APPENDIX 1



ESCALATION STATUS RECORD

DATE & Time ……………………………………..

UNIT STATUS ………………………….. (Amber / Red / Black)

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE** | **NAME** | **TIME CALLED** | **TIME ATTENDED** |
| Nurse in charge |  |  |  |
| Paediatrician |  |  |  |
| Clinical site coordinator |  |  |  |
| Duty Manager |  |  |  |
| Directorate Senior Nurse |  |  |  |
| Trust Executive on-call |  |  |  |
|  |  |  |  |
| Decision to close the unit |  |  | X |
|  |  |  |  |
| Inform switchboard |  |  | X |
| Inform ED |  |  | X |
| Inform ambulance control |  |  | X |
| Inform neighbouring units | Southampton |  | X |
|  | Poole |  | X |
| Calls to be made by Sarum Ward Clerk in working hours or Clinical Site Team out of hours | Dorchester |  | X |
| Winchester |  | X |
| Bath |  | X |
| Swindon |  | X |
| Yeovil |  | X |
|  | Basingstoke |  | X |
|  | Portsmouth |  | X |

**NOTES:**

**Completed by:**

**Designation:**