a transport incubator:
	  ○ Secure infant in restraining system as per manufacturer's instructions
	  ○ Ensure that no loose equipment is placed inside the incubator.[10]
	  ○ Cover incubator with blanket on route to the ambulance to minimize heat loss and ensure privacy. Remove blanket once ambulance doors are closed and incubator plugged in.
	• Follow infection prevention control procedures.[6]
	• Pack the BCAS Orientation for Non BCAS Employees to an Emergency Vehicle document (**Appendix 5**). This document will be used by the BCAS crew to indicate that the safety orientation has been provided. The RN needs to keep the document in the event of potential WorkSafe claims.

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO AND FROM SCHEDULED OFF-SITE OUTPATIENT MEDICAL APPOINTMENT	

During transport	• Ensure infant remains visible and securely restrained[6] at all times during transport.
	• Assessment and documentation:
	  ○ Complete Section A of PSBC Low-Risk Infant Transport Patient Care Flow Sheet.
	  ○ Document baseline vital signs on PSBC Low-Risk Infant Transport Patient Care Flow Sheet Section B at start of transport.
	  ○ Continue to assess and document vital signs on the PSBC Low-Risk Infant Transport Patient Care Flow Sheet Section B at the beginning, and at least every 15 to 30 minutes during the transport.[10]
	  ○ Assess and document prior to handover of care at receiving unit.
	• Maintain Neutral Thermal Environment (NTE) by adjusting clothing and blankets or incubator temperature. If indicated adjust ambient temperature in collaboration with BCAS crew.
	• Provide nursing interventions as appropriate and within scope of practice.
	• Follow infection prevention control procedures.[6]
	• Communicate with accompanying family member as appropriate.
	• Communicate with BCAS crew as needed.
	• Communicate with BCAS crew and indicate need to divert to the closest hospital in the event of an unexpected deterioration of the infant.
	• Inform MRP regarding emergent situation as per site-specific routine.
	• Inform outpatient clinic regarding emergent situation.

REGISTERED NURSE: ROLE AND RESPONSIBILITIES DURING TRANSPORT TO AND FROM SCHEDULED OFF-SITE OUTPATIENT MEDICAL APPOINTMENT	

During off-site outpatient consultation and/or investigations	• Assessment, documentation, and care:
	  ○ Continue to assess vital signs hourly or more often if indicated while at off-site outpatient consultation and/or investigation.
	  ○ Document vital signs on PSBC Low-Risk Infant Transport Patient Care Flow Sheet.
	• Maintain normothermia.
	• Provide nursing interventions as appropriate. Document care on PSBC Low-Risk Infant Transport Patient Care Flow Sheet.
	• Communicate with accompanying family member as appropriate.
	• Administer medication, feeding, and care as per infant need and current orders.
	• Follow infection prevention control procedures.[6]
	• In the event of an unexpected deterioration of the infant, request off-site personnel to call a code as per site policy or proceed to the emergency department of the off-site facility.
	• Inform MRP of emergent situation as per site-specific routine.

Upon returning to sending unit	• Place original completed PSBC Low-Risk Infant Transport Patient Care Flow Sheet on medical record at sending site. • Follow unit/site-specific protocol and policies regarding cleaning of equipment and restocking supplies.

TRANSPORTING EXPRESSED BREAST MILK (EBM) GUIDELINES

- Transport EBM in an insulated cooler with manufactured freezer packs. Avoid using ice cubes as ice is warmer than frozen milk and will cause the milk to thaw. EBM can be stored safely while being transported in a cooler for up to 24 hours with manufactured freezer packs.[11]
- If infant is transported to an alternate level of care, confirm handover of EBM to RN at receiving site and initial Section A: Expressed Breast Milk on PSBC Low-Risk Infant Transport Patient Care Flow Sheet.

NEONATAL LOW-RISK GROUND TRANSFER – EQUIPMENT AND SUPPLIES

Appropriate equipment and supplies to provide adequate monitoring, thermoregulation, continuation of ongoing therapy, care as indicated, and emergency interventions within the scope of practice of the registered nurse[12] must be available. Equipment and supplies need to be checked prior to each transfer and as per unit specific practices.[6,8] Depending on geographic distances additional supplies may be indicated for feeding and general care.

Recommended equipment and supplies:

- Thermoregulation equipment
  - Transport incubator[8,10,13] if indicated (see below)
  - Blankets[10]
  - Hat (various sizes)[10]
  - Extra clothing
- Incubator / car bed / car seat[6,8,10,11,14,15]
  - Transport specific incubator (with portable oxygen cylinder[10]) for the infant that will not be able to maintain its own body temperature. This incubator needs to be mounted on a stretcher that can be secured in the ambulance. It is recommended to utilize an infant restraint system for infant stability (note that it may not offer adequate protection in the event of a crash).
  - Transport Canada approved Infant car bed, including 4 car bed vehicle belts[14]
  - Transport Canada approved infant car seat[15]
- Monitoring[8,10,13,16]
  - Transport capable cardio-respiratory or pulse oximeter monitor
  - Extra batteries
  - ECG leads
  - Pulse oximeter probe and pulse oximeter probe wrap
  - Thermometer
  - Servo probe
  - Servo probe cover
  - Neonatal stethoscope
- Airway support[8,10,13]
  - Positive Pressure Ventilation device
  - Face mask: 0, 1, 2
  - LMA size 1
  - 5 mL Luer lock syringe
  - Lubricating jelly

- Shoulder roll
- Oxygen tubing
- Infant size oxygen mask (rebreathing)
- Nasal cannula[10]
- Feeding tube (decompression)
- Tegaderm
- 20 mL syringe

- Suctioning[8,10,13]
  - Portable suction unit that can be set at 80 – 100 mmHg
  - Suction tubing
  - Suction catheters[10]: F6, F8, F10
  - Sterile water
- Feeding[10]
  - Feeding tube F5, F6.5, F8
  - Lubricating jelly
  - pH strips
  - Comfeel
  - Tegaderm
  - Enteral feeding syringes; 2ml, 10ml, 20ml
  - Feeding nipples
  - EBM
  - Dedicated cooler box that can be cleaned as per IPAC protocol, with manufactured freezer packs for expressed breastmilk
  - Breastmilk substitute: preterm and full term
- Intravenous Supplies[8,10]
  - Tourniquet
  - CHG Swab
  - IV Insertion catheter 24G and 26G
  - IV fluid giving set
  - NaCl 0.9% Flush (prefilled)
  - D10W 500 mL × 1
  - NaCl 0.9% 250mL bag × 1
  - 2 × 2 gauze
  - IV Securing device

- Tape
- Limb board

- Care and comfort[10]
  - Diapers – preterm and term size
  - Wipes
  - Soothers
  - Ear Muffs/Noise Guards. Noise levels during ground transportation exceeds accepted levels.[17,18,19] The use of ear muffs is recommended as a noise reduction strategy.[10,13,16,19,20]
- General supplies[6,10]
  - Scissors
  - Pens
  - Scrap paper
  - Gloves[6,10]
  - Flashlight[10]
- Infection Control Supplies
  - During the COVID-19 pandemic BCEHS regards all patients as COVID-19 contacts and requires the RN to wear appropriate personal protective equipment (PPE) as determined by the BC Centre for Disease Control: www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment. This includes N95 masks in the event the infant requires PPV.
  - Sending hospital will supply required PPE for the RN

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Neonatal Daily Classification

The daily classification level is entered onto the baby's Neonatal Daily Classification Monthly Record OR BC Newborn Clinical Path form

SYSTEM VARIABLES	LEVEL 1a Baby requires normal newborn care	LEVEL 1b Baby requires increased observation	LEVEL 2a Baby requires increased observation and increased care	LEVEL 2b Baby requires acute management	LEVEL 3a Baby has high acuity	LEVEL 3b Baby has high acuity, or is at risk of high acuity, and requiring multispecialty care
Post Menstrual Age	❑ Greater than/equal to 37 weeks	❑ 35 to 36^{+6} weeks	❑ 32 to 34^{+6} weeks	❑ 30 to 31^{+6} weeks	❑ 26 to 29^{+6} weeks	❑ Less than 26 weeks
Today's Weight	❑ Greater than or equal to 2500 g	❑ 1800 to 2499 g	❑ 1500 to 1799 g	❑ 1200 to 1499 g	❑ Less than 1200g	
Respiratory Status		❑ Under observation with continuous cardiorespiratory and/or SpO_2 monitoring ❑ Supplemental O_2 less than 30% and less than 4 hours of age	❑ Supplemental O_2 30% or greater ❑ Continuous supplemental O_2 at more than 4 hours of age ❑ Heated humidified high flow by nasal cannula ❑ On caffeine, or off within past 5 days	❑ CPAP	❑ Ventilated (includes IPPV) ❑ Extubated for less than 24 hours ❑ Inhaled nitric oxide ❑ Chest tube ❑ Unstable airway	❑ OI greater than 25 if greater than 34 weeks ❑ Critical airway ❑ Tracheostomy ❑ ECMO / ECLS
Cardiovascular Status				❑ CHD: diagnosed, stabilized and considered hemodynamically stable including those awaiting eventual cardiac surgery	❑ Inotropes / vasopressors	❑ CHD: unstable or "stable", including arrhythmia during diagnostic and stabilization phase ❑ Prostaglandin dependent
Neurological Status	❑ Prenatal Substance exposure not requiring drug therapy and is asymptomatic	❑ Prenatal substance exposure and is symptomatic	❑ HIE stage 1 (mild) less than 72 hours ❑ Prenatal substance exposure requiring drug therapy	❑ HIE stage 2 (moderate) or 3 (severe) older than 10 days	❑ HIE stage 2 (moderate) or 3 (severe) less than 10 days of age ❑ Anticonvulsant therapy less than 10 days	❑ Neurosurgical (1st week post-op) ❑ Uncontrolled seizures despite anticonvulsants
Nutritional Requirements	❑ Ad-lib feeds ❑ At-risk of hypoglycemia with blood glucose greater than 2.6 mmol/ L	❑ Measured oral feeds ❑ Gavage feeds by gravity	❑ Intravenous fluids ❑ HMF ❑ Gavage feeds by pump ❑ Colostomy	❑ Parenteral nutrition ❑ Specialized additives beyond HMF ❑ Subspecialty support for nipple feeding ❑ Stable gastrostomy greater than 10 days post-op	❑ Dextrose concentration greater than D12.5%W for hypoglycemia ❑ Medications for hypoglycemia ❑ Post op with enteral feeds less than full feeds ❑ Gastrostomy less than 10 days post-op ❑ Jejeunal tube ❑ Ileostomy	❑ Jejunostomy ❑ Post op with enteral feeds less than 50% ❑ Mucous fistula refeeds
Other	❑ Phototherapy ❑ Post cesarean section ❑ Terminal palliative care, with no invasive interventions required ❑ Boarder baby	❑ Antibiotics in a well baby with risk factors	❑ ROP: less than weekly checks ❑ Antibiotics in a baby with positive cultures ❑ Transfusion of blood/ IVIG ❑ Hemolytic disease of the newborn under phototherapy ❑ Wound care	❑ PICC / CVC / UVC	❑ ROP: weekly checks ❑ Bili at exchange level ❑ At phototherapy level in first 24 hours of life per CPS charts ❑ Day of and up to 24 hours after exchange transfusion ❑ Day of advanced diagnostic imaging ❑ OR day up to 48 hrs post-op	❑ ROP: more than weekly check by ophthalmologist ❑ Acute pre-surgical and surgical NEC, GI obstructions, urologic, etc (daily access to surgical services) ❑ Acute metabolic disorder being stabilized ❑ Others requiring immediate in-unit access to multispecialty care

Classification does not reflect resuscitation/ stabilization within first hour of life

APPENDIX 2: Hospital Information for Families

Providence HEALTH CARE

How you want to be treated.

NICU

ST. PAUL'S HOSPITAL

ADDRESS: 1081 BURRARD STREET
VANCOUVER, BC V6Z 1Y6
TELEPHONE: 604-682-2344 LOCAL 62397

St. Paul's NICU is 9 bed NICU that cares for babies who are 32 weeks gestation and older. Your baby will be cared for by an interdisciplinary team that strive to provide family centered care. The Neonatal Intensive Care Unit is located in the Maternity Centre, on the third floor of the Providence Building.

Parking

St. Paul's Hospital has an underground parking lot, as well as a small opentair lot off Thurlow and Comox streets. Please note that these lots are often full. Disabled parking places are reserved in the underground parking lot near each bank of elevators. Park in the green or blue coloured stalls. Remember your parking stall number. Pay for parking at any of the parking meters in the lot, follow the instructions in the parking meter screen. You do not have to display the ticket in your car. The parkade is open and patrolled 24 hours, 7 days a week. The gate opens at 5:30am, closes at 6:00pm. After 6:00pm, vehicles must pass the magnetic loop to gain entry while parkers on foot must access the parkade through the door beside the gate. There are several parking lots and metered parking stalls along Burrard Street within walking distance of the hospital. You can talk to the unit social worker if you need help with parking.

Dropping-off or Picking-up
Temporary parking is available at the Comox Street entrance and on Burrard Street for dropping off or picking up.

Getting Here

Transit:

- #1 Burrardt Station/Beach
- #2 Macdonald – 16th Avenue/ Burrard Station
- #22 Knight/Macdonald
- #44 UBC/Downtown

For more information on public transit options, visit Translink.

Visitors

The number of people welcomed at the bedside will be determined with the parents to meet the needs of the infant, family and NICU. All visitors must be accompanied by a parent of the baby.

- The baby's brothers and sisters are the only children allowed into the nursery.
- Visitors are not to come into the NICU if they have a fever, or symptoms of an acute illness. These include cold, cough, flu, diarrhea, vomiting, earaches, rashes or a cold sore. Exposure to any communicable disease also means you should not visit the NICU.

Places to Eat

Crest Club Cafeteria is located on the 4th floor of the Providence building. It serves hot entrees, soup, sandwiches, delibar, salad bar, beverages, and a variety of desserts and other treats. The cafeteria is open Monday to Friday from 6.30 a.m. to 7.30 p.m. and on weekends from 7 a.m to 7:30 p.m. Temptations Coffee Bar located in the main entrance of the Burrard Building, specializes in gourmet coffees, sandwiches and baked goods. It is open Monday to Friday from 6:45 a.m. to 4 p.m. There is a small gift shop located in the main level where you can buy snacks. There are also various restaurants a few steps from St. Paul's Hospital along Davie Street.

Places to Rest or Stay

We understand that this can be a stressful time and there are many things to coordinate in your personal life, in order to make this trip go as smoothly and comfortably as possible. We have created a document listing accommodation within a short drive or walk of our hospital. Please ask the nurse or social worker at St Paul's Hospital for this information.

Perinatal Services BC
Provincial Health Services Authority
ST. PAUL'S HOSPITAL

Providence HEALTH CARE
How you want to be treated.

Routines

We encourage parents to stay and help care for their babies. Parents are partners in care and have access to their baby 24 hours a day.

Amenities

1. Maternity - NICU Lounge is a central space where parents meet their visitors, eat and watch TV.
2. Breast Pumping Room is available to parents if they need a quiet space to pump.
3. Varshney Lounge is a place we encourage parents to stay in between feeds and rest. There are 2 pull out chairs, kitchen sink and a washroom.
4. Ronald McDonald Family Room is available for the family to stay overnight before discharge, and take care of their infant.
5. Small Kitchen in Maternity Unit is available. Parents are welcome to bring food. There is a refrigerator to store food.

Breastfeeding Support

Breast Pump, kits and supplies are available to parents. Mothers can pump at the beside and will be provide a privacy screen. There is a central fridge and freezer where to store expressed breastmilk. Inside the fridge are designated patient bins to store each baby's milk.

Support for families

In addition to Nurses and Pediatricians, you and your baby may be supported by other care providers, including:

- ☑ TRANSLATION SERVICES
- ☑ INDIGENOUS HEALTH
- ☑ HOSPITAL VOLUNTEERS

Health Care Team Members:

In addition to Nurses and Pediatricians, you and your baby may be supported by other care providers, including:

- ☑ RESPIRATORY THERAPISTS
- ☑ SOCIAL WORKERS
- ☑ SPIRITUAL CARE
- ☑ DIETITIANS
- ☑ PATIENT/FAMILY LIAISONS

Perinatal Services BC

ST. PAUL'S HOSPITAL

May 2020

NICU Information for Families for each NICU in BC is available for download from www.perinatalservicesbc.ca

_____

Baby's first and last name

All About Me

Information for the Bedside

Form completed by *(check boxes)*:

☐ Parent/Guardian
☐ RN
☐ Social Worker
☐ Other

Signature: _____

About My Family:

Names of parents/guardians: _____

_____

Names and ages of siblings: _____

_____

Contact information: _____

_____

My family's routine/schedule: _____

_____

Please contact them if/when: _____

_____

About Me:

My story: _____

_____

_____

_____

_____

My likes:_____

_____

_____

My dislikes: _____

_____

_____

My family's feeding goals for discharge are *(check boxes):*

☐ To exclusively breast feed
☐ Breast feed and expressed breast milk by bottle
☐ Expressed breast milk and formula feed by bottle
☐ Exclusively formula feed by bottle

My family cares for me by *(check boxes):*

☐ Holding me
☐ Providing Kangaroo (skin-to-skin) care
☐ Dressing me
☐ Feeding me
☐ Reading/singing/talking to me
☐ Bathing me
☐ Changing my diapers
☐ Taking my temperature
☐ Weighing and measuring me
☐ Attending Rounds
☐ Attending shift handovers
☐ Changing my O2 Sat probe
☐ Warming my feeds
☐ Helping with NG feeds
☐ Helping to change my CPAP
☐ Other:

_____

_____

My family has learned about *(check boxes):*

☐ Breast milk supply maintenance
☐ Safe storage/handling of human milk
☐ Safe sleep positioning and environment
☐ RSV screening/teaching
☐ Airway management
☐ Purple crying
☐ Biliary atresia

Perinatal Services BC
Provincial Health Services Authority

APPENDIX 4: Dream Ride Infant Car Bed – Securing and Transporting

BCEHS | BC Emergency Health Services

STANDARD OPERATING GUIDELINES	
Title: **Dream Ride Infant Car Bed – Securing and Transporting** **Fraser Health Authority**	Reference Number:
Approved by: BCEHS Director Business Standards and Evaluations	Last Approved: December 18, 2018 Last Revised: n/a

Scope

- All Paramedic Staff and Frontline Supervisors

Purpose

- To provide direction for health care and paramedic staff on how to safely secure and transport an infant, 1.8-4.5 kg (4-10 lb) and 61 cm (24 in.) or less, using the Dream Ride Infant Car Bed currently in use at all Fraser Health Authority facilities.

Prerequisites:

- Our ambulance is considered a workplace under the Worksafe BC Regulations and as such BCEHS is responsible for ensuring a safe worksite/environment for all workers. Paramedics are responsible to ensure all equipment, patients and personnel are properly secured as per policy and direction and that all escorts receive a safety orientation to the ambulance.
- Fraser Health Care staff are responsible for providing the Dream Ride Infant Car Bed and ensuring the bed is properly cleaned and maintained per the manufacture recommendations and Fraser Health procedures.

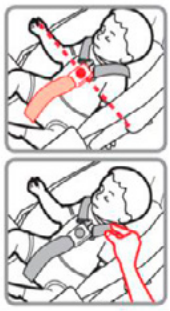
Equipment Required:

- Dream Ride Infant Car Bed
- BCEHS Stretcher
- A copy of this SOG will be stored with every Dream Ride Infant Car Bed to assist all staff

Step 1: Sizing the Car Bed

Prior to Installing a Car Bed (Cosco-Dorel Dream Ride®) to the Stretcher

- Ensure the infant is the correct size for the Car Bed
- Adjust the buckle and harness straps to fit the infant
- If possible Health Facility Staff should size the Car Bed prior to BCEHS arrival



6. Check Harness and Buckle Strap Lengths

The buckle should lay at mid-chest (even with armpits) and away from the infant's neck.

Try to pinch the harness at the shoulders vertically between index finger and thumb as shown.

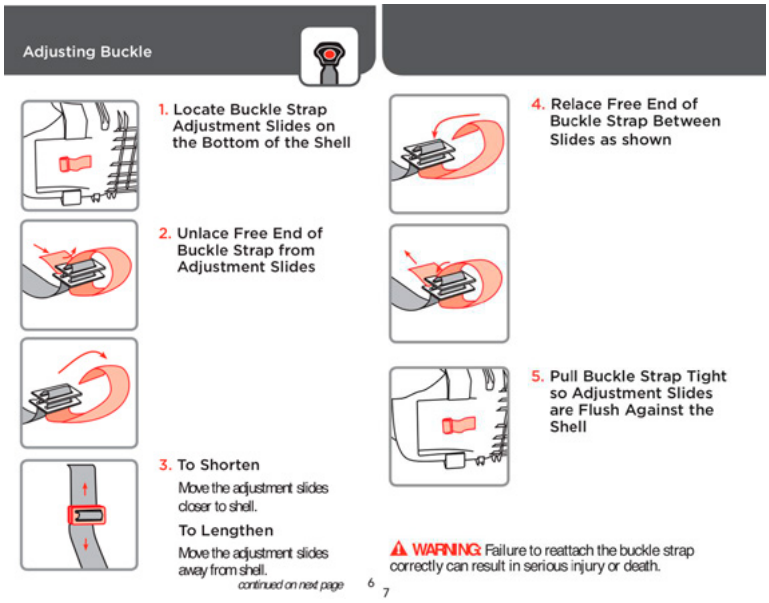
If your fingers slip off, the harness is tight enough.

If you can pinch the harness strap, you will need to tighten the harness strap. The harness straps should be snug throughout their length.

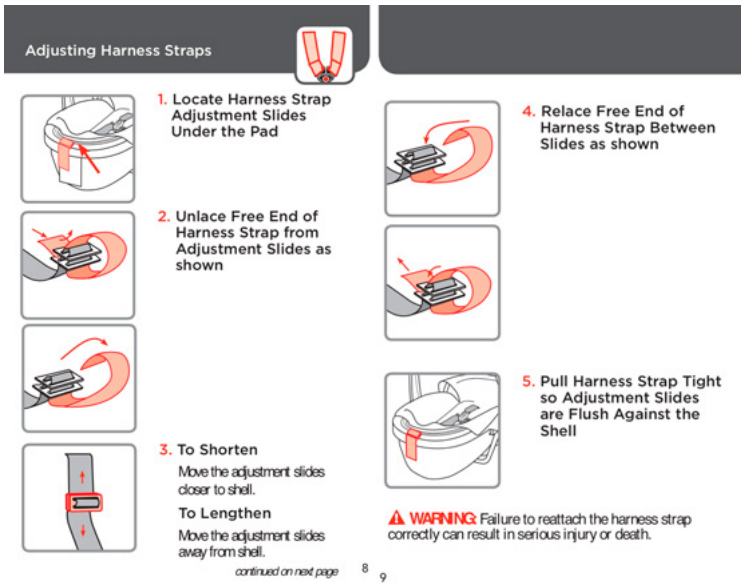
continued on next page 4

BCEHS | BC Emergency Health Services

How to adjust the buckle if required



How to adjust the harness if required



Approved by: BCEHS Director – Business Standards and Evaluations

Page 2

BCEHS | BC Emergency Health Services

Step 2: Securing the Car Bed to the Stretcher

Ensure the infant is not in the Car Bed while securing to the stretcher

BCEHS Paramedics are responsible for securing the Car Bed to the Stretcher

A. Position stretcher at a working height, remove all linen from the stretcher and lower the side rails.

B. Place Car Bed on the stretcher perpendicular to the mattress with handle in upright position. Line up car bed with the crease in the stretcher mattress. The infant's head will be on the left side of the stretcher, so that they will face the cabinet wall when the stretcher is loaded in the ambulance. *Feet pointing towards the cabinet wall to allow attendant easy access to head and airway.*

C. Feed the stretcher shoulder belt male and female ends through car bed webbing loops at the head of stretcher.

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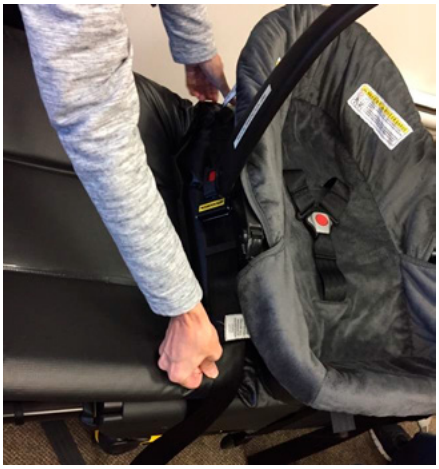
D. Connect the stretcher shoulder belt and loosely secure the Car Bed to the stretcher. Tuck the adult shoulder harnesses behind the mattress.



E. Feed the lap belt male and female straps through Car Bed webbing loops on foot end of stretcher.

F. Connect the stretcher lap belt and loosely secure the Car Bed to the stretcher.

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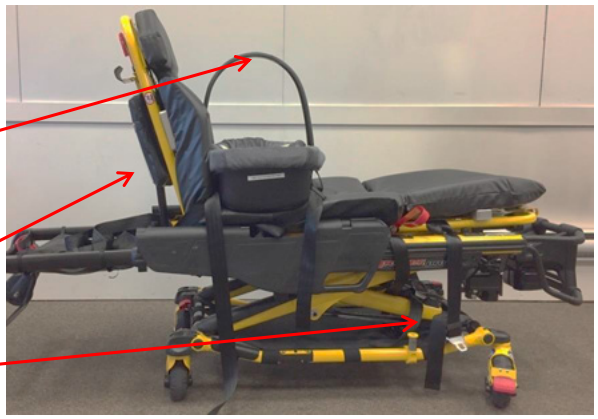
G. Ensure the Car Bed - Carry handle is upright AND locked in place. This must be maintained during transport.

H. With both the shoulder and lap belts now loosely secured raise the back rest to the full upright position.

I. Ensure all other stretcher belts not in use are fastened or secured.



J. To tighten both shoulder and lap belts. One person compresses the Car Bed into the stretcher mattress and the second person tightens both straps. Tuck away the excess belt ends.

K. To ensure the Car Bed is properly secured you need to check for tightness.
   a. Hold the Car Bed at the belt path with your weakest hand and push/pull from side to side. It should not move more than 2.5 cm (1 inch).
   b. Hold both sides of the Car Bed and push/pull from front to back. Again, it should not move more than 2.5 cm (1 inch).
   c. If the Car Bed moves more than 2.5 cm (1 inch) repeat the compressing of the Car Bed into the mattress and retighten straps.
   d. Repeat steps to ensure the Car Bed is properly secured.

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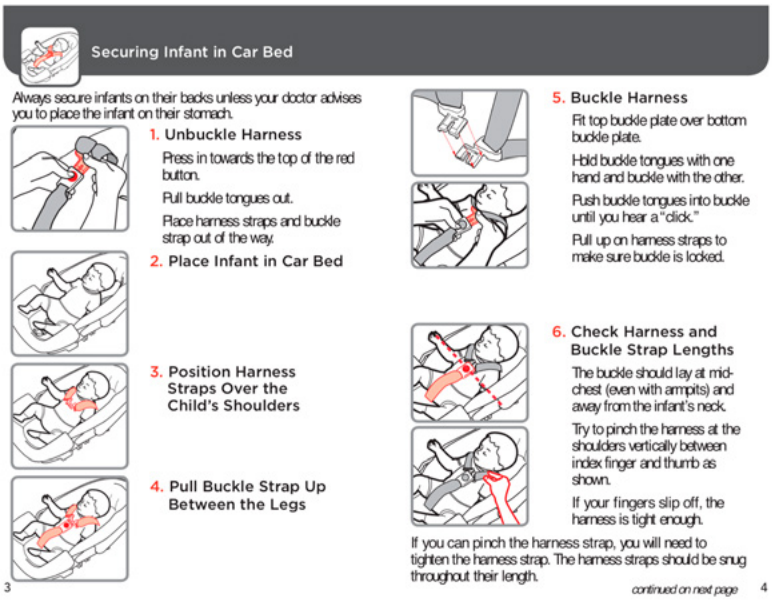
Step 3: Securing Patient and Transporting

A. Leave the stretcher side rails down during transport as they may interfere with the Car Bed installation.

B. Place infant into the Car Bed and follow the instructions on how to position and secure the harness and buckle straps.



Securing Infant in Car Bed

Always secure infants on their backs unless your doctor advises you to place the infant on their stomach.

1. Unbuckle Harness
   - Press in towards the top of the red button.
   - Pull buckle tongues out.
   - Place harness straps and buckle strap out of the way.
2. Place Infant in Car Bed
3. Position Harness Straps Over the Child's Shoulders
4. Pull Buckle Strap Up Between the Legs
5. Buckle Harness
   - Fit top buckle plate over bottom buckle plate.
   - Hold buckle tongues with one hand and buckle with the other.
   - Push buckle tongues into buckle until you hear a "click."
   - Pull up on harness straps to make sure buckle is locked.
6. Check Harness and Buckle Strap Lengths
   - The buckle should lay at mid-chest (even with armpits) and away from the infant's neck.
   - Try to pinch the harness at the shoulders vertically between index finger and thumb as shown.
   - If your fingers slip off, the harness is tight enough.

If you can pinch the harness strap, you will need to tighten the harness strap. The harness straps should be snug throughout their length.

continued on next page

3 4

Associated Documents

- Manual – Dream Ride – Infant Car Bed
- SOG – Equipment - Securing in the Patient Compartment
- BCEHS – Orientation for Non BCAs Employees to an Emergency Vehicle
- WorkSafeBC – Coordination at multiple-employer workplaces

APPENDIX 5: BCAS Orientation for Non BCAS Employees to an Emergency Vehicle

BCAS Orientation for Non BCAS Employees to an Emergency Vehicle

BC Ambulance Service (BCAS) Staff will provide a workplace orientation of the following emergency equipment and procedures to all escorts/ workers (including: Police Officers, First Responders, Health Care Professionals, WorkSafeBC Officer, Social Workers, Students, etc...) prior to riding in an ambulance. Please use a ✓ in the check boxes to indicate that you have been orientated to the following items and have the escort sign the bottom of the form.

Completed	Item
☐	**Seatbelts must be worn while the vehicle is in motion.**
☐	**All equipment must be secured by BCAS paramedics prior to and while vehicle is in motion.**
☐	**All patients must be secured by BCAS paramedics.**
☐	**Assist with lifting only when and as directed by BCAS paramedics.**
☐	**Access and egress of the vehicle** Operation of emergency latches on exit doors – must be used together to operate. Three point mount/dismount Stay in the ambulance (car) until the attendant says it is safe to exit. Always wear reflective gear if exiting on a uncontrolled roadway.
☐	**Please be advised of the following Hazards that may be encountered on car** Biohazard waste container (***red*** symbol/bag) Medical supplies cupboard doors Trip Hazards - Safety hook, antlers and rail (stretcher bar) Syringes and needles Sharps containers Loose equipment when entering car – must be secured prior to and while vehicle is in motion
☐	Personal Protective Equipment locations Gloves Isolation Gown N95 Respirators and surgical masks – only if patient has respiratory precautions required. Reflective Vests – required in non controlled environment. Appropriate dress for environmental conditions and type of work. Safety Glasses
☐	Process for Emergencies - Follow the direction of paramedics in the event of an emergency or unplanned event.
☐	Report any hazards or harmful acts to paramedics.
☐	Equipment Review Fire extinguisher Flashlight Cellular phone Jump Kit (First Aid Kit) Control panel location
☐	**Emergency transports (lights and sirens) will only happen when the patient's condition cannot be managed by the transport team, and/or a time-sensitive intervention will be administered immediately on arrival at the receiving facility.**

Escort Name (Please Print Clearly) _____ Paramedic's Name _____ Date _____

Additional Information

Seatbelts must be worn while the vehicle is in motion. In the event you need to provide immediate care to a patient ask the driver to pull over at the next safe location. You must remain in your safety belt until the driver is able to pull over. If possible plan ahead for areas where you can pull off the road to assess patients or adjust anything for patient comfort.
All equipment must be secured: Additional equipment must be kept to a minimum. BCAS paramedics must ensure all equipment taken on board is secured properly. In the event of an accident anything not secured will become a projectile.
Access and egress of the vehicle safely: Three point mount/dismount – always have three out of four points (2 hands and 2 feet), located on the vehicle when attempting to enter or exit the ambulance.
Please be advised of the following Hazards that may be encountered on car Biohazards –Never reach into the biohazard waste to retrieve anything. Trip Hazards: Safety hook, antlers and rail (stretcher bar) are located on the floor of the patient compartment. Syringes and needles – Please place all used syringes and needles in the sharps containers Sharps containers –Never reach into a sharps container. Loose equipment – Avoid bringing excess equipment or personal items on board as space is limited, and not all items can be secured easily. Ask the paramedics to determine what equipment you need that is not supplied on board.
Personal Protective Equipment locations Gloves when providing patient care Isolation Gown – location – use as required for biohazard infection control. N95 Respirators and surgical masks – In the event the patient is known in advance to have a respiratory disease, during aerosol generating medical procedures, and in conjunction with any reverse isolation techniques (surgical mask for patients only). Reflective Vests – must be worn when exiting the vehicle on any roadway or where machinery may be operating. Appropriate dress for environmental conditions – dress in layers appropriate for hot or cold weather, no open toed footwear, etc... Safety Glasses - must be worn when there is a hazard of blood or bodily fluids entering the eye or mucous membranes.
In the event of an emergency or unplanned event always follow the direction of the paramedics.
Report unsafe or harmful acts to paramedics. If you do not feel your concerns are being adequately addressed please contact your employer and our duty supervisor.
Equipment Review Fire extinguisher: location Flashlight: location Cellular phone: location and direction to call 9-1-1 in an emergency. Radios are located in the front of the main cab on the dash. In the event of an emergency if you can't reach help by cellular phone press down the side button on the radio to call dispatch. Remember to release the button on the side to hear dispatch. Jump Kit (First Aid Kit): location Environmental Control panel location
Code three transports will only happen when the patient's condition cannot be managed by the transport team, and/or a time-sensitive intervention will be administered immediately on arrival at the receiving facility.

Regular escorts may be pre-orientated and receive a card indicating completion of the Orientation to an Emergency Vehicle for Non-BCAS Workers.

WCA s. 118(2) states:

(2) The *prime contractor* of a multiple-employer workplace must

- (a) ensure that the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated, and
- (b) do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with this Part and the regulations in respect of the workplace.

OHSR s. 3.23(1)

(1) An employer must ensure that before a young or new worker begins work in a workplace, the young or new worker is given health and safety orientation and training specific to that young or new worker's workplace.

British Columbia Neonatal Transfer Record

1. **Surname** **Given Name**	Date / Time of Birth (dd/mm/yyyy) _____ (hh:mm) _____	Gestational Age at Birth (weeks / days)	Post Menstrual Age (weeks / days)	Birth Weight (grams)
	Sex ☐ M ☐ F ☐ Unk.	Neonatal Daily Classification		
Sending Facility	Attending MD / RM	Discharge Diagnosis		Today's Weight (grams)
Receiving Facility	Receiving Physician	G T P A L	APGAR Scores	

Surname Given name

Address

Phone number Personal health number

Maternal / Birth History

Antenatal Steroids _____ Delivery Type _____

Prophylactic Antibiotics _____ Other _____

2. **Parent or Guardian Name(s)**	Newborn Exposure to (check if positive) ☐ HIV ☐ Hep B ☐ Hep C ☐ Substance ☐ Unk. ☐ GBS ☐ ARO ☐ HPV ☐ Other (specify)	Current Isolation Status

Hometown of Baby	Contact Number	Language Preferred	☐ Photos of Baby to Mother ☐ Mom Expressing Breast Milk

3. **Vital Signs** Time (hh:mm)	HR	RR	SpO_2	BP / MAP	T

4. Assessments

Respiratory

Airway: ☐ ETT # ____ @ ____ cm ☐ Oral ☐ Nasal Date / Time: _____ (dd/mm/yyyy) (hh:mm) Extubated Date / Time: _____ (dd/mm/yyyy) (hh:mm) ☐ LMA # ____

Current Ventilator Settings: Mode: _____ FiO_2: _____ Rate: _____ PIP / PEEP: _____ I:T _____ VT: _____

Non-Invasive Respiratory Support: ☐ Biphasic ☐ CPAP ☐ LFNP ☐ HFNP Setting: _____ FiO_2: _____ Date Initiated: _____ (dd/mm/yyyy)

Surfactant ☐ Date _____ (dd/mm/yyyy) # of Doses _____ ☐ Caffeine Discontinued Date / Time _____ (dd/mm/yyyy) (hh:mm)

Date and Time of last ☐ ABG ☐ CBG: _____ (dd/mm/yyyy) (hh:mm) Results: pH _____ pCO_2 _____ pO_2 _____ HCO_3 _____ BD or BE _____

Cardiovascular

Neurology

GI / GU / Other

5. Intake

☐ PVAD (PIV) ☐ PICC Type: _____ at ____ cm ☐ CVAD (CVC) Type: _____

☐ UAC at ____ cm ☐ UVC at ____ cm # of lumens: ☐ 1 ☐ 2 ☐ 3 Other: _____

Total Fluids Order (including feeds) mL / kg / day	Site / Route	Rate
Infusion #1 Solution / Dose		
Infusion #2 Solution / Dose		
Infusion #3 Solution / Dose		

Feeding: Type ☐ EBM ☐ Donor Human Milk ☐ Human Milk Substitute (specify)

Additives
- ☐ Human Milk Fortifier
- ☐ Microlipids
- ☐ Liquid Protein
- ☐ Sodium
- ☐ Other _____

Method: ☐ BR ☐ B ☐ OG ☐ NG ☐ NJ ☐ G-tube ☐ GJ-tube

Date Inserted & Location of Gastric Tube (dd / mm / yyyy) / cm depth

Amount	Frequency	Syringe pump over _____ minutes

Last Fed
(dd/mm/yyyy) _____
(hh:mm) _____

☐ Feeding Concerns (specify) _____

☐ Infant Feeding Assessment Tool Attached

6. Output Last Void:	Last Stool:	Additional Losses (e.g., blood from lab tests)

7. Medications ☐ Copy of Medication record attached

8. Investigations ☐ Abnormal Lab Values +/or Blood Culture Results attached ☐ Imaging Results attached

9. Screening

☐ Newborn Screen Done (blood spot card) Date: _____ (dd/mm/yyyy)

☐ Repeat Newborn Screen Needed Date: _____ (dd/mm/yyyy)

☐ CCHD Screen Done Date: _____ (dd/mm/yyyy) ☐ Passed

Follow-up:

☐ Eye Exam Done Date of Last Exam: _____ (dd/mm/yyyy) Due: _____ (dd/mm/yyyy)

Results:

☐ HUS Done Date of Last HUS: _____ (dd/mm/yyyy) Due: _____ (dd/mm/yyyy)

Results:

☐ Hearing Screen Done Date: _____ (dd/mm/yyyy) ☐ Passed

Follow-up:

☐ Phototherapy Date first initiated: _____ (dd/mm/yyyy) Date last discontinued: _____ (dd/mm/yyyy)

Surname Given name

Address

Phone number Personal health number

Immunizations:
☐ 2 months ☐ 4 months ☐ 6 months
☐ MAR indicating immunizations given attached

Next due (dd/mm/yyyy) _____

Notes _____

RSV Prophylaxis Candidate: ☐ Yes ☐ No

RSV Prophylaxis Date Given: _____ (dd/mm/yyyy) ☐ Not Given

10. Consultants ☐ Social Work, Name: _____ Contact: _____ ☐ SLP ☐ OT ☐ PT

☐ MCFD, Name: _____ Contact: _____ ☐ Dietitian ☐ LC ☐ Other: _____

11. Complex Care / Teaching

Parent Teaching: Basic Care for Baby: ☐ Bath ☐ Diaper Change ☐ Temperature ☐ Cuddle ☐ Skin-to-Skin ☐ Feeding ☐ Safe Sleep Positions / Environment ☐ RSV Screening / Teaching ☐ Purple Crying ☐ Biliary Atresia ☐ Maintenance of Milk Supply ☐ Safe Storage and Handling of Human Milk

☐ Complex Care Involvement / Teaching: (specify) _____

☐ Other: _____

12. Socioeconomic Issues / Needs

☐ Housing required by parents? ☐ Receiving facility notified of housing need? _____

13. Other

14. Transfer Checklist (if applicable * indicates mandatory)

☐ 2 ID Bands on Baby*
☐ Copy of Chart (refer to Guide for Completion)*
☐ ID Bands Checked with RN / Transport Team*
☐ Parents Notified of Transfer*
☐ Copy of Medication Administration Record*
☐ Patient Discharge Summary from Sending Facility*
☐ Physician Discharge Order*

☐ Parents to Accompany ☐ Mother ☐ Partner
☐ Pumping Initiated _____ (dd/mm/yyyy)
☐ Report Given to Receiving Facility
☐ Signed Transfusion Consent

Acute Transfer
☐ Maternal Blood
☐ Cord Blood
☐ Placenta
☐ Baby's Blood Culture
☐ Other Lab Work
☐ Vitamin K administered
☐ Erythromycin administered

Repatriation Transfer
☐ EBM double checked and in cooler
☐ Personal Belongings
☐ Medications

Environment for Transfer
☐ Incubator ☐ Car Seat ☐ Car Bed

Incubator Temperature and Humidity

☐ Dressed
☐ Covered

☐ **Care Transferred to Infant Transport Team** ☐ **Ambulance Transfer with** ○ MD ○ RN

15. Nurse(s) Completing Form

Printed Name	Signature	Date (dd/mm/yyyy)	Time (hh:mm)

Baby Left Sending Hospital: Date (dd/mm/yyyy) _____ Time (hh:mm) _____

☐ Place original document on medical record of patient at sending hospital ☐ Place copy of document on medical record of patient at receiving unit.

APPENDIX 7: Low-Risk Infant Transport Patient Care Flow Sheet

British Columbia
Low-Risk Infant Transport
Patient Care Flow Sheet

Surname | Given name

Address

Phone number | Personal health number

A

Date	
BCAS Crew Member	
Sending hospital/unit departure time	Receiving hospital/unit or off-site consultation site arrival time
Offsite consultation site departure time	Sending hospital return arrival time from off-site consultation
BCAS Crew Member for off-site consultation return	
Transport RN Name	Transport RN Signature

Infant identity confirmed	Initials		Initials		Initials
☐ Prior to leaving the hospital/unit		☐ On arrival back from off-site appointment		☐ Upon arrival at receiving hospital/unit	

Expresses Breast Milk (EBM)	Check		Check
EBM packed and ready for transport	☐Yes ☐No ☐N/A	Handed over to RN at receiving site?	☐Yes ☐No ☐N/A

Equipment check once in ambulance prior to departure
☐ Positive Pressure Device ☐ Suction 80–100 mmHg ☐ Incubator power ☐ Stretcher with incubator/car bed/car seat secured as per BCAS and TC guidelines

B

	TEMP		VITAL SIGNS			OXYGENATION			ASSESSMENT					IN & OUT				
									Colour					Feeding			Diaper	
Time	Incubator	Axilla/Servo	Heart Rate	SpO_2	Respiratory Rate	O_2 Administraton Route	mL/min	FiO_2	Central / Peripheral	Respiratory Character	Behavioural State	Tone	Position	Feeding Route	Feeding Type	Volume	Wet / Stool	Initials

O_2 Route	Colour		Respiratory Character	Behavioral State	Tone	Position	Feeding Route	Feeding Type
RA = Room Air A = Ambient M = Mask LF = Low Flow	✓ = Pink P = Pale M = Mottled	J = Jaundice Pl = Plethoric C = Cyanotic	✓ = Normal I = Irregular S = Shallow R = Retractions G = Grunt F = Nasal flaring	DS = Deep Sleep C = Crying LS = Light Sleep I = Irritable QA = Quiet Alert DR = Drowsy AA = Active Alert L = Lethargic	✓ = Normal ↑ = Hypertonic ↓ = Hypotonic F = Flaccid	P = Prone S = Supine RS = Right side LS = Left side	NG = Nasogastric OG = Orogastric Bo = Bottle Br = Breast	EBM = Expressed Breast Milk DBM = Donor Breast Milk BMS = Breast Milk Substitute

☐ Place original document on medical record of patient at sending unit ☐ Place copy of document on medical record at receiving unit

PSBC 1996 – June 2020

C

Narrative Nursing Notes

Date	Time		Signature

☐ Place original document on medical record of patient at sending unit ☐ Place copy of document on medical record at receiving unit

Perinatal Services BC
Suite 260
1770 West 7th Avenue
Vancouver, BC V6J 4Y6
Tel: 604-877-2121
www.perinatalservicesbc.ca