

EMERGENCY DEPARTMENT
Eliminating Overcrowding in ED – Maintaining IPC Distancing Measures

PURPOSE

As ED attendances increase, so does the challenge of maintaining IPC distancing measures within the department. This SOP is intended to standardise the actions taken within the Emergency Department to enable patients to be effectively managed against IPC distancing measures.

It covers the main areas within the ED, which have been classified as WARM or COLD, determined by the cohorting of patients by presenting complaint and condition;

- Waiting Room (Main – WARM)
- Ambulance Triage (and Corridor)
- Waiting Room (SDEC - COLD)
- Majors cubicles
- Minors
- Paediatric Emergency Department

It is an aide memoir and does not remove clinical decision making or judgement; it is intended as a guide to help minimise the risk of contagion through efficient use of resource.

For the purpose of this document, current departmental capacity (in line with IPC distancing measures) has been calculated as;

Area	Waiting area	Capacity
Additional Wait unit	20 seats	42 seats, 12 Trolleys
Cold	Dedicated COLD area (Formerly Obs)	
GP Streamed (COLD)	Dedicated COLD area	
WARM	Main waiting room + overflow	30 seats
	Zones 1,2,3 and stretcher	28 cubicles
Resus	-	8 bays
Paediatrics	Paediatric Department	5 Cubicles, 11 seats
Minors	Minors area	4 seats, 4 trolleys
		87 seats, 20 trolleys, 33 cubicles, 8 bays

Fig.1

ROLES AND RESPONSIBILITIES

- Reception / Administration Staff:
 - To provide first line advice and reiterate guidance to patients and visitors, in line with Trust guidance relating to visitors in the ED (Trust Intranet)
 - Monitor capacity within the Waiting Room (Main – WARM) and escalate to triage nurse if numbers reach capacity as above.
- Nursing / HCA:
 - All nursing / HCA staff; to ensure PPE guidance is followed; including patients. To escalate to co-ordinator / Senior Manager as and when needed.
 - Co-ordinator / Senior Manager; along with Shift Lead, maintain oversight of all areas of the ED to ensure escalation actions are enacted once capacity numbers identified above are met.
- Medical:
 - All Medical staff to ensure PPE guidance is followed; including patients. To escalate to co-ordinator / Senior Manager / Shift Lead as and when needed.
 - Shift Lead; along with Co-ordinator / Senior Manager, maintain oversight of all areas of the ED to ensure escalation actions are enacted once capacity numbers identified above are met.
- Senior Management Team:
 - To ensure timely communication of advice and guidance to staff
 - To monitor adherence to this SOP

PATIENT DEFINITIONS

The following patient definitions should be used when triaging. The acuity of the patient should always be the overriding determinant of destination however;

WARM

Patients displaying COVID like symptoms; (New and persistent cough, temperature, sudden loss of smell/taste) Patients isolating as a result of known, prolonged contact with a confirmed case.

COLD

Patients not meeting any of the above criteria, and not shielding.

SHIELDING

All efforts should be made to accommodate confirmed shielding patients in a cubicle. If this is not possible, shielding patients should be directed to the COLD area.

DIRECTIONS / ACTIONS

Appendix A. depicts the general flow of patients from Triage. Directions and actions are as below;

TRIAGE

1. To effectively manage distancing and expose in the main waiting room, patients must be triaged within 15 minutes of arriving (ambulance and walk in) If the time to triage increases above this, the senior nurse team must reallocate triage trained nursing staff to provide additional capacity.
2. Post Triage, acuity permitting, patients should be allocated to the most appropriate 'Zone' as outlined in Fig 1. and directed to this area.

COLD

1. Patients deemed COLD, should be directed to the COLD area within ED.
2. Capacity should be monitored in accordance to Fig.1. When near capacity (20 seats taken), staff are to operationalise the opening of the Additional Wait Unit.

WARM

1. Patients meeting the WARM definition should be directed to the most appropriate area within the main department (Main waiting area, Zones 1, 2 and Majors waits) depending on Patients acuity.
 - a. **Warm cubicles**
If a patient is triaged, requires a cubicle and all 20 are in use, stretcher triage should be used.
 - b. **Stretcher Triage**
If stretcher triage is full (8) then patients should be accommodated on the Ambulance corridor, and the IPC and dignity screens should be used. Patients must be spaced at least 2 meters apart.
 - c. **Main Waiting Room**
Once capacity within the main waiting room has been met, patients are to be directed to the overspill zone at the back of Reception / Triage. The clinical ownership of these patients is transferred to the Senior Nursing and Medical team.

PAEDIATRICS

1. Upon triage, paediatric patients should be allocated a cubicle (max 5) if they, or family/carers meet the WARM criteria.
2. If COLD, patients and **1 person** accompanying them should be directed to the paediatric waiting area.

MINORS

1. Minors patients should be directed to the dedicated Minors area (max capacity 8)
2. If capacity is met, patients should be directed to the relevant WARM or Cold WAITING areas until space is available.

Appendix A – Patient Flow

