

**Adult & Paediatric Acute Trauma  
Inter-Hospital Transfers  
  
Standard Operating Procedure**

**TRAUMA SINGLE POINT OF CONTACT  
TELEPHONE NUMBER IS THE  
SCOTSTAR EMERGENCY NUMBER  
  
03333 990 222**

## DOCUMENT CONTROL SHEET

### Key Information

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### Revision History

<b>Version</b>	<b>Date</b>	<b>Summary of Changes</b>
Final	25/05/2018	Agreed by Network
2022 V0.1	22/04/2022	None as yet from final version in 2018
2022 V0.2	28/019/2022	As discussed at SLWG in April 2022
2022 V0.3	07/11/2022	Various as fed back from SLWG members November 2022
2023 V0.4	16/02/2023	Additional third paragraph added to section 3 by S White
2023 V0.5	11/05/2023	Change of SPOC number as agreed at NoS Trauma Network pre-Hospital, Transfer and Retrieval Group 23/03/23
2023 V0.6	08/06/23	Addition to second paragraph of section 2

2023 V0.7	21/06/2023	Adding changes to Scope section
2023 V0.8	02/08/2023	Change throughout by T Hooper
2023 V0.9	08/08/2023	Change to title of the SOP
2023 V1.0	15/08/2023	Final version agreed

### Approvals

Version	Date	Group
2023 V0.5	08/06/23	NOS Trauma Network Pre-Hospital, Retrieval and Transfer Group
2023 V0.9	15/08/23	NoS Trauma Network Clinical Governance Group

## 1. INTRODUCTION

The majority of patients with suspected major trauma at a Local Emergency Hospital will require secondary transfer to the Major Trauma Centre (MTC). In the North of Scotland Trauma Network, Aberdeen Royal Infirmary and the Royal Aberdeen Children’s Hospital are the MTCs for adults and paediatrics respectively. There should be no delays from hospitals in the North in transferring patients requiring urgent interventions at the MTC. The single point of contact (SPOC) at the MTC is the ED Trauma Team Lead, available 24/7. Access to the SPOC is via the ScotSTAR Emergency Number **03333 990 222**, regardless of whether it is an adult or paediatric trauma case. This will be answered as a priority by the SAS Specialist Services Desk (SSD) who will arrange an immediate conference call to include the referring hospital Trauma Team Lead (TTL), the MTC TTL as the SPOC (ARI ED consultant) and the Emergency Medical Retrieval Service (EMRS)/Paediatric retrieval team (PRT). If EMRS/PRT are not involved in the transfer, SSD staff will arrange the transfer whilst the conference call is ongoing.

There may be occasions where urgent procedures need to be performed in a Local Emergency Hospital. In such situations specialist remote support will be provided by the MTC TTL (SPOC) or EMRS/PRT if they are involved in the transfer.

## 2. SCOPE

Hospitals in scope	Hospitals not in scope
Gilbert Bain Hospital, Lerwick, Shetland	Belford Hospital, Fort William
Balfour Hospital, Kirkwall, Orkney	Broadford Hospital, Skye
Caithness General Hospital, Wick	Western Isles General Hospital, Stornoway
Raigmore Hospital, Inverness	
Dr Gray’s Hospital, Elgin	

The acute major trauma patient pathway for those hospitals not in scope is provided by the West of Scotland MTC and therefore transfers/retrievals are not covered in this SOP.

If the transfer is not an immediate referral to the MTC (next day following injury or thereafter) a discussion should be made with the MTC Consultant (0830 - 1630 Mon- Fri). The contact number is **01224 553447**. However, because trauma transfer cases can have complex logistical requirements in the North, even if the trauma occurred over 24 hours previously, travel arrangements should still be made using the ScotSTAR Emergency Number **03333 990 222** and ask for the MTC Consultant (or SPOC if not week day) to be brought into the call.

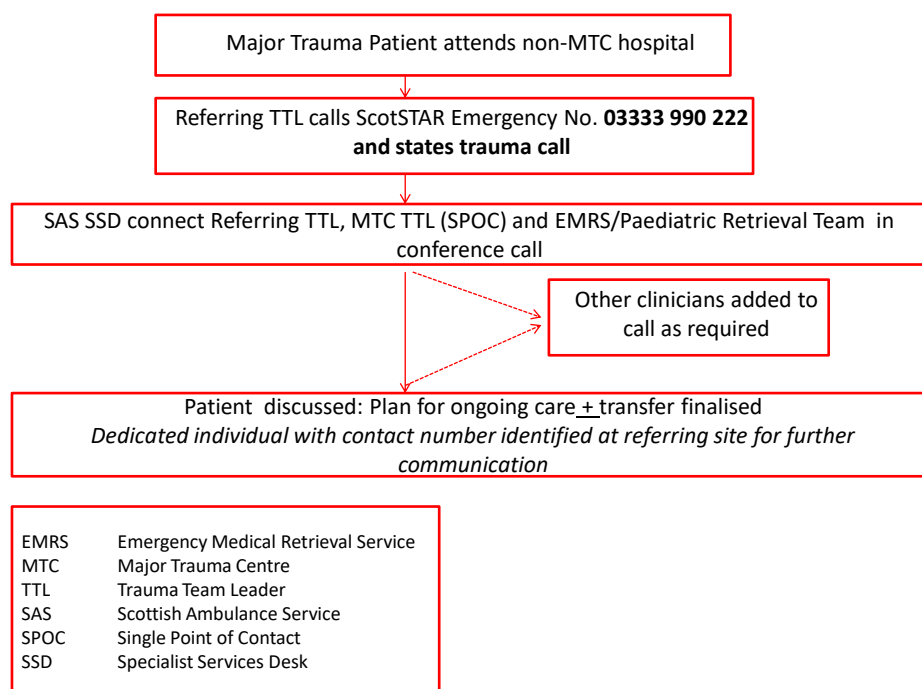
## 3. PROCESS

The referring hospital begins the call for advice and/or transfer by dialling the ScotSTAR Emergency Number telephone number **03333 990 222 and stating it is a trauma call**. The SSD Coordinator will collect basic information from the referring hospital TTL and set up a conference call with the MTC TTL (SPOC) and EMRS/PRT. The SSD Coordinator will stay on the call whilst the discussion takes place. The call will be recorded for governance purposes.

The MTC TTL (SPOC) will generally source specialist opinion and feedback to the referring hospital TTL via **03333 990 222**. In cases of complex trauma, a subsequent conference call can be set up by SSD involving the specialists needed.

In the rare event that the MTC TTL (SPOC) is already on a call, there will be an automatic transfer of the call to the emergency phone in the MTC ED majors area. Please be clear to the person answering the phone in this instance that it is a Single Point of Contact call for the Trauma Team Leader and they will ensure the MTC TTL (SPOC) is notified there is a call waiting. Support will be given to the referring hospital by the EMRS Consultant or MTC ED Registrar in the mean time.

A flow chart below demonstrates the process:



In addition NHS Highland is introducing a new role in their Rural General Hospitals to act as a transfer co-ordinator available for each shift. This individual will be able to manage any transfer that a senior decision maker in that hospital decides is necessary. The transfer co-ordinator will therefore be able to act as the referring TTL and follow the above process.

#### 4. RESPONSIBILITIES

##### SSD:

- a. Act as a communication hub for hospitals seeking advice/ transfer for major trauma (MT) patients to the MTC and facilitate the conference call.
- b. Contact the MTC TTL (SPOC) (direct line 01224 559031) and EMRS/Paediatric retrieval team.
- c. Record information whilst contacting the MTC TTL (SPOC) and relate patient information to them.

- d. Initiate transfer logistics for MT patients across the NoS Trauma Network whilst the call is in progress.
- e. If multiple calls come into the ScotSTAR emergency number at the same time the call will be routed to the next available SSD Coordinator. They will notify the referring clinician that the MTC TTL (SPOC) is already on a call and ensure they are made aware there is a call waiting.
- f. If the MTC TTL (SPOC) is already on a call, there will be an automatic transfer of the call to the emergency phone in the ED majors area. Be clear to the person answering the phone that the call is for the Single Point of Contact Trauma Team Leader and they will ensure the MTC TTL (SPOC) is informed there is a call waiting. Support will be given to the referring hospital by the MTC ED Registrar, or other Consultant if available, in the mean time.

#### **Referring TTL:**

- a. Identify patients with suspected MT
- b. Contact SSD using **03333 990 222 and state it is trauma call** and if the call is for advice only (at that stage) or for immediate transfer. The referring TTL can call the ScotSTAR emergency number again when the transfer is ready to happen if this was not the case in the first instance.
- c. Inform the SSD Coordinator of the information required .
- d. Have clinical/transfer discussion with MTC TTL (SPOC) and the EMRS/ Paediatric retrieval team as required.
- e. Ensure that a shared discussion on the conference call establishes if the patient is safe to transfer. It is not possible to ensure all patients are stable for transfer
- f. When immediate transfer to the MTC may not be in patient's best interests, agree a treatment plan with the MTC TTL (SPOC) +/- EMRS/Paediatric Retrieval Team if they are involved during the conference call

#### **MTC TTL acting as the single point of contact (SPOC):**

- a. Accept trauma call from the SAS SSD immediately and establish if the call is for advice only (at that stage) or for immediate transfer.
- b. Give advice or accept details of transfer from referring TTL.
- c. Request transfer of patient to MTC when there are benefits to that patient being cared for by the MTC.
- d. If a specialist opinion is required prior to accepting transfer (e.g. in cases where transfer may be futile or overall benefit to patient is to remain in referring hospital) seek that opinion and commit to providing a conclusion to the referring TTL within 30 minutes via the ScotSTAR emergency number. If an opinion cannot be provided within 30 minutes from the end of the initial call then automatic acceptance of the transfer is assumed. Specialists can be included in the conference call by providing their contact number to the SSD Coordinator.
- e. Consider direct transfer to a highly specialised quaternary service e.g. spinal injuries.
- f. Support referring clinicians who are dealing with patients who have sustained non-survivable injuries. If EMRS/ Paediatric retrieval team are involved in the transfer, advice may be provided by them.
- g. Ensure that MTC Trauma Team is alerted to the anticipated arrival of the patient and consider need for emergent access to Interventional Radiology and/or Operating Theatre.
- h. Ensure that the patient is received in an appropriate clinical area (ED Resuscitation Room by default) by the MTC Trauma Team and additional specialists as required.
- i. Be available for clinical decision support to the referring TTL until the patient arrives at the MTC, or EMRS/PRT arrive at the referring hospital.

- j. Review patient's images on National PACS prior to patient arrival at MTC.

**EMRS/Paediatric retrieval team contact:**

- a. Accept call from the SAS SSD if a EMRS or Paediatric Retrieval Team is required and action the transfer.
- b. Provide clinical and transfer logistics advice and support to the referring TTL.
- c. Provide regular updates on the transfer to MTC TTL (SPOC) using the direct line (01224 559031).

**REVIEW**

September 2025