TRIUMA CALLS
MACKAY HOSPITAL AND HEALTH SERVICE

1. Purpose
This procedure describes the processes for the management of trauma in the Emergency Department (ED) at Mackay Hospital and Health service (MHHS) and surrounding district.

2. Scope
This procedure relates to all clinical and non-clinical staff of the MHHS who may be called to care for patients that have been involved in a trauma. For specific trauma management processes in rural settings refer to page 2 of this document.

3. Procedure for Trauma Calls
A Two Tier Activation Process is utilised at MHHS for trauma care:

1. Trauma Orange
2. Trauma Red

As described in the Trauma Activation Criteria page 3 of this document.

The management of all patients presenting - regardless of age meeting activation of Trauma Call Criteria - are initially managed by the ED Senior Medical Officer (SMO) wearing a yellow Team Leader (TL) vest.

The primary and ideally secondary survey should be commenced in the ED prior to patient transfer. The tertiary survey ideally should be completed at 23-24 hours post presentation.

Paediatric Trauma Calls
In the event of a paediatric trauma presentation a trauma call will be activated based on the Trauma Call Criteria (page 3).

In a Trauma Red call the Paediatric Consultant is notified and required to attend. In a Trauma Orange call the Paediatric Registrar is notified and is required to attend.

All paediatric referrals involving trauma should be referred to the ED SMO. Initial responsibility lies with the ED SMO on duty who will then delegate to the appropriate team (Paediatric or Surgical).

In the event that the patient requires specialist treatment external to MHHS i.e. burns > 20% / neurosurgery/spinal trauma/prolonged ventilation, early transfer for definitive treatment may need to be considered.
Instruction for Supporting Rural Facilities - Transferring Trauma to MBH or Other Tertiary Facility

- Any patient (adult or paediatric) who presents to a rural facility and meets the Trauma Call Criteria (page 3) should be referred to the Mackay ED SMO for advice as required. **The ED SMO is available 24 hours a day on phone number: 4885 5109.**
- Trauma patients meeting activation criteria should be referred directly to the ED SMO rather than the inpatient teams. The trauma patient meeting the Retrieval Services Queensland (RSQ) “Criteria for Early Notification of Trauma” should contact QCC for management support and retrieval advice. (Refer to Appendix 3).
- Once initial notification of the trauma has been made, the Mackay ED SMO will be available to advise and assist with patient management and care as needed until RSQ arrive to transport the patient out. A Teleconference/Telehealth link between clinicians and facilities will be arranged as required.
- All Telehealth consultations for both adult and paediatric trauma must have management plans including appropriate clinical review times until arrival of the retrieval services; these should be co-ordinated by the ED SMO on duty and documented on IEMR.

On arrival at MBH these patients will be a trauma call as per Trauma Activation Criteria.

Procedure: Trauma Calls

Once the decision to activate a trauma call has been made by the ED SMO TL switch is notified by the Nursing TL either calling “9” or if an emergency “222”.

You need to state what colour trauma call is being made and the estimated time of arrival (ETA).

Please notify switch at the same time if you require Obstetrics or Paediatrics. Switchboard will then notify the staff required.

Response to Trauma Team Activation/Roles and Responsibilities

On arrival to the ED each member is expected to wear a vest indicating their role in the trauma.

All non-members are to remain outside the red line. Team roles are described in Appendix One. All patients meeting trauma activation criteria are triaged as a Category 1.
Procedure: Trauma Calls

The following chart outlines the Trauma Activation Criteria (This is not an exhaustive list. Use as a guide only)

**Adult Vital Signs (including any of the following)**
- Airway Compromise / intubation
- Respiratory Rate <10 or >29
- Oxygen Sat <90%
- Hypotension (systolic BP <90mmHg)
- Heart Rate >100 or <50
- AVPU Alert, Verbal, Pain, Unresponsive
- Depressed Level of Consciousness
- Age ≥70 with any chest injury

**Pediatric Vital Signs**

<table>
<thead>
<tr>
<th>Age</th>
<th>Respiratory Rate</th>
<th>Hypotension</th>
<th>Pulse Rate</th>
<th>Conscious State</th>
<th>Skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 weeks</td>
<td>&lt;40 or &gt;60</td>
<td>&lt;60mmHg</td>
<td>&lt;100 or &gt;170</td>
<td>Altered</td>
<td>Cold/pale/clammy</td>
</tr>
<tr>
<td>2 weeks - 1 yr</td>
<td>&lt;20 or &gt;60</td>
<td>&lt;70mmHg</td>
<td>&lt;90 or &gt;170</td>
<td>Altered</td>
<td></td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>&gt;20 or &gt;36</td>
<td>&lt;80mmHg</td>
<td>&lt;75 or &gt;130</td>
<td>GCS &lt;14</td>
<td></td>
</tr>
<tr>
<td>9 - 15 years</td>
<td>&lt;15 or &gt;25</td>
<td></td>
<td>&lt;65 or &gt;100</td>
<td>GCS &lt;14</td>
<td></td>
</tr>
</tbody>
</table>

**Code Red Triggers**

**ANATOMICAL**
- Injury to two or more body regions
- Fracture to two or more long bones
- Suspected or proven spinal injury
- Crush injury to head or torso (chest, abdomen, pelvis)
- Amputation of a limb
- Penetrating injury to the head, neck, torso, or proximal limb
- Airway Obstruction

**BURNS**
- ≥20% BSA in adults
- ≥10% in children
- airway burns

**PHYSIOLOGICAL**
- Depressed level of consciousness (AVPU) or fitting
- Deterioration in the emergency department
- Age >70 years with chest injury
- Immersion
- Explosion injury

**Pregnancy**
- ≥24 weeks gestation

**Multiple Patients**
- More than 2 patients expected
- Limited resources

**Code Orange Triggers**

**MECHANISM**
- RTC ≥ 100 km/h or with ejection
- Pedal cyclist, motorcyclist or pedestrian hit by vehicle ≥ 30 km/h or unknown speed
- Fall ≥ 5 metres Adults
- Fall ≥ 3 metres children
- Fatality in same vehicle
- Inter-hospital trauma transfer meeting activation criteria

**Inter Hospital trauma related Transfer**
- Prolonged extirpation >30 minutes
- GCS 10-13

If there are any serious concerns in relation to an injured patient, the assessing person should have a low threshold for activation of the trauma team.

Decision to 'not activate' or 'downgrade' a trauma call to be made by DEM Consultant only.

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**Trauma Red Call**

STAFF CONTACTED FOR TRAUMA RED
INCLUDE
- ED SMO
- ED CNC
- Switch will contact PHO’s from Surgical, Orthopaedics, ICU and Anaesthetics. They will call consultant from Surgical, Orthopaedics, ICU and Anaesthetics
- Radiographer
- Laboratory
- Theatre
- Wardsperson x 2
- Nurse Manager

The ED SMO may request additional trauma members which may include:
- Paediatric PHO and CONSULTANT (for trauma patients under 16 years of age).

This will be communicated to switch who will then contact the additional team members.

**Obstetric PHO and CONSULTANT** (for obstetric patients involved in trauma).

Commence Code Brown if required

STAFF CONTACTED FOR TRAUMA ORANGE
- ED SMO
- ED CNC
- PHO’s from Surgical, Orthopaedics, and Anaesthetics
- Radiographer
- Laboratory
- Switch will alert but not ceasing elective theatre
- Wardsperson x 2
- Nurse Manager

The ED SMO may request additional trauma members which may include:
- Paediatric PHO for trauma patients under 16 years of age.
- Obstetric PHO for obstetric patients involved in trauma.

This will be communicated to switch who will then contact the additional team members.
Procedure: Trauma Calls

Instruction for Multi Casualty Trauma Presentations
If you are notified by Queensland Ambulance Service (QAS) of a multi casualty trauma, please take the following steps in preparation:-

- Using the (N) MIST format (N-Number of people injured, M – Mechanism of injury, I – Injuries, S – vital Signs, T – Treatment), collect the information from the QAS.

- Based on the information re mechanism and injuries call switch as per usual to activate trauma call and state the colour of the trauma call and the number of patients e.g. TRAUMA RED 3 patients OR TRAUMA ORANGE 4 patients.

- Communication between the ED SMO and Nursing TL ensures appropriate preparation and allocation of resources. Utilise the Telstra messaging service to call in extra staff as required, accelerate disposition for current patients and allocate trauma teams. Consider Code Brown activation for multiple casualties or when resources are limited.

- Each trauma patient ideally requires a team of 3 doctors and 3 nurses. An ED SMO or experienced ED Principal House Officer (PHO)/Registrar should be TL and one of the nurses must be an ED Registered Nurse (RN). Each trauma should be managed as per standard trauma processes. (Please refer to the TRAUMA MANUAL section 1 for the responsibilities of each trauma team member – http://qheps.health.qld.gov.au/mackay/docs/services/trauma/trauma_man.pdf)

- R1, R2 and HD1 – 3 are all capable of supporting a full resuscitation. Ideally place the highest acuity patients to the resus room. Be mindful only supine xrays can be done in HD 1 – 3.

- If you do not have enough resources to manage multi casualty trauma, a CODE BROWN/EXTERNAL EMERGENCY response is required. Resources available are variable during different times of the day and night and dependant on existing department workloads.

- A CODE BROWN/EXTERNAL EMERGENCY is defined as “A multi casualty incident, which in the opinion of the ED Director or Duty SMO, Nurse Unit Manager (NUM)/Nurse Educator or CNC, TL or Bed Manager/After Hours Coordinator is likely to overwhelm the resources of the hospital at the time. Available resources will be different in hours and after hours. The degree of warning impacts on the timely mobilisation of resources. For clarification of the Code Brown process follow the link; http://qheps.health.qld.gov.au/mackay/policies/emerg.htm

4. Supporting Documents


Procedure: Trauma Calls

children?topicKey=EM last accessed 11/03/2013.

5. Consultation

<table>
<thead>
<tr>
<th>Date</th>
<th>Key Stakeholder /s</th>
<th>Position</th>
<th>Status Tracking</th>
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<tr>
<td>July 2008</td>
<td>Pascal Gelprowicz</td>
<td>Acting Director ED</td>
<td>Developed &amp; Approved</td>
</tr>
<tr>
<td>July 2008</td>
<td>Todd Fraser</td>
<td>Director ICCU</td>
<td>Developed &amp; Approved</td>
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<tr>
<td>July 2008</td>
<td>Raad Almehdi</td>
<td>Director Surgery</td>
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<tr>
<td>July 2008</td>
<td>Milos Kolarik</td>
<td>Director Orthopaedics</td>
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<tr>
<td>July 2008</td>
<td>Antonio Pais</td>
<td>Director Medical Imaging</td>
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<tr>
<td>July 2008</td>
<td>Paul McAllister</td>
<td>CNC/Educator</td>
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<td>July 2008</td>
<td>Ed &amp; ICU Protocol Committee</td>
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6. Procedure Revision and Approval History

<table>
<thead>
<tr>
<th>Date</th>
<th>Amendment</th>
<th>Authorised by</th>
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<tr>
<td>May 2009</td>
<td>Major rewrite of document by Dr Pascal Gelprowicz &amp; Kathy Flanigan in consultation with Clinical Directors Surgery, Critical Care, Radiology, Orthopaedics, Anaesthetics &amp; Trauma &amp; Protocol Committee.</td>
<td>Dr Pascal Gelprowicz &amp; Kathy Flanigan</td>
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<td>Nov 2009</td>
<td>• Incident with trauma patient wording changed page 1 Pedal cyclist, motorcyclist, or pedestrian hit by vehicle &gt; 30km/hr or unknown speed.</td>
<td>Dr T Fraser &amp; Dr H Drobetz</td>
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<td>April 2010</td>
<td>• Page 1 Spinal Cord replaced with Spinal injury</td>
<td>Dr H Drobetz</td>
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### Procedure: Trauma Calls

#### Procedure Revision and Approval History – cont'd

<table>
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<th>Responsible Parties</th>
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| March 2013 | - Modification of document (no longer current) in consultation with Trauma Team Committee  
- Addition of activation criteria: fall > 3 meters in children after researching two tiered trauma activation criteria  
- Modification of after hours on call notification – addition of ED SMO  
- Research into process of loud speaker communication to ensure appropriate process is followed. | L McGrath in consultation with Trauma Team committee  
Key stakeholders:  
- Clinical Director Orthopaedics  
- Clinical Directors of Surgery  
- Clinical Director of Critical Care  
- Clinical Directors Radiology  
- Anaesthetics  
- Melanie Clark  
- Paul McAllister  
- Sue Meredith  
- Jayne Shearman (QAS) |
| May 2013   | - Changes made to document after initial signing                         | Louise Kerslake CNC ED                                                              |
| March 2014 | - Changes made to document page 1 – added “all trauma calls triaged as CAT 1”  
- Immersion injuries added to Trauma Orange  
- Two or more seriously injured patients moved from Trauma Orange to Trauma Red | Pieter Nel  
Louise McGrath  
Herwig Drobetz |
| Dec 2014   | - Complete overall of policy document  
- Addition of instructions for Multi Casualty Trauma  
- Changes to Criteria to Orange and Red Activation Criteria  
- Change to ED SMO only responsible for decision on calling a Trauma  
- ICU no longer to attend orange trauma calls | Melanie Clark CN Trauma |
| May 2015   | - Document rewritten flowchart changed                                   | Melanie Clark CN Trauma                                                              |
### Procedure: Trauma Calls

### Procedure Revision and Approval History – cont'd

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<td>Louise McGrath CNC in consultation</td>
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<td>• Modification of trauma call flowchart to include</td>
<td>with trauma team committee</td>
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<td>• inclusion/exclusion criteria and prompt for Code Brown</td>
<td>Pieter Nel</td>
</tr>
<tr>
<td></td>
<td>• Inclusion of trauma patient transfer from rural facilities</td>
<td>H Drobetz</td>
</tr>
<tr>
<td></td>
<td>• Clarification of trauma team roles</td>
<td>Clinical Directors CAU Anaesthetics,</td>
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<td>Surgery Orthopaedics</td>
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<td>Dec 2015</td>
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<td>Louise McGrath (CNC) in consultation</td>
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<td>• Modification of rural trauma management process to include:</td>
<td>with Trauma Review Committee:</td>
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<td>• timely referral to ED SMO +/- RSQ for support/management options</td>
<td>Melanie Clark (TRC)</td>
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<td>• and reference to the MHHS trauma activation criteria</td>
<td>Herwig Drobetz</td>
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<td></td>
<td>• Inclusion of ATS triage Category 1 for all patients meeting trauma</td>
<td>Michael Williams (Director CAU)</td>
</tr>
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<td>• activation criteria</td>
<td>Clinical directors ICU, Theatre, Critical</td>
</tr>
<tr>
<td></td>
<td>• Inclusion of tertiary survey requirements page 1</td>
<td>care, NE ICU, ED, QAS Mel Burnass</td>
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<td>and the ED Management team</td>
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#### 7. Audit Strategy

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<th>Level of risk</th>
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<tr>
<td>Audit strategy</td>
<td>PRIME for clinical incident and Trauma review</td>
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<td>Audit tool attached</td>
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<td>Audit date</td>
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<td>Audit responsibility</td>
<td>All Clinical Staff</td>
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<tr>
<td>Key Elements / Indicators / Outcomes</td>
<td>Trauma patients will be managed within the correct time frames, with the correct staff and outcomes</td>
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</table>
Procedure: Trauma Calls

Appendix One - Roles of Trauma Team

Switchboard
Switch notifies Trauma Team as per Switch Procedure and Checklist for Trauma calls. A group page is sent, then Switch individually calls the PHOs on their DECT phone. If any of the PHOs are unable to be contacted, Switch will notify the ED SMO.

Once the page is received Team members are to present to the ED in a timely manner.

ON ARRIVAL IN ED EACH MEMBER WILL BE GIVEN A VEST INDICATING YOUR ROLE IN THE TRAUMA.
ALL NON-TEAM MEMBERS ARE TO REMAIN OUTSIDE THE RED LINE.

Emergency Department SMO Team Leader
- Requests the Nursing TL to notify switchboard of trauma call in hours with ETA if available
- Allocates ED Doctor to be TL for the Trauma Team (Usually PIT Dr)
- Coordinate ED preparation for patient/s arrival in partnership with ED TL
- Ensure you are contactable when on call outside hours via either mobile or landline
- Ensure timely arrival to the ED out of hours

Emergency Department Nursing Team Leader
- Notify switchboard of trauma call if requested by ED SMO
- Allocate Airway Nurse, Procedure Nurse and Scribe Nurse
- Ensure preparations get underway and that an appropriate cubicle is available for incoming trauma

Emergency Department Clinical Nurse Consultant
- Attend ED on Trauma Call Criteria in hours (out of hours defaults to ED TL)
- Facilitate timely nursing role allocation and nursing movements
- Assist the TL in the management decisions such as patient disposition/resources required/trauma management and escalation of patient flow in acute ED
- Provide clinical support to allocated trauma team roles
- Attend ED on trauma call after hours if requested for complex/multi patient management

Surgical and Orthopaedic PHOs
- Attend ED on Trauma Call Criteria; ensure timely arrival to the ED out of hours
- Notify Consultant on call for all TRAUMA REDS, Consultant to attend
- Ensure appropriate handover of long-range trauma pager
- Attempts to contact ED for details should not delay attendance to the department
Procedure: Trauma Calls

Intensive Care Unit PHO
- Alerted of all TRAUMA CALL ORANGES and attend all TRAUMA REDS
- Facilitate timely patient transfer to Intensive Care Unit (ICU) if ICU admission required
- Notify Consultant on call for all TRAUMA REDS, Consultant to attend

Anaesthetic PHO OR Registrar
- Attend ED on all Trauma Call Criteria; ensure timely arrival to the ED out of hours
- Facilitate timely patient transfer to the Operating Theatre
- Notify Consultant on call for all TRAUMA REDS, Consultant to attend

Nurse Manager
- Attend ED on Trauma Call Criteria
- Provide timely assistance with nurse staffing allocation, patient admission and ensure other admissions and patient activity does not hamper trauma patient management

Wards Persons
- Attend ED on Trauma Call Criteria
- Remove patient clothing as directed by the nursing staff
- Provide CPR if accredited to do so and at the request of trauma team staff
- Ensure ultrasound machine is available in the ED for FAST scanning

Radiographer
- Attend ED on Trauma Call Criteria
- Ensure portable X-ray and cassettes are available at the bedside

Laboratory Services
- Ensure laboratory resources are mobilised on Trauma Call Criteria

Operating Theatre Staff
- No action required for ORANGE TRAUMA unless directed by Anaesthetist
- For TRAUMA RED ensure an emergency theatre is staffed and available until stand down call is made from the Anaesthetist
- Mobilise out of hours’ team after notification if needed

Paediatric and Obstetric PHO
- Attend ED on Trauma Call Criteria if contacted regarding unit-specific trauma cases only
- Notify Consultants on call of all TRAUMA REDS, Consultants to attend

FOR EXPLANATION OF TRAUMA TEAM ROLES REFER TO THE MBH TRAUMA MANUAL.
Appendix Two - Stages of Code Brown

## CODE BROWN
STAGES OF CODE BROWN

- Site team  
  - SMO x 1  
  - RMO x 1  
  - CN x 1  
  - RN x 3

- Liaise with Police QAS, QORESG and QFS

- ED Commander
  - Medical Staff on duty
  - Radiographers
  - Ultrasoundographers
  - MRI
  - Director of Radiology
  - Director of Pathology
  - Pathology Staff

- OT and OT on call staff
  - Nursing Directors
  - NUMS
  - Educators
  - CNCs

- District Director Nursing Services
  - Nursing Staff
  - Allied Health Director and Social Worker

- Executive Director Corporate Services
  - Manager Admin Services
  - Manager Health Information Unit
  - Engineering
  - Environmental Services
  - Additional Ancillary Staff

- Executive Director Clinical Services or Delegate
  - Director of ICU
  - Director of Surgery
  - Director of Anaesthetics
  - Director of Orthopaedics
  - Any other relevant specialties

- Prepare relevant areas with NUM/CNC or team leader nursing
  - Discharge relevant patients
  - Prepare beds and resources

- Notification from a number of different sources
  - Call collected by Team leader to fill out Disaster Notification Form
  - Security Commence Hospital Lock Down
  - Operational Officers
  - ED NUM and CNC

- Clear areas A B and C
  - Allocate staff as designated on map resources and equipment from other areas
  - Set up staff mobile triage desk

- Site Medical Coordinator
  - Activation Code Brown
  - Nurse Manager
    - Notification commences, activation cascade and informs of response level

- Preparatory Activation
  - Alert
  - Standby
  - Standdown

- Availability of staff
  - Level of response
  - Number of casualties

- Switchboard
  - Follow Card 11
  - Notification of all on call Medical Officers as per list Card 11

- Hospital Operations Centre Activates calling in of staff by Clinical and Non Clinical Leads

- RESPONSE
Procedure: Trauma Calls

Appendix Three - Retrieval Services Queensland RSQ Criteria for Early Notification of Trauma

Retrieval Services Queensland

RSQ Criteria for Early Notification of Trauma

**Vital Signs**

<table>
<thead>
<tr>
<th></th>
<th>Adult</th>
<th>Newborn</th>
<th>Infant</th>
<th>Child</th>
<th>Large Child</th>
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<tbody>
<tr>
<td><strong>Respiratory Rate</strong></td>
<td>&lt;10 or &gt;30/min</td>
<td>&lt;40 or &gt;60</td>
<td>&lt;20 or &gt;50</td>
<td>&lt;20 or &gt;35</td>
<td>&lt;15 or &gt;25</td>
</tr>
<tr>
<td><strong>Oxygen Saturation</strong></td>
<td>&gt;90%</td>
<td>&gt;95%</td>
<td>&gt;95%</td>
<td>&gt;95%</td>
<td>&gt;95%</td>
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<tr>
<td><strong>Systolic BP</strong></td>
<td>&lt;90 mmHg</td>
<td>N/A</td>
<td>60 mmHg</td>
<td>70 mmHg</td>
<td>80 mmHg</td>
</tr>
<tr>
<td><strong>Pulse Rate</strong></td>
<td>&gt;120</td>
<td>&lt;100 or &gt;170</td>
<td>&lt;90 or &gt;170</td>
<td>&lt;75 or &gt;130</td>
<td>&lt;65 or &gt;100</td>
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<tr>
<td><strong>Glasgow Coma Score</strong></td>
<td>&lt;14</td>
<td>ALOC</td>
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**Injuries**

- All Penetrating Injuries
- Head/neck/chest/abdomen/pelvis/axilla
- Blunt Injuries
- Patients with a significant injury to a single region: Head/neck/chest/abdomen/pelvis/axilla
- Patients with injuries involving two or more of the above body regions

**Mechanism of Injury (MOI)**

- Ejection from vehicle
- Motorcyclist impact >30kph
- High speed MVC >60kph
- Vehicle rollover
- Fatality in same vehicle
- Prolonged extrication (>30min)
- Pedestrian impact
- Fall from height >3metres
- Struck on head by falling object >3metres
- Explosion

**Contact QCC**

1300 799 127

For Management Support, Retrieval Advice and Destination Decision

(All calls to, and from, RSQ via the QCC may be recorded)

Follow usual local processes for assessment and transfer of the patient

Revised Aug. 2012