



SMTU: Trauma Heliport Resuscitation: “Heliport Code Blue” SOP (RPH)

Scope

Site	Department, division, or operational area	Applicable to
Royal Perth Hospital (RPH) only	State Major Trauma Unit (SMTU), Emergency Department (ED), Operating Theatres (OT)	Medical and Nursing

Purpose

The purpose of this standard operational procedure (SOP) is to notify Trauma Page (6000) responders of the diversion of Heliport patients who are in extremis, directly to the Theatre Holding Bay on Level 4 R Block/North Block for resuscitation.

Links to relevant documents

- [Appendix I: Notification flow chart](#)

Definitions

Heliport Code Blue	Standardised process for the diversion of helicopter retrieval trauma patients from the Heliport to the Holding Bay (Front Desk) of the Operating Theatres (Level 4 R Block/North Block) who are in a life-threatening status, requiring urgent resuscitation.
Major haemorrhage pack	Contains 4 units red blood cells (RBC), 2 units fresh frozen plasma (FFP) and 1unit platelets (PLT)

General information/preamble

Helicopter retrieval trauma patients are often severely injured and/or critically ill. In addition, these patients may have travelled a significant distance from trauma location to definitive care. The Heliport at RPH is located on Level 8, R Block/North Block, some considerable distance from the ED resuscitation area on Level 3 Q Block/South Block. In the event of a patient’s clinical status rapidly deteriorating enroute to the ED, there needs to be a contingency for an alternative resuscitation location that is appropriately resourced in terms of equipment and trained personnel.

All other trauma page responders will be requested via the Heliport Code Blue process to proceed to the Theatre Holding Bay to prepare for the patient’s arrival and resuscitation.

Whilst there are resuscitation facilities within the In-Patient Reception Area (IPRA) in the new Heliport on Level 8, it is imperative that the patient continues their journey to the next destination (Theatre Holding Bay or Emergency Department resuscitation area) as soon as possible for definitive trauma care.

Access to the Heliport on Level 8 is via proximity card access to IPRA Lift 32 and internal fire stairs. Anyone without a proximity card will need to contact the Helicopter Landing Officer (HLO) on extension 43397 to gain access

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Criteria

- Impending or actual cardiac arrest
- Impending or actual airway compromise
- At the discretion of the receiving ED Specialist

“Heliport Code Blue” scenarios

- **Scenario 1:** Arrest on helipad with no prior notification and requiring urgent diversion to Theatre Holding Bay.
- **Scenario 2:** Notification from Helicopter Critical Care Paramedic of arrest in progress and will likely require urgent diversion to Theatre Holding Bay.
- **Scenario 3:** Previously stable patient deteriorates enroute to the ED from the Heliport.

Note: If the deterioration occurs past the “point of no return” (i.e. post R Block/North Block lifts on Level 3), continue to proceed to the ED.

Entire ED Resuscitation Team (3x Doctors [Team Leader, airway, circulation]; 3x nurses [CC1- drugs/defibrillator, CC2- airway, scribe/circulation]; 1 x PCA) will be required to attend theatres to assist with any Heliport Code Blue scenario.

Activation of “Heliport Code Blue”

ED Heliport Response Team

- Activation of “Heliport Code Blue” is done by the ED Heliport Response Team via Radio notification to the ED Physician in Charge (EPIC). Stating “Activate Heliport Code Blue - diverting to Theatre Holding Bay”. The EPIC will then notify the Trauma Team (via the Trauma Group page - 6000) and Theatre Front Desk Coordinator (via telephone on ext. 42365), Stating “Heliport Code Blue – attend Theatre Holding Bay, Level 4 R Block/North Block”
- Due to radio transmission issues within the lifts, radio notification needs to be conveyed before entering the lift, with receipt of acknowledgement from the EPIC.
- Automatic attendance of Intensive Care Unit (ICU) and Anaesthesia in response to this page.
- Initiate resuscitation and accompany patient to the Theatre Holding Bay (with the St John Ambulance [SJA] Critical Care Paramedic)
- The Heliport Response Team must bring the ED Red Cell shippers to the Heliport for use if required.

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Roles and responsibilities

ED Heliport Response Team

- Initiate “Heliport Code Blue” as above and request entire ED resuscitation team on standby to attend theatres immediately.
- Liaise with multidisciplinary team members (ED/Trauma/Operating Theatre [OT]/SJA) and coordinate ongoing resuscitation in the Holding Bay
- In the rare event that the Theatre Coordinator is not available on arrival in theatres (i.e. no one from Theatres in the Theatre Holding Bay and hence no Heliport Code Blue notification), hit the red resus button to announce arrival in the Holding Bay
- Provide ED Shipper blood if required until in OT holding bay to receive MHP blood.

ED Resuscitation Team (on standby in ED)

- Attend Theatre Holding Bay (ED and Trauma staff)
- Activate Massive Transfusion Protocol
- Bring MHP if already in ED.
- If transfusion required immediately and MHP has not yet arrived, use the 2 units O Neg red blood cells (RBC) from the emergency shipper* (located in the ED medication room which will have come from the heliport with the patient).
- If patient location changes post-dispatch of orderly to Transfusion Medicine to collect the MHP, contact orderly with new patient location for delivery of MHP.
- ED Resuscitation Team to undertake allocated roles once in theatre holding bay.
- Role stickers and trauma documentation available in the rapid intervention trolley in the Theatre Holding Bay, all team members are to identify themselves with these.
- ED Resuscitation Team and Trauma Service to assist with preparation of the patient for OT, if required, and assume responsibility for the patient until handover to OT

* Team Lead to delegate someone from the ED resus team to notify the Transfusion Medicine staff (ext. 42475) if the shipper has been taken to the Heliport/Theatre Holding Bay.

Trauma Fellow/Registrar

- Notify on-call Trauma Consultant
- Notify Radiology for portable chest x-ray and ensure ultrasound with curvilinear probe is available.
- Proceed to the OT Holding Bay
- Liaise with ED Team Leader and assist with resuscitation.
- Activate and coordinate additional specialties (e.g. Neurosurgery) as required.

Roles and responsibilities cont'd

Operating Theatres (OT) Front Desk Coordinator

- Activation of Theatre Team (Prep Coordinator, Duty Anaesthetist (if available) and Anaesthetic Tech Coordinator)
- Call for Theatre emergency thoracotomy trolley and defibrillator
- Additional equipment (e.g. blood warmer (Anaesthetic Tech Coordinator – Page 2058); personal protective equipment (PPE); action cards)
- In the event that the Anaesthetic Technician is unavailable, utilise the ED rapid intervention trolley (intubation equipment; lines; transducers; disposable scalpel etc.), which is located in the designated room off to the side of the Theatre Holding Bay (by the blood gas machine)

Theatre staff (if available)

- Theatre Nurses to assist ED Trauma Nurse

Duty Anaesthetist

- Assist with airway and ventilation management as appropriate.

Intensivist

- Assist with patient management as appropriate, in consultation with the ED Team Leader

Note: Each team member is responsible for identifying themselves with a role allocation sticker, which are kept on the rapid intervention trolley.

Patient disposition

ED Response Team and Trauma Team maintain full responsibility for the patient until handover to the admitting team

- A decision regarding patient disposition must be made within 20 minutes of arrival in the Theatre Holding Bay
- In the event of patient becoming stable enough for further review, patient will be transferred to the ED under the care of the ED Response Team

All other areas: Booking slip to be done via Enterprise Bed Management (EBM) with notification to ED Notification (page 6199) regarding patient's disposition.

Surgery

- Relevant surgical team and Duty Anaesthetist to assume responsibility for the patient once in theatre

ICU

- Liaise with ICU Shift Coordinator (page 1607) and ICU Senior Registrar (page 3605) and transfer to ICU as appropriate under the care of the relevant admitting team.

State Major Trauma Unit (SMTU)

- Determine requirements for standard (STU) or high acuity (STUA) trauma bed. Liaise with SMTU Shift Coordinator (ext.41383). Transfer to SMTU (STU or STUA) as appropriate under the care of the relevant admitting team.

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Patient disposition cont'd

Radiology

- The Trauma Surgical Team to assume responsibility for the transfer of patient to Radiology. If the patient is intubated, liaise with ED and Anaesthetists and follow intra-hospital guidelines re. transfer of intubated patient (to computed tomography [CT], magnetic resonance imaging [MRI] etc.).

Deceased care

- Care of bereaved friends and relatives – Process for notification, informing next-of-kin, friends and relatives is responsibility of ED and Trauma staff.
- Bereavement information packs to be supplied by ED.
- ED and Theatre staff (if available) to prepare patient for the Mortuary.
- Friends and relatives visiting – wherever possible, deceased patient to be transferred to the Mortuary for viewing. Consider need to comply with Coronial requirements. Refer to **End of Life CPS**.

Patient documentation / identification

Temporary patient records

- “Disaster Packs” are kept in the ED rapid intervention trolley located in the Theatre Holding Bay. These packs contain admission records, the blue *Trauma Form (MR 1.1)* and a temporary patient unit medical record number (UMRN), which can be merged with patient’s existing records when available.
- ED Nursing Team to ring ED Clerical Staff (ext. 42660) to notify that a temporary patient record has been used and will need replacement for the Heliport Theatre Holding Bay Resuscitation Area
- ED Clerical Staff to enter patient onto webPAS (patient administration system) – with patient details, including temporary UMRN
- ED Clerical Staff to perform merge of patient’s temporary record with existing record, post resuscitation, if applicable
- Theatre Staff to add patient to Theatre Management System (TMS) once patient has been added to webPAS, in order to capture clinical activity.

Facilitator

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Authors / acknowledgements

We acknowledge the following previous site endorsed work and/or contributors used to compile this document.

Review authors

RPH Trauma Committee

Related policies, practice standards, clinical guidelines

[RPBG Policy Hub](#)

- [Helicopter Operations Policy \(RPH\)](#)

Legislative requirements, the evidence, and the standard

For information relating to the legislative requirements and standards that RPBG policy documents must adhere to, and regarding the logos and levels of evidence used within RPBG policy documents, refer to [Legislative Requirements, the Evidence and the Standard](#) (live link) on the Policy Hub.

Related national standards

ACSQHC NSQHS Standards 2nd Edition (2021)

Standard 6: Communicating for Safety Standard

Standard 8: Recognising and Responding to Acute Deterioration

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