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## Nurse Escort Transfer Procedure

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### 1. Guiding Principles

Effective: 13 June 2016

As with all patient interactions or care measures, safety and satisfaction is to be the foremost priority when transferring patients to other areas.

This procedure is designed to guide the decision making process when considering the movement of a patient between areas with a nurse escort, and is to be read in conjunction with the WACHS [Interhospital Patient Transfer Policy](#).

### 2. Procedure

Once it has been determined that the patient is for admission, the need for a nurse escort is to be identified. There are guidelines to follow which assist the decision-making process.

Patients transferred to other areas require a nurse escort should they:

- have a Glasgow Coma Scale <14
- have an altered conscious state, confusion, restlessness, aggressive tendencies or be wandering patients
- be unable to protect their own airway
- have medically diagnosed underlying pathology that may compromise respiratory or cardiac function
- require frequent suctioning
- oxygen saturations <92%, unless the patient is a carbon dioxide retainer and authorised by the treating medical officer
- require oxygen therapy
- have an intravenous infusion with active medication additive
- have had an Intravenous or intramuscular narcotic or sedative within 30 minutes of transfer
- have Total Parenteral Nutrition infusing
- be a paediatric case
- be transferred directly to theatre
- require an X ray – if requested by the radiographer
- require spinal precautions.

#### RDFS Transfer

The Bed Manger and After Hours Manager must be notified of all Royal Flying Doctor Service (RFDS) transfers. A nurse escort may be required for RFDS transfers or medical escort for unstable patients:

- at the request of the ambulance officers or treating medical officer
- if the patient is formed under the *Mental Health Act 2014*.

### 3. Roles and Responsibilities

The **Emergency Department (ED) Coordinator** is responsible for allocating a qualified nurse to escort the patient intra hospital.

The **ED Coordinator or Hospital Coordinator** is responsible for allocating a qualified nurse to escort the patient for RFDS transfer when required.

The **Nurse Escort** is responsible for:

- completion of all correct paperwork including the medical record
- ensuring the patient's personal belongings accompany them
- liaison with an Aboriginal Liaison Officer (ALO) when required to provide advocacy for Aboriginal<sup>1</sup> clients who are being transferred.
- ensuring appropriate equipment is available for transfer of the patient.

### 4. Compliance

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

### 5. Evaluation

Compliance with this procedure is to be measured by reported clinical incidents and patient satisfaction surveys.

### 6. Related Policy Documents

WACHS [Patient Discharge, Escort, Transfer and Transportation Clinical Practice Standard](#)

### 7. Related Policies

WACHS [Interhospital Patient Transfer Policy](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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<b>Version:</b>	2.00	<b>Date Published:</b>	14 June 2016

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<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.