



South West London & Surrey Trauma Network

Pan Network Policy for Transfer Definitions and Levels of Care

(Adult & Paediatric)

Introduction

Time critical transfers of critically ill adults and children from Trauma Units (TUs) to a Major Trauma Centre (MTC) or other tertiary centre are manpower and resource intensive and represent an area of risk both to the individual patient and to other patients in the hospital who may be deprived of senior clinical input during a transfer.

The aim of this document is to provide guidance on who should conduct transfers, what resources are available and the training needs of those who will conduct transfers.

It is not possible to list all the pathologies that might require a time critical transfer but time critical patients are defined as patients who need to be transferred to a tertiary centre to allow for a life/limb saving intervention that cannot be provided at the referring centre and which cannot wait for retrieval or further stabilisation.

This document sets out the definitions of transfers and the levels of escorting staff required. It is not exhaustive but does describe some common clinical examples for ease.

Headline action

When undertaking an inter-facility transfer, any interventions or therapies performed in transit must be in accordance with the scope of practice of the clinician performing the transfer. Where the patient needs an intervention/therapy that cannot be deactivated for the journey, it is the hospital's responsibility to provide an appropriately trained escort.

Examples of interventions/therapies that will **ALWAYS** require an escort, regardless of grade of ambulance staff are:

- Chest drains • Ventilated patients • Infusion pumps and Syringe drivers • Blood transfusion

In addition Air Ambulance Kent Surrey Sussex offer a time critical transfer service for selected adults and children. **Contact HEMS dispatch desk at the earliest opportunity on 0300 123 5811 or 0782 798 2152**

Adult critical care transfer services exist in both London and Surrey and may be able to assist with transfers, but are not able to respond in a timescale appropriate for time critical cases.

Paediatric critical care transfer services also exist in both London and Surrey and may be able to assist with transfers, but are not able to respond in a timescale appropriate for time critical cases.

If the initial request to the ambulance service for a transfer is not able to be provided within an appropriate timescale then the request should be escalated to the ambulance service clinical support teams, these are:

- The SECamb Critical Care Desk 0300 123 1252
- The LAS APP-CC (Advanced Paramedic Practitioner - Critical Care) 020 3162 7512

Its worth noting that these desks will not be able to book transfers - that will be through the normal 999 process - but these numbers will be able to provide additional advice and oversight.

Type of transfer	Definition	Examples (Please note the examples given are designed to be illustrative not exhaustive).	Notes and actions
TIME CRITICAL	Needs to be transferred for immediate life or limb saving intervention. By definition has been under-triaged / self presented to a trauma unit or determined to be in need of immediate TU intervention in order to survive journey to MTC.	Uncontrolled haemorrhage, ischaemic limb, expanding intracranial bleed	<p>-These require the first available double manned ambulance, same priority as 999 call.</p> <p>-The initial ambulance may stay to transfer the patient onwards.</p> <p>-These are blue light transfers.</p> <p>-TU Team leader will have phoned MTC ED Consultant.</p> <p>- Require suitable escort with appropriate training from the TU defined by the patient's clinical need. -</p> <p>The escorting team/crew should pre-alert when approx. 15 mins away from MTC - Require re-Trauma Call in the MTC</p>

URGENT SECONDARY: ED TO ED (to be at MTC at <12 HRS FROM INJURY)	<p>These patients need to be in the MTC. They are not in imminent danger of catastrophic event.</p> <p>They should be identified in the TU by the trauma team leader, who will refer to the ED Consultant at the MTC.</p> <p>They will be transferred to the ED at the MTC where they will be re-trauma called.</p>	<p>Open fractures with no vascular or imminent limb threat, Stable children being transferred for observation in a paediatric surgical unit,</p>	<p>-TU Team leader will have phoned MTC ED Consultant.</p> <p>-The TU should inform the MTC when the patient is leaving and give an estimated time of arrival. If this changes then the clinicians will be contacted by the ambulance service Emergency Operations Centre.</p> <p>- Require suitable escort with appropriate training from the TU defined by the patient's clinical need.</p> <p>-These are not blue light transfers.</p> <p>-The ambulance should be booked for within 2 hours at the TU</p> <p>-These patients are received in the ED at the MTC</p> <p>- MTC Trauma Team Leader should be informed</p> <p>The escorting team/crew should pre-alert when approx. 15 mins away from MTC - Require re-Trauma Call in the MTC</p>
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SECONDARY TRANSFER (FROM WARD SPECIALITY TO SPECIALITY)	<p>These are stable trauma patients referred by an admitting team in the TU to a speciality team in the MTC. They will be isolated injuries in a body region with no element of life or limb threat</p>	<p>Stable Pelvis cases</p>	<p>-Non blue light transfers. These may be transferred through the Trusts PTS contract. -Transferring and Admitting teams should clearly hand over the case and document in the notes any pre-transfer plans.</p> <p>-May be transferred to a ward at the MTC and not the ED</p> <p>-Should be transferred to the MTC within 2 calendar days of acceptance</p> <p>The ambulance staff for these will be Band 2/3 ambulance care assistants capable of delivering oxygen and entonox. Higher clinical care will need to be supported by the Hospital trust by means of escorts.</p>
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