

ESCORT AND TRANSFER POLICY ADULT PATIENTS

		POLICY
Reference	CPG-TW-E&TP	
Approving Body	v6.0, Documentation Group v6.1, Documentation Group	
Date Approved	v6.0, 15/04/2021 v6.1, 13/10/2022	
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:	
	YES	NO
	X	
Issue Date	v6.0, 23 rd April 2021 v6.1, 28 th November 2022	
Version	6.1	
Summary of Changes from Previous Version	<p>v6.0</p> <ul style="list-style-type: none"> Clarity provided for porters independently transferring patients between ED-Radiology. Minor changes to layout to help clarity of document. Addition of MEWS to ensure document appropriate for the requirements of Maternity Services. Additional specification that patient with an epidural, underwater chest drains or none self-caring tracheostomy must be escorted with a Registered Healthcare Professional. <p>v6.1</p> <ul style="list-style-type: none"> Inclusion of information from the 'Policy for the checking of patients on the ward prior to transfer to the operating theatre, and the checking of patients into the operating theatre following transfer from the ward'. Re-clarifying the escort process for patients from ED to radiology. 	
Supersedes	<ul style="list-style-type: none"> Escort and Transfer Policy for Adult Patients, v6.0, Issued 23rd April 2021 to Review Date April 2024 Policy for the checking of patients on the ward prior to transfer to the operating theatre, and the checking of patients into the operating theatre following transfer from the ward, v3.0, Issued 1st Feb 2018 review date Dec 2022 (ext⁷) 	
Document Category	<ul style="list-style-type: none"> Clinical 	
Consultation Undertaken	<p>v6.1</p> <ul style="list-style-type: none"> Emailed to Ward Sisters/ Charge Nurse and Matrons 16.9.2022 Mark Tems (Head of Portering and Non-Patient Transfer) – 22/9/2022 Kath Erridge (Clinical Educator Theatres) – 6/10/2022 Gillian Asher (Deputy Radiology Service Manager)– 5/10/2022 Melissa Smith (Deputy Radiology Service Manager)– 5/10/2022 Carl Miller (Deputy Chief Nurse) – 5/10/2022 Sheila Burscough (Practice and Service Development Lead ED) – 13/10/2022 	

	<ul style="list-style-type: none"> • Jane Walden (Transfusion Practitioners) - 13/10/2022 • Anaesthetic Governance Committee - 19/10/2022 • Documentation Group – 13/10/2022 • Nursing Midwifery and AHP Council – 25/10/2022 • Yvonne Simpson (Corporate Head of Nursing) - 9/11/2022 v6.0 <ul style="list-style-type: none"> • Benjamin Owens (Clinical Director U&E Care)- 17/3/2021 • Carl Miller (Superintendent Radiographer)- 17/3/2021 • Geraldine Edwards (Corporate Matron)- 15/3/2021 • Infection Control Team- 17/3/2021 • Joy Simpson (Team Leader, Professional Education and Training)- 3/3/2021 • Kathleen Erridge (Clinical Educator Theatres)- 11/3/2021 • Mark Tems (Head of Portering and Non-Patient Transfer)- 16/3/2021 • Robin Binks (Divisional Head of Nursing)- 8/3/2021 • Sheila Burscough (ED Practice Development Lead)- 22/2/2021 • Tracey Dring (Lead for Training/ Lead Advisor for Medical Equipment)- 17/3/2021 • Ward Sisters/ Charge Nurses/ Matrons – 5/4/2021 • Richard Clarkeson – 08/08/2022 • Documentation Group – 15/4/2021
Date of Completion of Equality Impact Assessment	16/3/2021
Date of Environmental Impact Assessment (if applicable)	Not Applicable
Legal and/or Accreditation Implications	N/A
Target Audience	All staff involved in the escort of patients within Sherwood Forest Hospitals
Review Date	April 2024
Sponsor (Position)	Chief Nurse
Author (Position & Name)	Practice Development Matron, Megan Williams
Co-Author (Position & Name)	Clinical Educators for Theatre, Kath Erridge
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Nursing/ Corporate Team
Position of Person able to provide Further Guidance/Information	Practice Development Team
Associated Documents/ Information	Date Associated Documents/ Information was reviewed
Not Applicable	Not Applicable
Template control	June 2020

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	4
2.0	POLICY STATEMENT	4-5
3.0	OVERARCHING DEFINITIONS/ ABBREVIATIONS	5-6
4.0	ASSESSMENT CRITERIA FOR PATIENTS LEVEL OF CARE	6
5.0	ROLES AND RESPONSIBILITIES	6-8
6.0	APPROVAL	8
7.0	OVERARCHING DOCUMENT REQUIREMENTS (POLICY NARRATIVE) <ul style="list-style-type: none"> • 7.1 Overview of quality and safety standards • 7.2 Assessment tools • 7.3 Medicines • 7.4 Overarching Influencing considerations when assessing the need for / type of escort <ul style="list-style-type: none"> - 7.4.1 Patient Criteria - 7.4.2 Infection risk - 7.4.3 Intravenous Infusions - 7.4.4 Blood transfusions - 7.4.5 Oxygen therapy - 7.4.6 Out of hours transfer - 7.4.7 Documentation Required for Transfer - 7.4.8 Moving and Handling - 7.4.9 Tissue Viability - 7.4.10 Accountability Handover 	9-13
8.0	SPECIFIC CONSIDERATIONS FOR THE TRANSPORT OF PATIENTS FROM THE EMERGENCY DEPARTMENT (ED) <ul style="list-style-type: none"> • 8.1 Patients in ED requiring specific investigations • 8.2 Intravenous Infusions • 8.3 Oxygen Therapy • 8.4 Tissue Viability • 8.5 Documentation 	15-16
9.0	SPECIFIC CONSIDERATIONS FOR THE TRANSFER OF PATIENTS TO/FROM OPERATING THEATRES	16-17
10.0	SPECIFIC CONSIDERATIONS FOR INTER HOSPITAL TRANSFERS	18
11.0	MONITORING COMPLIANCE AND EFFECTIVENESS	19
12.0	TRAINING AND IMPLEMENTATION	20
13.0	IMPACT ASSESSMENTS	20
14.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	20-21
15.0	KEYWORDS	21
16.0	APPENDICES	
Appendix 1	Salim's Recovery Score	22
Appendix 2	Guidance for Patient Transfer and Assessment	23
Appendix 3	Post operative transfer of patients from the operating theatres to another area of care (for theatre staff only)	24
Appendix 4	Equality Impact Assessment	25-26

1.0 INTRODUCTION

This policy has been written to standardise inter-hospital transfers and the types of escorts required to perform this task for Sherwood Forest Hospitals NHS Foundation Trust **in regards to adult patients only**; ensuring patients are appropriately assessed, that the correct escort provision is provided for the effective risk management and care for the patient during transfer within Sherwood Forest Hospitals. It will support the delegation of this task, giving clear guidance to staff when making decisions regarding the type of escort required for their patients.

For the transfer of patients between Sherwood Forest Hospitals Newark site and Kingsmill Hospital please see:

- [Transfer of Inpatients on Sconce Ward Newark Hospital to Kings Mill Hospital SOP](#)
- [Emergency Transfer of the acutely unwell adult from Newark Surgery SOP](#)
- [Emergency Transfer of the acutely unwell adult/ child from Newark Urgent Care SOP](#)

It is important to note that the Trust has multiple area specific transfer policies to ensure the individual clinical needs of the patient are safely and appropriately met. Therefore, please ensure you are following the correct guideline/ SOP/ Policy based on your patient's clinical need:

- Escort and transfer policy for adult in-patients (This Policy) – includes guidance on the transfer of adult patients within Kingsmill Site ONLY as well as specific guidance for ED, Theatre and Radiology transfers.
- [Non-Urgent Transfer From Newark Urgent Treatment Centre SOP](#)
- [Critical Care Inter Hospital Transfer SOP](#)
- [Maternal Transfer By Ambulance Guideline](#)
- [Acute Subdural Haemorrhage \(SDH\) in patients who are deemed](#)
- [NEONATAL TRANSFER FOR THE MATERNITY UNIT TO THE NEONATAL UNIT GUIDELINE](#)
- [Paediatric Transfer SOP](#)
- Mid Trent Critical Care Network Guide (MTCCN) for transfer of level 3 patients or the ICCU / Critical Care Operational Policy re - discharge / transfer out of ICCU to a ward in the hospital or to another Trust.

2.0 POLICY STATEMENT

This policy will:

- ensure that care continues with minimal interruption and risk.
- Outline the responsibilities of all staff members involved in the patient transfer including documentation within the nursing component of the patient's health record.

This policy specifically outlines transfers from:

- The Emergency Department / Same Day Emergency Care (SDEC) to Assessment areas / Units / Base wards / Diagnostic Facilities.
- Assessment Areas to Base wards / Units / Base Wards / Units/ Diagnostic Facilities/ Theatres.
- Transfer between Sherwood Forest Hospital sites.
- Post Operative Transfer of Patients from the Operating Theatres to Another Area of Care.

Staff group(s)

This policy is limited to all Sherwood Forest Hospitals NHS Foundation Trust staff and staff employed through other agencies working on a temporary basis for the Trust who are involved in any aspect of escorting and transferring adult patients.

Clinical area(s)

All adult clinical areas across all hospital sites including but not exclusively:

- Inpatient wards including Integrated Critical Care Unit and Discharge Lounge
- Emergency Department (ED) KMH and SDEC.
- Assessment Areas
- Day Case Unit
- Operating Departments including Recovery
- Maternity
- All other clinical areas involved in the care of adult inpatients and ED attendees such as diagnostic facilities e.g. Radiology, Cardiac Catheter Suite, Endoscopy, Kings Treatment Centre.

Patient group(s)

This policy applies to all adult in-patients and ED adult attendees within Sherwood Forest Hospitals NHS Foundation Trust.

Exclusions

- Children and young people (Please see [Paediatric Transfer SOP](#))
- Intra-Hospital Transfer from Newark; Please see:
 - [Transfer of Inpatients on Sconce Ward Newark Hospital to Kings Mill Hospital SOP](#)
 - [Emergency Transfer of the acutely unwell adult from Newark Surgery SOP](#)
 - [Emergency Transfer of the acutely unwell adult/ child from Newark Urgent Care SOP](#)
 - [Criteria for the Acceptance of Patients for the transfer to Newark Hospitals SOP](#)

3.0 OVERARCHING DEFINITIONS/ ABBREVIATIONS

An Escort is:

- Any member of staff who is involved with escorting patients between wards and departments within the hospital environment and/ or transferring patients to other hospitals/ healthcare providers.
- The escort must have the relevant knowledge and skills to provide a high standard of care during the transfer to ensure patient safety is not compromised.
- Dependant on the level of escort required this can be either a registered or non-registered staff member. Assessment for level of escort must be performed by the Registered Healthcare professional utilising the information within this policy.
- Registered Healthcare Professionals include: Doctors, Registered Nurses, Midwives, Operating Department Practitioners, Allied Health Professionals, Nursing Associates.
- Non-registered staff members include: Medical Support Workers, Emergency care Support Workers, Assistant Nurse Practitioners, Apprenticeship ODPs, Healthcare Assistants and Hospital at Night Support Workers, Student Nurses, Trainee Nurse Associates. Senior health care support workers, Theatre Support Workers, Theatre Escorts, Assistant Practitioners

ED	Emergency Department
EAU	Emergency Assessment Unit
KMH	Kings Mill Hospital
NH	Newark Hospital
UCC	Urgent Care Centre
ODP	Operating Department Practitioner
NEWS	National Early Warning Score
TTO'S	(Medications) To Take Out
SAU	Surgical Admissions Unit
MEWS	Modified Early Warning Score (Used within Midwifery Services)
SDEC	Same Day Emergency Care
Intra Hospital Transfer	Means to transfer within one hospital site
Inter Hospital Transfer	Means to transfer between different hospitals / healthcare providers.

4.0 ASSESSMENT CRITERIA FOR PATIENTS LEVEL OF CARE

All patients categorised as level 1, 2 and 3 as defined below will require a Registered Healthcare Professional escort with the appropriate monitoring equipment. All patients should be assessed prior to transfer, and if their clinical signs indicate a risk of deterioration during the transfer a Registered Healthcare Professional must always act as the escort. This assessment must consider the patients observations taken within the last three hours ([Appendix 2](#)).

- **Level 0** Patients whose needs can be met through normal ward care in an acute hospital.
- **Level 1** Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.
- **Level 2** Patients requiring more detailed observation or intervention including support from a single failing organ system or post – operative care and those “stepping down” from higher levels of care.
- **Level 3** Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. The level includes all complex patients requiring support for a multi – organ failure.

(Intensive Care Society (2009))

5.0 ROLES AND RESPONSIBILITIES

5.1 Directors and Matrons

The Service Directors and the Matrons will have the responsibility to ensure this policy is followed in clinical areas.

5.2 Heads of Nursing

The Heads of Nursing will be responsible for monitoring compliance of this policy and reporting findings through the Divisional Governance Forums.

5.3 Registered Healthcare Professionals

All registered healthcare professionals have ultimate responsibility and accountability for assessing patients for transfer and identifying the appropriate escort and method of transport which should be recorded in the Nursing Documentation/ Accountability Handover Sheet where appropriate.

Assessment of the patient to be transferred must only be performed by the following staff groups:-

- Registered Healthcare Professionals
- Doctors
- Registered Nurses
- Registered Midwives
- Allied Health Professionals

Using the Assessment Criteria for Patients Level of Care above in section 4 and [Appendix 2](#) of this policy, a decision will be made as to which member of staff can safely escort the patient (Theatre staff must utilise [Appendix 3](#)).

Before delegating the escorting of a level 0 patient to a non-registered staff member, the Registered Health Care Professional should consider the following:

- A. Airway
- B. Breathing
- C. Circulation
- D. Disability- Drugs, including under / over-dosing with infusion therapies and with special attention to Opioids and to those drugs with respiratory or cardiac side-effects.

The Registered Healthcare Professional must ensure that any non-registered staff member who has been delegated to is competent. Health Care Assistants must have completed the Escort training on Induction, completed the competency assessment documentation and have been assessed as competent by a Registered Healthcare Professional.

If a patient is being transferred without a Registered Healthcare Professional (or without an escort for example stable patients to x-ray/ Kings Treatment Centre) the Registered Health Care Professional must phone the receiving area to verbally handover the patient's care needs before the patient leaves for transfer.

The Registered Healthcare Professional will follow all aspects of this policy.

5.4 Porters

Porters will assist with the physical transportation of the patient from one area to another in accordance with [Appendix 2](#) of this Policy. Porters should not transfer an unstable patient (NEWS above 4 (MEWS above 3) or a single observation scoring 3 in 1 parameter) without the presence of a Registered Healthcare Professional.

5.5 Theatre Escorts and Orderlies

When assisting with the physical transportation of a patient before surgery i.e. To the operating theatres will utilise the guidance in [Appendix 2](#).

When returning the patient to the ward area following surgery [Appendix 3](#) must be utilised.

5.6 Health Care Professionals

Health care professionals will only transfer patients if they have completed the Escort Training on Induction and completed the associated learning package. Health Care Professionals should not transfer an unstable patient without the presence of a Registered Health Care Professional.

5.7 The Escort

The role of the escort (regardless of status) is to positively identify the patient using the [Positive Identification Policy](#) ensuring all relevant documentation required is transferred with the patient, confirm the correct destination and monitor the patient using A,B,C,D approach.

Where required the escort will monitor the general status of the patient during the transfer using the appropriate monitoring devices and take appropriate action if the patient's condition changes. They are also responsible for handing over relevant information to the area that is in receipt of the patient into their care.

The staff member acting as an escort, accompanying the porter, must be competent to use the equipment and ensure it has sufficient battery life for the period of the transfer (if applicable). The charging cable should be taken with the patient and equipment should be plugged in when they have reached the destination

If an emergency situation occurs on transit (internal only), e.g. cardiac arrest or if a Patient's condition deteriorates it is the responsibility of the escort to ensure the patient is taken to whichever clinical area is the closest. An emergency call should be put out via the nearest telephone point (call 2222) for the resuscitation team to respond.

The Escort must only transfer the patient if they feel competent and confident to complete this task and should only transfer patients in accordance with [Appendix 2](#) ([Appendix 3](#) for Theatre Escorts only) of this policy.

6.0 APPROVAL

This policy (v6.1) has been approval by the Trust's Nursing, Midwifery and AHP Committee.

7.0 OVERARCHING DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

7.1 Overview of quality and safety standards

By stipulating the types of transfers and the escort required, it will reduce the risk of patient morbidity and standardise the transfer process throughout the Trust. It will give direction to staff when delegating duties to other non-registered staff members and support the Trust's Governance Agenda.

No patient should be transferred out of the ward / department area without an assessment by a doctor or a Registered Healthcare Professional to determine the type and level of escort required. The decision regarding escort should be documented in the medical notes/ nursing notes/ Transfer Handover Sheet as appropriate.

All patients will have a full set of vital signs and Early Warning Score (NEWS/ MEWS) recorded to aid the decision as to the level of escort required (Observations must include; respirations, blood pressure, SPO2, pulse, temperature and level of consciousness).

The registered person completing the assessment and delegation of the escort will remain accountable for that patient's care at all times.

7.2 Assessment Tools

To support the Registered Healthcare Professional to complete a patient assessment there are a number of accepted assessment tools, including:

- NEWS/MEWS – monitored and recorded on a patients paper observations Chart / Nervecentre.
- Adult Glasgow Coma Scale and Neurological Observations – monitored and recorded within the patients paper Observations Chart / Nervecentre.
- Salim's Recovery Score – (Airways, Behaviour and Consciousness) ([Appendix 1](#)), generally used in Theatre Recovery areas).
- Patient Transfer Assessment Tool ([Appendix 2](#)).
- Post Operative Transfer of Patients from the Operating Theatres to Another Area of Care ([Appendix 3](#)) (For theatre staff only).

7.3 Medicines

As with any other patient property, medicines must be transferred with the patient when they move between wards or hospitals. All medicines that have been labelled for that patient, including those dispensed within the Trust should be transferred with the patient. Failure to comply with this will require completion of an incident form. It is important that the patient's medicines are removed from the Patients' Own Drugs locker when the patient is transferred and moved with the patient to the new location.

7.4 Overarching Influencing Considerations when Assessing the Need for / type of Escort (APPLICABLE FOR ALL AREAS):

7.4.1 Patient Criteria

- Any patient that is unable to support the positive patient identification process must be transferred with an escort (ie. are unable to state their full name and DOB). Refer to the [Positive Identification Policy and Procedure](#) for further information.

- A Registered Healthcare Professional must always escort patients who are unstable, unconscious, have an altered levels of consciousness or have compromised airways, breathing or circulation.
- Patients who have any NEWS of 3 in a single parameter and have been risk assessed as being unstable must have a Registered Healthcare Professional as an escort and the appropriate monitoring equipment.
- A Registered Healthcare Professional should always escort patients on transfer who have a NEWS of 5 or above with the appropriate monitoring equipment required.
- Patients within Maternity Services who have a MEWS of above 3 or 3 in 1 parameter should be transported with a Registered Healthcare Professional who should ensure the patient is transferred with the appropriate equipment.
- Registered Healthcare Professionals must escort all patients who have received sedation within the last hour before transfer and ensure they have the appropriate monitoring equipment.
- The following patients are considered high risk and must be escorted with a Registered Healthcare Professional; all patients who have an epidural, under water chest drain or a tracheostomy that the patient is unable to self-care for.
- For all patients the Registered Healthcare Professional must consider the mode of transfer in relation to the patient's condition (e.g. walking, bed, trolley, wheelchair). These details should be documented in the nursing evaluation.
- For the transfer of patients from the Ward to Radiology out of hours (2000-0800) the patient must have an appropriate escort to maintain patient safety due to minimal staffing levels within radiology/ around the site.

7.4.2 Infection Risk

- The escort and the ward / department where the patient is visiting or being transferred to, must be aware of any current infection risks prior to the patient leaving the ward area, respecting confidentiality and dignity at all times.
- Specific infection control precautions may be required depending on the specific infection. The escort should check any specific requirements with the Nurse in Charge/ the Infection Prevention and Control Team (ext. 3525); for example Covid-19 positive patients should be transferred wearing a surgical mask and if a lift is used during transportation the escort must immediately contact Medirect to ensure the lift is appropriately cleaned after use.

7.4.3 Intravenous Infusions

- All infusions containing medicines, including Potassium or TPN must be on an infusion pump with appropriate battery life for the transfer and the Registered Healthcare Professional should have been trained and assessed as competent to use the equipment. A charging cable must be taken with the pump and plugged in at the destination. To achieve competency the individual must have attended the IV Study Day with competencies signed off by a cascade trainer/ Tracy Dring and their competency recorded on ESR.
- If the patient requires a continuous infusion or the infusion cannot be stopped during the transfer (as advised by a doctor) the Registered Healthcare Professional responsible for the assessment must clearly document the actions required for any on-going intravenous infusion within the nursing notes.
- If close observation of the patient is required, or if medicine administration is required, a Registered Healthcare Professional must always act as the escort for the patient.
- If a patient has been assessed as competent to self-administer medication by a

Registered Healthcare Professional and is using an ambulatory infusion device then it is acceptable for a non – registered staff member to act as an escort once the device has been checked by a Registered Healthcare Professional to ensure there is sufficient battery life and medication for the duration of the escort.

- **For patients in all clinical areas outside of ED:** It is acceptable for a non – registered staff member (excluding porters) to escort a patient connected to an infusion pump but ONLY when sodium chloride 0.9% or Glucose 5% / Glucose 4% in Sodium Chloride 0.18% or Glucose 5% in Sodium Chloride 0.45% is being administered. They are not allowed to transfer patients receiving intravenous drug therapies and they are not allowed to touch or use any infusion devices. For Intravenous Infusion advice specific to ED transfers please see section 8.

7.4.4 Blood Transfusions

- Where possible the transfusion should not be started if the patient is likely to leave the ward e.g. for a routine X-Ray.
- If the patient has to be transferred to another ward/department whilst a transfusion is in progress the transfusion **MUST** have been running for at least 15 minutes unless it is an emergency transfer e.g. ED to theatre.
- A Registered Healthcare Professional must escort the patient.
- The blood component must be hung from an infusion stand attached to the patient's bed during the transfer. At no time should the component be laid flat.
- The blood component should continue to be infused during the transfer. At no time should it be stopped unless a transfusion reaction is suspected.
- If blood is transfused en-route during an inter hospital transfer the escorting nurse will act as sole checker. It will be the escort nurse's responsibility to ensure the blood bag tag for traceability purposes is returned to KMH Blood Bank.
- Please also see section 10 of this policy for further information related specifically to blood transfusions during Inter Hospital transfers.

7.4.5 Oxygen Therapy

- Any patient with signs of respiratory deterioration should be transferred with a Registered Healthcare Professional. Signs include; increased respiratory rate (especially above 30 respirations per minute). Reduced SpO₂ levels (In adults less than 70 years of age at rest, 96% - 98%. Aged 70 and above at rest, greater than 94%). Increased National Early Warning score outside of their normal parameters.
- All patients requiring oxygen therapy will have a prescription for oxygen therapy recorded on the patients medicine prescription chart. N.B exceptions include emergency situations, patients attending outpatients who use long-term oxygen or ambulatory oxygen in the community who should use their oxygen as outlined in their Home Oxygen Order Form (HOOF).
- Prior to transfer, patients must have clear documentation of their ongoing oxygen requirements, oxygen delivery system and documentation of their target oxygen saturations upon their prescription chart.
- If a patient transfers from an area not utilising the target saturation system their oxygen should be administered as per the transferring areas prescription until the patient is reviewed and transferred over to the target saturation scheme, which should occur as soon as possible.
- The Registered Healthcare Professional making the assessment is responsible for ensuring that all required information is given to the patient's escort.
- The Registered Healthcare Professional must check and ensure there is

sufficient oxygen in the cylinder required for the full duration of the transfer.

- For oxygen therapy advice specific to ED transfers please see section 8.

7.4.6 Out of Hours Transfers

- This policy must be followed with every transfer. Patients must not be transferred from one base ward to another for a non-direct clinical reason after 10pm at night and before 7am in the morning. This should be considered best practice where possible, but there may be exceptional circumstance when this is unavoidable. Should this occur an incident report must be completed; admissions from EAU / SAU / Theatres / Recovery to a base ward/ transfers within Maternity Services/ CCU are excluded from incident reporting.

7.4.7 Documentation Required for Transfer

- All the following documentation must be completed before the patient leaves for transfer. If a non-registered health care professional is escorting the patient, then a verbal handover from Registered Healthcare Professional to Registered Healthcare Professional must be completed before transfer of the patient. For further specifics for transfers from ED please see section 9.0. For further specifics on transfers to/ from operating theatres please see section 10.0.
- With the exception of ED / UCC, when patients are transferred from any clinical area to undergo an investigation or attend an outpatient appointment the documentation to accompany the patient will be:
 - Inpatient Adult Nursing RISK Assessment Booklet (Community Hospital).
 - Inpatient Admission Booklet (if admission longer than 7 days then the Risk Assessment document must be completed).
- When patients are being transferred from **Assessment Units to base wards**, the documentation to accompany the patient will include:
 - Inpatient admission booklet.
 - Nursing documentation (including charts and prescriptions).
 - Accountability handover sheet/ SBAR and/or completed Nervecentre handover.
 - Any original GP letters.
- If any patients in the **Urgent Care Centre (UCC) at Newark Hospital** get admitted to base wards at Newark the following documentation will accompany the patient:
 - Inpatient admission booklet.
 - Nursing documentation (including charts and prescriptions).
 - Accountability handover sheet.
 - Any original GP letters.

7.4.8 Moving and Handling

- With the exception of transfers from ED / SDEC/ UCC, all patients must have a documented, up to date moving and handling assessment prior to transfer to another area. If there are any specific moving and handling requirements for the patient then the receiving area must be informed prior to transfer.
- The Registered Healthcare Professional should ensure that all of the required information is recorded in the moving and handling plan.

7.4.9 Tissue Viability

- All patients must have a documented, up to date pressure area assessment prior to their transfer.

- The Registered Healthcare Professional is responsible for deciding if the patient requires pressure-relieving equipment during their transfer.
- For Tissue Viability advice specific to ED transfers please see section 8.

7.4.10 Accountability Handover

- Accountability Handover should be completed in accordance with the [Accountability Handover Policy for registered Healthcare Professionals](#).
- Within Maternity Services an SBAR Handover should fully completed as appropriate.
- Transfer from EAU to inpatient wards/ between inpatient ward areas should complete the paper Accountability Handover Record Sheet and/or Nervecentre electronic Accountability Handover.
- Both paper and electronic Accountability Handover should include any outstanding items or omissions. Once signed/ handed over the accepting nurse becomes accountable for the patients on going care including the outstanding items or omissions.
- If a non-registered staff member is acting as the escort for a patient, the Registered Healthcare Professional responsible for that patient's care must give a telephone hand-over to the appropriate Registered Healthcare Professional prior to the transfer to another ward. This must be recorded on the paper/ electronic Accountability Handover document and signed for by the Registered Healthcare Professional making the assessment.
- For Accountability Handover advice specific to ED transfers please see section 8.

8.0 SPECIFIC CONSIDERATION FOR THE TRANSPORT OF PATIENTS FROM THE EMERGENCY DEPARTMENT (ONLY):

8.1 Patients in ED requiring specific investigations

- For patients who are under the care of ED and need to have specific investigations and require radiological interventions and have received sedation, the escort must be a Registered Healthcare Professional and they must ensure that accurate records of the patient's observations are documented on the NEWS/ MEWS observation chart
- In the event that a patient meets the above criteria and arrives in radiology and the radiographer is concerned about the patient the radiographer will be required to speak with the nurse in charge of ED for an escort to be provided.
- When a patient in the ED requires radiological interventions, a registered professional should use their clinical judgement in conjunction with [Appendix 2](#) to decide on the appropriate escort needs of the patient.
- When a patient has a stable NEWS, is clinically stable, has full mental capacity, is independently mobile, a registered professional could, using their clinical judgement, consider if it is appropriate for the patient to make their own way to the radiology department without an escort. The Radiology Department should be contacted prior to any patient independently transferring themselves so any relevant information can be verbally handed over. The only exception is for a patient requiring a CT out of hours (2000-0800 or 1700-1000 for Newark site) who should have an escort to maintain safety due to minimal radiology staffing out of hours.
- For patients who require an MRI if a handheld digital oximeter is required then a normal oximeter will need to be removed and replaced with the MRI specific SPO2 monitor and the observations can be completed from the MRI window inside the radiographers room.

8.2 Intravenous Infusions

- It is acceptable for a porter to independently transfer a stable patient from ED to Radiology (**only**) if they are connected to an infusion pump **AND ONLY** when receiving the following preparations:
 - Sodium Chloride 0.9%
 - Glucose 5% / Glucose 4% in Sodium Chloride 0.18%
 - Glucose 5% in Sodium Chloride 0.45% can be transferred with a porter and do not require an escort.
- Porters are not allowed to touch or use any infusion devices.

8.3 Oxygen Therapy

- Patients must have clear documentation of their ongoing oxygen requirements, oxygen delivery system and documentation of their target oxygen saturations upon their prescription chart.
- Patients who are on less than 4L of oxygen therapy and who are stable (NEWS 4 or below (MEWS 3 or below) with no single observation scoring 3 in 1 parameter) **can** be transferred by an independent porter between KMH ED and Radiology if a registered healthcare has deemed clinically appropriate (this is not applicable to the transfer of patients to any other areas).

8.4 Tissue Viability

- Patients transferred from ED to a ward base, with an Anderson Score of ≥ 2 must have a skin inspection documented.

8.5 Documentation

- Original ED records should be transferred with the patient, including nursing notes and ED single point of access document (Do not photocopy documents as a copy is not required to stay in ED).
- Any relevant GP letter (original accompanies patient on transfer) photocopy will be filed and kept with the ED records.
- Inpatient case record (if there is one and it has been requested by ED) to be sent to the Assessment Unit or base ward.
- All images and investigations are electronic.
- Accountability Handover; Patients transferred from ED/ SDEC/ UCC to an inpatient setting must complete the appropriate paper Accountability Handover documentation (found within the ED/ SDEC documentation booklet). The documents must be signed by both the sending and receiving Registered Healthcare Professional responsible for the patients care.

9.0 SPECIFIC CONSIDERATIONS FOR THE TRANSFER OF PATIENTS TO/ FROM OPERATING PROCEDURES (ONLY):

- Operating theatre patients will be collected from the ward or admitting area by a theatre escort who has completed the trust approved escort of adults training and deemed as competent may escort the patient to theatre, during the normal working day or a medirect porter out of hours.
- The theatre escort when sent to the ward area to collect a patient will have a patient identification card with the following details on it:
 - Patient's name.
 - Date of Birth.
 - Hospital record number.
 - Ward number.
 - Operating theatre number.
- If the Ward Sister/ Charge Nurse does not have a suitable person to escort the patient, the theatre coordinator should be informed, and an appropriate escort arranged for the safe transfer and handover of the patient.
- Patients may also require an additional escort to escort them to theatre, for example carer, parent, or custodial staff to the theatre patient reception.
- In an emergency the escort accompanying the patient to theatre is dependent on the criteria outlined in [Appendix 2](#) of this policy.
- The patient will be checked out of the ward area by the registered accountable practitioner responsible for the care of the patient, and who has signed the patients perioperative care record.
- The following documentation must also accompany the patient to theatre:
 - Patients notes.
 - Consent form- if consent 4 two stage documentation to accompany the patient to theatre.
 - Perioperative Care record.
 - Anaesthetic chart.
 - Medication chart and infusion charts.
 - Fluid balance chart (if applicable).
 - Completed disclaimers forms e.g. Human Chorionic Gonadotropin (HCG) testing.
 - Purpose-T and PUPPS Assessment chart.
 - Spare patient addressograph labels.
 - Cannulation chart if cannulated.
 - Patients to be transferred to the operating theatre to have the perioperative theatre transfer check list signed by a registered practitioner on the first and second check prior to leaving the admission area. A third check to be completed by a registered theatre practitioner in theatre reception/holding area.
- Patients' medication eg. GTN spray and inhalers must also accompany the patient to the theatre patient reception and must be labelled with an addressograph.
- Communication aids such as glasses, contact lenses, hearing aids, dentures, should also accompany the patient to theatre.

- Any equipment such as infusion pumps, giving sets, traction, CPAP machines etc must also accompany the patient to theatre reception. If this equipment belongs to the patient it must also be labelled with the patients addressograph.
- All Postoperative patients will be assessed using [appendix 3](#) of this policy for the appropriately trained escort to accompany the patient back to their post-operative care area. This includes both elective and emergency care patients. All patients will also be accompanied by a theatre orderly and another member of the operating theatre team.
- When patients are requiring transfer to the **Radiology department for interventional procedures** please refer to the *Policy for the transfer of Patients to the Radiology Department for Interventional Procedures (KMH only)*.

10.0 SPECIFIC CONSIDERATIONS FOR INTER HOSPITAL TRANSFERS

Please ensure you follow the most appropriate guidance for the transfer of patients to other care settings or acute hospitals as there are specifics depending on the patient's clinical needs. Please see the Trusts Intranet site for a full list. Some pertinent policies include:

- Mid Trent Critical Care Network Guide (MTCCN) for transfer of level 3 patients or the ICCU / Critical Care Operational Policy re - discharge / transfer out of ICCU to a ward in the hospital or to another Trust.
- [Critical Care Inter Hospital Transfer SOP](#)
- [Emergency Transfer of the Acutely Unwell Adult from Newark Surgery SOP](#)
- [Criteria for the Acceptance of Patients for Transfer to Newark Hospital](#)
- [Transfer of Inpatients on Sconce Ward at Newark Hospital to Kings Mill Hospital SOP](#)

When patients are transferred to other acute care settings or other acute hospitals the documentation to accompany the patient will be:

- A copy of the relevant sections of the case record and nursing documentation which will include a summary of the treatment plan.
- Handover of care to the receiving Trust must include a full assessment and plan prior to any patient transfer to **minimise the risk** and ensure safe handover of care, this assessment must include the requirement for a nurse escort, method of transportation and equipment required to facilitate safe transfer.
- If an escort is provided that Registered Healthcare Professional remains responsible for the care of the patient until handover to the receiving area has taken place.
- Under the Health and safety at Work act 1974, each member of staff must ensure their own personal safety during the escorted journey. This equates to ensuring the same regard for personal safety as when working in the usual place of employment, for example making use of seatbelts in the ambulance, disposing of sharps safely, or using appropriate equipment for moving a patient to prevent back injury.

Blood Transfusion

If blood is to be sent on an inter hospital transfer, there **MUST** be an escorting nurse who is competent in blood administration. If the blood is transfused en-route the escorting nurse will act as sole checker. (The ambulance crew are not trained in this procedure). In these circumstances it will be the escort nurse's responsibility to ensure they have a fully completed Blood Components Authorisation Sheet in case they need to administer en-route and that the blood bag tag for traceability purposes is returned to KMH Blood Bank. If no blood is transfused en-route the escorting nurse should hand over the blood in the transport box unopened to the receiving team.

11.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Transfer requirements between all care settings, to include both giving and receiving of information	Deputy Chief Nurse Clinical Governance leads	Analysing trends in incident reporting and the nursing metrics. Monthly audit of documentation presented at ward assurance.	Monthly Monthly Monthly	Nursing and Midwifery Board Ward Assurance Divisional Governance
How the organisation monitors compliance with all of the above	Deputy Chief Nurse		Monthly	Nursing and Midwifery Board
Training attendance records and relevant completed competency documents.	Training, Education & Development Department	Review of training records and documentation. Staff failing to complete and forward the competency document will be sent a letter copied to the relevant Matron.	Monthly	Nursing and Midwifery Board

12.0 TRAINING AND IMPLEMENTATION

Registered Healthcare Professionals are required to have completed the Mid Trent Critical Care Network training course before escorting critically ill patients / critically injured patients to another hospital.

Emergency Department professionals are required to have completed the Immediate Life Support Course and preferably the Advanced Life Support Course before escorting critically ill / critically injured patients during transfer to another hospital.

All Health Care Professionals (except doctors) must have completed the Escort Training session on Induction and the Escort self-Assessment on Sherwood eAcademy.

All non-registered staff members acting as a patient escort must have completed the Escort Training session on induction, which covers all the essential skills and knowledge required to act as a patient's escort. They must then complete the competency assessment documentation and be assessed as competent by a Registered Healthcare Professional before they can escort patients to and from the operating theatres, or act as an escort for inter/ intra transfers.

Health Care Professionals must be IV competent to escort patients who are receiving IV therapies such as blood products, PCA, Insulin, antibiotics, analgesia. The Registered Health Care Professional must have attended the Trusts IV Study Day, completed their competencies which must be signed off by a cascade trainer/ Tracy Dring and their competency recorded on ESR.

13.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix 4](#).
- This document is not subject to an Environmental Impact Assessment.

14.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Intensive Care Society (2009). Levels of Critical Care for Adult Patients.
- National Institute for Health and Care Excellence (2007) Acutely Ill Adults in Hospital: Recognising and Responding to Deterioration. CG 50.
- National Institute for Health and Care Excellence (2014). Head Injury: Assessment and Early Management. CG176.
- British Thoracic Society. (2017) British Thoracic Society Guideline for Oxygen Use in Adults in Healthcare and Emergency Settings.

Related SFHFT Documents:

- [Accountability Handover Policy for Registered Health Care Professionals \(Including Intra-Area Patient Handover / Transfer, and Handover at a Change of Shift\)](#)
- [Guideline for Maternal Transfer by Ambulance](#)
- [Guideline for Neonatal Transfer from the Maternity Unit to the Neonatal Unit](#)
- [Policy for the Transfer of Patients to the Radiology Department for Interventional Procedures \(KMH Only\)](#)
- [Discharge Policy](#)
- [Patient Outlier Policy \(for adult patients\)](#)
- [Policy and Procedure for the Positive Identification of Patients](#)
- [Policy for the Prescription, Administration and Monitoring of OXYGEN THERAPY in Adults](#)
- [Policy for the Care of the Patient Undergoing Intravenous \(IV\) Therapy \(Bolus, Continuous and Intermittent\)](#)
- [MTCCN Admission and Operational Policy](#)
- [CCU Operational Policy KMH \(including procedure to facilitate the timely transfer of patients from CCU to the ward environment and from Newark Hospital\)](#)
- [Operational Policy for Main, Obstetric, Emergency and Day Case Operating Departments For King's Mill Hospital](#)
- Guidance: Medway PAS Patient Status – Real Time Recording of Admissions, Discharges and Transfers (ADT)
- [Home Birth Management Guideline](#)
- [Observation and Escalation Policy for Adult Patients](#)
- [Medical Equipment User Training Policy](#)
- [Blood Transfusion Policy](#)

15.0 KEYWORDS

Intra, Inter, Hospital, Handover, out of hours, ooh, porter, HCA, HCSW, nurse, senior, theatre, theatres, operating department, departments, check, checks, checking, following, from, for the, ward checks prior

16.0 APPENDICES

Appendix 1	Salim's Recovery Score
Appendix 2	Guidance for Patient Transfer and Assessment
Appendix 3	Post operative transfer of patients from the operating theatres to another area of care (for theatre staff only)
Appendix 4	Equality Impact Assessment

Appendix 1 – Salim’s Recovery Score

SCORE FOR RESPONSE

PHYSICAL SIGNS	4	3	2	1
AIRWAYS	Patient can cough or cry	Maintain clear airway without holding the jaw	Holding of Jaw needed	Holding of jaw and other measures taken to maintain airways
BEHAVIOUR	Patient can lift the head	Can open eyes and show their tongue	Some none-purposeful movements	No movement at all
CONSCIOUSNESS	Fully awake, can talk well orientated	Awake but needs support	Responds to stimuli only	No response

NOTES:

Salim’s Recovery Score – ABC of recovery (AIRWAYS, BEHAVIOUR, CONSCIOUSNESS)

A score of 8 is the minimum for discharge from recovery ward

Appendix 2: Guidance for Patient Transfer and Assessment:

	Level 0: No risk When patient needs can be met through normal ward based care.	Level 0 : Low Risk When patients needs can be met through normal ward based care.	Level 1 and 2: Medium Risk Patients at risk of deterioration or those who have recently relocated from higher levels of care. Needs can be met on ward but will need from critical care outreach. May have single failing organ system/ post-operative.	Level 3: High Risk Patients requiring advanced respiratory support alone or basic respiratory support together with of least two organ systems. This includes complex patients requiring support for multi organ failure.
Patient Assessment	<ul style="list-style-type: none"> Maintaining own airway Alert and orientated. No Oxygen therapy in-situ No medical devices No mental health concerns NEWS/ MEWS Stable 	<ul style="list-style-type: none"> Maintaining own airway Risk of falls Oxygen therapy in situ <4L for ED patients only (deemed stable following nursing assessment) Infusions: Sodium chloride 0.9%. Glucose 5%. Glucose 4% in Sodium Chloride 0.18%. Glucose 5% in Sodium chloride 0.45%. These can be given via a volumetric pump. NEWS 4 or less MEWS 3 or less No single NEWS/MEWS parameter scoring 3. GCS 15/15 No mental health concerns. Patient unable to support positive patient identification process. 	<ul style="list-style-type: none"> Potential risk to airway (Post operatively, post sedation within last hour, seizures, obstruction, tracheostomy or reduced GCS). Oxygen therapy >4L. Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). Reduced GCS. Mental health concerns. NEWS of 5 or above. NEWS/ MEWS of 3 in single parameter. MEWS 4 or above Tracheostomy where the patient is not self-caring. Patient with an underwater seal drain. 	<ul style="list-style-type: none"> Critically unwell patients. Respiratory problems requiring invasive or non-invasive ventilatory support. Unstable patients requiring one organ or multi-organ failure support.
Type of Escort	<ul style="list-style-type: none"> Independently self-transferring Porter Health care Support worker Student Nurse Trainee Nurse Associate 	<ul style="list-style-type: none"> Health care support worker Student Nurse Trainee Nurse Associate Nurse Associate Porter (ONLY If transferring from KMH ED to Radiology – patient must be able to support the positive patient identification process and not be at risk of falls) 	<ul style="list-style-type: none"> Registered Professional. 	<ul style="list-style-type: none"> Registered Professional. Appropriately trained critical care medical staff.
Mode of Transport	<ul style="list-style-type: none"> Chair Bed Trolley Walking 	<ul style="list-style-type: none"> Chair Bed Trolley 	<ul style="list-style-type: none"> Bed Trolley 	<ul style="list-style-type: none"> Bed Trolley

Appendix 3 – Post Operative Transfer of Patients from the Operating Theatres to Another Area of Care (FOR THEATRE STAFF ONLY)

	Level 0: No risk	Level 0: Low risk	Level 0/1: medium risk	Level 2: medium risk	Level 3: high risk
	No procedure or procedure under no anaesthetic or local anaesthetic.	When patients needs can be met through normal ward based care, and recovery criteria has been met .	Patients going to a ward area following medium/major surgery. Patients who require a pre-planned enhanced care level 1 bed.	Pre-planned High Dependency Unit (HDU) admission or emergency admission to HDU.	Patients requiring advanced respiratory support alone or basic respiratory support together with of least two organ systems. This includes complex patients requiring support for multi organ failure.
Patient Assessment when ready for discharge to ward	<ul style="list-style-type: none"> - Alert and orientated. - Maintaining own airway. - No oxygen. - No medical devices. - NEWS Stable. 	<ul style="list-style-type: none"> - Maintaining own airway. - Oxygen therapy in situ <4L. - Infusions: Sodium chloride 0.9%. Glucose 5%. Glucose 4% in Sodium Chloride 0.18%. Glucose 5% in Sodium chloride 0.45%. These can be given via a volumetric pump. NEWS 5 or less. - No single NEWS parameter scoring 3. - Patient unable to support positive patient identification process. 	<ul style="list-style-type: none"> - Oxygen therapy >4L. - Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). - NEWS of 5 or above. - NEWS/ MEWS of 3 in single parameter. - MEWS 4 or above. - Tracheostomy where the patient is self-caring. - Patient with an underwater seal drain. 	<ul style="list-style-type: none"> - Potential risk to airway post- surgery. - Oxygen therapy >4L. - Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). - Specialist infusions i.e metaraminol. - Arterial/central line monitoring. - NEWS of 5 or above. - NEWS/ MEWS of 3 in single parameter. - MEWS 4 or above. - Tracheostomy where the patient is not self-caring. - Patient with an underwater seal drain. 	<ul style="list-style-type: none"> - Critically unwell patients requiring ventilatory support in a level 3 bed . - Infusions (including Blood products / PCA / Insulin / antibiotics / analgesia, epidurals). - Specialist infusions i.e metaraminol. - Arterial monitoring. - Central line in situ. - Tracheostomy where the patient is not self-caring.
Examples of type of Surgery undertaken	E.g. carpal tunnel release Injects with no anaesthetic Insertion of lines.	<ul style="list-style-type: none"> - ENT. - gynaecology. - urology. - orthopaedics. 	<ul style="list-style-type: none"> - Laparotomy. - Major bowel surgery. - Bladder Chemo. - Nephrectomies. 	<ul style="list-style-type: none"> - Major bowel surgery. - Revision Hip replacement. - major surgery. 	<ul style="list-style-type: none"> - Emergency surgery. - Major bowel surgery. - Major surgery.
Type of escort	Theatre Support Worker. Senior Theatre Support Worker. Assistant Practitioner. Registered Nurse. Operating Department Practitioner.	Assistant Practitioner. Registered Nurse. Operating Department Practitioner.	Registered Nurse. Operating Department Practitioner.	Registered Nurse. Operating Department Practitioner.	Anaesthetist and Operating Department Practitioner
Mode of Transport	Bed. Trolley. Chair	Bed. Trolley	Bed	CCU Bed	CCU Bed

APPENDIX 4 – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Escort and Transfer Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 16/3/2021			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	Nil	Not applicable	None
Gender	Nil	Not applicable	None
Age	Nil	Not applicable	None
Religion	Nil	Not applicable	None
Disability	Nil	Not applicable	None
Sexuality	Nil	Not applicable	None
Pregnancy and Maternity	Manual Handling issues Pregnancy related	Moving and handling section. Manager will need to complete individual staff member risk assessment for working within their clinical environment	None
Gender Reassignment	Nil	Not applicable	None
Mrrriage and Civil Partnership	Nil	Not applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	Nil	Not applicable	None

<p>What consultation with protected characteristic groups including patient groups have you carried out?</p> <ul style="list-style-type: none"> • None – referred to existing policies
<p>What data or information did you use in support of this EqIA?</p> <ul style="list-style-type: none"> • SFH Maternity and Adoption Policy (2016) section 4.2 • SFH Moving and Handling Policy (2016) section 4.4 • SFH Health and Safety Policy (2016)
<p>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</p> <ul style="list-style-type: none"> • NO
<p>Level of impact</p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p>
<p>Name of Responsible Person undertaking this assessment: Megan Williams</p>
<p>Signature:</p> <p>M.Williams</p>
<p>Date:</p> <p>16/3/2021</p>