



# Confidential Enquiry into Maternal and Child Health

*Improving the health of mothers, babies and children*

## Pre hospital care for children: A national organisational survey

**The survey is confidential to CEMACH.**

**Your Trust will not be identified in any way in the findings resulting from this survey**

This national survey of all ambulance service NHS Trusts is being carried out by the Confidential Enquiry into Maternal and Child Health (CEMACH) to assess facilities available in the pre hospital care of head injured children under 15 years old. A separate module of this enquiry will look at clinical outcomes in this group of children. The responses of the questionnaire will also be used for the purpose of the completion of a dissertation for a Masters of Research and there are therefore questions outside of the area of head injury.

**Thank you for taking time from your busy schedule to contribute to this important project.  
The success of this survey depends on the cooperation of people like you.**

### Instructions

- Completion of this survey is likely to require a multi-professional effort within the Trust. We would be grateful if the Director of Clinical Care (or equivalent position) could take responsibility for ensuring that the survey is fully completed and returned to CEMACH.
- The term 'paediatric' is used to define all patients between 0-15 years.
- Please select the boxes as appropriate. e.g.
- If there is not sufficient room to complete an answer please use the additional sheet on page 16.
- Definitions for words accompanied by two asterisks\*\* on their first occurrence are provided on page 19.
- Please answer all questions unless instructed by the '→ Skip/Go to' instructions next to some check boxes. If there is no '→' instruction, please proceed to the next question.
- Please return your completed survey to Rosie Houston using the envelope provided to the address printed on the back of the survey. Alternatively you can email the completed survey to Rosie Houston at [rosie.houston@cemach.org.uk](mailto:rosie.houston@cemach.org.uk).
- If you have any queries about the study or completing this survey form please contact Rosie Houston on 020 7486 1191 or email [rosie.houston@cemach.org.uk](mailto:rosie.houston@cemach.org.uk).

### YOUR DETAILS *\*please ensure this section is fully completed before returning to CEMACH\**

Name of your Trust \_\_\_\_\_

Your name: \_\_\_\_\_

Your telephone no: \_\_\_\_\_

Position/job title: \_\_\_\_\_

Your email address: \_\_\_\_\_

Please list other individuals who have contributed the completion of this survey:

Name	Role in Trust/job title

We may wish to contact you to discuss some of your answers. Would you be happy for the researcher to contact you if further clarification is required?

- Yes, I can be contacted  
 No, please do not contact me

This survey has been developed for CEMACH however data collected will also be used for the purpose of a dissertation for a Masters in Health Research. If you are **NOT** happy for your data to be included for these educational purposes please tick here

## SECTION 1 YOUR TRUST

### PATIENT and STAFF NUMBERS

1.1 Please indicate the following:

	During the financial year**			Not known
	2006-07	2007-08	2008-09	
a. Total number of emergency responses**	_____	_____	_____	<input type="checkbox"/>
b. Number of emergency responses to children <15 years old	_____	_____	_____	<input type="checkbox"/>
c. Number of emergency responses to children <15 years old that resulted in a transfer to hospital?	_____	_____	_____	<input type="checkbox"/>

1.2 Please indicate the number of the following personnel as of 1<sup>st</sup> February 2009:

Personnel	Number in your Trust	Not known
a. Paramedics	_____	<input type="checkbox"/>
b. Emergency Medical Technicians (EMT)	_____	<input type="checkbox"/>
c. Emergency Care Assistants (ECA)	_____	<input type="checkbox"/>
d. Emergency Care Practitioners (ECPs) (or equivalent)	_____	<input type="checkbox"/>
e. Critical Care Paramedics	_____	<input type="checkbox"/>
f. Doctors who respond to 999 calls	_____	<input type="checkbox"/>
g. Community First Responders**	_____	<input type="checkbox"/>
h. Nurses who respond to 999 calls	_____	<input type="checkbox"/>

1.3 In your Trust, are all staff who come into contact with children enhanced CRB checked?  Yes  No

### ACCESS TO MEDICAL SUPPORT AT SCENE

1.4 Please indicate whether any of the following levels of support are provided at the site of an accident/emergency in your area and whether the support operates 24 hours a day:

D/K = Don't know

	Support provided		If provided does support:						
			Cover the entire geographical area of your Trust?			Operate 24 hours a day?			
	Yes	No	Yes	No	D/K	Yes	No	D/K	
a. General Practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hospital teams <i>without</i> anaesthetic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospital medical team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hospital teams <i>with</i> anaesthetic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. British Association for Immediate Care (BASICS) ** doctors <i>without</i> anaesthetic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. British Association for Immediate Care (BASICS) doctors <i>with</i> anaesthetic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. NHS funded prehospital doctor with and without anaesthetic skills (e.g. HEMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'No' to anything in this table please comment:

Please use the additional sheet provided on page 16 if there is not enough room to complete your answer

**MEDICAL SUPPORT FROM BASICS SCHEMES\*\***

If your Trust does not have support from a BASICS Scheme please tick here  and go to question 1.10

1.5 If your Trust has medical support from BASICS, please indicate:

- i. How many requests to the BASICS Schemes were made by your Trust in the financial year 2007- 2008? \_\_\_\_\_  Not known
- ii. How many of these calls were for patients *under 15 years old*? \_\_\_\_\_  Not known

1.6 Do you have an agreed written call out criteria for activating BASICS?  Yes → *Detail*

- No → *Go to 1.7*
- Don't know → *Go to 1.7*

*If yes, please provide details*

*Please use the additional sheet provided on page 16 if there is not enough room to complete your answer*

1.7 Are there any specific call out criteria for paediatric patients?  Yes → *Detail*

- No → *Go to 1.8*
- Don't know → *Go to 1.8*

*If yes, please provide details*

*Please use the additional sheet provided on page 16 if there is not enough room to complete your answer*

**SUPPORT FROM AIR AMBULANCE SERVICES**

1.8 Is your Trust served by an 'air ambulance service'?  Yes → *Detail*

- No → *Go to 1.12*

*If yes, please specify how many of the following are available:*

	Number	Don't know
a. Helicopter		<input type="checkbox"/>
b. Fixed wing		<input type="checkbox"/>

1.9 Is this air ambulance service staffed by any of the following professionals:

	Yes	<i>If yes, approximate number of days per month cover is provided:</i>	No	Don't know
a. Paramedics	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency Medical Technicians	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Doctor	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

1.10 Is the air ambulance able to be accessed by your land ambulance service for:

	Yes	No	Don't know
a. Attending primary incident scenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inter-hospital** critical care transfers of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.11 Please describe if there are any flight restrictions (e.g. only able to fly daylight hours)

Are there any exceptions to these restrictions? (e.g. able to land at CAA sites)  Yes, \_\_\_\_\_  No

**TRIAGE SYSTEMS**

1.12 What triage or 'pre arrival instruction' system does your Trust use? (Please select all that apply)

- Advanced Medical Priority Dispatch System (AMPDS)  Criteria Based Dispatch (CBD)
- NHS Pathways  Other, specify \_\_\_\_\_

The following sections ask questions related to:

- Resources and equipment
- Medication and analgesia
- Protocols and processes

Whilst the majority of questions relate to the management of head injured or seriously injured patients there are some that are outside the area of head injury. This is because responses from the survey will also be used for the purposes of the completion of a dissertation for a Masters of Research degree. The dissertation will report a national overview of the pre hospital emergency care services and management strategies available to children and young people.

## SECTION 2 RESOURCES & EQUIPMENT

Please indicate whether the following equipment would be available in an ambulance dispatched in response to a call for a patient under 15 years old).

Please only tick 'Yes' if you are confident that it should be found in all your ambulances (not response cars):

<b>2.1 Airway management</b>			
	<b>Yes</b>	<b>No</b>	<b>Additional comments or improvisations that may be adopted by the personnel in your Trust</b>
<b>a. Oropharyngeal airway (OPA)</b>			
Size 000	<input type="checkbox"/>	<input type="checkbox"/>	
Size 00	<input type="checkbox"/>	<input type="checkbox"/>	
Size 0	<input type="checkbox"/>	<input type="checkbox"/>	
Size 1	<input type="checkbox"/>	<input type="checkbox"/>	
Size 2	<input type="checkbox"/>	<input type="checkbox"/>	
Size 3	<input type="checkbox"/>	<input type="checkbox"/>	
Size 4	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b. Nasopharyngeal airway sizes (NPA)</b>			
Infant	<input type="checkbox"/>	<input type="checkbox"/>	
Child	<input type="checkbox"/>	<input type="checkbox"/>	
Adult	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c. Laryngeal Masks (LMA)</b>			
Size 1	<input type="checkbox"/>	<input type="checkbox"/>	
Size 1.5	<input type="checkbox"/>	<input type="checkbox"/>	
Size 2.0	<input type="checkbox"/>	<input type="checkbox"/>	
Size 2.5	<input type="checkbox"/>	<input type="checkbox"/>	
Size 3.0	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d. Cuffed endotracheal (ET) tubes</b>			
Size 6.0	<input type="checkbox"/>	<input type="checkbox"/>	
Size 7.5	<input type="checkbox"/>	<input type="checkbox"/>	
Size 8.5	<input type="checkbox"/>	<input type="checkbox"/>	
Size 9.0	<input type="checkbox"/>	<input type="checkbox"/>	
<b>e. Uncuffed endotracheal (ET) tubes</b>			
Size 2.5	<input type="checkbox"/>	<input type="checkbox"/>	
Size 3.5	<input type="checkbox"/>	<input type="checkbox"/>	
Size 4.5	<input type="checkbox"/>	<input type="checkbox"/>	
Size 5.0	<input type="checkbox"/>	<input type="checkbox"/>	
Size 5.5	<input type="checkbox"/>	<input type="checkbox"/>	



<b>2.3 Circulation management continued</b>			
	<b>Yes</b>	<b>No</b>	<b>Additional comments or improvisations that may be adopted by the personnel in your Trust</b>
b. Cannulae			
14G	<input type="checkbox"/>	<input type="checkbox"/>	
16G	<input type="checkbox"/>	<input type="checkbox"/>	
18G	<input type="checkbox"/>	<input type="checkbox"/>	
22G	<input type="checkbox"/>	<input type="checkbox"/>	
24G	<input type="checkbox"/>	<input type="checkbox"/>	
c. Paediatric giving set with burette	<input type="checkbox"/>	<input type="checkbox"/>	
d. Paediatric defibrillation paddles/pads	<input type="checkbox"/>	<input type="checkbox"/>	
e. Intraosseous needles			
Cook (manual)	<input type="checkbox"/>	<input type="checkbox"/>	
FAST	<input type="checkbox"/>	<input type="checkbox"/>	
BIG	<input type="checkbox"/>	<input type="checkbox"/>	
EZ-IO	<input type="checkbox"/>	<input type="checkbox"/>	
f. 50ml syringe/3 way tap	<input type="checkbox"/>	<input type="checkbox"/>	
g. Butterfly needles	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please list sizes available:</i>
<b>2.4 Intravenous fluids</b>			
	<b>Yes</b>	<b>No</b>	<b>Additional comments or improvisations that may be adopted by the personnel in your Trust</b>
a. Hartmann's solution/Compound Sodium Lactate	<input type="checkbox"/>	<input type="checkbox"/>	
b. Normal (0.9%) saline	<input type="checkbox"/>	<input type="checkbox"/>	
c. 10% dextrose	<input type="checkbox"/>	<input type="checkbox"/>	
d. Gelofusine	<input type="checkbox"/>	<input type="checkbox"/>	
e. Haemaccel	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2.5 Defibrillation equipment</b>			
	<b>Yes</b>	<b>No</b>	<b>Additional comments or improvisations that may be adopted by the personnel in your Trust</b>
a. Paediatric ECG electrodes	<input type="checkbox"/>	<input type="checkbox"/>	
b. Manual defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	Is the device attenuated for use on children? ( <i>i.e. can choose low energy</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
c. AED	<input type="checkbox"/>	<input type="checkbox"/>	Is the device attenuated for use on children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>2.6 Other Equipment</b>			
	<b>Yes</b>	<b>No</b>	<b>Additional comments or improvisations that may be adopted by the personnel in your Trust</b>
a. Cervical Collars	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please list sizes available:</i>
b. JRCALC/Sandel tape	<input type="checkbox"/>	<input type="checkbox"/>	
c. Broselow tape or other resuscitation aide memoire	<input type="checkbox"/>	<input type="checkbox"/>	If 'other', <i>specify</i>
d. Drug dose cards	<input type="checkbox"/>	<input type="checkbox"/>	
e. Paediatric spinal board	<input type="checkbox"/>	<input type="checkbox"/>	
f. Paediatric vacuum mattress	<input type="checkbox"/>	<input type="checkbox"/>	
g. Paediatric traction splint ( <i>e.g. Donway</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
h. Inflatable splint	<input type="checkbox"/>	<input type="checkbox"/>	
i. Box splint for immobilisation of long bone fractures	<input type="checkbox"/>	<input type="checkbox"/>	

## 2.6 Other Equipment continued

	Yes	No	Additional comments or improvisations that may be adopted by the personnel in your Trust
j. Vacuum splint for immobilisation of long bone fractures	<input type="checkbox"/>	<input type="checkbox"/>	
k. Extraction device (Telford or Kendrick)	<input type="checkbox"/>	<input type="checkbox"/>	
l. Battery powered syringe pumps	<input type="checkbox"/>	<input type="checkbox"/>	
m. Battery powered IV volumetric pumps	<input type="checkbox"/>	<input type="checkbox"/>	
n. Paediatric chest drain equipment	<input type="checkbox"/>	<input type="checkbox"/>	
o. Spare batteries	<input type="checkbox"/>	<input type="checkbox"/>	
p. Warming blanket	<input type="checkbox"/>	<input type="checkbox"/>	
q. Cling film	<input type="checkbox"/>	<input type="checkbox"/>	
r. Waterjel	<input type="checkbox"/>	<input type="checkbox"/>	

## SECTION 3 MEDICATION & ANALGESIA

Please indicate whether the following medications would be available in an ambulance dispatched in response to a paediatric call. Please only state 'yes' if you are confident that it should be found in all ambulances in your Trust.

*If there are no age limits for the medication or analgesia please tick 'All ages'. Otherwise, please describe the age stating clearly whether the limit is for children above or below that age. (e.g. available only for 6 yrs and above) .*

### 3.1 Resuscitation/Cardiac

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Adrenaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please list strengths available (e.g. 1/10000) <input type="checkbox"/> Don't know
b. Amiodarone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Lignocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Sodium Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 3.2 Analgesia

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Paracetamol/Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. IV paracetamol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Rectal paracetamol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Entonox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. IV Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Oramorph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Topical analgesia (e.g. Ametop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 3.3 Asthma

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Salbutamol inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Salbutamol nebuliser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Ipratropium inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Ipratropium nebuliser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Hydrocortisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Prednisolone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 3.3 Asthma continued

g. Does your Trust have a protocol for the maximum dose of Salbutamol in paediatric patients?

Yes → *Detail*  
 No

Age (years)	Maximum dose of salbutamol based on nebulisers containing 2.5 milligrams/2.5ml			
	2.5 mg	5mg	10mg	No maximum
<1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 to 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 6 to 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify _____				

### 3.4 Anaphylaxis

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Adrenaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Chlorphenamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Hydrocortisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 3.5 Epilepsy

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Diazemuls – IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Diazepam - Rectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

c. In your Trust, what is the *recommended* route of the administration of diazepam to paediatric patients?

IV → *Go to 3.6*  
 PR → *Go to c.i*

i. If not IV, does your Trust permit the use of the IV diazepam in paediatric patients?

Yes  
 No

### 3.6 Meningitis

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Benzylpenicillin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

b. Are paramedics permitted to use Benzylpenicillin when there is **NO** non-blanching purpuric rash?

Yes  
 No

### 3.7 Croup

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Nebulised adrenaline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Nebulised budesonide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Oral dexamethasone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. Does your Trust permit nebulised adrenaline in croup?

Yes  
 No

### 3.8 Hypoglycaemia

	Yes	No	All ages (tick if yes)	If not available for all ages, specify
a. Glucose – oral gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. 10% Glucose IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Glucagon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## SECTION 4 PROCESSES & PROTOCOLS

### 4.1 AIRWAY MANAGEMENT

#### 4.1.1 Across your Trust is there an age limit for: :

*When indicating an age limit, please state clearly whether the intervention is for use only above or below that age, e.g. only in children 12 years and above, or, not children 12 years or below.*

a. Which paediatric patients can be intubated *Paramedics*?  Yes → \_\_\_\_\_  
 No

b. LMA use in paediatric patients by *Paramedics*?  Yes → \_\_\_\_\_  
 No

c. NPA use in paediatric patients by *Paramedics*?  Yes → \_\_\_\_\_  
 No

4.1.2 Across your Trust are *ambulance technicians* authorised to use: a. LMAs?  Yes  
 No

b. NPAs?  Yes  
 No

4.1.3 Does your Trust permit Paramedics to cut off ET tube for use as NPAs?  Yes  
 No

#### 4.1.4 Generally across your Trust, what device is recommended to secure an ET tube? (*Select all that apply*)

Tape  Commercial ET tube holder: GRIP  Don't know  
 Bandage  Commercial ET tube holder: Thomas  Other, *specify* \_\_\_\_\_

#### 4.1.5 In patients with severe head injury\*\* and intact airway reflexes, are paramedics in your trust authorised to undertake the following airway management techniques?

	Yes – authorised	Yes - after physician consult	No	Don't know
<b>Adults</b>				
a. Endotracheal Intubation (No drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intubation facilitated by sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rapid Sequence Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Paediatric patients</b>				
d. Endotracheal Intubation (No drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Intubation facilitated by sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rapid Sequence Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4.2 BREATHING & VENTILATION

a. Does your Trust permit needle *thoracocentesis* in paediatric patients by Paramedics?  Yes  
 No  
*If yes, what size cannula is recommended?* \_\_\_\_\_  Don't know

b. Does your Trust permit needle *cricothyroidotomy* in paediatric patients by Paramedics?  Yes  
 No  
*If yes, what size cannula is recommended?* \_\_\_\_\_  Don't know

c. Does your Trust permit capnography in paediatric patients?  Yes  
 No  
 Don't know

#### 4.3 CIRCULATION

- a. Is there a fluid replacement protocol for paediatric patients?  Yes  
 No  
 Don't know
- b. Does your Trust have specified criteria (e.g. age range) for permitting hypotensive resuscitation\*\*?  Yes → Please detail  
 No  
 Don't know

- c. Is there a maximum amount of IV/IO fluid permitted to be given to children before arrival at hospital?  Yes → Please detail  
 No  
 Don't know

If yes, specify maximum amount: \_\_\_\_\_

Age limit (please state clearly whether the intervention is for use only above or below that age)

- d. Does your Trust permit placement of cannulae in the external jugular vein in:

	Yes	No	Don't know
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric patients (i.e. <15 years old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4.4 INTRAOSSEOUS NEEDLE USE

- a. Across your Trust, is there a minimum age limit for gaining intraosseous access on a paediatric patient?  Yes → Please detail  
 No  
 Don't know

Age limit (please state clearly whether the intervention is for use only above or below that age)

- b. For patients who are under 6, what anatomical site would your staff consider first when placing an intraosseous needle? (Select all you consider to apply)

- Anteromedial surface of tibia, 2-3cm below tibial tuberosity  Manubrium/body of sternum  
 Medial aspect of tibia, 3cm above medial malleolus  Lateral aspect of femur, 3cm above condyle  
 Other, specify \_\_\_\_\_

- c. For patients who are 6 years old or over what anatomical site would your staff consider first when placing an intraosseous needle? (Select all you consider to apply)

- Anteromedial surface of tibia, 2-3cm below tibial tuberosity  Manubrium/body of sternum  
 Medial aspect of tibia, 3cm above medial malleolus  Lateral aspect of femur, 3cm above condyle  
 Other, specify \_\_\_\_\_

- d. Does your Trust issue guidance for when intraosseous access can be attempted?  Yes → Please detail  
 No  
 Don't know  
 attempted? (e.g. only after a certain amount of unsuccessful IV attempts, or a period of time trying to find a suitable IV site)

Age limit (please state clearly whether the intervention is for use only above or below that age)

Please use the additional sheet provided on page 16 if there is not enough room to complete your answer

#### 4.5 DISCHARGE AND INFORMATION GIVING

- a. Does your Trust allow ambulance crew to discharge paediatric patients at scene/ at home (following assessment, treatment and management) who are found to be either uninjured/not ill, or capable of being treated at home?  Yes → Go to a.i  No → Go to 'b'.
- If yes,*
- i. Is this for a strict set of clinical conditions only? (e.g. age range)  Yes, specify \_\_\_\_\_  No
- ii. Are all staff levels able to execute these decisions?  Yes  No
- b. Does the Trust have information leaflets on particular conditions to leave with the family/carer if not transporting the child to hospital?  Yes → Please list below  No

Please use the additional sheet provided on page 16 if there is not enough room to complete your answer

### SECTION 5 MANAGEMENT OF SERIOUSLY ILL OR INJURED PAEDIATRIC PATIENTS

- 5.1 In an **URBAN** area, could any of the following be sent to a Category A \*\* or B \*\* emergency involving a paediatric patient?

	Yes	No	Additional Comments
a. Community First Responder **	<input type="checkbox"/>	<input type="checkbox"/>	
b. Solo responder (technician or paramedic)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Paramedic ambulance **	<input type="checkbox"/>	<input type="checkbox"/>	
d. Double technician crewed ambulance **	<input type="checkbox"/>	<input type="checkbox"/>	
e. Technician/Emergency Care Assistant crewed ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
f. Emergency Care Practitioner **	<input type="checkbox"/>	<input type="checkbox"/>	
g. Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	

- 5.2 In a **RURAL** area, could any of the following be sent to a Category A or B emergency involving a paediatric patient:

	Yes	No	Additional Comments
a. Community First Responder **	<input type="checkbox"/>	<input type="checkbox"/>	
b. Solo responder (technician or paramedic)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Paramedic ambulance **	<input type="checkbox"/>	<input type="checkbox"/>	
d. Double technician crewed ambulance **	<input type="checkbox"/>	<input type="checkbox"/>	
e. Technician/Emergency Care Assistant crewed ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
f. Emergency Care Practitioner **	<input type="checkbox"/>	<input type="checkbox"/>	
g. Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	

- 5.3 If your Trust runs a 'Community First Responder' scheme using non-professional lay responders is there an age limit for who they can attend to?  Yes, specify \_\_\_\_\_  No  Don't know  Not applicable

**ACROSS YOUR TRUST:**

5.4 Is there a protocol for the management of seriously injured **adults**?  Yes, JRCALC  
 Yes, other → *Specify*  
 No \_\_\_\_\_

5.5 Is there a protocol for the management of seriously injured **paediatric patients**?  Yes, JRCALC  
 Yes, other → *Specify*  
 No \_\_\_\_\_

5.6 Is there a treatment policy for the management of **adults** with head injury?  Yes, JRCALC  
 Yes, other → *Specify*  
 No \_\_\_\_\_

5.7 Is there a treatment policy for the management of **paediatric patients** with head injury?  Yes, JRCALC  
 Yes, other → *Specify*  
 No \_\_\_\_\_

5.8 Is there an agreed algorithm\*\* for **adult** patients with head injury?  Yes → *Go to 5.8.1*  
 No → *Go to 5.9*

5.8.1 Has this been agreed between your ambulance Trust, local hospitals & neurosurgical centres?  Yes  
 No  
 Don't know

5.9 Is there an agreed algorithm for **paediatric patients** with head injury?  Yes → *Go to 5.9.1*  
 No → *Go to 5.10*  
 Don't know → *Go to 5.10*

5.9.1 Has this been agreed between your ambulance Trust, local hospitals & neurosurgical centres?  Yes  
 No  
 Don't know

5.10 On leaving the scene of the incident where would a **seriously/severely head injured** child be transported to **first**?

- Nearest hospital with an Emergency Department  Nearest hospital with Neurosurgical facilities  
 Nearest hospital with PICU facilities  Other, *specify* \_\_\_\_\_

5.11 Are there agreed hospital bypass\*\* procedures for:

	Yes	No	Additional Comments
a. Adult patients with a severe injury	<input type="checkbox"/>	<input type="checkbox"/>	
b. Paediatric patients with a severe injury	<input type="checkbox"/>	<input type="checkbox"/>	
c. Adults patients with a severe head injury	<input type="checkbox"/>	<input type="checkbox"/>	
d. Paediatric patients with a severe head injury	<input type="checkbox"/>	<input type="checkbox"/>	

5.12 Is there an agreed protocol for pre-alerting the hospitals of a seriously ill or injured child?  Yes → *Go to 5.12.1*  
 No → *Go to 5.13*

5.12.1 If yes, what is the primary method staff across your Trust are trained to use? *(Please select all that apply)*

- By radio directly to the Emergency Department on "through talk"  
 By radio via a relayed message from the crew through the ambulance dispatcher  
 By mobile phone directly to the 'dedicated' line in the Emergency Department/Paediatric receiving unit  
 Other, *specify* \_\_\_\_\_

## MANAGEMENT OF SERIOUSLY ILL OR INJURED PAEDIATRIC PATIENTS

**5.13** Is there a local written transfer agreement (e.g. protocol/guideline) for the organisation of an inter-hospital transfer\*\* of patients with a head injury to a neuroscience unit\* ?  Yes → Go to 5.13.1  
 No → Go to 5.14  
 Don't know → Go to 5.14

**5.13.1** If yes,

- a. Are paediatric patients included in this agreement?  Yes  
 No  
 Don't know
  
- b. Does the agreement recognise that transfer (admission/primary retrieval) would benefit all patients with serious head injuries irrespective of the need for neurosurgery  Yes  
 No  
 Don't know
  
- c. Does the agreement recognise that if transfer of those who do not require neurosurgery is not possible that ongoing liaison with the neuroscience unit over clinical management is essential?  Yes  
 No  
 Don't know

**5.14** Is there a plan in place to deal with a major incident/mass-casualty event involving:  
*If you answer 'Yes' to either please complete the yellow-shaded table.*

	Plan in place:			If yes:							
				How often are these tested?				The plan has been developed in collaboration with: (tick all that apply)			
	Yes	No	D/K	Quarterly	6 monthly	Annually	Other, Specify	Local Hospitals	Other Amb. Service	Other Emer. Service	Other, Specify
<b>a. Adults</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>b. Children</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## SECTION 6 TRAINING & AUDIT

We are interested in gaining an overview of the training available to staff across your Trusts in relation to the care of children and young people. We are also interested in finding a variety of examples of innovative pre hospital care training practices Please answer the following questions as required.

**6.1** Has your Trust conducted an audit on paediatric patients since January 2008?  Yes → Please detail  
 No  
*(not including this survey)*

*Please use the additional sheet provided on page 16 if there is not enough room to complete your answer*

**6.2** Has the Trust an identified budget to support training and continuing education in paediatric care?  Yes  
 No  
 Don't know

**6.3** Does your Trust's clinical training plan have clearly identified opportunities for paediatric training and education?  Yes → Go to 6.3.1  
 No → Go to 6.4

**6.3.1** If yes, is it part of any of the following:

	Yes	No	If yes:
a. A university programme	<input type="checkbox"/>	<input type="checkbox"/>	→ Please complete part 6.3.2
b. In-house programme	<input type="checkbox"/>	<input type="checkbox"/>	→ Please complete part 6.3.3
c. Recognised certified course delivered by an external facility/training centre	<input type="checkbox"/>	<input type="checkbox"/>	→ Please complete part 6.3.4

### 6.3.2 University programmes

Please provide details (e.g. where, overview of course content, who is eligible to attend etc)

Please use the additional sheet provided on page 16 if there is not enough room to complete your answer

### 6.3.3 In – house programme

#### i. Does the course cover the following aspects of care for children in its syllabus:

	Yes	No	If yes, how often are frontline staff required to receive this training (e.g. once, annually):
a. Specific skills relating to the Airway, Breathing and Circulation management of children	<input type="checkbox"/>	<input type="checkbox"/>	
b. 'Spotting the sick child'** (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Adult version of the GCS Score	<input type="checkbox"/>	<input type="checkbox"/>	
d. Paediatric version of the GCS Score	<input type="checkbox"/>	<input type="checkbox"/>	
e. Safeguarding Children/Child Protection (e.g. assessment, local referral procedures etc)	<input type="checkbox"/>	<input type="checkbox"/>	
f. Detection of non-accidental injury in children	<input type="checkbox"/>	<input type="checkbox"/>	
g. Pain management training	<input type="checkbox"/>	<input type="checkbox"/>	
h. Newborn Life Support Course	<input type="checkbox"/>	<input type="checkbox"/>	
i. Safe Transport and Retrieval (NeoSTAR)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Recognised Certified Courses**</b>			
j. Pre Hospital Paediatric Life Support (PHPLS)	<input type="checkbox"/>	<input type="checkbox"/>	
k. Paediatric Education for Pre Hospital Professionals (PEPP)	<input type="checkbox"/>	<input type="checkbox"/>	
l. Paediatric Immediate Life Support (PILS)	<input type="checkbox"/>	<input type="checkbox"/>	
m. European Paediatric Life Support (EPLS)	<input type="checkbox"/>	<input type="checkbox"/>	
n. Advanced Paediatric Life Support (APLS)	<input type="checkbox"/>	<input type="checkbox"/>	
o. Pre Hospital Trauma Life Support (PHTLS)	<input type="checkbox"/>	<input type="checkbox"/>	
p. Other education/training session specific to care of paediatric patients, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	

#### ii. What qualifications do the tutors have? (please tick all that apply)

- IHCD Ambulance Tutor Award                       PGCE/Cert Ed                       University Lecturer role  
 Other, specify \_\_\_\_\_                       Don't know

#### iii. Do all tutors/instructors in your Trust hold current certificates?

- Yes  
 No  
 Don't know

#### iv. Approximately how many tutors/instructors are employed by your Trust? \_\_\_\_\_ Not known

### 6.3.4 Recognised certified course delivered by an external facility/training centre

#### i. What certified course/courses are available for your staff to attend that are funded by the Trust? (please tick all that apply)

- Pre Hospital Paediatric Life Support (PHPLS)                       European Paediatric Life Support (EPLS)  
 Paediatric Education for Pre Hospital Professionals (PEPP)                       Advanced Paediatric Life Support (APLS)  
 Paediatric Immediate Life Support (PILS)                       Pre Hospital Trauma Life Support (PHTLS)  
 Other education/training session about specific to care of paediatric patients, specify \_\_\_\_\_

**6.4 Is attendance at a paediatric training programme mandatory for the following staff in your Trust?**

	Yes	No	If yes, how often are they required:
a. Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	
b. Emergency Medical Technicians (EMT)	<input type="checkbox"/>	<input type="checkbox"/>	
c. Emergency Care Assistants (ECA)	<input type="checkbox"/>	<input type="checkbox"/>	
d. Emergency Care Practitioners (ECPs) (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	
e. Critical Care Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	
f. Community First Responders	<input type="checkbox"/>	<input type="checkbox"/>	
g. Other, <i>specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	

**6.5 Has your Trust had any training, learning or development courses in the following since January 2007?**

	Yes	No	Don't know	If yes, number of sessions		
				0	1-3	≥ 4
a. Specific skills relating to the Airway, Breathing and Circulation management of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 'Spotting the sick child'** (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Safeguarding Children/Child Protection (e.g. <i>assessment, local referral procedures etc</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Detection of non-accidental injury in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pain management training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recognised Certified Courses</b>						
f. Pre Hospital Paediatric Life Support (PHPLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Paediatric Education for Pre Hospital Professionals (PEPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Paediatric Immediate Life Support (PILS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. European Paediatric Life Support (EPLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Advanced Paediatric Life Support (APLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pre Hospital Trauma Life Support (PHTLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other education/training session specific to care of paediatric patients, <i>specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6.6 Is your Trust part of a coordinated approach to training and education across the health economy including joint initiatives across health and social care? For example, are there any joint training initiatives in your Trust (e.g. with local paediatricians, local hospitals, medical students, other emergency services etc.)**

- Yes → Please provide details below indicating whether any are specific to the care of children  
 No → Go to 6.7

Please use the additional sheet provided on page 16 if there is not enough room to complete your answer

**6.7 If you have not already indicated, are there any what training initiatives in you Trust that you would consider an example of good practice?**

- Yes → Please provide details below indicating whether any are specific to the care of children  
 No → Go to 7.1

Please use the additional sheet provided on page 16 if there is not enough room to complete your answer OR Attach details of who to contact if further information regarding the training initiative should be required

**SECTION 7 YOUR OPINIONS**

7.1 In your opinion, what is the likelihood that the first response to a seriously ill or injured child may be a member of staff who has *not* received specific paediatric training/education?

- Zero       Low       Possible       High       Unsure

7.2 In your opinion, what is the likelihood that the first response to a seriously ill or injured child may be a member of staff who does *not* hold a current, recognised and certificated qualification specific to paediatric life support. This should be above and beyond any IHCD qualification.

- Zero       Low       Possible       High       Unsure

7.3 Please list what you consider as three potential challenges or barriers to providing an optimum pre hospital care service for children and young people.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Thank you very much for your cooperation in completing this survey**

**Please check that ALL questions have been answered before returning the survey to Rosie Houston at the address on the back cover**

**SPACE FOR ADDITIONAL COMMENTS – PLEASE STATE CLEARLY WHICH QUESTION THEY RELATE TO**

**SPACE FOR ADDITIONAL COMMENTS – PLEASE STATE CLEARLY WHICH QUESTION THEY RELATE TO**



TERM	DEFINITION
<b>Algorithm (in guidelines)</b>	A flow chart of the clinical decision pathway described in the guideline, where decision points are represented with boxes, linked with arrows.
<b>BASICS doctor</b>	A doctor who is a member of the British Association for Immediate Care; a professional association whose members provide care at the scene of major incidents and accidents.
<b>Bypass procedure</b>	Procedures outlining when a patient may be transported to a hospital other than the closest to the incident.
<b>Category A &amp; B response</b>	Category A calls are prioritised as 'immediately life threatening'. The Department of Health's requirement is that a minimum of 75% and 95% of category A calls that require transport should receive an emergency response at the scene of the incident within 8 and 19 minutes of the request being made for a vehicle capable of transporting the patient respectively. Category B calls are prioritised as 'serious but not immediately life threatening'. The Department of Health's requirement is that a minimum of 95% of all category B calls should receive an emergency response at the scene of the incident within 19 minutes.
<b>Clinical audit</b>	A systematic process for setting and monitoring standards of clinical care. Whereas 'guidelines' define what the best clinical practice should be, 'audit' investigates whether best practice is being carried out. Clinical audit can be described as a cycle or spiral. Within the cycle there are stages that follow a systematic process of establishing best practice, measuring care against specific criteria, taking action to improve care, and monitoring to sustain improvement. The spiral suggests that as the process continues, each cycle aspires to a higher level of quality.
<b>Community First Responder</b>	A person, trained as a minimum in basic life support and the use of a defibrillator who attends a potentially life threatening emergency. They are also equipped with oxygen, first aid equipment and communications. This response may be statutory ambulance service or complementary to it. It is not always possible for an ambulance to reach people in the more remote areas quickly, so Trusts aim to recruit, train and equip community-based volunteers to respond to any life-threatening emergency and deliver appropriate care until the ambulance arrives.
<b>Critical Injury</b>	An injury that is potentially or actually life threatening without rapid resuscitation and surgical or intensive care intervention.
<b>Emergency response</b>	An emergency call to which an ambulance service response is required
<b>Financial year</b>	The financial years run from the 1st April – 31st March (e.g. 1st April 2008 - 31st March 09)
<b>Glasgow Coma Scale</b>	A standardised system used to assess the degree of brain impairment and to identify the seriousness of injury in relation to outcome. The system involves three determinants: eye opening, verbal responses and motor response all of which are evaluated independently according to a numerical value that indicates the level of consciousness and degree of dysfunction. Adult and paediatric versions of the Glasgow Coma Score are accepted. Scoring as E4V5M6 with Grimace (G5) substituted for verbal for the intubated patient and age / developmentally appropriate adaptation to describe Verbal responses.
<b>Head Injury</b>	Any trauma to the head as a result of blunt or penetrating trauma or acceleration or deceleration force (e.g. road traffic accident, shaking). Serious/Severe head injury is defined as someone with GCS < 8
<b>Hypotensive resuscitation</b>	Limited fluid replacement to achieve vital organ perfusion while accepting a lower than normal blood pressure in an attempt to control further blood loss.
<b>Inter-hospital transfer</b>	Secondary transfer from one hospital to another. See also 'Transfer'
<b>Neuroscience Unit</b>	Includes neurology, neurosurgery, neuroanaesthesia, neurocritical care and neuroradiology.
<b>Paediatric</b>	Relating to the care or medical treatment of infants or children. Although this generally refers to a person less than 16 years old for the purposes of inclusion in the CEMACH enquiry these terms relate to children up to the age of 15 (i.e. aged between 0 to 14 years and 364 days). The term incorporates the following – Infants = < 1 year; Children & young people = 1-15 years
<b>Paramedic crewed ambulance</b>	A conventional fully equipped and staffed ambulance, containing at least one registered paramedic. The other crew member may also be a registered Paramedic, but would most likely be a support worker; either an Ambulance Technician or Emergency Care Assistant.
<b>Pre-hospital care</b>	Care delivered at the site of the injury and during transfer to the first hospital attended (i.e. ambulance service/care provided by Paramedics or Emergency Medical Technicians (EMTs)).
<b>Spotting the sick child</b>	An educational tool for Health Care Practitioners to aid in recognition of serious illness in children. (See: <a href="http://www.ocbmedia.com/titles/Spotting-the-Sick-Child/">http://www.ocbmedia.com/titles/Spotting-the-Sick-Child/</a> )
<b>Technician crewed ambulance</b>	A conventional ambulance staffed by two non-Paramedic crew members, either Ambulance Technicians or Emergency Care Assistants.
<b>Transfer</b>	Transfer refers to the transport of a patient by ambulance (land or air) from one hospital to another hospital facility. This is also referred to as an 'inter-hospital transfer' between two hospitals either within or out of the same trust.
<b>Transfer agreement</b>	A written guideline for the transfer of paediatric patients from one hospital facility to another hospital facility often to get the child removed from a district general hospital to a tertiary hospital with paediatric intensive care capability or speciality physician expertise (e.g. PICU, neurosurgery).
<b>24/7</b>	Treatment can be provided when required anytime of day or night.



**Please check that ALL questions have been answered before returning to**

***Rosie Houston  
CEMACH, Chiltern Court, Lower Ground Floor, 188 Baker St  
London, NW1 5SD***

**Thank you very much for your cooperation in completing this survey**

**OFFICE USE ONLY**

Unique ID     Date survey returned   /   / 20