

**QUALITY STANDARDS FOR THE CARE OF  
CRITICALLY ILL AND CRITICALLY INJURED CHILDREN**

	<b>Air Transport Standards</b>
PTAIR01	<p><b>Standards and governance</b></p> <p>PICS Quality Standards for Specialist Paediatric Transport Service not only apply to ground transport but also to transfer of patients by rotary wing and fixed wing vehicles.</p> <p>The Host NHS Trust must support the aeromedical activity and hold responsibility for safety and quality under their clinical governance arrangements.</p> <p>There must be an accountable individual, with dedicated time in their job plan, who should be trained, experienced and competent to lead the air transport component of a Specialist Paediatric Transport Service.</p> <p>The service must have a series of formal agreed documents with aircraft providers that include operating procedures, quality and safety systems.</p> <p>The service must develop and maintain a service specific Safety Management System (SMS) and SMS Manual which covers aeromedical activity.</p> <p>Post-Accident or Incident Plan with an annual (minimum) drill for all modes of transport within the scope of care of the Specialist Paediatric Transport Service. <i>Note: Evidence of the drill along with any actions for the organisation that result should be recorded and audited.</i></p>
PTAIR 02	<p><b>Operations</b></p> <p>All aeromedical transport flights that take place with a Specialist Transport team on board should be Multi Crew Operations. <i>Note: Two pilots operating an aircraft certified for single pilot operations must be appropriately trained in Multi Crew Cooperation in order to operate the flight Multi Crew whilst the specialist paediatric transport team is on board.</i></p> <p>All fixed wing aircraft used by the Specialist Paediatric Transport Service should be capable of being pressurised with a cabin altitude not greater than 8000ft (2440m).</p> <p>In exceptional circumstances the Specialist Transport Team may use an unfamiliar aircraft, but will mitigate this risk by being accompanied by someone trained and competent with the particular equipment and in-flight environment related to that specific aircraft.</p> <p>The Specialist Paediatric Transport Service has a 'turn-down' and 're-referral' policy that details the information that must be provided to other aircraft providers and transport</p>

	<p>services. <i>Note: This is intended to prevent ‘weather shopping’ between aircraft providers and Specialist Paediatric Transport Service Teams.</i></p> <p>The Specialist Paediatric Transport Service must have a policy to describing the separation between clinical and aviation decision making. <i>Note: This is intended to prevent pilot decision making being influenced by an emotional response to the clinical aspects of the transport.</i></p> <p>The Specialist Paediatric Transport Service must agree with its aircraft provider an operating procedure to cover the carriage and use of hazardous materials (including nitric oxide) in both normal and abnormal conditions. <i>Note: Nitric Oxide is defined as a Hazardous Cargo. The Specialist Paediatric Transport Service must agree with the aircraft operator how the risks of carriage and cylinder leak will be mitigated.</i></p>
PTAIR03	<p><b>Training and education</b></p> <p>A Specialist Transport Team conducting aeromedical transports must:</p> <ol style="list-style-type: none"> <li>a. Deliver a joint induction and annual update training programme with aircraft providers which includes Crew Resource Management (CRM) or Threat and Error Management (TEM) and Human Factors.</li> <li>b. Deliver induction and annual update training within the Specialist Paediatric Transport Service to include aeromedical physiology, survival, hazardous materials, air-side safety and CRM and Human Factors.</li> <li>c. Helicopter Underwater Escape Training (HUET) if appropriate to operations or required by the aircraft operator.</li> </ol> <p><i>Note: HUET has been demonstrated to significantly increase the chances of survival during an unplanned landing in water.</i></p>
PTAIR04	<p><b>Reporting and Review</b></p> <p>The Specialist Paediatric Transport Services must contribute to an annual review process involving all such Services providing aeromedical transports.</p> <p>Utilisation data on flights performed including acuity and outcomes must be provided in the Annual Report (ref PT704)</p> <p>The Specialist Paediatric Transport Services must engage in quality improvement meetings with aircraft providers including review of utilisation, safety, guidelines and audit on a yearly (minimum) basis for which records must be kept. <i>Note: There should be documented evidence of meetings and of how meetings result in enhanced safety or quality.</i></p>

PT205	<p><b>Indemnity and Insurance</b></p> <p>Staff working on the Specialist Paediatric Transport Service must be indemnified for their practice in all environments in which they work. Insurance must be in place to cover staff for personal injury sustained in the course of their professional work. <i>Notes: If aeromedical transport is within the service scope of care this must be specifically referenced within the insurance documentation.</i></p>
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PT401	<p><b>Voice Communication</b></p> <p>The Specialist Paediatric Transport Service must have 24/7/365:</p> <ol style="list-style-type: none"> <li>a. A dedicated phone line for referrals from referring hospitals with the facility to record calls.</li> <li>b. Conference call facility.</li> <li>c. Facilities to contact specialist teams throughout the emergency transfer process, including during transport.</li> </ol> <p><i>Notes: Special arrangements may need to be made to ensure continuity of communications during aeromedical transport.</i></p>
PT402	<p><b>Emergency Transport Arrangements</b></p> <p>The Specialist Paediatric Transport Service should have operational procedures/guidelines for emergency transport covering at least:</p> <ol style="list-style-type: none"> <li>a. Risk assessment of each transport and record of risk mitigation.</li> <li>b. Emergency vehicle transport: <ol style="list-style-type: none"> <li>i. contact arrangements and response times</li> <li>ii. vehicle specification</li> <li>iii. restraint of children, equipment, staff and parents during transfer</li> <li>iv. competence of drivers/pilots</li> <li>v. use of traffic law exemptions/duty hours limitations</li> </ol> </li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1 <i>All vehicles (ground and air), stretchers, trolleys and medical equipment must comply with the most recent regulations and standards. Any issues or exceptions to full compliance with these standards must be subject to a gap analysis and entered into an equipment risk register, in partnership with the vehicle provider.</i></li> <li>2 <i>If parents travel with their child in the ambulance then the Service Level Agreement with the ambulance service must include insurance of parents.</i></li> <li>3 <i>All drivers should be trained to the core competences in the Driving Standard Agency 'Blue Light Expectations' or Royal Society for the Prevention of Accidents (RoSPA) or equivalent standard.</i></li> </ol> <p><i>Arrangements for air transport must comply with PICS Standards for Air Transport.</i></p>
PT502	<p><b>Service Guidelines</b></p> <p>Guidelines specific to the transport environment must be in use covering at least:</p> <ol style="list-style-type: none"> <li>a. Fatigue and well-being of all staff</li> <li>b. Moving and handling</li> <li>c. Health and safety</li> <li>d. Restraint of equipment, patient, staff and parents</li> <li>e. Infection control</li> </ol> <p><i>Note: The guidelines must cover: footwear, helmets, flame retardant and reflective clothing, eye and ear protection and hazardous materials recognition and response.</i></p>