Neonatal Critical Care Transport Teams

Recommendations for COVID-19 in Alberta

July 14, 2020

Last updated: 07/16/20 1200h
ECC Approved: 07/20/20 1612h

Purpose:

- To describe provincial Neonatal Critical Care transport resource management during the COVID-19 pandemic, aiming to ensure equitable and timely transport of critically ill neonatal patients to tertiary and quaternary care facilities in Alberta.
- To describe the operational structure and principles in providing transport for critically ill neonatal patients during the COVID-19 pandemic.

Assumptions:

1. Neonatal patients are at risk of exposure and illness from COVID-19.
2. There is no evidence of intrauterine/transplacental transmission of COVID-19.
3. Evidence is evolving rapidly of COVID-19 infections and an abundance of caution is recommended pending more evidence.
4. Human resource limitations may affect neonatal critical care transport teams with escalation of the pandemic.
5. Resource limitations to EMS and Air Ambulance transport service in Alberta may adversely impact neonatal transportation with pandemic escalation.
6. Resource limitations at referral hospitals in Alberta may adversely impact neonatal transportation with pandemic escalation.
7. The decisions of how and when to limit neonatal critical care transport resources as pandemic stages evolve will be made at the provincial EOC level.

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APPENDICES

A. Background

COVID-19 is a novel coronavirus and the cause of a worldwide pandemic as declared by the World Health Organization on the 11th of March 2020.

COVID-19 is believed to be spread via respiratory droplets (similar to influenza, MERS, and SARS) or contact (e.g. contaminated hands to mucous membranes). Human to human transmission has been evidenced by travel and community related outbreaks at a much higher rate than seasonal influenza in the absence of outbreak response measures, e.g., physical distancing and frequent hand hygiene. There is no evidence of intrauterine/transplacental transmission of COVID-19 however this potential remains under scientific investigation.

COVID-19 infections can present with mild to severe symptoms, with fever, cough, shortness of breath, to respiratory distress and multi-organ dysfunction in the more severely affected. Patients with medical co-morbidities, especially related to cardiovascular disease, chronic respiratory illnesses, and diabetes appear to be at the highest risk of severe disease. Current estimates suggest an incubation period similar to other novel coronaviruses, between 1 and 14 days. The period of communicability for COVID-19 is not currently known. People known to be sick with COVID-19 should be isolated as directed by Alberta Public Health orders.

It is possible that existing medical resources could be compromised from an unprecedented demand for medical care facilities, allied services and equipment. Services may be further impacted by human resources limitations through sickness and or quarantine requirements.

B. Specialty team design:

The neonatal critical care transport teams based at the Stollery Children's Hospital (SCH) and Foothills Medical Center (FMC) Hospital are staffed and funded to provide neonatal transport coverage for the province of Alberta. Both hospitals have teams that are staffed 24/7 to respond to requests for transport and/or consultations. These teams are staffed and funded independently from their base NICU units. Both teams have administrative leadership from AHS Managers and Medical directors.

The SCH neonatal transport team provides neonatal transport/consultation coverage for all sites in Alberta north of Red Deer and the Northwest Territories, while the Southern Alberta Neonatal Transport Service (SANTS) based at the (FMC) provides coverage for sites south of Red Deer to the US border. Both teams historically provide reciprocal coverage for their primary areas of responsibility at time of high demand for neonatal transports within the province and occasionally, for neighboring provinces/territories.

The service is delivered by transport specialty trained neonatal nurses (TRN) and registered respiratory therapists (TRRT). Both teams transport critically ill neonates as a 2 person team, occasionally including a neonatologist/NNP/fellow depending on patient acuity. Medical oversight is provided by a transport neonatologist.

C. Current provincial resources for the neonatal transport service:

- **Stollery Children's Hospital (SCH)** is staffed with **two** transport teams 24/7, which are comprised of one RN and one RRT. This is a multisite team, one RN/RT team at University of Alberta Hospital Stollery site and one RN/RT team at Royal Alexandra Hospital Stollery site. SCH Transport team has enough equipment to mobilize up to three teams at one time, depending on staff availability and specialty equipment required. The team receives direction from the medical control physician, a transport neonatologist on service or on call.

- **Foothills Medical Hospital (Southern Alberta Neonatal Transport Service, SANTS)** is typically staffed with two transport teams from 07:00 – 19:00 and one team from 19:00 - 07:00. SANTS has enough equipment to mobilize up to three teams at one time, depending on staff availability and specialty equipment required. Medical oversight is typically provided by neonatologist based at the Foothills Medical Centre (FMC).

D. Neonatal Transport Management for COVID-19

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-neonatal-transport-management.pdf (Appendix I)

E. Incoming Transport of Neonatal Patients with Transport Teams

- All requests for the neonatal transport MUST go through their regional RAAPID call center. Referral centers must identify if a patient has an influenza like illness (ILI) or is a close contact of someone with ILI.
- The most direct route should be used by the transport team when moving through a hospital building to pick up or drop off a neonate (see below).
- Transport teams involved in the care of a neonate with suspected or confirmed COVID 19 or born to a mother with suspected or confirmed COVID 19 should refer to Neonatal Transport Management Algorithm (Appendix I). Teams should communicate clearly regarding the COVID 19 status of their patient to allow for appropriate preparation and communication within receiving units/hospital.
- Teams arriving at the receiving site should provide an estimated time of arrival (ETA) at the designated entrance to the Hospital. Appropriate receiving hospital staff should be informed of team's ETA, entrance and route to the NICU, by the Charge Nurse/designate at the receiving NICU. The NICU team member is to meet the team in ER ambulance bay wearing the appropriate PPE. This member will serve as the extra team member to either open doors, push elevator buttons, and lead the transport team to NICU or be the "caboose" member to follow the team and wipe all surfaces touched by the transport equipment and/or team members with antimicrobial wipes.
- The transport team should remove their gloves, hand hygiene, doff gown, hand hygiene and put on new gown and gloves in ambulance bay or directly inside ER prior to entering the hospital. During donning of clean gown and gloves, do not cross contaminate by touching facial protection gears.
- While in transit, the transport incubator and protective clothing/gloves worn by transport personnel should be considered potentially contaminated until cleaned/appropriately doffed.
- Receiving hospital will arrange for clear corridors/path to elevators and receiving NICU bay. Personnel opening doors and elevators should avoid contact with transport equipment and or arriving transport team.
- Door to receiving NICU and designated patient space should be opened by NICU personnel wearing appropriate contact precautions.
- When feasible the transport incubator is to be brought in a single patient room to transfer the patient out of the incubator.

- When the infant is in the designated space, patient handover and transfer should take place as per usual practice with all occupants in the receiving patient space wearing appropriate PPE as per unit policy.
- The cleaning and disinfection of the transport incubator and equipment must be done as soon as possible after transport, following site IPC practices.
- The material used (e.g. laryngoscope, Magill forceps, etc.) must be double bagged and sent for reprocessing according to the standard procedure.
- All cleaning and disinfection procedures must be performed using gloves, gown, and procedure mask.
- For infants transported for admission to a non-tertiary care facilities, the process for patient transfer and handover within the receiving facility will be determined by the receiving team and local IPC recommendations. The transport team will adhere to principles stated below while medically responsible for the patient.

Stollery - Entrances

- Edmonton zone hospital entrances:
  - **UAH**
    - **DAYTIME** hours, continue to use the **transfer bay** as entry into the hospital. Change PPE and take most direct route to NICU.
    - **NIGHTIME** hours, **before arrival to ER, call 780-407-6006 ER charge nurse companion phone**. Change PPE and take most direct route from assigned entrance after discussing with ER charge nurse.
  - **MCH** – enter through ambulance ER doors, change PPE, take most direct route to NICU
  - **GNH** – enter through ambulance ER doors, change PPE, take most direct route to NICU
  - **RAH** - enter through Emergency ambulance bay and EMS doors. PPE carts between trauma rooms T4-T6 are available to change PPE, take most direct route to NICU.
  - **SCH** – enter through ambulance ER doors, change PPE, take most direct route to NICU

SANTS - Entrances

- Calgary Zone Hospitals
  - **FMC** – Access hospital via hospital emergency department and access patient care elevators to the 5th floor.
  - **ACH**- Access hospital via hospital emergency department. Use the Trauma hallway in ED- it goes past all the trauma rooms on the way to the trauma elevator. Exit on the 3rd floor to access the NICU directly opposite the elevators.
  - **RGH**- The transport team arrives at the old ambulance bay located between the main entrance and Emergency Department. Team moves through the ambulance bay via DI Ultrasound waiting area, turns left to go following signs to service elevators that leads to the NICU (Unit 63).

- **PLC**- The team enters through the ambulance bay in the east wing (building) there is a card reader that needs to be scanned by the paramedics/EMT/Transporting Medic to get access. Enter into the East Elevators which are located on the left side (south side) of the hallway – bank of 3 elevators – opposite the hemodialysis unit. Take these elevators to the 3rd floor. When exiting the elevator go to the left (South side) hallway (by unit 39) this is a straight walk down to NICU which is unit 34.

F. Parental/Escort Accompaniment on Transport

- Current EMS and Air Ambulance process dictates one parent may accompany their child, if not symptomatic or under obligation by public health orders to be self-isolated, and must wear a surgical mask at all times throughout the transfer.
- Inform EMS dispatch prior to transport that a parent escort and patient are being transported with suspected or confirmed COVID-19.

Stollery

- Only one support person who is not positive for COVID-19, not under self-isolation, and not symptomatic is allowed to accompany the transport.

SANTS

- The SANTS team does not typically transport escorts with the patient, however if this to be considered for a patient, only one support person who is well and not suspected or positive for COVID-19 is allowed to accompany the transport.

See Essential Visitor Screening Script on AHS link:

https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-questionnaire.pdf

If the escort is asymptomatic and answers NO to all the screening questions, they may accompany the team provided they wear a surgical procedure mask.

G. Equipment

- In Edmonton, Stork 1 will be the COVID-19 Preferred Transport Incubator, when feasible.
- Transport bags and equipment should be kept 2 meters from the patient
- Hand Hygiene should be performed before touching or accessing equipment from the transport bags.
- Consider using paramedics to assist in retrieving necessary items from the transport bags.

H. Access to Telehealth for the Transport Service

- Stollery NICU transport team and SANTS have a telehealth process in place for a number of referral centers across the province where the infrastructure exists (see table below).
- The initial call for transport/consultation **MUST** occur via RAAPID
- Where available, telehealth can be used as an adjunct to support local clinical care teams until arrival of the transport team OR to facilitate local management.
- For sites without access to telehealth carts consider other secure virtual health options, such as AHS Zoom, if video will enhance patient assessment and management.

NICU TO NURSERY Video Conferencing Sites 2020

Sites without L&D, cart is in ER as listed below

Edmonton/ North Zone * Central sites have access to both North and South Zones		
Beaverlodge (ER)	High Prairie (L&D)	Sturgeon (L&D)
Bonnyville (L&D)	Hinton (L&D)	St Paul (L&D)
Camrose (L&D)	Lac La Biche (L&D)	Swan Hills (ER)
Cold Lake (L&D)	Lacombe	Viking (L&D)
Edson (L&D)	Lloydminster (L&D)	Wabasca (L&D)
Drayton Valley (ER)	Peace River (L&D)	Wainwright (L&D)
Fairview (ER)	Ponoka (L&D)	Westlock (L&D)
Fort McMurray (L&D)	Provost (L&D)	Wetaskiwin (L&D)
Fort Saskatchewan (L&D)	Red Deer (NICU)*	Whitecourt (L&D)
Fort Vermillion (ER)	Rocky Mountain House (L&D)*	NT - Yellowknife – Stanton

Fox Creek (ER)	Slave Lake (L&D)	FNIH-Fox Lake Nursing Station
Grande Prairie (SCN)	Spirit River (ER)	FNIH- John D'or Nursing Station
High Level (L&D)	Stettler (L&D)*	FNIH- Garden River Nursing Station
Calgary/ South Zone * Central sites have access to both North and South Zones		
Brooks	Lethbridge	Rocky Mountain House*
Canmore	Medicine Hat	Stettler*
Crowsnest Pass	Olds	Sundre
Drumheller	Pincher Creek	Taber
High River	Red Deer*	Three Hills

I. Resource limitations in neonatal transport provincially

Stollery

- All requests for Transport/consultation should be initiated via RAAPID North. Where available, Telehealth should be considered as an adjunct to assist the Transport Neonatologist to consult on the patient and support local teams in providing care.
- Depending on the acuity and complexity of care requirements, every effort will be made to provide appropriate care closest to home. Using sub-regional centers to patients requiring Level 2 NICU care. E.g. Grande Prairie, Red Deer
- If a transport team is not available on site at the Stollery Children's Hospital, attempts will be made to 'call in' an additional team utilizing local AHS management structure. See Limited Resource Decision Making Tool (Appendix II)
- If a standard configuration transport team cannot be formed alternative configurations and/or the Stollery Children's Hospital PICU transport team will be contacted to assist with urgent/emergent neonatal transportations.
- If/when local resources are exhausted RAAPID South and the Southern Alberta Neonatal Transport Team will be contacted to assist with neonatal transportation.
- If SANTS does not have a transport team (RN and RRT) or the transport teams are already dispatched consider sending STARS/Air Ambulance/EMS for select patients. Where available, telehealth consultation should be used to support decision making. Please discuss with Transport Team Leadership before using this option.

SANTS

- All requests for Transport/consultation should be initiated via RAAPID South. Where available, Telehealth can be used as an adjunct to support local teams in providing care AFTER the initial recorded consult.
- Depending on the acuity and complexity of care requirements, every effort will be made to provide appropriate care closest to home. Using sub-regional centers to patients requiring Level 2 NICU care. E.g. Medicine Hat, Lethbridge, Red Deer
- If a transport team is not available on site at the FMC, attempts will be made to 'call in' an additional team utilizing local AHS management structure.
- If a transport team cannot be formed, the Alberta Children's Hospital PICU transport team will be contacted to assist in the first instance before contacting RAAPID North and the Edmonton Transport Team.
- If the Stollery does not have a transport team (RN and RRT) or the transport teams are already dispatched consider sending STARS/Air Ambulance/EMS for select patients. Where available, telehealth consultation should be used to support decision making. Please discuss with the responsible Neonatologist/ Medical Director/AHS manager before using this option

J. NEONATAL CRITICAL CARE TRANSPORT TEAMS SURGE CAPACITY

Resources	Basic Pre-Surge	Stage 1 Minor Surge	Stage 2 Moderate Surge	Stage 3 Major Surge	Stage 4 Large Scale Surge Capacity
Definitions		**- low number of critical ill patients with suspected COVID presenting and regular and existing resources are sufficient**	**- moderate number of critically ill patients with suspected COVID are presenting regularly and significant targeted strategies must be implemented to meet demand**	**– a large number of critically ill patients with suspected COVID are presenting regularly and all possible strategies must be implemented to attempt to meet demand**	**– critically ill patient demand exceeds available capacity**
Total Neonatal Critical Care Transport Teams in the Province	2 – Stollery (UAH/RAH) – SANTS 2 on days, 1 on nights (Equipment can accommodate up to 3 if staff available)	2 – Stollery (UAH/RAH) –SANTS 2 on days, 1 on nights (Equipment can accommodate up to 3 if staff available)	ALL Calls should continue to be triaged through RAAPID South/North **Utilization of Limited Resource Document** 1 – Stollery (UAH or RAH) SANTS 1 on days, 1 on nights Alternate configuration: 2 Stollery	ALL Calls should continue to be triaged through RAAPID South/North **Utilization of Limited Resource Document**. Stollery or SANTS	ALL Calls should continue to be triaged through RAAPID South/North **Utilization of Limited Resource Document**
Maintain Current Catchment Areas	SANTS – Southern AB Stollery – Northern AB, NWT, Northern BC, Yukon	SANTS – Southern AB Stollery – Northern AB, NWT, on request Northern BC, Yukon	SANTS – Southern AB Stollery – Northern AB & NWT, +/- on request Northern BC, Yukon	Alberta +/- NWT (any decisions to reduce out of province coverage is	Limited to Urgent/Emergent Transports only (any decisions to reduce out of province coverage is

				directed by ZEOC) Urgent/emergent Inter-facility transports continue by local team.	directed by ZEOC)
Patient Age Group for transport	Stollery & SANTS - Up to 44 weeks CGA	Stollery & SANTS - Up to 44 weeks CGA	Stollery & SANTS – Up to 44 weeks CGA On request from PICU: Infants >44 weeks CGA and <5kg	Stollery & SANTS – Up to 44 weeks CGA On request from PICU: Infants >44 weeks CGA and <5kg	Stollery & SANTS – Up to 44 weeks CGA On request from PICU: Infants >44 weeks CGA and <5kg
Telemedicine	Routine	Routine	Maximize telemedicine to support patient stabilization AND/OR patient care at Level 1 and 2 facilities, where appropriate. Consider other secure virtual health options if telehealth not available (i.e. AHS Zoom).	Maximize telemedicine to support patient stabilization AND/OR patient care at Level 1 and 2 facilities, where appropriate. Consider other secure virtual health options if telehealth not available (i.e. AHS Zoom).	Maximize telemedicine to support patient stabilization AND/OR patient care at Level 1 and 2 facilities, where appropriate. Consider other secure virtual health options if telehealth not available (i.e. AHS Zoom).
Other				Actions to reduce interfacility NICU transfers should be actioned by sites.	Repatriations will be evaluated case by case basis.

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Alberta Health Services
Maternal Newborn Child & Youth Strategic Clinical Network™

Infection Prevention & Control Guidance for Neonatal Specialty Transport
This document is intended only for management done by the transport teams. Care provided at referral sites should align with local guidelines.

SYMPTOMATIC neonate and ANY neonate REQUIRING respiratory support during transport with Suspected or Confirmed COVID-19.

There is NO evidence of intrauterine/transplacental transmission of COVID-19. However, given evolving nature of COVID-19 infections these guidelines recommend an abundance of caution pending more evidence.

Key Messages

- **Communicate with referral site isolation needs.**
- Only one support person who is not positive/tested for COVID19, not under self-isolation, and not symptomatic is allowed to accompany the transport. (SEE SCREENING SCRIPT **page 5**).
- Accompanying support person must do hand hygiene and wear a procedure mask and repeat hand hygiene.
- Call Stollery/Foothills IPC if there are any questions.

SYMPTOMATIC neonates more than 24 hours after delivery and/or presenting with new symptoms can be due to COVID-19.
Suspected COVID-19 includes maternal; close contact and community exposure.

SYMPTOMATIC neonate: New-onset fever (otherwise unexplained) and/or respiratory symptoms (cough and/or respiratory distress and/or nasal congestion and/or rhinorrhea) and/or diarrhea and/or vomiting

OR

ASYMPTOMATIC neonates **REQUIRING respiratory support***

↓

CONTACT & DROPLET PRECAUTIONS with N95 mask** is required (wear N95 mask, face shield/goggles, gown and gloves) regardless of presence or absence of AGMP.

These recommendations are intended to maximize staff safety given the recognition that the transport environment is high risk for staff due to the close proximity to the patient for extended periods, the inability to don/doff PPE, and the potential urgent need of aerosol generating medical procedures. Therefore this policy may differ from in hospital policies.

KEY CONSIDERATIONS TO MINIMIZE AEROSOL GENERATION:

- Preferentially intubate infants with moderate to severe respiratory symptoms#.
- For near term infants, appropriate for gestational age in size, intubate with microcuffed endotracheal tubes#.
- Minimize staff at bedside for intubation or extubation procedures.
- Use flow-inflating bags with expiratory filter for PPV via the endotracheal tube.
- Utilize expiratory circuit filters on compatible transportation ventilators for any invasive or non-invasive ventilation.
- Follow regional intubation guide for suspected/confirmed COVID-19.
- Minimize opening isolette port-holes.

#**ASYMPTOMATIC** and **SYMPTOMATIC** neonates in the first 24 hours after delivery are unlikely to be due to COVID-19. Preferential intubation and microcuffed endotracheal tubes are **NOT** recommended.

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ASYMPTOMATIC neonate on NO respiratory support** requiring transport with suspected or confirmed COVID-19.

Key Messages

- **Communicate with admission NICU isolation needs.**
- Only one support person who is not positive/tested for COVID-19, not under self-isolation, and not symptomatic is allowed to accompany the transport. (SEE SCREENING SCRIPT **page 5**).
- Accompanying support person must do hand hygiene and wear a procedure mask and repeat hand hygiene.
- Call Stollery/Foothills IPC if there are any questions.

There is NO evidence of intrauterine/transplacental transmission of COVID-19. However, given evolving nature of COVID-19 infections these guidelines recommend an abundance of caution pending more evidence.

Neonate is born to a mother with suspected or confirmed COVID-19; or Neonate is a close contact with suspected or confirmed COVID-19 case.

AND

Neonate **ASYMPTOMATIC**: No fever (otherwise unexplained) and/or respiratory symptoms (cough and/or respiratory distress and/or nasal congestion and/or rhinorrhea) and/or diarrhea and/or vomiting.

AND

Neonate **DOES NOT** require **respiratory support***.

↓

CONTACT & DROPLET PRECAUTIONS is required (procedure mask with visor or procedure mask with face shield/goggles, gown and gloves).

If a neonate meets the **ASYMPTOMATIC** criteria but **DOES** require respiratory support follow algorithm **on PAGE 1**.

***Respiratory support** includes all modalities from low flow nasal cannula to invasive mechanical ventilation. (AGMP list is posted on Insite: https://insite.albertahealthservices.ca/tools/Page24291.aspx or www.ahs.ca\COVID19 Information for Health Professional)

**Non-respiratory illness transport indications could include: hypoglycemia, prematurity, jaundice, HIE,

KEY CONSIDERATIONS:

- During transport, if there is a likelihood of initiating respiratory support, team to neonatologist communication should occur. If the likelihood is deemed moderate-high the algorithm **on PAGE 3** should be utilized due to the difficulty in changing PPE on transport.
- For **ANY** asymptomatic neonate **NOT** on respiratory support, consideration should be given to community risk of infection at referral site/province. Local outbreaks of COVID-19 or endemic infection rates increase the risk community exposure even without known close contact. When high risk use the algorithm on this page. For low risk use AHS continuous masking policy.

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Delivery attendance of suspected or confirmed COVID-19 mother by the neonatal transport team.

Follow provincial algorithm:
https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-neonatal-management-pathway.pdf

Personal Protective Equipment:

- Continuous masking should be practiced for **ALL** neonatal transports as per AHS policy.
- All team members should be familiar with PPE Donning and Doffing.
- Buddy system should be utilized during DON and DOFF of PPE.
- Once the baby is in the transport isolette, the transport team members should change their PPE before the departure from referring center except for your mask (keep the same mask for duration of transport). N-95 masks can be used for eight hours (cumulative) and should otherwise be changed if humid or soiled.

Valuable links:

Insite – COVID-19 Updates: https://insite.albertahealthservices.ca/tools/Page24291.aspx

Infection Control Emerging Issues page: https://www.albertahealthservices.ca/info/Page10531.aspx#ncov

Donning PPE: https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf

Doffing PPE: https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf

Visitor Screening Script/Questionnaire: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-cc-ltc-visitor-questionairre.pdf

AHS IPC Recommendations for COVID-19: https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf

Respiratory (ILI) Illness Algorithm, includes AGMP definition: https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-respiratory-additional-precautions-assessment.pdf

Nasopharyngeal Swab Collection Directive: https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-novel-coronavirus-nasopharyngeal-swab-hcs-253-01.pdf

Continuous masking in Healthcare setting: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-continuous-use-guidance-masking.pdf

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Limited Resource Decision Making Tool

Limited Resource Decision Making for *Stollery Neonatal Critical Care Transport Team*

Resource Evaluation

Neonate Requiring Transport from Regional Referral Site.

YES

Stollery Neonatal Critical Care Transport Team available

NO → See **PAGE 2**

YES

EMS/Air Ambulance resources available

NO → See **PAGE 3**

YES

Neonatal Transport Completed as per standard practice

QUICK CONTACT LIST: (24/7 for pandemic related staffing issues)

Stollery Neonatal Transport Team Leadership:

Sarah Bieganek: (780) 915-5792

Chantal Balash: (587) 983-0408

Dr. Jennifer Toye: (780) 952-3654

Stollery Neonatal Respiratory Therapy Leadership:

Amy MacKenzie: (587) 984-2548

Laura Eastland: (780) 991-8038

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Stollery Neonatal Critical Care Transport Team NOT Available

Key Considerations:

- Triage calls: Can you defer until next shift with available team or team returns.
- Optimize telehealth resources – if not available consider Zoom.
- Optimized regional resources: Could the patient be cared for at the referral site with NICU virtual support?

Transport is determined to be **urgent/emergent**.

STAGE 1 or 2

Transport RRT and Transport RN configuration.

Extra staffing as per usual protocols.

Approval from SCH Transport Leadership (PAGE 1) required for non-standard configuration.

* Engage ***Transport*** *and* ***RRT Leadership*** (PAGE 1) to assist with non-standard configuration

STAGE 3 or 4

- Extra transport RN/RRT sought through usual protocols for standard team configuration.
- Explore if transport RN/RRT are on a unit assigned shift and could be spared/replaced for transport.
- Explore if transport RN/RRT in out of scope/leadership positions are available.
- Consider alternative team configurations (see boxes below) or PICU transport team.
- Consider Calgary Transport Team (See Page 4)

Transport RN available

- Always take into account patient acuity and disease process.
- + Exp* Bedside RRT
- + NNP
- + Exp* Bedside RN

Transport RRT available

- Always take into account patient acuity and disease process.
- + NNP +/- bedside RN
- + Fellow/CA & exp* bedside RN
- + Exp* bedside RN

Neither available

- Always take into account patient acuity and disease process.
- + NNP, exp* bedside RRT +/- bedside RN
- + NNP & exp* bedside RN

***An experienced bedside RRT/RN has strong clinical skills and may have transport or RST experience.

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EMS and/or Air Ambulance is NOT available

Key Considerations:

- Triage calls: Can you defer until next shift with available team or team returns.
- Optimize telehealth resources – if not available consider Zoom.
- Optimized regional resources: Could the patient be cared for at the referral site with NICU virtual support?

Transport is determined to be **urgent/emergent.**

STAGE 1 – 4

Contact dispatch (phone: 780-407-4043)

- Consider alternative modes of transportation not standard for the referral site (i.e. road EMS for Grande Prairie).
- Escalate to EMS operations lead on call via dispatch if timely approach is not available.

If transport remains unresolved contact transport leadership (PAGE 1)

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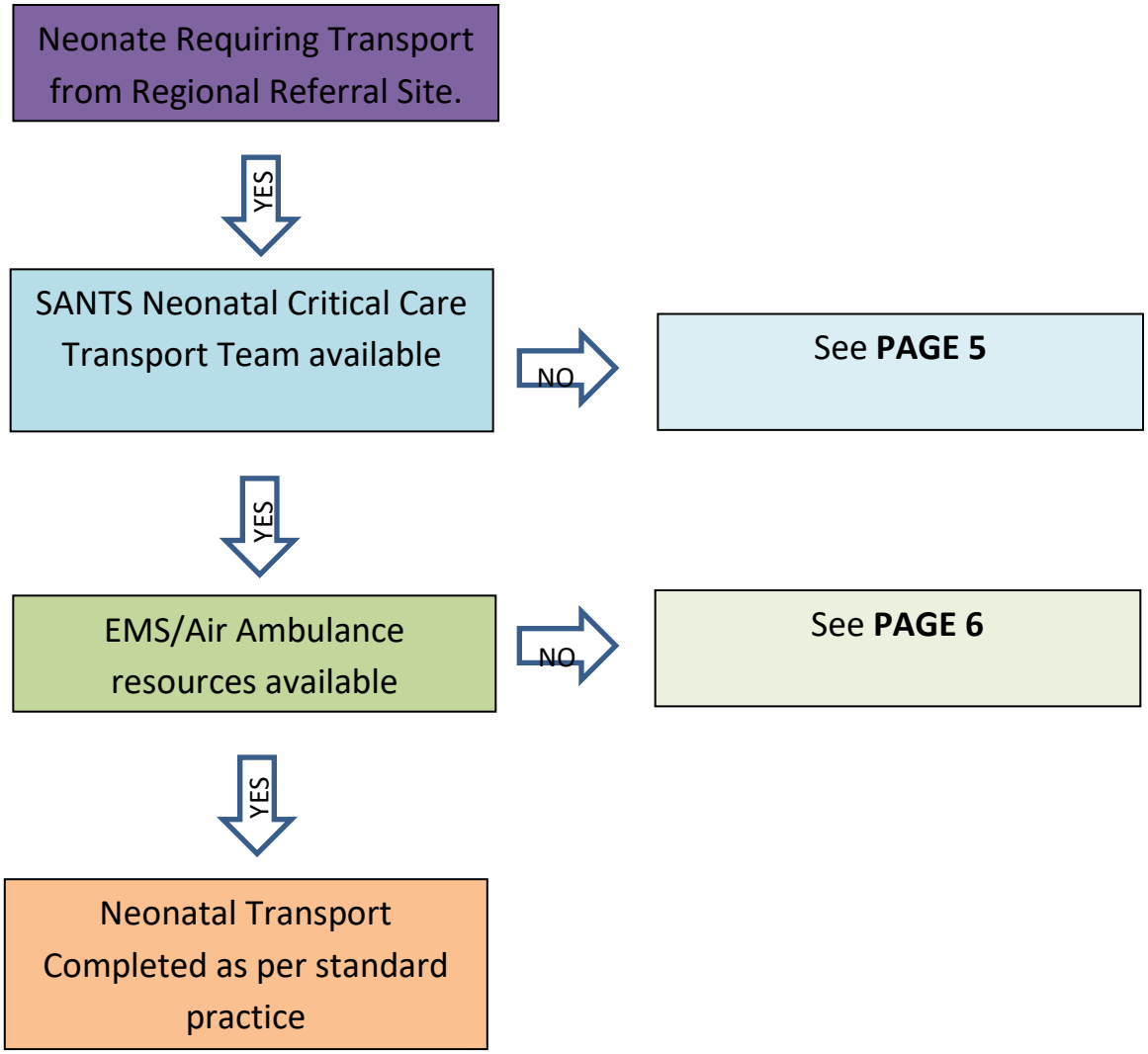
Limited Resource Decision Making for *SANTS Neonatal Critical Care Transport Team*

Resource Evaluation



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SANTS Neonatal Critical Care Transport Team NOT Available

Key Considerations:

- Triage calls: Can you defer until next shift with available team or team returns.
- Optimize support for referring team using telehealth resources
- Optimized regional resources: Could the patient be cared for at the referral site with NICU virtual support?

Transport is determined to be **urgent/emergent**.

STAGE 1 or 2

Transport RRT and Transport RN configuration.

Extra staffing as per usual protocols.

Approval from SANTS Transport Leadership for non-standard configuration:

Bryan Rombough: (587) 438-6906
Dr. Sumesh Thomas: (587) 894-8218
Renee Paul: (403) 478-7173

STAGE 3 or 4

- Extra transport RN/RRT sought through usual protocols for standard team configuration.
- Explore if transport RN/RRT are on a unit assigned shift and could be spared/replaced for transport.
- Consider alternative team configurations
- Consider Edmonton NICU Transport Team (See Page 7)

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EMS and/or Air Ambulance is NOT available

Key Considerations:

- Triage calls: Can you defer until next shift with available team or team returns.
- Optimize telehealth resources – if not available consider Zoom.
- Optimized regional resources: Could the patient be cared for at the referral site with NICU virtual support?

Transport is determined to be **urgent/emergent.**

STAGE 1 – 4

Contact dispatch (phone: 403-944-6700)

- Consider alternative modes of transportation not standard for the referral
- Escalate to EMS operations lead on call via dispatch if timely approach is not available.

If transport remains unresolved contact transport leadership:

Renee Paul: (403) 478-7173
Bryan Rombough: (587) 438-6906
Dr. Sumesh Thomas: (587) 894-8218

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Alberta Health Services | Stollery Children's Hospital | Southern Alberta Neonatal Transport Service

Stollery NICU Transport Team & SANTS Limited Resource Guide

RAAPID Calls

NICU Transport Physician to provide consultation and support +/- use of Telehealth

Team Mobilization

Consider alternate team configuration and zonal resources as per team guidelines and capacity – especially in emergent situations

Key Considerations

1. Calls from Level II NICU with Peds or Neo support
2. Centres with Telehealth access

When Zonal Resources are Exhausted

- Timely communication with alternate transport team via RAAPID if limited resources identified
- **Do not interrupt continuity of clinical care on RAAPID call**
- Within 30 mins of arrival, team to call back via RAAPID North/South and connect with both Transport Physicians
- Transfer of care between Transport Physicians occurs during first call back through RAAPID