



# Air Transport Standards v.4

September 2021

## 1. Standards and governance

- 1.1. The standards contained within the NHS England Service Specifications for Neonatal Intensive Care Transport (or devolved equivalent) not only apply to ground transport but also to transfer of patients by rotary wing and fixed wing vehicles.
- 1.2. The Host NHS Trust must support the aeromedical activity and hold responsibility for safety and quality under their clinical governance arrangements.
- 1.3. 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 Transport Service.
- 1.4. The service must have a series of formal agreed documents with aircraft providers that include operating procedures, quality and safety systems.
- 1.5. The service must develop and maintain a service specific Safety Management System (SMS) which covers aeromedical activity.
- 1.6. Post Accident or Incident Plan with an annual (minimum) drill for all modes of transport within the scope of care of the Neonatal Transport Service undertaken jointly with air providers. Evidence of the drill along with any actions for the organisation that result should be recorded and audited.
- 1.7. If an air transport is passed onto another service (neonatal, paediatric, commercial or charitable), the Transport Service is responsible for ensuring they are an appropriate provider.
- 1.8. Local guidelines for when to consider air transport should reflect the NTG Flight Tasking Criteria

## 2. Operations

- 2.1. All aeromedical transport flights that take place with a Specialist Transport team on board should be Multi Crew Operations. 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 transport team is on board.

- 2.2. All fixed wing aircraft used by the Neonatal Transport Service should be capable of being pressurised with a cabin altitude not greater than 8000ft (2440m).
- 2.3. In exceptional circumstances the Neonatal Transport Service may use an unfamiliar aircraft, but there will be a policy detailing steps to mitigate this risk including the team being accompanied by someone trained and competent with the particular equipment and in-flight environment related to that specific aircraft.
- 2.4. The Neonatal Transport Service has a 'turn-down' and 're-referral' policy that details the information that must be provided to other aircraft providers and transport services. This is intended to prevent 'weather shopping' between aircraft providers and Neonatal Transport Services.
- 2.5. The Transport Service must have a policy to describe the separation between clinical and aviation decision making. This is intended to prevent pilot decision making being influenced by an emotional response to the clinical aspects of the transport.
- 2.6. The Transport Service must have a policy for aircraft diversion for aviation or clinical reasons
- 2.7. The Transport Service must have a policy for assessing the 'fitness to fly' of parents.
- 2.8. There must be a policy covering the medical escort of patients on scheduled flights, if these are undertaken.

### **3. Training and education**

- 3.1. Induction and annual update training should include:
  - Altitude physiology
  - Survival training/techniques/equipment
  - Hazardous materials
  - Safety in and around the aircraft
  - CRM/Human Factors
- 3.2. The Transport Service should jointly deliver an annual training programme with aircraft providers which include simulation education with the medical team and pilots in the actual aircraft or a realistic simulated environment, incorporating a range of medical and aviation scenarios, including in-flight emergencies and aircraft evacuation.
- 3.3. Provide water egress survival training, if appropriate to operations and/or required by the aircraft operator.

### **4. Reporting and Review**

- 4.1. The Neonatal Transport Service must contribute to an annual review process involving all such Services providing aeromedical transports.
- 4.2. Utilisation data on flights performed including acuity and outcomes must be provided in

the Neonatal Transport Team's annual report.

4.3. The Neonatal Transport Service must engage in internal governance meetings with aircraft providers including review of utilisation, safety, guidelines and audit on a yearly (minimum) basis for which records must be kept.

4.4. There should be documented evidence of regular governance meetings with action plans leading to enhanced safety or quality.

4.5. The Neonatal Transport Service must participate in shared risk reporting with air providers and other transport teams

## **5. Flight Equipment**

5.1. All medical equipment taken on flights must be approved by the manufacturer for use in the aviation environment and carriage must be agreed by the air operator.

5.2. All air transport platforms (stretcher / incubator) must comply with the most recent regulations and standards.

5.3. The Transport Service must have a policy detailing securing of the air transport platform in road ambulances.

5.4. The Transport Service must have facilities to contact transport teams throughout the transfer process, including during aeromedical transport.

5.5. Personal Protective Equipment appropriate to the scope of operations should be available

5.6. The Transport Service must agree with its aircraft provider an operating procedure to cover the carriage and use of hazardous materials (including nitric oxide). For Nitric Oxide, the policy must describe how the risks of carriage and cylinder leak will be mitigated.

## **6. Indemnity and Insurance**

6.1. Staff working on the Neonatal Transport Service must be indemnified for their practice in all environments in which they work.

6.2. Insurance must be in place to cover staff for personal injury sustained in the course of their professional work.

6.3. If aeromedical transport is within the service scope of care this must be specifically referenced within the insurance documentation.

6.4. If parents travel with their child then the Service Level Agreement with the vehicle operator must include insurance of parents.

## **7. Voice Communication**

A Neonatal Transport Service providing air transport must have the following capabilities in line with communication systems outlined in NHS England Service Specifications for Neonatal Intensive Care Transport:

- 7.1. A dedicated phone line for referrals from referring hospitals with the facility to record calls.
- 7.2. Conference call facility.
- 7.3. Facilities to contact transport teams throughout the emergency transfer process, including during aeromedical transport.

## **8. Service Guidelines**

Guidelines must be in use covering: (NB Guidelines may be owned by either the Air Provider or the Transport Team.)

- 8.1. Risk assessment of each transport and record of risk mitigation.
- 8.2. Fatigue and well-being of all staff
- 8.3. Moving and handling
- 8.4. Health and safety
- 8.5. Restraint of equipment, patient, staff and parents
- 8.6. Infection control
- 8.7. Hazardous materials recognition and response.
- 8.8. Availability and use of Personal Protective Equipment, including: appropriate footwear, helmets, flame retardant and reflective clothing, eye protection and hearing protection.
- 8.9. Tasking guideline for when to consider air transport including clinical contraindications