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

**To be submitted to:** **uhb-tr.accots@nhs.net** **(West Midlands) /** **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** |
|  |  |  |
|  |  |  |