

WRH Emergency Department COVID Surge Plan

Date: 29.03.2020

ACTION	RATIONALE	ENABLERS or Co-dependence
Creation Cohort Areas AEC and High Care	Enables separate non-covid paed stream & prevents uncontrolled transfer of minor injuries when ED is in extremis	Surgical specialties Appropriate space IT
Planned move of minor Injury Stream out of ED		
Cohort Areas become full – use AEC as assessment space and overflow into 9,8,7 & 6,5,4	Enables ED staff to concentrate on sick adult cases. Remaining paed back into paed area which frees up Minors for resp overflow	Paediatric ward Cohort space & staff
Paediatric COVID stream transferred directly to Paediatric Cohort area without ED input TRIGGER #1		
Conversion Minors Area into Respiratory care overflow Area. TRIGGER #2	Enables ED to concentrate on sick and dying	No minors stream , No Paediatric Cohorting. GP moves into ESTC Area
Re-direction of all non-life threatening ¹ non-respiratory work direct to specialty assessment area except Medicine TRIGGER #3		All specialty assessment areas able to accept referrals direct from triage incl. those who incidentally may have COVID



1 Those patients not requiring the Resus Room



Triggers to be determined by Duty ED Consultant and ED Nurse in Charge

TRIGGER #1 - TRANSFER PAEDIATRIC RESPIRATORY STREAM

Either 1 or 2

1. **Lack of SPACE** within the ED that:

a. precludes a separate Paediatric Waiting Area

AND

b. means paediatric patients are being examined and assessed in an area that is not separate from adult patients.

2. **Lack of STAFF** within the ED that means:

a. the ED is unable to provide enough paediatric trained nurses to look after one of the paediatric streams (respiratory or non-respiratory)

OR

b. there is insufficient appropriately experienced doctors to assess one of the paediatric streams (respiratory or non-respiratory)

TRIGGER #2 - CONVERSION MINORS TO RESPIRATORY OVERFLOW

a. Cohort Areas - AEC, High Care, 9,8,7 & 6,5,4 are all in use or about to be

AND

b. ED staffing resource adequate enough to allow 4:1 nursing as well as doctor oversight

AND

c. Minor injury and paediatric workload moved out of Minors Area

TRIGGER #3 - TRANSFER IN-PATIENT SPECIALTY WORKLOAD

1. **Lack of STAFF** within the ED that means:

COVID Related workload is overwhelming the ED's ability to cope with acuity or volume of cases in a safe and timely manner

Note: the triggers do not necessarily have to be met sequentially