Clyde
Emergency Medicine

Emergency Department Handbook

Royal Alexandra Hospital and Inverclyde Royal Hospital

August 2024

Introduction

Welcome to the Royal Alexandra Hospital (RAH) and Inverclyde Royal Hospital (IRH) Emergency Departments (EDs).

In addition to your departmental induction, this handbook has been designed to assist you when working in the Clyde EDs. It contains a lot of both administrative and clinical information. Please take the time to read it prior to commencing your placement and revisit it as required.

A significant amount of information is also available on our Clyde Emergency Medicine (CEM) website:

www.cem.scot.nhs.uk password: cem!

Here you will find clinical pathways, guidelines, proformas, patient advice leaflets etc as well as a copy of this handbook. Please familiarise yourself with our website at your earliest convenience.

Over the forthcoming months you will see a wide range of conditions, some of which you will have never seen before. If you are ever uncertain as to what to do in a particular situation, please ask a senior member of staff for help. Advice is available at all times in the ED, and we pride ourselves on our supportive team approach to patient care.

We appreciate the ED can be a challenging environment to practice Medicine, but it is an excellent and supportive place to learn vital skills for all future career paths. We look forward to welcoming you to our EDs and hope you will enjoy your time working with us.

Contact Details:

Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Tel: 0141 3147294

Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN
Tel: 0141 3149504

For any queries or updates to this ED Handbook please contact: frances.cameron@ggc.scot.nhs.uk

Contents

Consultant Staff

There are 27 Emergency Medicine Consultants in Clyde: (specialty liaison roles in brackets)

Dr Raghavendra Nayak (Clinical Director)
Dr Monica Wallace (Clinical Lead RAH, Medicine)
Dr David Stoddart (Clinical Lead IRH, Surgery)
Dr Santosh Bongale (Police, Navigators, IMGs)
Dr Frances Cameron (Cardiology, Induction)
Prof. Alasdair Corfield (Research, Anaesthetics/ITU)
Dr Alan Exton
Dr Eilidh France (Organ Donation)
Dr Emma Grace
Dr Stephen Hearns (SAS)
Dr Chris MacDonald (M&M, Datix, Thrombosis)
Dr Douglas Maxwell (Max Fax, EAACC)
Dr Niall McMahon (Blood Transfusion)
Dr Euan McMillan (Ophthalmology)
Dr Gordon McNaughton (Orthopaedics)
Dr Victoria McWhinnie (Radiology)
Dr Neil Mukherjee
Dr Diane O'Carroll
Dr Kirsty Ray (Geriatrics, SIM, EM Teaching)
Dr Zoe Smeed (Stroke)
Dr Darren Thom (Psychiatry, Rotas)
Dr Lucy Thomas (SAERs, Obs & Gyn)
Dr Alex Turner (GP, Paediatrics)
Dr Catriona Wallace (Trauma/STAG)
Dr Frank Westerduin (Major Incident, IT)
Dr Iain Young (Child Protection, Ultrasound)
Dr Rona Young (QI)

A Consultant is on duty:

- RAH Mon-Fri 0800-2330 and Sat/Sun 0900-2330
- IRH Mon/Tues 0900-2330, Wed 0900-2000, Thurs-Sun 0900-1700

Out of the above hours the on-call Consultants are available via switchboard. There are always two Consultants on-call; the 1st on is the main point of contact. The 2nd on is available if assistance is simultaneously required at the other site.

An ED Middle Grade Doctor is on duty at both sites 24 hours per day, 7 days per week.

Dr Gary Manson is our ED Staff Grade at RAH. As well as covering Monday night shifts, Gary runs the RAH Thursday Soft Tissue Clinic and is responsible for the Thursday Junior Teaching Programme.

Nursing Staff

Our Senior Charge Nurses are Lynne Black at RAH and Ann Gray at IRH.

The Nursing Staff are fundamental to the smooth running of the departments and many of them have a lot of ED experience. They are a particularly useful source of information and advice. There is a Nurse In Charge (NIC) present in each ED 24 hours per day, 7 days per week, who coordinates flow. Please inform and update the NIC about all management plans for your patients; this constant communication is vital to maintain the continuous flow of patients through the ED.

The ED Nurses will triage, perform initial observations, bring patients into rooms and administer treatments. We also have Health Care Support Workers (HCSWs) who can perform ECGs, insert cannulae and take bloods. In RAH this is often done in Bay 15 as Triage Plus. If the HCSWs are busy you should expect to do these tasks yourself. They remain medical tasks. Both sites have Emergency Nurse Practitioner (ENPs). In RAH we also have our departmental Physiotherapist, Jesse Coad, who works alongside the ENPs managing Minor Injury patients in our co-located Minor Injuries Unit (MIU).

Remember we are all part of a team working together.

ED Secretaries

RAH:

Lesley McMillan	lesley.mcmillan@ggc.scot.nhs.uk	0141 3146775
Janice Sutherland	janice.sutherland@ggc.scot.nhs.uk	0141 3146601

IRH:

Cathy McCauley	cathy.mccauley@ggc.scot.nhs.uk	01475 524166

Educational Supervisors

All Doctors are allocated an Education Supervisor for the duration of their time working in Clyde EDs. This supervisor will be both your Educational and Clinical Supervisor and you will be notified of your allocation at Induction, if not prior. Please ensure your Turas/ePortfolio has the correct Educational Supervisor details to allow them access. They will review your e-Portfolio and assess your progress throughout your placement. It is your responsibility to meet with them on at least 3 occasions; initial, mid-point and end of post, at which point they will complete your supervisors report.

Your Educational Supervisor is also your first point of contact for any issues or difficulties that arise whilst working in Clyde EDs. If for any reason you ever feel unable to speak to your Educational Supervisor, speak to any of the Consultants you feel comfortable with.

Rotas

You will all have received a copy of your Rota by email. The ED secretaries keep the master copy of the rotas in their office, but all rotas are also available on our Teams channel and paper copies are displayed on the white board in the RAH staff base.

It is your responsibility to know when you are on duty. It is essential that you are in the department, changed into your scrubs and ready to start work at the appropriate time. Remember your colleagues often cannot leave until you arrive.

Consultant Dr Darren Thom manages both the Middle Grade and Junior rotas. All queries and shift swaps must be directed to him. Once a swap has been agreed you must also inform the RAH secretaries (Lesley for the Junior rota and Janice for the Middle Grade rota) to ensure the master copies in their office are kept up to date.

Rota regulations are in place for your own health and wellbeing, and failing to follow these is at your own risk. Please be mindful when making shift swaps on the rota that you are not working more than the recommended hours and always have a 48-hour rest period following nightshifts.

We have the unique privilege in Clyde of working between two sites. You will appreciate however that this does present constant staffing and rota challenges as we need to be able to safely staff our two departments 24/7. Therefore, please be advised that shift changes can occur between RAH and IRH, sometimes at short notice; this will always be discussed with you in person and your flexibility and understanding is appreciated. Extra shifts to cover gaps will be paid as locum and are entirely voluntary.

Absence Reporting

Please contact the RAH ED and inform the Duty Consultant present 0800-2330 if you are unable to attend work. Out of hours, please speak to the ED Middle Grade on duty. It is however still expected that you subsequently call and update the Duty Consultant through the day. Please do not email to inform of absence/sickness. The ED Consultant is always available on their mobile through switchboard if you are ever struggling to get through to the department.
Diligent timekeeping is expected. Please telephone the department and speak to the Duty Consultant or ED Middle Grade if you are going to be a late for a shift.

Break Entitlements

It is essential that you take your full break entitlement whilst working in the ED.

You are entitled to at least one 30-minute paid break for any shift over 5 hours in duration. For each shift the minimum number of separate 30-minute breaks must always be taken to ensure you have appropriate rest time away from the clinical area.

The number of 30-minute breaks per shift duration is shown in the table below:

Shift Duration	Breaks Entitled
Up to 5 hours	0
5+ to 9 hours	1
9+ to 13 hours	2
13+ to 14 hours	3

For your own wellbeing you must start your first break within 5 hours of your shift start time. Any second break on shift should then be taken within 5 hours of the first break. Please do not work over 5 hours without a natural break. Breaks should be evenly spaced to ensure that patient safety is maintained and that there is always sufficient junior doctor cover in the department. Please ensure you take the full 30 minutes of your break.

We ask that you inform the Duty Consultant or ED Middle Grade and the NIC when you are taking your break from the ED.

Only in exceptional circumstances a break might not be possible at the desired time. If this situation arises, you must escalate this to the Duty Consultant or ED Middle Grade while on shift. (ED Middle Grades overnight should escalate this to the Duty Consultant at morning handover). You should also notify your Educational Supervisor and Yvonne McDowall (Clinical Service Manager) on any occasion that you have had difficulty taking your break within the timescales stated above and the reason for this.

Handovers

When handing over a patient at change of shift, ensure your documentation is complete and you have fully discussed the patient with your colleague taking over their care. Highlight any outstanding investigations needing chased and try to always include a plan for the patient.

When you are handed over a patient at change of shift, change the Clinician name on TrakCare to your name. All patients in the ED should have a Clinician present in the ED assigned to them.

At RAH formal handovers are held in the ED Seminar Room at 0800, 1630 and 2215. All medical staff on shift must attend.

IRH handovers are held at 0800 and 2000 in the ED Doctor's area. When the ED Consultant starts at 0900 they should be updated of any concerns by the dayshift ED Middle Grade.

As well as discussing the patients present in the ED, head injury ward admissions should also be highlighted at RAH. At both sites any outstanding issues with regards to Deaths, Child Protection, Equipment and Staffing should be discussed. Handover also provides an ideal educational opportunity. Please highlight any interesting cases you have seen that shift and any relevant learning points.

Teaching

There are protected teaching sessions every week in the ED for all Doctors. These take place in the RAH ED Seminar Room and via Teams for those at IRH/home.

Junior (FY2s and GPSTs):

- Thursdays 1400-1600

The Thursday teaching sessions are run and delivered by Dr Gary Manson (Specialty Doctor) and are a compulsory part of your ED working rota, not a day off. If this teaching session is cancelled for any reason, only those with the 'non-clinical day – T' shifts on the Junior rota are not required to come into the department. All other shifts should commence and work as per the rota. The RAH 0800-1700 shift does not attend this teaching session.

Middle Grade (CDFs and EM Trainees):

- Wednesdays 1200-1300 delivered by assigned Middle Grade Teaching (MGT) Consultant
- X-ray Meetings take place usually the 2nd Wednesday of every month 1200-1300 in the ED Seminar Room and via Teams. Please add interesting imaging cases to this by completing a proforma and placing it in the 'Interesting X-rays' dookit under the white board in the RAH staff base.
- Clinical Governance Meetings are every 6 weeks. EM trainees will be sent a Teams link to attend when possible. There is also an opportunity for all Doctors to present any QI work they have conducted during their ED placement at the CG Meetings.
- ED Morbidity and Mortality Meeting are every 3 months. Please add any interesting cases to this by completing a proforma and placing it in the 'M&M' dookit under the white board in the RAH staff base.

Educational Development Time (EDT)

Educational Development Time as per RCEM is allocated to Emergency Medicine Trainees and is integrated into the Middle Grade rota for those eligible. It averages 6 hours per week/30 days total per year (pro rata for LTFTs) and 50% of this should be patient facing. If allocated on a Wednesday, the assigned MGT Consultant is available for 1:1 specific teaching/case discussions. Please get in touch prior to arrange; the Consultant rota is available on the white board in the RAH staff base. We have also compiled a list of contact details for sub-specialties if you would like to organise attending clinics etc.

EDT is trainee led in terms of what you feel will most benefit your training. Please refer to the RCEM guidance for further information. The time should be logged in your ePortfolio for your Educational Supervisor to review and key learning points can be shared regularly at the MGT sessions on Wednesdays.

Study Leave

Study leave must be approved by the department prior to completing the online Turas Study Leave form required by NES. Requests should be submitted to the ED secretaries using the Study leave form emailed in your starting pack. Study leave can only be taken during day shifts and six weeks advance notice of intended study leave should be given.

Workplace Based Assessments (WPBAs)

The Consultant body is committed to providing WPBAs as required by all doctors in training. As with every placement, it is your responsibility to ensure you complete your required number of WPBAs timeously within the block. We recommend commencing these early and remember that ED Middle Grade doctors are also able to complete these for Junior members of staff. ESLEs can be done at both sites and can be done by any Consultant. However, please let the Consultant know your intention in advance; the Consultant rota is available on the white board at the RAH staff base.

If you feel you are experiencing any difficulty in completing your WBPAs, please discuss this with your Educational Supervisor promptly, do not wait until the end of your block.

Quality Improvement (QI) and Research

Dr Rona Young is the QI lead and is happy to talk through QI ideas or direct you towards projects that have been identified already.

Prof. Alasdair Corfield is the Research lead. Information regarding current clinical trials ongoing in the ED are documented on a white board in the main staff base in RAH, along with contact details for the Research nurses.

LearnPro

Please ensure you complete all the statutory and mandatory modules on LearnPro.

Library Access

There are excellent libraries at both RAH and IRH. It is your responsibility to join the library should you wish to use it. Please contact them directly.

Weekly Team Brief

The Weekly Team Brief is emailed to all members of staff every Tuesday. It is very important to read this as essential information and updates are shared, including learning summaries and compliments.

Pride of Clyde

In Clyde we have the Pride of Clyde awards to recognise and promote excellent practice. If you see someone doing something good, let them know! Any member of staff can be nominated in both clinical and non-clinical circumstances. There is a QR code available to scan on the white board in the staff base at RAH and from there you only need to answer 3 quick questions. Certificates are displayed and distributed regularly to recipients.

Travel Expenses

Travel expenses may be claimed whilst working in Clyde EDs, as per the NHS Circular: PCS (DD) 2010/8 document. Forms for this can be found on Turas and should be submitted once completed to the Secretaries. Please submit forms timeously; do not wait till the end of the block.

For all staff working within NHS Greater Glasgow & Clyde, Glasgow Royal Infirmary (GRI) is counted as the base hospital. Payments will not be made for the first eight excess miles travelled in each direction. The total miles for which you can claim for can be calculated as below:

Total = **A – (B+C)**

A = Distance in miles from home address to the hospital you work at (RAH or IRH)
B = Distance in miles from home address to base hospital (GRI)
C = 8 miles (threshold)

Triage

All patients attending the ED are seen by a trained senior nurse and assigned an appropriate 'triage category'. This ranks the patients according to their clinical need and is based on the nationally agreed 'Manchester Triage Scale'. You will see patients in order of medical priority. Patients in the Resus room will ordinarily always take priority over patients in the rest of the department.

Manchester Triage Scale

Number	Name	Colour	Target Time
1	Immediate	Red	Immediately
2	Very Urgent	Orange	10 minutes
3	Urgent	Yellow	60 minutes
4	Standard	Green	120 minutes
5	Non-urgent	Blue	240 minutes
0	Minor Injury	Pink	240 minutes

Scottish Ambulance Service

The Ambulance crew can provide very useful information about the situation in which they collected the patient and any changes, either improvement or deterioration, in the patient's condition during transfer to hospital. This is given both verbally and printed on the white Patient Report Form (PRF). PRFs should be completed and handed in for all ambulance arrivals. They give important information about transfer times and any medications administered prehospital so please ensure they are kept in the notes for all patients.

Standbys

Advanced warning of critical cases on route to hospital are given by the Ambulance Service. This will usually be via the standby radio or adjacent emergency red phone at the Doctor's station in each department. A standby proforma should be completed, noting down the relevant information about the patient's status and their ETA. These proformas are available next to the radios. In RAH, we use our tannoy system to alert staff of incoming standbys e.g. 'Standby to Resus 5 minutes'. You will be shown how to use the standby radio and tannoy system during your Induction.

ECGs

All ECGs taken in the ED must be reviewed and signed by a member of Medical Staff. For your own patients, please clearly document your ECG interpretation in the patient's notes. If you are asked to review an ECG for a patient that is waiting to be seen and are concerned it is abnormal, please escalate to the NIC and Consultant/ED Middle Grade as appropriate.

Porters

We use an electronic Task Management system to request Portering assistance in the ED e.g. to take your patient down to x-ray. The request form is accessed by opening the Microsoft Edge internet browser and in the NHSGGC Favourites tab, selecting Admin then Portering Request RAH or IRH. Ensure you select the correct hospital! Please always inform the nurses looking after your patient of any intentions to x-ray and portering requests.

Specialities on Site

RAH
The following inpatient specialties are available on site at the RAH:

- General Medicine
- General Surgery
- Orthopaedics
- Urology
- Obstetrics & Gynaecology
- Weekday Stroke Thrombolysis Service 0900-1700
  Out with these hours, stroke thrombolysis cases should be CT scanned on arrival and immediately discussed with the on-call Stroke registrar at QEUH (see the 'Stroke Thrombolysis (Direct to Scan)' pathway in the Neurology section on CEM).

All under 16s in ambulances bypass RAH and go straight to the Royal Hospital for Children (RHC).

IRH
At IRH there are General Medicine and General Surgery inpatient services only.

The following ambulance bypasses are in place at IRH:

- All under 16s in ambulances bypass IRH and go straight to the RHC.
- Most Orthopaedic trauma bypasses IRH and is taken to RAH (Trauma Unit) or QEUH (Major Trauma Centre) depending on the Trauma Triage Tool.
  Any patient in IRH ED requiring Orthopaedic referral/admission must only be discussed with the Orthopaedic Registrar at RAH for transfer. Please do not discuss any patients/x-rays with the IRH Fracture Clinic team. For all Orthopaedic transfers from IRH please use the Ortho Transfer IRH form (in Transfer docs section on CEM).
- Stroke thrombolysis cases are bypassed to the QEUH 24/7.

There is no ITU at IRH, however there is an on-call Anaesthetist on site 24/7 for critical care assistance/referrals. Any patient requiring ITU admission will be transferred off-site by the IRH Anaesthetic team.

Specialties out with Clyde:

Below is a list of where other specialty patients should be referred within Greater Glasgow and Clyde:

- **Royal Hospital for Children (RHC)** – All Paediatric cases.
  A 999 bypass is in place in Clyde for all under 16s to RHC.
  Paediatric self-presenters will still be seen at both RAH and IRH. If requiring specialist review/admission they should be referred to the appropriate specialty at RHC. Please note on discharge from the ED prior to being transferred, the ED notes need to be scanned onto Clinical Portal and the 'Paediatric Transfer' document (in Transfer docs section on CEM) needs completed and given to the relatives or SAS transferring the patient.
- **Queen Elizabeth University Hospital (QEUH)** – Major Trauma, Spinal Injuries, Neurosurgery, Vascular Surgery, Max Fax, ENT, Infectious Diseases
- **Glasgow Royal Infirmary (GRI)** – Plastic Surgery and Burns
- **Golden Jubilee National Hospital (GJNH)** – PPCI and Cardiothoracic Surgery
- **Gartnavel General Hospital (GGH**) – Ophthalmology
- **Leverndale Hospital** – Mental Health Assessment Unit for all Psychiatry referrals

Interhospital Transfers

Given the various locations of specialties, we frequently transfer patients to other hospitals. Transferring patients off site can be problematic and is a source of significant clinical risk. We therefore have measures in place to make interhospital transfers as smooth and safe as possible.

The NIC and duty Consultant/ED Middle Grade should be made aware of any patients requiring interhospital transfer. The Nurses will organise the Ambulance. Occasionally patients can go by their own transport/taxi if low acuity but this decision must always be discussed with a Senior.

If transferring a patient to another ED (e.g. unstable GI bleeds, ENT cases, Vascular cases etc) then the Consultant in Charge of the receiving ED should be informed by telephone of the transfer. This is to ensure they have capacity within their resus to receive the patient as they may have to move patients to create space and also ensures the relevant specialty can be contacted timeously. We do not provide medical escorts for transfers. Where the airway is at risk during transfer, the patient should be transferred by the Anaesthetic team.

Please review the Transfer Documents section in the left side menu on CEM. Here you will find guidance as well as the following mandatory forms that must be completed for all interhospital transfers:

- Interhospital Transfer Document – for all adults
- Paediatric Transfer
- Ortho Transfer IRH

Of note, when discharging patients with follow up arranged the next day with a specialty e.g. Plastics review, you can also use the Interhospital Transfer Document to document time of appointment and which department they are to attend etc; this has a more professional appearance than a scrap piece of paper.

Documentation in ED

Writing up your ED card can be slightly different to your usual medical/surgical clerk in.

- Ensure you always document the date and time you saw the patient.
- Make notes brief and to the point.
- Include drawings to show site of injury. Anatomical stencils are available in the department.
- Include lengths of wounds and number of sutures inserted.
- Always document what advice you have given to patients.
- Always sign and print your name on any medical note you make.

There is a box on the inside of the ED card where you must prescribe any medications given to the patient in the ED. On the very rare occasion this runs out of space, a Kardex should subsequently be used. We do not use HEPMA in the ED. Discharge medications are prescribed in a box on the back page. Always inform the GP in your Discharge Letter of any discharge medications given. We do have a prescription pad but there is rarely any need to do an outside prescription in ED. Most medications if not available in ED can be sourced from other areas in the hospital or Pharmacy.

The following specific conditions have ED proformas to be used which are available in the Clinical Forms section of CEM:

- DVT
- Head injury – Adult or Children>2
- Under 2 Injury
- Mental Health Assessment
- Various minor injury presentations

The majority of our clinical pathways are available on CEM and are too numerous to go over in detail in this handbook. Please familiarise yourself with them and pay particular attention to the fact that some pathways do differ between RAH and IRH; always ensure you check you are using the correct site guidance.

Referrals and Admissions

All patients being admitted under Medicine in Clyde require an Acute Medical Unit Admissions Proforma to be completed. Complete this straight away rather than the ED card for any patient you think may require medical admission as this will prevent duplication of notes and save you time.

Other specialties (e.g. Surgery, Orthopaedics, Gynaecology) have their own admissions proformas which are completed by the Specialty doctor themselves following referral. For these patients write your notes on the ED card.

Please note:

- Specialties cannot refer patients back to the ED.
- Do not accept telephone advice to discharge a patient from the ED. If referring a patient to a specialty on-call middle grade then they must review the patient in ED.
- Most patients can be referred on clinical grounds alone. If bloods have been taken, do not waste time waiting for results before referring as this unnecessarily prolongs the patient's stay in the ED.
- Patients should be directed back to their GP for routine Outpatient clinic referrals. We are not a conduit for quick clinic referrals.

The Specialty Triage Document (see Appendix 1) has been designed to improve patient care and abolish inter-specialty disagreements. It should be used to clarify which conditions are looked after by each specialty and has been agreed by all Clinical Directors. A paper copy is attached to the white board at the RAH staff base and can be referenced to if encountering any queries/discrepancies.

RAH Medical Admissions

All Medical admissions require the Acute Medical Unit Admissions Proforma to be completed. In the RAH, ED has direct admission rights to the Acute Medical Unit (AMU). Medical referrals are no longer made by phone; they have been replaced by an electronic SBAR (eSBAR). The only Medical patients that need to be discussed by phone are those requiring CCU or HDU.

The Medical team at RAH have 3 Doctors on-call 24/7. They should only be contacted for the following scenarios:

- 1st on – GP referrals, if an ED review prior to boarding is required or an early review on AMU.
- 2nd on – for Cardiology review and CCU admissions.
- 3rd on – for HDU referrals/sick patient reviews.

How to complete the eSBAR

Select the patient on TrakCare and click on the  icon 'Handover Chart'. Once the new tab opens, select 'ED Patient Transfer' on the left-hand side menu. This opens your eSBAR form to be completed.

There are several boxes in this form, the essential ones that need completed are as follows:

- **Reason for Admission** – this is free text and should include:
    - Brief outline of the reason for admission and any relevant PMH e.g. Diabetes status.
    - Investigations including ECG and CXR and their interpretation.
    - Treatments so far:
        - IV Fluids
        - IV Antibiotics
    - Brief management plan, including if a telemetry bed or side room are required.
    - You may find it helpful to complete this entire section in SBAR format
- **NEWS Score**
- **Is the patient on oxygen?**
- **Is DNACPR in place?**
- **Allergies/Alerts**
- **Patient Infection** – e.g. COVID, Flu, D&V, CPE risk (if the patient has been in a hospital outside Scotland recently or identified as having CPE in the past)

Once completed, select Update. The eSBAR can be further edited if there are changes to the patient's condition or additional results are received whilst they are awaiting a bed.

In IRH, all Medical patients need the Acute Medical Unit Admissions Proforma completed and must still be referred to the Middle Grade on call for Medicine by telephone.

Results Sign Off

All investigation results are now electronic. When reviewing your patient's blood results on TrakCare, please electronically sign them off.

When reviewing x-rays on PACS please complete a brief sticky note including your interpretation e.g. NOF fracture or NAD. This aids with the reporting service and safety netting. Sticky notes are not generally required for CXRs unless a clear abnormality.

Please do not sign off any radiology results on TrakCare, these are the responsibility of the Admin Consultant.

RAH Head Injury Admissions

At the RAH, patients requiring admission for observation following a head injury are admitted to Ward 22 (sometimes 21/23) and are looked after by the Minors Consultant. All head injury admissions must be discussed with the ED Middle Grade or Consultant. We follow a very strict criteria of which patients we will admit under ED as the provision of long-term ward care is not our area of expertise.

In general, we admit patients with an isolated head injury and positive CT scan not requiring intervention following discussion with Neurosurgery, or patients with a normal CT scan who are not suitable for immediate discharge from the ED. Communication with the Neurosurgeons at the QEUH is via SCI Gateway. You will be issued with usernames and passwords at the beginning of your post.

When admitting head injury patients, ensure you have completed a head injury proforma, and documented systemic enquiry and any other relevant information within the ED card. All patients should have an ECG and routine bloods documented. Routine medications and analgesia will be prescribed on HEPMA by the Ward FY1 or HAN team. We do not use HEPMA in ED.

Any head injury patients admitted should have their name, location and diagnosis written up on the white board in the RAH staff base and handed over to the day/night team.

The following patients should not be admitted to the ED head injury ward and should be referred to the appropriate specialty:

- Alcohol poisoning – Medicine
- Syncope requiring investigation – Medicine
- Seizures due to epilepsy/alcohol withdrawal – Medicine
- Frequent falls with multiple medical problems – Medicine/Care of the Elderly
- Fractures/dislocations failing to mobilise – Orthopaedics
- Trauma patients with no injury but significant mechanism – Surgery
- Chest trauma/rib fractures admitted for analgesia – Surgery

At IRH, all head injury patients are admitted under the Surgeons and should be referred directly to them.

Children with head injuries should be referred to the Surgeons at RHC. Vomiting/pyrexial children with a trivial head injury >48 hours since injury should be referred to the Medical team at RHC.

Remember to use the Head Injury proformas available in the department or printable from CEM.

Contacting the On-Call ED Consultant

The On-Call Consultant can be contacted out of hours via switchboard. This is usually by the ED Middle Grade or NIC in the following recommended circumstances:

- **All major trauma patients** including those requiring RSI, blood transfusion or full body CT scan (most of these should all now go directly to the QEUH via the Trauma Triage Tool).
- **Major haemorrhage protocol** activated.
- **Seriously ill children.**
- **Presence of Consultant from other specialty** in the resuscitation room.
- **Child protection issue** requiring Consultant advice.
- Any patient where the ED Middle Grade or NIC feel **Consultant involvement would be beneficial.**
- If the ED Middle Grade or NIC feel the **department is unsafe.**
- Clinical or administrative problems, which **cannot be solved by the ED Middle Grade or NIC.**
- **Potential major incident.**

If you want the consultant to come into the department **state this clearly**.

The call to the consultant should initially be given as an ISBAR:

Identify	Yourself
Situation	Purpose of call
Background	Try to be brief
Assessment	ABCD
Requirement	Consultant advice or attendance in the department

Major Incident Plan

The Major Incident Plans for both RAH and IRH can be found on the PC desktops by clicking on the Civil Contingencies Planning icon. These documents outline the function and responsibilities of all members of Medical, Nursing, Administrative and Ancillary staff in the hospital, should a major incident arise. Copies of the Action Cards are also available in the ED. Please make sure you are familiar with your role should an incident occur. Major Incidents are usually declared by the Scottish Ambulance Service and the ED will be alerted via the Standby radio. The duty Consultant should always be notified of any Major Incident message received by the ED.

Ultrasound

We have two Ultrasound machines in both EDs which are stored in the Resuscitation rooms. Tutorial modules are available on these machines instructing how to use them but do not hesitate to ask a Senior for guidance if required. Please look after these machines, taking specific care when moving not to run over the probe cables. After use the probes should be cleaned carefully, and the machine should always be plugged in to charge.

For EM trainees our Ultrasound leads are Consultants Dr Iain Young and Dr Gordon McNaughton. Both are happy to assist with scanning in the department and review your logbooks. Scans can be saved on the machines provided patient details are entered. Scans can also be printed from the larger machines.

Minor Injuries

At RAH, we have a co-located Minor Injuries Unit which is open from 0900-2100 7 days per week and is ran by ENPs and our departmental Physiotherapist, Jesse Coad. There is also a Minors Consultant Monday-Friday 0900-1700.

From 2000-0800 minor injury patients, if suitable, can be redirected by the Triage Nurse to reattend the ED the following day. Otherwise overnight, minor injury patients are streamed into the same pile to be seen as Majors patients.

In IRH, Minors patients are streamed to the same pile as Majors patients and are therefore seen by all grades of Medical staff.

In both EDs we have a dedicated Eye Room with slit lamp and wall mounted Snellen Chart.

Despite being low acuity, minor injuries can be complex and challenging, especially if you are not familiar with these types of injuries and their management. If unsure when seeing minor injuries, please do not hesitate to ask for help with x-ray interpretation and management.

Virtual Fracture Clinic (VFC)

VFCs are run at both sites 7 days per week. For fracture management use the guidelines available in the Orthopaedics section on CEM. When discharging a patient with VFC follow up, ensure there is an up-to-date telephone number on the patient's ED card, give them the VFC discharge leaflet (available on CEM) and advise them to make a VFC appointment at Reception on their way out of ED. The VFC team will then contact them by telephone the next day to discuss further management and follow up.

Of note vertebral fractures (even if minor) should not be placed on VFC. If these patients need follow up, please discuss with the on-call Orthopaedic Registrar.

Dischargeable Fractures

The following fractures are dischargeable from the ED without routine follow up:

- Children's clavicle fracture
- Buckle fracture
- Lateral malleolus fracture
- Radial head/neck fracture
- 5th Metacarpal fracture
- 5th Metatarsal fracture

Please give the patient the appropriate advice sheet from CEM when discharging these patients.

Soft Tissue Clinics

The majority of simple, uncomplicated minor soft tissue injuries can be discharged from the ED and the only follow up necessary would be by the patient's GP. In both ED's we can also refer directly to Outpatient Physiotherapy.

We review a small number of patients in our Soft Tissue Clinics. Please use common sense when appointing patients to the clinics as they can rapidly become overloaded. Always discuss with an ED Middle Grade or Consultant if considering bringing a patient back to a Soft Tissue Clinic.

The following are examples of who should be referred to the Soft Tissue Clinic:

- Patients whose symptoms or signs create diagnostic uncertainty (typically swelling/pain) – please note a senior review at the time of attendance may help with decision making.
- Significant calf injuries with no clinical suspicion of Achilles' tendon rupture.
- Mallet finger deformity.
- Limping children with no apparent cause.

No atraumatic joint pains should be appointed to the Soft Tissue Clinic.

Generally, leave at least 7-10 days until review. Clinic appointments are arranged by ED Reception.

RAH Soft Tissue Clinics – Thursday morning 0900-1200 run by Dr Gary Manson (Specialty Doctor) and Louise Wilkie (Physiotherapist).

IRH Soft Tissue Clinics – Monday and Thursday mornings run by the ED Consultant on duty.

Wound Reviews

The vast majority of wounds can be followed up in the community, either by the GP Practice Nurse or dedicated Treatment Rooms.

Complex wounds/burns that do not initially require onward specialty referral can be brought back to the ED for a wound review by the Minors Consultant, usually 72 hours later and only midweek, never at the weekend. These patients are not given an appointment, but like redirected minors, advised to represent to the ED at 10am stating wound review as reason for attendance. Please always discuss with a Consultant/ED Middle Grade before arranging a wound review.

Vale of Leven (VOL) Hospital

There is an ENP led MIU at the VOL 0900-2100 7 days per week to which the Clyde EM Consultants provide support. Occasionally the ENPs will phone RAH ED for advice on VOL patients. Telephone advice should only be provided by a Consultant or ED Middle Grade.
There is also an Acute Medical Receiving Unit at the VOL, however ambulances may bypass it and bring these patients to RAH if deemed critically unwell.

Telephone Advice to Patients

If a member of the public telephones the ED for medical advice, the usual response should be for them to contact NHS24. If in doubt, escalate any calls to the Consultant/ED Middle Grade or NIC.
Some of our patient advice sheets do state to contact the department. If a patient who has already attended the ED is phoning as instructed on an advice sheet, the phone call should be handled by the Consultant/ED Middle Grade. It is important to make a note of what is said during the telephone conversation. The easiest way to document instructions given is on Clinical Portal under Patient Notes. Most non-urgent calls can usually be redirected to the Admin Consultant.

Communicating with Primary Care

To maintain our good relationship with local General Practitioners (GPs), please always ensure good communication with Primary Care.

- Where appropriate telephone the GP to discuss the case. Most practices now have a dedicated telephone line option for Health Professionals.
- Ensure your discharge letters are completed timeously. Keep them brief but include salient points such as medications on discharge and any follow up arranged.
- In general, GP's should not be asked to chase results of investigations requested by Secondary Care. Outpatient investigations out with the dedicated ED pathways should not be requested by ED.
- GPs can be asked to consider review of patients and further investigations/onward referrals as they deem appropriate.
- GPs must be informed by telephone of the death of one of their patients.

Debriefs

Given the nature of the ED, we are often involved in clinically difficult and emotionally challenging cases. In Clyde we use a Hot Debrief Tool immediately following such cases. This is a 5 minute debrief session which provides a safe space to check everyone is okay and discuss confidentially what happened. Both things that went well and opportunities to improve can be highlighted. Anyone can request a debrief if they feel it is appropriate. Your participation is welcomed but not compulsory. The purpose is to support staff and improve quality of care, not attribute any blame. In some circumstances, a cold debrief will be held at a later stage to follow up on certain cases.

Child Protection

Although paediatric presentations only account for a small part of our workload, you will appreciate that the recognition and management of child protection cases carries a high priority within the department. Systems are in place to identify potential cases and to deal with them in an appropriate manner when they do arise.
It is your responsibility to familiarise yourself with these systems. In general, whenever you see a child in ED, be vigilant and always consider if there are any child protection concerns.

All Child Protection cases should be discussed with a Consultant/Middle Grade. If in doubt, ask for advice.

Clyde ED protocols and policies are available on the CEM website in the Paediatric and Child Protection sections. Further guidelines produced by the Child Protection Unit at RHC are available on Staffnet.

The following provides an overview of our Child Protection procedures.

Information Gathering
When seeing a child, consider previous ED attendances. TrakCare highlights previous attendances on the front page of the ED card in the top right corner, indicating total attendances and number of attendances in the last 12 months. TrakCare will also place an electronic alert on the patient if they have attended 3 times in the last 12 months.
Previous attendances can be viewed on TrakCare by clicking on the Patient Search tab and selecting Episode Tree. Old ED Cards are available on Clinical Portal.
If a child has been subject of a previous Child Protection Assessment this will be filed under Assessments on Clinical Portal. Previously completed Notification of Concern (NoC) forms can also be reviewed on Clinical Portal under the Forms & Pathways tab, in Completed Forms or in the left hand Clinical Documents tab, click on the eye icon to show all for range.

Always ask parents/caregivers if they are known to Social Work for any reason.

Management
Child protection cases requiring admission should be discussed with the Child Protection Unit at the RHC via Switchboard. There is also a Child Protection Consultant on call at RHC out of hours. **The ED Consultant should always be made aware of these cases.**

Some cases are less obvious and may be dealt with by discussion with the GP, Health Visitor or Social Worker. Again all such cases should be discussed with the ED Consultant/Middle Grade.

Social Work must be informed of all child protection cases and can be contacted by phone 24/7. Contact numbers are available on the front of the red Child Protection box in the ED, or via switchboard.
All child protection cases should have a Notification of Concern (NoC) form completed, even when discussed with Social Work by phone.

Notification of Concern (NoC) Form
These forms are accessed via Clinical Portal. Under the Forms & Pathways tab, select Add new form, Notification of Concern (Child Protection). Please try and complete all the relevant information in the form as fully as possible. If you are seeing an adult patient in the ED and completing a NoC with regards to their children, this should be completed on the adult's Clinical Portal.
Once completed, reopen the NoC form and print a copy (print tab at bottom of form).

During daytime hours this copy should then be taken to the Secretaries to be actioned immediately. Out of hours, leave the printed form in the red Child Protection box in the ED and write the child's initials on the white board. You must also ensure this information is passed on verbally at morning handover. It will be actioned the following day by the Admin Consultant.

Never email or post NoC forms yourself.

Specific Circumstances

Under 2s

- An Under 2s proforma must be completed for all children under 2 presenting with an injury.
- All children under 1, irrespective of presenting complaint (injury or illness) must be discussed with a Consultant/ED Middle Grade prior to discharge.
- All children under 6 months presenting with an apparently accidental injury should be discussed with social work at time of presentation. This is to see if the child is on the Child Protection register. Please refer to the 'Injury to Child Under 6 months' policy in the Child Protection section on CEM.

Intoxication

- A NoC form must be submitted to social work services for **all children and young people presenting under the influence of alcohol and/or drugs.** Please tick 'substance misuse' as the reason for referral so they can be referred onwards correctly. Please see the 'Intoxicated Adolescent Guideline' available in the Child Protection section on CEM for the management flowchart and further information.

Children who do not wait to be seen

- When children leave the ED without being seen (before or after triage) and ED staff are not informed, if the presentation is concerning or on Clinical Portal review there has been previous Social Work involvement, the primary caregiver should be contacted by telephone at the time to discuss. All other Paediatric did not wait cases will be reviewed by the Admin Consultant during working hours. Please familiarise yourself with the 'Unseen Child Policy' and 'Did Not Wait to be Seen Protocol' on CEM for further information.

Unscheduled Child and Adolescent Mental Health Services (UCAMHS)

- In some circumstances, particularly involving alcohol/drugs/self harm, child protection concerns may involve mental health issues. Cases can be discussed with UCAMHS 24 hours/day via the MHAU at Stobhill on 0141 201 3136.

Discharges

- When discharging children from the ED on TrakCare you will be first required to answer a set of child protection questions. This is compulsory safety netting.

GP Letters

- For all children, a paper GP letter is generated and once printed should be placed in the Discharge dookit, never discarded. For under 5s this copy is sent to the Health Visitor, for 5-16yrs a copy is sent to the school nurse. An electronic copy for the GP is also generated.
- When completing the discharge letter, in the clinical notes section ensure to include information regarding accompanying adult and whether any child protection concerns. Include any further information you want to highlight to the GP and indicate if you wish the Health Visitor to review the child.

Deaths in the ED

For all patients who die in the ED, you should notify:

- Relatives
- General Practitioner (by phone)
- Procurator Fiscal (if appropriate)

For unknown patients, or patients of whom we are unable to contact the Next of Kin (NOK), the Police should be contacted to assist.

The Death Certificate book can be found in the 'Death Box' in the Doctor's area of both EDs. If a Death Certificate is completed at the time of death, do not give it to the family. This is dealt with by the secretaries and sent electronically to the Death Registration Unit and NOK.

It is best not to issue Death Certificates out of hours, particularly when the ED is busy. This can be left for the Admin Consultant the following day. Please document in the notes the cause of death and the contact details (telephone number and email address) for the NOK. The notes should then be left in the 'Death Box' and the patient's initials written on the white board at the staff base. Ensure any deaths out of hours are handed over in the morning.

Procurator Fiscal

It is the duty of the Procurator Fiscal (PF) to enquire into all sudden, suspicious, accidental, unexpected and unexplained deaths. Many of the deaths in the ED fall into one of these categories. When a death cannot be certified and needs reported to the PF, there is a specific form to be filled out, which is then scanned and emailed to the PF. This form has been designed by the PF and asks for specific information that would help them decide if a post mortem is required or if they are happy for us to issue the death certificate after discussion. This form is kept in the Secretary's Office and is generally the responsibility of the Admin Consultant. In suspicious cases out of hours please contact the Police.

Complaints

Complaints are a relatively uncommon, but unpleasant feature of working in the ED. Try to avoid complaints being made by always being courteous and helpful to patients and relatives. Most complaints are due to inadequate communication and the perceived attitude of staff rather than failure to make a correct diagnosis.

If you encounter a situation which you suspect may result in a complaint, if possible, try to discuss it with the Consultant/ED Middle Grade at the time of the incident. Senior involvement at the time may help defuse the situation as well as providing you with additional support.

In dealing with all medical litigation, the strength of your defence depends upon careful history taking and good, accurate, legible documentation. Always record the date and time you first saw the patient.

Many patients in ED are in pain and/or are frightened, so try to relieve these conditions as soon as possible. Delayed provision of analgesia is a common feature in complaints.

Police

The Police are frequently present in the ED and often help us out in difficult circumstances. Try to assist them where possible.

When dealing with the Police please note:

- Most enquiries should be directed to the ED Secretaries unless urgent.
- They are not allowed to look at the list of patients in ED/any computer records.
- When dealing with a patient in custody, the Police may ask you if a patient is fit to be detained. This is not your decision to make. You can however let them know if a patient is fit for discharge. Detention is decided by the Custody Sergeant/Police Surgeon.
- Do not provide 'Medical Updates' over the phone unless you can confirm the identity of the caller. Please see the 'Releasing Medical Info to Police' Guideline in the Medicolegal section on CEM for guidance on this. Care needs to be taken with patient confidentiality and obtaining patient consent to provide information to the Police.
- Requests for Police Statements and Court Citations should be via the ED Secretaries. We have our own standardised Police Statement Proforma; if you haven't completed one of these before, any of the Consultants will be happy to guide you. The same applies if you receive a Court Citation.
- Good documentation of wounds and their management, number of sutures etc will ensure any request for information at a later date is easily dealt with.

Trainee Wellbeing and Escalating Concerns

The ED is a busy and challenging place to work, and we appreciate the demanding nature of ED rotas. At times you may thrive in this environment, at others you may feel overwhelmed and exhausted. Maintaining trainee wellbeing is one of our top priorities and we are here to support you both professionally and personally. Your Educational Supervisor is your first point of contact for any issues or difficulties that may arise whilst working in Clyde EDs. If for any reason you feel unable to speak to your Educational Supervisor, speak to any of the Consultants you feel comfortable with. Many of our Consultants are experienced Peer Supporters and there are also extensive resources available for you to access. Please see the Health &Wellbeing Resources list (Appendix 2).

Please note there is an on-call en suite room available at IRH on Level N that can be booked for anyone needing to rest following a nightshift, rather than driving home. This is bookable through the IRH Bed Manager.

During your ED placement, your feedback, both positive and negative, is key to improving our service and training provision. Please feedback any issues arising that you think need acted on and improved; we want to hear about them all and will always respect confidentiality. Never feel under pressure or undue stress about escalating concerns, it is vital we as a team know so we can address them and implement change. When we work in a team which values and respects us, the benefits impact us and our patients.

Your Educational Supervisor is your first point of contact for escalating any concerns, or alternatively you can contact Dr Raghavendra Nayak (Clinical Director) or Dr Monica Wallace (Clinical Lead) directly.

Any Nursing feedback should be directed to Gerry McLaughlin (Lead Nurse) and Yvonne McDowall (Service Manager).

Appendix 1. **Specialty Triage Document Clyde Hospitals (2022)**

Medical

- Acute coronary syndrome
- Alcohol withdrawal
- Alcoholic liver disease
- Anaemia of unknown or medical cause
- Arrhythmias
- Asthma
- Confusion (acute)
- Cellulitis (if involving hand, discuss with ortho)
- DVT including upper limb
- Diabetic emergencies
- Diarrhoea & vomiting
- Dizziness & blackouts
- Endocarditis
- Falls (without fracture or suspected fracture)
- Haematemesis & melaena
  - **If unstable for 3rd on review and d/w Gastro Oncall**
- Headache
- Heart failure
- Hepatitis (non-obstructive)
- Hypercalcaemia 2y to malignancy
- Inflammatory bowel disease (unless abdominal pain is prime complaint)
- Jaundice (non-obstructive)
- Liver failure
- Metabolic emergencies/significant electrolyte disturbances
- Mobility issues secondary to identifiable or suspected medical cause(s)
- Neutropenic sepsis of any cause
- Overdose
- Pleural effusion
- Pneumothorax (spontaneous)
- Polyarthritis
- Primary lung tumour
- Pulmonary embolism
  - **RV strain on CTPA admit CCU**
- Pyelonephritis
- Renal failure
- Respiratory failure
- Respiratory tract infections
- Septicaemia unless from intra-abdominal source/septic arthritis
- Stroke/High risk TIA
- UTI

Surgical

- Abdominal aortic aneurism for palliation
- Abscess of trunk/groin
- All Abdominal pain (including severe dyspepsia)
- Bowel ischaemia
- Bowel obstruction
- Bowel perforation
- Constipation
- Dysphagia
- Head injury (IRH only)
- Jaundice (obstructive LFT picture)
- Food bolus obstruction
  - **Above thoracic inlet refer ENT**
- Necrotising fasciitis of trunk
- Pancreatitis
- Post op complications with 5 days of discharge
- Rectal bleeding
- Stabbings to torso or buttock
- Traumatic pneumothorax
- Trauma to chest
- Trauma to abdomen
- Trauma with significant mechanism with torso injury and negative CT scan

Cancer Patients

- *For RAH catchment, M-F 9-5 patients will be seen at Beatson AU. Out with these hours ED will review and refer as approp*
- ***Patients will be admitted to the parent specialty of their Cancer unless working diagnosis is listed in specialty lists found above***
- *If a patient has waited in ED for more than 4 hours without agreement on which specialty should care for that individual; the ED consultant will discuss with the most appropriate specialty consultant in order to arrange a bed on that ward*

Orthopaedics (Transfer to RAH)

- Back pain with or without vertebral fracture
- Cauda equina symptoms
- Discitis clinically or radiologically
- Fractures requiring admission in patients over 16 years
- Hip pain with suspected fracture but negative X-ray
- Limb stabbings
- Limb abscess
- Malignant Spinal Cord Compression
- Necrotising fasciitis limb
- Post op complications within 5 days of discharge
- Septic arthritis
- Trauma with significant mechanism with back/neck pain with negative CT
- Patients presenting to IRH ED with orthopaedic injury not requiring surgery, but need admission currently transfer to RAH (under review)
- Operative cases should be transferred to RAH TAU

Obstetrics & Gynaecology

- DVT/PE in pregnancy
- Ectopic pregnancy
- LIF pain in females of childbearing age
- Miscarriage requiring admission
- Suspected ovarian pathology
- Post op complications within 5 days of discharge

Remember the EPAS ambulatory pathway

Emergency Medicine (RAH Only)

- Head injury

Paediatrics

- IRH under2s and Resus cases bypass to RHC
- RAH ambulance bypass for <16y

All Specialties

- NG/PEG tube dislodged to parent specialty if ED unable to discharge
- Unplanned return with the same presentation within 24 hours of ward discharge

Maxillofacial

- Dental related facial cellulitis
  - Otherwise ENT

Urology

- Haematuria
- Renal colic
- Post op complications within 5 days of discharge
- Pyelonephritis with previous CT proven calculus
- Urinary retention (acute)
- Obstructive Uropathy

Referrals to other GGC Hospitals

Specialty	Hospital
Cardiology	Golden Jubilee
ENT	QEUH
Infectious Diseases	Brownlee Unit
Interventional radiology	Contact on call Radiologist
Maxillo-facial Surgery	QEUH
Neurosurgery	QEUH
Plastic Surgery	GRI
Stroke	QEUH
Vascular	QEUH

*Please note, the Paediatrics section is out of date. There is now an ambulance bypass for all under 16s to the RHC from both RAH and IRH.

Appendix 2

HEALTH & WELLBEING RESOURCES

Acute Psychology Staff Support Service (APSSS)	Designed for hospital based staff wishing to access psychological first aid as a result of their challenging work circumstances Offer 30 minutes individual sessions that can be arranged using 'Attend Anywhere' technology via the COVID-19 Acute Care Line The service also offers group/ team wellbeing & resilience sessions that can be booked via application form with General Manager support **0141-277-7623** Weekdays: *Monday – Friday, 9am – 5pm*
Occupational Health Counselling Services	Listening ear service - Providing support for staff that have queries about their physical and mental health in relation to their fitness to work **0141-201-0600** *Weekdays: Monday – Friday, 8am – 6pm*
Spiritual Care Service	Chaplaincy service now offer a 7 day telephone service for patients, relatives and staff **0141-887-9111** *Weekdays: Monday – Friday, 9am – 10pm* Most Chapels and Sanctuaries will remain open as normal and these spaces are available for everyone to use. Staff Listening Service is open to all staff and offer person centred, confidential, non-discriminatory sessions with a trained listener **0141-201-1100** *Weekdays & Weekends 9am – 10pm*
HR Connect	Staff Self Help: https://www.nhsggc.org.uk/working-with-us/hr-connect/self-help-for-staff/ Useful Guides: https://www.nhsggc.org.uk/working-with-us/hr-connect/staff-self-help-mh-quick-guides/ HR Support & Advice Unit: **0141-278-2700**; hr.support@ggc.scot.nhs.uk
Mindfulness Based Stress Reduction (MBSR)	Existing MBSR services are now available online, drop-in sessions are delivered by experienced mindfulness tutors using the Mindfulness Scotland Zoom account
BME Staff Network	The BME Network provide a safe, supportive and confidential forum for sharing experiences. BME Staff Network - NHSGGC If you would like to join our forum please contact: ggc.bmestaffnetwork@nhs.scot
Equality, Diversity and Inclusion	GGC information on Equality, Diversity and Inclusion policies, forums, data and further contact details. Equality, Diversity and Inclusion - NHSGGC NHSGGC - Equalities in Health
National Wellbeing Hub	**National digital wellbeing hub specifically tailored to support the challenges being faced by everyone in health and social care. Provides advice on self-care and personal resilience.** https://www.gov.scot/news/unique-support-for-health-and-social-care/ Workforce Wellbeing; Beyond the pandemic and into the future (office.com)

NHS Mental Health Apps	There are a range of apps to help reduce anxiety, stress, manage emotions and improve sleep. https://www.nhs.uk/appslibrary/category/mental-health/
NHS Inform	Staff can access the latest COVD-19 guidance from the Scottish Government. https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19
TURAS	Contains a wide range of learning resources related to COVID-19 and psychosocial mental health and wellbeing support. https://learn.nes.nhs.scot/29698/psychosocial-mental-health-and-wellbeingsupport
Breathing Space	NHS 24 provide telephone support for people experiencing low mood, anxiety and depression. https://breathingspace.scot/ ***0800 8385 87*** *- Weekdays: Mon – Thurs 6am – 2am & Weekends: Fri – Mon 6pm – 6am*
Clear Your Head	Mental Health initiative run by the Scottish Government to help people cope during the pandemic https://clearyourhead.scot/
Coaching for Wellbeing	Coaching is a safe, confidential, enabling and developmental relationship which is tailored to your specific needs, style and context. Your coach will walk alongside you and support you to explore, understand and act on whatever is important for you. https://www.knowyoumore.com/wellbeingcoaching/
Support around Death (SAD)	Developed to provide education and training for those working with the bereaved and has web pages dedicated to COVID-19 http://www.sad.scot.nhs.uk/covid-19/
Scottish Association for Mental Health (SAMH)	Scotland's national mental health charity's website contains a number of resources that to support mental health including information for dealing with stress and anxiety. https://www.samh.org.uk/