

AGH Emergency Department COVID Surge Plan

Date: 29.03.2020

ACTION	RATIONALE	ENABLERS or Co-dependence
<p>Trigger 1: In surge include Cubicle A,B & C as Cohort area. (Waiting for O2 & suction)</p>	<p>When Cohort Area (EDU) becomes full – We already use cubicle 3,4,5, 9,10,11,12 as Cohort spill over areas.</p>	<p>Surgical specialties appropriate space and IT in their depts.</p>
<p>We should not accept an unwell child at AGH via Amb.</p>	<p>We use C3 for Paeds Unwell (Walk in).</p>	<p>No minors stream,.</p>
<p>Re-direction of all non-life threatening non-respiratory work direct to specialty assessment area except Medicine.</p>	<p>We send our minor injuries to fracture clinic after triage. This has provided us six cubicles in the Portakabin. There is no O2 or suction in this area.</p>	<p>All specialty assessment areas able to accept referrals direct from triage incl. those who incidentally may have COVID</p>
<p>To keep PortaKabin Cubicles in surge for suitable patients (decided by senior clinicians to create space in the main department.</p>	<p>Enables ED to concentrate on sick and dying</p>	
<p>TRIGGER 2: Re-direction of all non-life threatening respiratory work direct to Medicine (St4 and above to decide). Additional Acute Med staff in ED for prompt transfer of patients to wards.</p>		

1 Those patients not requiring the Resus Room

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

**TRIGGER #1 - CONVERSION of cub A,B,C TO RESPIRATORY
OVERFLOW**

- a. Cohort Areas - EDU, Cub 3,4,5 and 9,10,11,12 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

TRIGGER # 2 - 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

