



Guideline

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

1 Scope

For use within the Acute Neonatal Transfer Service (ANTS) for the East of England.

2 Purpose

To provide a safe and efficient guide for the transfer of parents and guardians with their baby, whilst ensuring the safety of the baby, ANTS 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.

4 Introduction

In accordance with the Neonatal Taskforce Document (2009) it is recommended where possible that parents should have the opportunity to accompany their baby 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. In the background of the pandemic COVID 19 and the national lockdown, all the neonatal transport teams nationally took a unanimous decision to not have parents accompany their baby in transfer. With the national ease in lockdown it's now only appropriate that we review this and recommence 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 baby. 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 of the baby. First priority and duty of care during the pandemic risk period must be the safety of the team, as risk of COVID-19 transmission has the potential to affect the service and staffing levels. The ANTS 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 baby 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 an ANTS 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 tympanic temperature of the parent must be recorded just prior to transfer and below 37.8⁰C and will be taken by a member of the ANTS team trained to use the tympanic thermometer
- The team should advise the parent travelling that if they fall ill with COVID-19 symptoms or a known or suspected diagnosis within 14 days of travelling they must contact ANTS
- The parent must wear a fluid resistant surgical mask, as must the staff. Visors will be provided and are optional.
- Handgel must be used on entering and exiting the vehicle and will be provided by the ANTS team
- The localised areas of intervention and lockdown should be reviewed and form part of the assessment
- 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 ANTS team is unable to provide midwifery care
- The parent must be independently mobile to access the ambulance and exit it in an emergency
- 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 ANTS consultant for advice. The ANTS 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 baby, distance from receiving hospital and the suspected nature of the parent's condition.

5.2 Security and safety

- The parent/ guardian 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 baby, for example where emergency protection orders are in place
- If the parent/ guardian 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
- 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.

5.3 The condition of the baby

- For emergency transfers, if the baby 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 baby should it be deemed safe for the team to offer this. A discussion must take place around what may happen if the baby 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 baby



- For palliative care transfers (eg to a hospice or home) or transfers of babies 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 baby.

5.4 Guardians in place of parents

Where neither parent is able to travel with the baby it will not be possible to offer transport for any other family member during the COVID-19 pandemic. This situation will be discussed and reviewed during the team meetings in light of emerging evidence during the pandemic phase.

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 the staff or parent may have symptoms of COVID-19 within 14 days of a transfer. Parents will be advised to inform ANTS of any suspected or known diagnosis within 14 days.

Should the unexpected happen ANTS 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. If the staff also wore eye protection there would be no need to self isolate. The risk assessment would preclude the parent from travelling so this is mitigated against
- If staff 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 mask
- If staff is subsequently found to be positive the unit the baby has been transferred to and from should be informed so that their Infection Control can make an assessment as to how to manage the situation

6 Training

- During the pandemic it will not be possible to transfer both parents with the baby as they will need to sit in the back so the driver can drive without the restriction of a mask. This will need to be discussed and is at the discretion of the ANTS team
- The neonatal taskforce document (2009) states the transfer should have adequate numbers of staff with the appropriate skills to provide a safe service for babies. We will therefore need to prioritise staff training/induction over being able to transfer parents.



7 Communication

- Prior to departure in all circumstances contact numbers should be obtained from both parents. If the parents are unable to accompany the baby they should be contacted as soon as care has been handed over to the receiving team
- Ensure the parents 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 should be given:
 - An ANTS leaflet
 - Contact details and postcode/ directions of the receiving unit.

8 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.

9 References

- Neonatal Taskforce Document (2009)
- 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.

Disclaimer

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Document management

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



To be reviewed on a case by case basis.

Parent to be asked a series of questions and to have their temperature checked prior to travel.

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

<p><u>Symptoms</u> High temperature $\geq 37.8^{\circ}\text{C}$ 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 ONE OR MORE of the above symptoms, they will be unable to travel with the team .</p> <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td>Temperature</td><td>°C</td><td>taken by</td></tr></table>	Temperature	°C	taken by
Temperature	°C	taken by	

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 ANTS 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