

# CED Updated setup Guidance

- All patients to present via ramp.
- Complete form then enter department.
- Booked onto symphony.

- All patients triaged at main triage by reception desk.
- Subwait to be used as backup triage during periods of high acuity.
- Chair and equipment used to be cleaned with Clinell between patients.

## **RED Patients –**

- Any COVID positive patients.
- Any patient self-isolating due to contact with confirmed case.
- Awaiting COVID test result.

Isolated immediately in a room.

## **Amber Patients-**

- Isolate vulnerable patient's i.e. Immunocompromised / less than 3 months.
- Isolate non COVID but clearly infectious patients ie Measles
- All other patients in waiting areas with masks. Encourage social distancing.

**Green Patients –** Patients with confirmed Negative Covid swab with last 72 hours. Still wear mask and social distance.

We will continue to try and separate illness and injuries.

Amber Patients attending with Injuries are to wait in corridor at SSU end of department and room 38 to remain as procedure room. ENPS to continue working from their office.

Resus not to be used for any overflow patient's.

## Actions during periods of high acuity

- Utilise space across department to ensure best possible social distancing.
- Use of overflow waiting area in CED atrium – Low risk patients only and will need regular “eyes on” by experienced Nurse / HCA.
- Offer stable patient's awaiting results the option to wait in other waiting areas. (Clear time when to return and confirm contact number.)

## Minimising patients through CED

- Ward expected patient's not requiring immediate resuscitation or stabilisation to be eyeballed by senior nurse/ clinician and directed straight to ward.
- Outpatients requiring admission to go straight to ward unless requiring immediate resuscitation or stabilisation at point of admission. (To be swabbed in outpatients prior to admission.)

CED staff to support wards with these patients for cannulation etc when CED activity allows.

CED to be organised as an Amber Zone. These plans acknowledge that current evidence shows children aren't symptomatic with COVID so patients with fever and VIW etc aren't routinely classified as likely COVID.

This core of this plan has been discussed with and agreed upon with Martin Still from Infection Prevention.

#### Rationales for this Setup

- Only 4 positive paediatric patients have been admitted all were asymptomatic for COVID symptoms. One was a neonate with Pyrexia of unknown origin. Another had a level of virus that PHE deemed not infectious.
- Will allow clearly defined roles for triage, treatment and SSU nurse.
- Will allow best use of limited space during periods of high acuity with focus on isolating where required and social distancing for other patient's.
- This is far closer to how the department normally operates and is far more efficient than the current setup as it allows us to allocate patients in accordance with their own clinical risk while also allowing us to isolate Red patients and also vulnerable patients.