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| **COVID-19 PANDEMIC**  **PHASE 2 ED MODEL OF CARE**  **VERSION 12 – 18/06/2020**  *Page 1* – Leadership Team  *Page 2* – COVID-19 Patients, Escalation of Care  *Page 3* – Treatment Spaces  *Page 4* – Location Changes  *Page 5* – Nursing & Medical Staff Requirements  *Page 6* – Nursing & HSA Allocations  *Page 7-8* – Nursing Role Duties  *Page 9* – PPE Stations, Equipment  *Page 10* – Patient Transfers  *Page 11* – Special Patient Cohorts  *Page 12* – Entry to ED & Hospital, Visitors  *Page 13* – Streaming Process for Concierge Nurse  *Page 14* – Map of Department   |  |  | | --- | --- | | **ED LEADERSHIP TEAM** | | | Simon Smith & Kate Fuller | *Model of Care, Public Affairs* | | Bonnie Sheard | *Staffing & Orientation* | | Liam Hannon, Kylie Maddern & Erin Ray | *Education & Procedures* | | Yvonne Higgott & Steph Wright | *ICT Communications, Screening Clinic* | | Neroli McConachy | *SSOU* | | Dhruv Mori, Mazdak Mansoury, Steph Wright, Erin Ray & Zoe Douglass | *PPE & Equipment* | | Di Price | *Administration* | |

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| HOW ARE WE DEALING WITH COVID-19 PATIENTS? | |
| CASE SEVERITY / RISK FACTORS | **ED DISPOSITION GOAL (resource dependent)** |
| Mild | Home from Triage |
| Moderate with no risk factors | Home from Triage or Resp AC |
| Moderate with risk factors | Home / Admit via Resp AC or Resp ED |
| Severe | Admit ward / ICU via Resp ED or Resp Resus |
| Critical | Resuscitate and Admit via ICU / palliate |
| While the majority of people with COVID-19 have uncomplicated or mild illness (81%), some will develop severe illness requiring oxygen therapy (14%) and approximately 5% will require intensive care unit treatment. Of those critically ill, most will require mechanical ventilation. The most common diagnosis in severe COVID-19 patients is severe pneumonia. | |

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| **ESCALATION OF CARE** |
| All clinical escalation criteria (Clinical Review / MAC / Code Blue) still apply in both ED & Resp ED. The Access Nurse will be required to respond to both areas as required.  **NB:** The internal ICT system for alerting staff to the required area of escalation is unable to be changed at this time to be in line with Phase 2 changes. Please be aware the area will still be as per previous names. In addition to this, if notifying Switchboard via 7777, for a consistent message area needs to be given as per previous name. |

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| **TREATMENT SPACES** | |
| **ED TREATMENT SPACES** | **TOTAL = 24**  2 x Resus beds  14 x Adult beds  3 x Paed beds  5 x Ambulatory Care consult rooms |
| **RESPIRATORY ED TREATMENT SPACES** | **TOTAL = 16**  2 x Resp Resus beds  7 x Resp Adult beds  3 x Resp Paed beds  4 x Ambulatory Care chairs |
| **SSOU BEDS** | **TOTAL = 8**  6 x beds in Medical Imaging  2 beds in Main ED cubicles (11 & 12) |
| **TOTAL TREATMENT SPACES** | **OPEN = 48** |

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| **LOCATION CHANGES** | |
| **ED**  **DROUGHT**  **MERCY** | Cubicle allocation as follows:  Beds 4, 5, 6, 7, 8, 9, 10  Beds 14, 15, 16, 17, 18, 19, 20 |
| **PAEDS HUB** | Beds 1, 2, 3, 4 (3 beds open at any given time) |
| **RESUS** | R1, R2, R3, R4  Resuscitation will become a fluid area, where staff can utilise 7 bays across ED & Resp ED (depending on presentation), ensuing 4 are open at one given time. |
| **AMBULATORY CARE (AC)** | AC 2 – 6 |
| **SSOU** | Radiology Hold Area x 6 beds, main ED cubicles x 2 beds (cubicles 11 & 12) |
| **CONCIERGE** | Outside ED entry in secure Booth |
| **RESPIRATORY TRIAGE & AMBULATORY CARE** | Previous Discharge Lounge  Self-presenting Triage x 2 chairs  Ambulance Triage x 3 holding areas  AC Chairs x 4 |
| **ADULT RESPIRATORY ED** | Beds 5, 6, 7, 8, 9, 10, 11 |
| **PAEDIATRIC RESPIRATORY ED** | Beds 1, 2, 3, 4 (3 beds open at any given time) |
| **RESPIRATORY RESUS** | ED Iso 14 & Iso 15, Resp ED Iso 12  Resuscitation will become a fluid area, where staff can utilise 7 bays across ED & Resp ED (depending on presentation), ensuing 4 are open at any one given time. |
| **ECAT ASSESSMENT SPACE** | Main ED cubicle 13, BAR & AC 1 |

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| **TOTAL OF ED NURSING STAFF REQUIRED PER SHIFT** | | | |
| **SHIFT** | **TOTAL STAFF** | **DESIGNATIONS REQUIRED** | **BREAKDOWN OF SHIFTS** |
| **DAY** | **21** | ANUM x 3  CCRN x 6  RN x 13 | 0700 x 18  0930 x 3 |
| **EVENING** | **22** | ANUM x 3  CCRN x 7  RN x 13 | 1330 x 19  1730 x 3 |
| **NIGHT** | **18** | ANUM x 3  CCRN x 5  RN x 11 | 2130 x 18 |

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| **TOTAL OF ED MEDICAL STAFF REQUIRED PER SHIFT** | | | |
| **Shift** | **Total Staff** | **Designations Required** | **Additional Required** |
| **AM** | **12** | 3 x Consultants  4 x Registrars  3 x HMO’s  2 x Interns | 1 x Registrars  1 x HMO |
| **PM** | **12** | 3 x Consultants  4 x Registrars  3 x HMO’s  2 x Interns | 1 x HMO |
| **Night** | **6** | On-call: 2 x Consultants  3 x Registrars  2 x HMO’s  1 x Intern | 1 x Registrar |
| **NB:** Physiotherapy remains unchanged, they will continue to work in non-COVID AC | | | |

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| **ED ALLOCATIONS** | | | | | | | |
| **DAY SHIFT** | |  | **EVENING SHIFT** | |  | **NIGHT SHIFT** | |
| ANUM | I/C | ANUM | I/C | ANUM | I/C |
| ANUM | SSOU I/C | ANUM | SSOU I/C | ANUM | SSOU I/C |
| CCRN | Triage | CCRN | Triage | CCRN | Triage |
| CCRN | Resus | CCRN | Triage / CIN | CCRN | Resus |
| CCRN | Access | CCRN | Resus | CCRN | Access |
| RN | Drought | CCRN | Access | RN | Drought |
| RN | Drought | RN | Drought | RN | Drought |
| RN | Mercy | RN | Drought | RN | Mercy |
| RN | Mercy | RN | Mercy | RN | Mercy |
| RN 0930 | Paeds Hub | RN | Mercy | RN | AC / CIN |
| RN | AC / CIN | RN 1730 | Paeds Hub | RN | SSOU |
| RN | SSOU | RN | AC |  |  |
|  |  |  | RN | SSOU |  |  |  |

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| **RESPIRATORY ED ALLOCATIONS** | | | | | | | |
| **DAY SHIFT** | |  | **EVENING SHIFT** | |  | **NIGHT SHIFT** | |
| ANUM | I/C | ANUM | I/C | ANUM | ED I/C |
| RN | Concierge | RN | Concierge | RN | Concierge |
| CCRN | Triage Resp | CCRN | Triage Resp | CCRN | Triage / AC Resp |
| CCRN | Resus Resp | CCRN | Resus Resp | CCRN | Resus Resp |
| CCRN 0930 | Access Resp | CCRN 1730 | Access Resp | RN | Adults Resp |
| RN | Adults Resp | RN | Adults Resp | RN | Adults Resp |
| RN | Adults Resp | RN | Adults Resp | RN | Paeds Resp |
| RN | Paeds Resp | RN | Paeds Resp |  |  |
| RN 0930 | AC Resp | RN 1730 | AC Resp |  |  |

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| **HSA ALLOCATION** | | | |
| **DAY SHIFT** | | **EVENING SHIFT** | |
| 1 x HSA | ED & Resp ED | 1 x HSA | ED & Resp ED |
| **TOTAL = 1** | | **TOTAL = 1** | |

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| **RN ROLE DUTIES** | |
| **ED ANUM** | * Oversees entire department as a whole (excluding SSOU) * Staff allocation of entire department * Duties as per normal |
| **RESPIRATORY ED ANUM** | * Manages patient flow in Resp ED * Supervises & supports staff with PPE use etc. as required * Assists in areas of need as required |
| **SSOU ANUM** | * Takes patient load in SSOU * Oversees SSOU as a whole * Other duties as per normal |
| **CONCIERGE RN** | * Located outside of ED in secure booth * Directs Ambulances (either by phone or paramedic walk-up) to correct ED entry as per streaming process * Directs self-presentations to correct ED as per streaming process * Gives streaming card to all presentations to present on arrival to:   + ED – green card   + Resp ED – red card   + Screening Clinic – orange card   + BH staff member for COVID-19 swab – blue card |
| **TRIAGE CCRN** | * As normal * Stream to Main, AC, SSOU * Directs any patients who has entered incorrect area (i.e. incorrect coloured card) to exit and enter correct area * Redirection of other patient cohorts where service can be provided elsewhere |
| **RESP TRIAGE CCRN** | * Triage as per normal * Stream to Resp AC, Adult Resp, Paed Resp * Directs any patients who has entered incorrect area (i.e. incorrect coloured card) to exit and enter correct area |
| **RESUS CCRN** | * Allocated to Resus * Assists in Resp Resus as required |
| **RESP RESUS CCRN** | * Allocated to Resp Resus * Assists in Resus as required |
| **ACCESS CCRN** | * Covers ED for escalation * Other duties as per normal |
| **RESP ACCESS CCRN** | * Covers Resp ED & Screening Clinic for escalation * Other duties as per normal |
| **DROUGHT & MERCY RN** | * Nurses at 2:7 ratio * Duties as normal |
| **PAED HUB RN** | * Nurses at 1:3 ratio * Duties as normal for paediatric patients |
| **ADULT RESP RN** | * Nurses at 2:7 Ratio * Duties as normal for respiratory patients |
| **PAED RESP RN** | * Nurses at 1:3 ratio * Duties as normal for paediatric respiratory patients |
| **AC / CIN RN** | * Duties as per normal |
| **RESP AC RN** | * Duties as per normal for respiratory patients |
| **SSOU RN** | * Nurses as per ward ratios * Duties as per normal |

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| **PPE STATIONS FOR RESPIRATORY ED** | | | |
| **AREA** | **DONNING** | **DOFFING** | **WASH HANDS** |
| **PRE/POST SHIFT &**  **ENTRY/EXIT OF RESP ED** | Allied Health Assessment Room GH.23 | Treatment Room GH.22 (previous eye room) | Treatment Room GH.22 (previous eye room) |
| **CONCIERGE & WR** | Resp Triage/AC Clean Utility | Resp Triage/AC Dirty Utility | Resp Triage/AC outside Dirty Utility Room |
| **RESP TRIAGE & AC** | Resp Triage/AC Clean Utility | Resp Triage/AC Dirty Utility | Resp Triage/AC outside Dirty Utility Room |
| **ADULT RESP ED & RESP RESUS ISO 12** | Allied Health Assessment Room GH.23 | Treatment Room GH.22 (previous eye room) | Treatment Room GH.22 (previous eye room) |
| **PAEDIATRIC RESP ED** | Allied Health Assessment Room GH.23 | Treatment Room GH.22 (previous eye room) | Treatment Room GH.22 (previous eye room) |
| **RESUS RESP ISO 14/15** | Outside Isolation Room | Isolation Anteroom | Isolation Anteroom |
| **EXIT FROM ENTIRE RESP ED** | Once doffed and you are wanting to exit Resp ED then please exit back into ED corridor past nib wall (which is separation between ED & Resp ED) | | |
| **NB:** Remember you need a mask in all areas of ED. | | | |

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| **EQUIPMENT in RESP ED** |
| * The goal is to minimise the equipment you take in and out of Resp ED. * Staff ID’s can be placed in a zip lock bag and used as normal for the duration of the shift. * Please do not take your stethoscopes into this space, they are available in Resp ED and can be wiped down after use. |

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| **PATIENT TRANSFERS** | |
| **ED** | Pathway is:  From ED treatment space –  > proceed around past critical lifts into radiology corridor  > turn right and proceed to opposite end of corridor  > turn right and proceed to patient lifts  > go to opposite side of lifts to access lift  > use available lift to transport to ward etc.  (as per Green shaded area on Map)  **NB:** there is nib wall installed in ED corridor before usual ED exit door (to patient transfer lifts) so this route cannot be used. Use critical lifts as required (normal process). |
| **RESPIRATORY ED** | Pathway is:  From Resp ED treatment space –  > proceed from treatment space ensuring you stay in Resp ED area to patient transfer lift  > use available lift to transport to ward etc.  (as per Red shaded area on Map)  **NB:** use critical lifts as required (normal process). |
| **AMBULANCE ARRIVALS/DEPARTURES** | Ambulances are directed (as per sign at current ambulance entry) to call or walk-up to Concierge for direction to correct ED (as per streaming process).  NB: If patient is requiring a Resp Resus bed they can be directed either to:   1. Enter current ambulance entry and proceed to Iso 14/Iso 15 2. To park at Red Star marked door in ambulance bay (which is door for direct entry into Iso 14 (if bed available)) and Resus Nurse will meet on arrival here |
| **ICU** | Use critical lifts for any transfers to ICU for both ED & Resp ED.  **NB:** For any patients requiring intubation – patient will be referred to ICU will be retrieved & transported by ICU staff to ICU for immediate intubation. |

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| **STREAMING SPECIAL PATIENT COHORTS** | | |
| **Presentation** | **Complaint** | **Stream** |
| **FEBRILE NEUTROPAENIC**  **(active chemotherapy with fever >38.0)** | Fever with no apparent cause | ED mains cubicle |
| Fever with resp symptoms | Resp ED and utilise negative pressure room |
| **MAJOR TRAUMA** | Resp symptoms | ED |
| **PREGNANCY + RESP SYMPTOMS** | Resp symptoms OR fever with no apparent cause | Adult Resp ED |
| **CHEST PAIN** | With associated SOB | Resp ED |
| **TONSILLITIS / QUINSY** | Sore throat | Resp AC |

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| **REDIRECTION OF OTHER PATIENT COHORTS from ED (not Resp ED)** | |
| **OPTHAMOLOGY EMERGENCIES** | Bendigo Eye Clinic will provide eye consultations during their opening hours (0800-1700).  Triage nurse to complete simple referral form and direct patient to Bendigo Eye Clinic – 144 Arnold St.  Bendigo Eye Clinic Phone Number: 5441 1622 |
| **DENTAL EMERGENCIES** | Bendigo Health Community Dental is still offering an emergency dental service during opening hours (0815-1645).  Referrals can be made from triage by phoning 5454 7994. |
| **PV BLEEDING / PAIN in 1st TRIMESTER PREGNANCY** | Bendigo Community Health will see patients who present to ED after triage and appropriate assessment by a RAT Consultant/Reg (0830-1700).  Being Community Health Phone Number: 5406 1200 |

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| **ENTRY TO ED & HOSPITAL** | |
| **AFTER HOURS** | If persons present after hours needing access to other area of hospital then please ask security to swipe them through both secure doors on internal ED corridor to atrium. These presentations may include:   * Pregnant woman (if active labour use critical lifts as per normal) * Parent of child inpatient * Family member of palliative patient on ward |
| **STAFF** | Access for all staff is via Mercy St main hospital entrance. |
| **REFERRAL TEAMS & ALL OTHER STAFF** | All staff should rethink the need to come to ED at all.  If absolutely necessary staff coming into ED will need to use Radiology corridor to access ED. |

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| **VISITORS** |
| As per current hospital wide policy visitation will be considered for **special circumstances** such as:   * palliative * rapid deterioration * carer requirements * family traveling distance * family consultation with treating team * childrens needs.   If visitor entering Respiratory ED then must wear PPE and be educated on hand hygiene. |



