

## **IRH ED COVID contingency**

### **Principles**

Hospital main entrance is first point of contact

Walk in ED door will be shut- signage directing to main hospital entrance

Clean entrance through main hospital entrance to reception

Dirty entrance will be through ambulance entrance to RED ED with signage and barrier in ambulance bay for patient safety

Cold patient entrance / discharge – Main Hospital Entrance

Staff entrance – rear hospital entrance

Trolley patient discharge will be through Larkfield Unit

### **Definitions**

**RED ED** is current Day Surgery unit

**GREEN ED** is current ED

### **Site overview (Appendix 1)**

ED Main door will remain shut with signage directing patients to Main Hospital Entrance.

Parking will be suspended in the immediate vicinity of Hospital Main Entrance.

#### **A. Self-presenters (Appendix 2)**

Current main entrance becomes clean/dirty assessment area; All self-presenters must come here first.

Staffed by senior person, some health knowledge – suggestions of lead nurses; senior ward nurses; managers (if health background)

Will ask question on why attending (confirm acute) and any respiratory symptoms or any fever

YES – given RED paper, follow signage to RED entrance. Ambulance Entrance. (barrier will be in place in the ambulance bay for patient safety)

Walk into Room 2 – 2 bay triage/assessment

Triage from there to:

1. Home – if well, with advice leaflet
2. Room 5 for pre admission workup
3. One of 3 side rooms for immediate EoL care or other infection control issue eg diarrhoea/vomiting

#### 4. Resus area – Step Down 1/2

NO – CLEAN, given green paper, follow signage to GREEN entrance via main hospital entrance to reception

Triage / process as normal

#### **B. Ambulance patient (Appendix 3)**

Encourage prof to prof discussion via dedicated phone number 01475524166. Decision on non-respiratory or respiratory made by ambulance crew.

RESPIRATORY (RED) patients –

Triage / direct to:

1. Resus – Step Down 1 or 2
2. Day surgery – assessment bay, then flow as described above for walking patients

NON RESPIRATORY patient

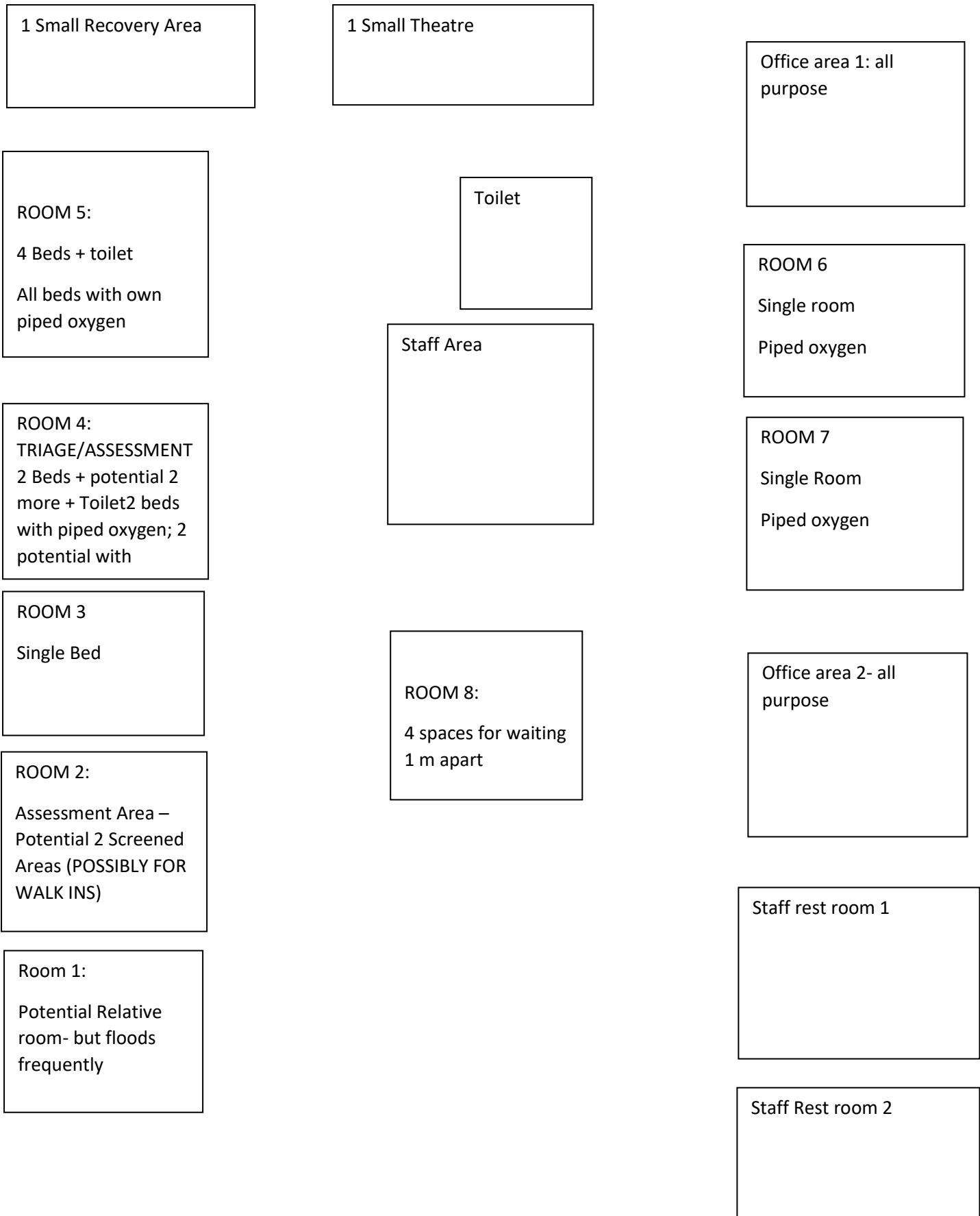
Walk into main area if possible

Trolley into triage room via ambulance entrance – MAY HAVE TO HOLD IN AMBULANCE IF CAPACITY ISSUES

Above should run 0800 to midnight 7 days / week

Between midnight and 0800, dirty/clean decision point at front door of ED. Walking red/dirty patients walk round ambulance route.

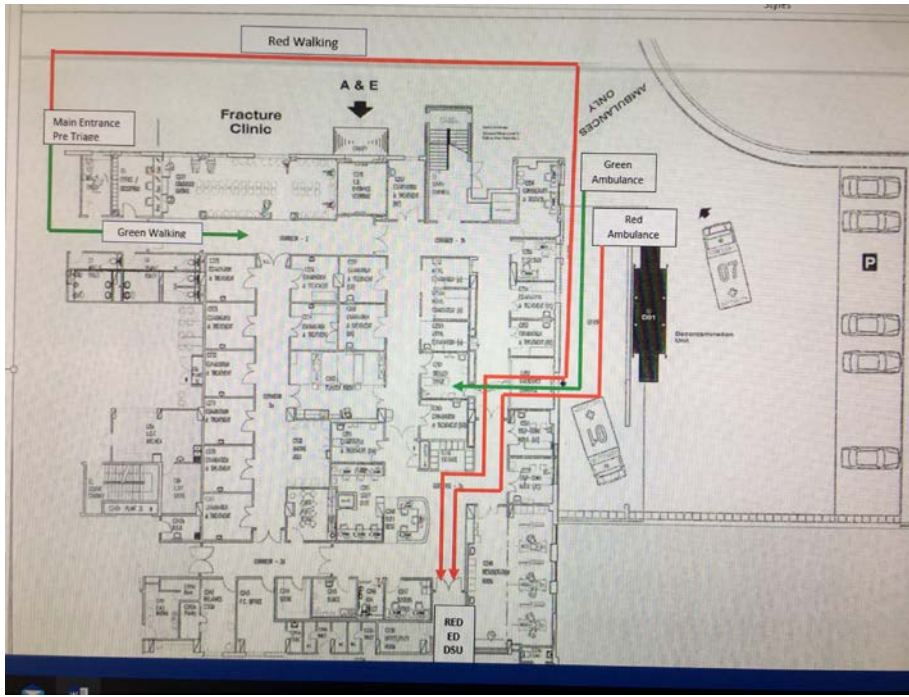
**C.Day Surgery Setup (RED ED)**



1. Due to the layout of the current ED and access to RED ED there is an overlap of clean and dirty flow from ambulance entrance to RED ED. This cannot be avoided.
2. Room 1 in RED ED is prone to flooding therefore cannot be used for clinical work but could be used as a relatives room if required.
3. Room 2 is the walk in assessment/triage area but need dividing curtain and oxygen cylinder and 2 dynamaps.
4. Room 4 currently has 2 beds with piped O2 and suction, need two O2 cylinder and two trolleys, 2 portable suction units.
5. Room 3, 6, 7 are single rooms with piped O2 and suction. Imminent EoL care or other infection control (non COVID) – have O2 and suction
6. Room 8 is the waiting area with possible 4 chairs 1 m apart.
7. None of the rooms have continuous monitoring yet. (escalated to management)
8. Discharged patients from RED ED will be through the ambulance entrance.

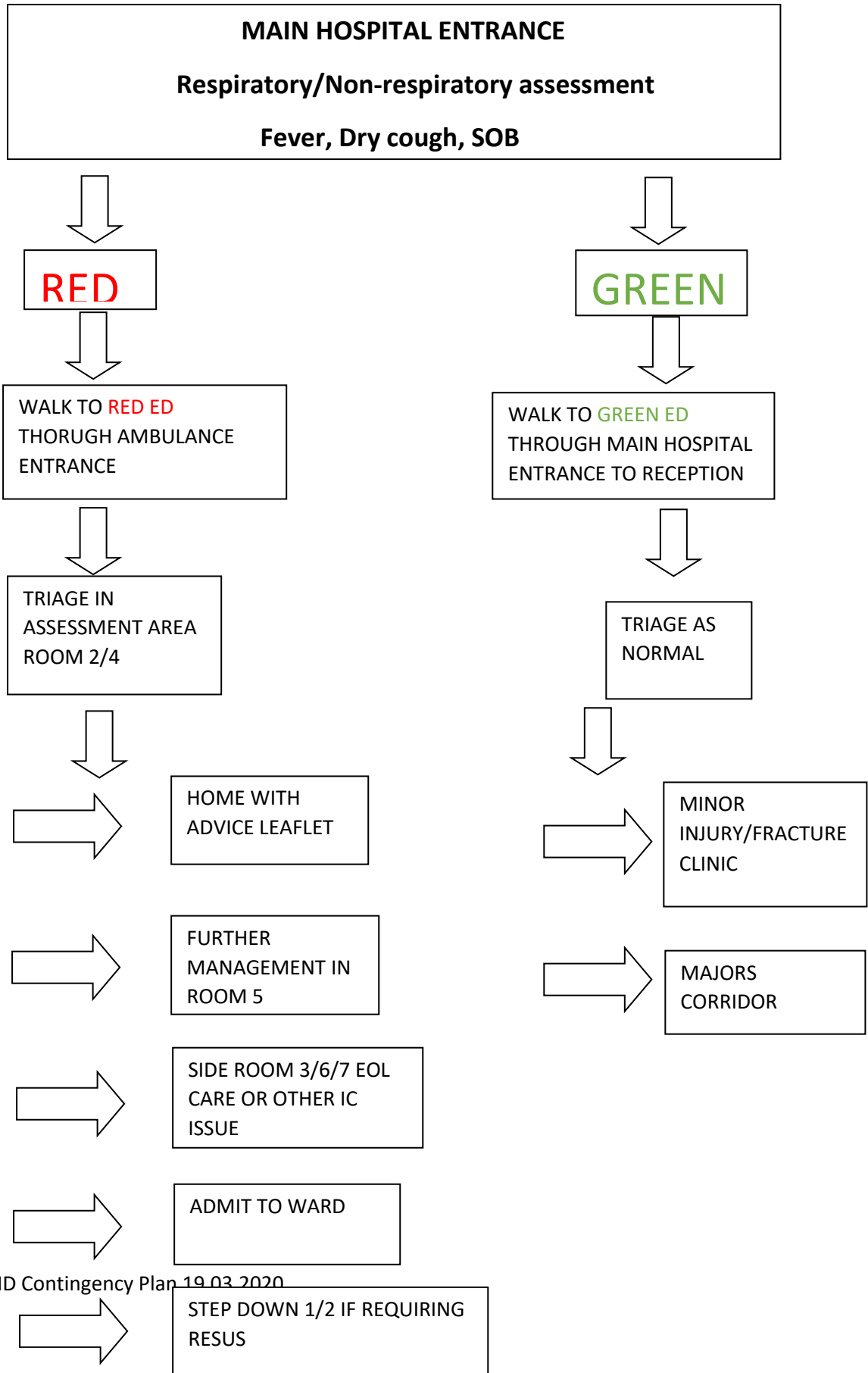
Appendix 1. Map of IRH site and IRH front door

Please see separate attachment.



Appendix 2: Self Presenting patient Flow

WALKS TO RED ED ENTRANCE



# AMBULANCE PATHWAY

Ambulance crew decide Respiratory/non-respiratory

Phone 01475524166 if required

Fever, dry cough, SOB

