



STANDARD OPERATING PROCEDURE



Interstate Transport

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NETS WA / PCH NICU/ CARDIOLOGY

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

To be used in conjunction with the NETS 'Interstate Transport Folder' on TEAMS:

- *Interstate Transport Forms, Phone and Email Contacts List, Checklists (3B/Cardiology and NETS WA)*

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Aim

Outline the steps to follow to organise and execute a safe transfer of an infant interstate/repatriation from interstate.

Risk

Good planning, anticipation and familiarity with equipment, processes and aviation environment will reduce the risk associated with these complex long transports.

Key Points

- Infants are usually transported interstate for cardiac surgery but can be transferred for other specialist input if the treatment is not available in WA. Occasionally, NETS WA repatriate infants back to Perth after cardiac surgery/ preterm birth.
- Interstate Transports are long and challenging with complex infants, the most experienced team available should be tasked.
- ALL conversations regarding clinical, logistical, and operational requirements should be documented on a NETS WA call sheet MR400.00

Transport Planning (Refer to Checklists)

Most Transports are semi-elective and can be arranged for 24-48 hours later. Avoid Transporting on weekends if possible due to more complex logistics.

In the event of a time-critical transport always inform the NETS WA Consultant on-call and Senior Nurse on-call of the need for a time-critical interstate who will **both be responsible** for the organisation of the transport

A Multidisciplinary Team meeting should be held between neonatal, cardiology and cardiothoracic teams +/- NETS WA PRIOR to any arrangements being made.

Cardiology Team Responsibilities

- Discuss with interstate cardiology team to request and confirm a bed/ward with preferred date of planned surgery.
- Inform 3B Consultant/ NETS WA Consultant of plans
- Transfer all imaging electronically to interstate team
- Prepare referral letter for interstate cardiology team

- In hours - Cardiology CNC with Cardiology Consultant to complete and submit the [Interstate Patient Travel Scheme \(IPTS\)](#) application. [IPTS Form](#) must be signed by the referring Cardiology Consultant and be sent from their email address to IPTS prior to departure. MBS Procedural codes must be added to application (on website).
- Out of hours - Cardiology Consultant to complete IPTS application and inform NETS WA Consultant when submitted.

Parent Travel

Once the IPTS application form has been submitted, parents' flights and accommodation can be booked.

- In hours, IPTS will do this and provide parents with all details of flights and accommodation booked. IPTS will usually fund 2 parents to travel and supply 3 cab charges for the parents (more provided as needed).
- Out of hours – NETS WA Consultant will contact cardiology consultant to complete the IPTS application. Once IPTS application has been submitted by cardiology, NETS WA Consultant to contact Senior Nurse On-Call (or delegate) who will book parents flights and accommodation via Corporate Travel Management (see Phone Contacts). Give parents 3 x cab charges from 3B ADM

- Timing of parent's flights should ideally be after the baby has departed PCH.
- Any accompanying siblings can be added if travelling at the same time as the parents, can add names in free text on IPTS Application Form (health.wa.gov.au). May have to self-fund if additional children travel on a later date.
- The following details are required for IPTS:
 1. Name as per passport, DOB, Address
 2. Phone number and email address
 3. Photocopies of Driving Licence or photo ID, Medicare card, Health Care Card

NETS WA Team Responsibilities

- NETS WA Consultant to contact RFDS Clinical Coordinator and request Interstate Transport in a PC24. RFDS will require the following details:
 - Infant details and weight
 - Preferred date of Transport, [destination](#), hospital and receiving Doctor
 - Clinical diagnosis and most recent clinical observations
 - Any specific requirements e.g. Nitric oxide
 - Number of staff travelling i.e. Dr and Nurse (including email address, weight, and dietary requirements)
 - Can parent accompany? (not routinely transferred with infant)

- Request quote to be sent to NETS WA CNC/CNM. If out of hours and time critical email quote to Senior Nurse on call with cc to NETS WA CNC/CNM and NETS WA Medical Director
- NETS WA Medical Director/ NETS WA CNC/CNM (or delegates OOH) to allocate which NETS WA doctor/nurse are travelling with consideration to experience, rostering, and fatigue management (Brisbane will usually be an overnight stay).

Destinations

BRISBANE

In-hours - Contact State Manager/Nurse Manager RFDS Qld Section and NUM NeoResQ to assist

- A Stryker stretcher with a Neodeck attached is kept at RFDS Brisbane base to allow unloading of NETS WA cot from aircraft onto Stryker stretcher. If this is not available, then contact NeoResQ to assist with providing a cot compatible stretcher
- RFDS Queensland Section will arrange QAS to meet team and transfer to QCH. The ambulance team will be requested to stay with the NETS WA team until infant handed over and return transport team and equipment back to RFDS base.

Out of hours - Contact RFDS Queensland Section Operations and request assistance as above

MELBOURNE

In-hours/Out of hours - Contact PIPER. (NUM if in hours) for assistance. If available, PIPER driver will meet team at Essendon Airport, with compatible stretcher for the NETS WA cot.

The driver will be requested to transport team and equipment to RCH and back to Essendon Airport after the patient has been handed over. If PIPER driver not available, PIPER will arrange Victoria Ambulance to meet NETS WA team at Essendon Airport where a compatible Stryker stretcher with cherub is available

Compatible Stretcher

- Only use a NETS WA Mansell Cot for Interstate Transports (1255 pin spacing). NETS WA Voyager cots are NOT compatible with interstate stretchers
- Need to request a Neodeck or Cherub System on a Stryker Stretcher to allow the Mansell cot to be securely fixed to Stryker stretchers.
- Can use a Mansell lifter with 1255 pin spacing, if available.

3B Team Responsibilities

Ward 3B Consultant is to give a detailed summary of the infant to the NETS WA Consultant with the plan: diagnosis, destination hospital, confirmed bed availability and likely surgery date.

RFDS Western Operations Responsibilities

- Book aircraft and flight route with consideration to airport capability for refuelling stops (medical and aviation)
- Allocate a RFDS Pilot and Flight Nurse
- Book accommodation at destination (if required) – NETS WA and RFDS teams should be booked into the same accommodation ideally close to the airport with the cost added to NETS WA invoice
- Contact RFDS Queensland Section or PIPER to arrange ambulance to meet team on arrival at destination
- Email final flight schedule and confirmation to NETS WA Medical Director/CNC/CNM and travelling team including time NETS WA team are to arrive at Jandakot and planned departure times (wheels up) outbound and inbound.

24-48 hours Prior to Transport (see checklists)

Itinerary

Once all Transport components are arranged, NETS WA CNC/CNM to email the patient details, itinerary and staff tasked to the following:

- Neonatology Co-Directors, Coordinator of Nursing
- NETS WA Medical Director, NETS WA Consultant, NETS WA travelling team, cc NETS WA CNC, NETS WA CNM
- Ward 3B Neonatal Consultant, Ward 3B CNC/CNS
- Cardiology Consultant, Cardiology CNC
- RFDS Head of Nursing, Head of Logistics and Business Continuity
- Receiving hospital
- CATCH (if Brisbane)
- CAHS Finance

Book Travel to/ from Jandakot

- NETS WA CNC/CNM to liaise with NETS WA ATO to book travel to Jandakot to arrive 60mins prior to departure. Consider booking the ATO as extra to the duty ATO.

NETS WA Team Brief

- NETS WA travelling team should review the patient the day **prior to Transport** and have a team brief (with RFDS if possible).

- Discuss all aspects of the transport including timeline, logistics, equipment, clinical status and deterioration. (if not rostered on will be paid additional hours)

Day of Transport

- Refer to Checklist
- 3B team to confirm bed available evening prior to departure. Complete Cardiology/3B checklist prior to arrival of NETS WA Team
- NETS WA team to arrive at least 90 minutes prior to planned departure time. Aim to depart ward at least 60 mins prior to planned arrival time at Jandakot.
- Complete NETS WA checklist and Time Out Checks prior to leaving 3B

During Transport

- The PC24 has a satellite phone which allows you to communicate with the team on the ground at all times
- Repeat blood gas as clinically indicated during the transport to ensure stability with the stressors of Aeromedical Transport (altitude hypoxia, noise, vibration). The Sentec transcutaneous CO₂ is available for extra monitoring if required
- Be meticulous and **comprehensive** in your documentation. Document all times in AWST. Be aware you may cross multiple time zones especially during the summer months due to different states observing Daylight Savings Time.
- Minimum requirements are 15-30 minutely observations or more frequently depending on stability. Important times for observations are:
 - After loading and immediately prior to take off (baseline)
 - Reaching cruising altitude (to establish the baby's response to increasing altitude)
 - As soon after landing as practical (how did the baby respond on returning to a sea level altitude?)
 - Document take-off and landing times
 - Any medication given
 - Any change in condition or management
 - Any other event that had a direct or an indirect impact on the baby, e.g., turbulence, delay in loading, take-off or unloading
- Prior to departing the airport, exchange contact details to allow communication and timing updates between NETS WA and RFDS teams
- After departing the airport, phone the nurse coordinator from receiving ward with an ETA and current clinical status
- Document whether the baby arrived in a stable, unchanged, or unstable condition.

- After handover, photocopy NETS WA paperwork (if possible). Keep original copies and leave photocopies with baby.

After Transport

- NETS WA Team and equipment to return to RFDS base for either immediate return flight or cot storage for return flight the following day.
- Confirm with pilot whether cot to be loaded directly onto the aircraft or stored in RFDS base overnight
- If team staying overnight, after taking cot back to the RFDS base, team travel to accommodation (usually with RFDS staff). Discuss timeline for following morning including plan for departure from hotel/ take off time.
- Take NETS WA medication bag to accommodation and ensure it is secure at all times. Be mindful of medication requiring cold chain and keep in fridge overnight


Return to Perth/PCH

- Keep NETS WA updated of ETA into Jandakot. NETS WA ATO should meet team at Jandakot (Task SJA for any other pending retrievals). Consider booking ATO as extra hours
- Team debrief (if not done already).
- Return any medication to ADM
- Handover cleaning cot and restocking bags to the inhouse NETS WA team
- Return any unused cab charges to ADM
- File NETS WA paperwork – original to be scanned into DMR (give to ward clerk) photocopy in NETS WA file
- Complete REDCap data entry
- Complete Overtime forms with times (AWST) for remuneration
 - Consultant – send Medical Call Back (NON ROSTAR) P8 HSS form to HOD for approval
 - Senior Registrar – document transport in the call back file in registrar's office
 - Nursing – complete remunerations form and leave in office for NETS WA CNC/CNM
- Taxi home if fatigued

Related CAHS internal policies, procedures, and guidelines
<p>NETS WA Guidelines Air Transport (special features of Cardiac: Neonatal Circulation Changes / Unbalanced Circulation Neonatal Medication Protocols)</p>

Useful resources (including related forms)
<p>RCH Melbourne Cardiac Surgery Guide WEB.pdf (rch.org.au) Interstate Patient Travel Scheme - Policy Document IPTS Application Form</p>

This document can be made available in alternative formats on request.

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Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children’s Hospital