Inter Emergency Department Transfer "Stop, Sort, Go"

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Distribution	Yorkshire Critical Care Team Members YAS-BASICS Doctors West Yorkshire Medic Response Team
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1. Introduction

The Yorkshire Critical Care Team is staffed by senior clinicians and paramedics with extended skills who all have significant experience of working with critically injured patients in the pre-hospital environment. It therefore makes sense to consider utilising the team to facilitate transfers of time critically injured patients from trauma unit emergency departments to the major trauma centres.

2. Application

YCCT members

3. Background

Most major trauma patients will be taken directly to a major trauma centre, bypassing trauma units if necessary. However, in certain situations the patient may be taken to a trauma unit rather than a major trauma centre:

- The patient has time critical airway or breathing problems necessitating attendance at the nearest trauma unit for intervention prior to onward journey to the major trauma centre.
- The extent of the patient's injuries were not apparent during the pre-hospital phase.
- The patient self-presented to the Emergency Department (especially common with shootings and stabbings)

In these cases, it may be that the patient requires onward transfer to the major trauma centre, with ongoing critical care interventions. It may be appropriate in certain situation for the YCCT to facilitate the transfer and accompany the patient.

4. Policy

4.1 The YCCT will consider assisting with time critical transfers from a trauma unit emergency department to a major trauma centre if the following criteria are met:

- The patient's condition requires ongoing critical care interventions en route
- Utilising the YCCT rather than hospital staff will not significantly delay the transfer
- There are no other ongoing incidents which require the attendance of the YCCT

4.2 Assessing a request

4.2.1 If the airdesk or MTCTC are aware that a major trauma patient is being conveyed to a trauma unit rather than a major trauma centre for any of the reasons outlined above, then the YCCT should be made aware of this patient. If the patient is clearly critically injured, then the YCCT should contact the receiving ED consultant with a view to immediate deployment.

4.2.2 If the patient requires time critical transfer to the major trauma centre and requires ongoing critical care intervention, or there is a risk of deterioration en route, then the YCCT should be considered to facilitate the transfer.

4.2.3 The airdesk and MTCTC will ensure there are no other incidents which will benefit from the YCCT. Primary missions will take priority over transfers.

4.2.3 An assessment must be made about which mode of transport is most appropriate. In certain conurbations within the YCCT catchment area, air transfer will not necessarily save time and the time from leaving one ED, to arriving in the other should be considered rather than just journey time. In other words, time for getting the patient to/from the aircraft, and loading onto/off the aircraft, as well as start up and shut down times must be factored in. It is also important to consider time of day, roadworks etc which may impact on the length of a ground transfer. If ground transfer is to be utilised, then a DCA will be requested via Yorkshire Ambulance Service for a priority 1 transfer.

4.3 Medical escorts

4.3.1 The rationale for YCCT facilitating time critical inter-emergency department transfers from a trauma unit ED to a major trauma centre is to allow personnel with appropriate experience of working in the

pre-hospital environment, including the back of an ambulance or aircraft, to undertake these transfers. For this reason, there should not routinely be a requirement for hospital staff to travel with the patient. However, if space allows and a member of hospital staff wishes to travel then this is permissible.

4.3.2 The exception to this will be patients requiring very specialised interventions, for example, intra-aortic balloon pump, or very young children when these patients falls outside the expertise of the YCCT member.

4.3.3 If hospital staff are to accompany the team on a transfer then appropriate PPE must be worn for the journey. Hospital staff must be informed that there is no obligation on YCCT or YAS to provide transport back to the base hospital and staff must make their own arrangements.

4.3.3 If the patient is a child, and space allows, then a relative may join the transfer as long as it will not negatively impact on the care given. This will be the decision of the team and will be made on a case by case basis.

4.4 Transfer

4.4.1 It is beyond the scope of these SOPs to give detailed clinical advice. Rather, guidance is offered regarding the undertaking of a time critical TU ED trauma patient transfer to a MTC

4.4.2 Prior to deploying, YCCT must check all kit, paying particular attention to oxygen supplies and battery life. Calculations regarding oxygen requirement must be undertaken and twice this amount must be available.

4.4.3 Patients must not be transferred on a long board. If a vacuum mattress is not available, then the patient must be transferred on a split scoop stretcher.

4.4.4 When deploying to a TU ED, the airdesk will contact the TU ED and provide an ETA, as well as receiving a clinical update.

4.4.5 The patient should remain in the ED until the team arrive and ED staff should not bring the patient to the ambulance bay or helipad. YCCT will go into ED with the team's monitor, ventilator and oxygen, as well as the usual response bag.

4.4.6 Upon arrival, the team will confirm that no immediate interventions are required, and then receive a full handover from the ED staff, including any scans, XRays and blood results and the names, grade and speciality of those who have been responsible for the care of the patient.

4.4.7 Once the handover is completed, the team will undertake a primary survey to ensure that the condition of the patient has not changed and that no interventions are required prior to transfer. As well as addressing more obvious airway and breathing issues, consideration should be given to identifying and stabilising more occult injuries such as pelvic fracture.

4.4.8 Once the patient is ready to be transferred the receiving hospital should be contacted to ensure that they are expecting the patient, and able to receive. Details should be given of exactly where the patient should be taken to, for example ED, CT, ICU, Theatre, along with details of the clinician accepting the referral and a contact number.

4.4.9 En route, full monitoring must be continued and documented. It is good practice to continue recording 5 minute observations on the TU ED observation chart for continuity, although it must be made apparent when the transfer began and ended.

4.4.10 When the transfer is complete, and all necessary documentation completed, the team will determine whether they need to return to base to refuel/restock, or whether they are available for further incidents.