**FORM (A) - ACC Unit Decompression Transfer and Mutual Aid Request Form**

**To be submitted to:** [**uhb-tr.accots@nhs.net**](mailto:uhb-tr.accots@nhs.net) **(West Midlands) /** [**uho-emaccots@nhs.net**](mailto:uho-emaccots@nhs.net) **(East Midlands) by 08:30 daily**

|  |  |
| --- | --- |
| **Date** |  |
| **ACC Unit** |  |
| **ACC Unit point of contact (POC) for today** |  |
| **POC email address** |  |
| **POC telephone number** |  |

**Request to transfer patients (please refer to patient selection criteria):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referring trust site** | **Number of patients** | **COVID status** | **Priority**  **if there are insufficient destination beds, please identify the priorities for transfer** |
|  |  |  |  |

**Beds available to receive patient transfers:**

|  |  |  |
| --- | --- | --- |
| **Receiving hospital site** | **Number of beds** | **COVID status** |
|  |  |  |
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