RAH Covid-19 Pathways

MARCH 2020
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1 Front Door Pathway RAH

Control point at top of main drive
Canopy area at turning circle for advance screening
Screening will identify individuals as RED or GREEN and pathway either green (left) red (right)

ED PRESENTATIONS MAIN HOSPITAL ENTRANCE/ CANOPY
CONFIRM IF THIS INCLUDES GP REFERRALS
Respiratory/ Non-Respiratory assessment

<table>
<thead>
<tr>
<th>RED</th>
<th>GREEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAS patient</td>
<td>SAS self-presenter</td>
</tr>
<tr>
<td>prof : prof discussion- may hold in Ambulance if capacity issues</td>
<td>prof to prof discussion- may hold in ambulance if capacity issues</td>
</tr>
</tbody>
</table>

SAS patients
Will enter
Via Resus door

Walk to Specialist Assessment and Treatment (SATA) entrance at Day Surgery

Self-presenters via Current Self Presenter Entrance
Patients will be brought in through current walk in entrance to ED

Above to run 0800 – 2000 initially

Triage: Triage area Room 4
First 6 beds on left

Triage as normal

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resus Rooms 12-18: note need 1 bay for procedure and bay either side</td>
<td>1. Discharge with appropriate information</td>
</tr>
<tr>
<td>Day Surgery Ambulance Staff wheel patient through to RED assessment bay, then flow as for self-presenters</td>
<td>2. Room 3 Patients requiring further observation with aim of discharge</td>
</tr>
<tr>
<td>3. RED HDU area (8) theatre recovery</td>
<td>5. Side room (3) EOL care or other IC issue</td>
</tr>
<tr>
<td>4. Resus Room (1) Room 10</td>
<td></td>
</tr>
</tbody>
</table>

Outcomes
Minor injury / fracture clinic

Majors Corridor
1.1 Site overview

All entry controlled at fork in road; 24/7 barrier manned – passage only allowed to ambulances or cars containing an acute patient needing dropped off; patient dropped at canopy and driver takes car to main car park; if driving themselves, asked to park in main car park and walk back to canopy area

Security support required to ensure only those with green or red cards (See below) gain entry with max 1 carer

Bus Company are not able to reroute so bus stop will be outside on the main road.

1.2 Self-presenters

Current main entrance (“canopy area”) becomes red/green 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/elastic band, follow signage to RED entrance. Left hand fire door end of DSU.

Walk into first bay on left – 6 bay triage/assessment – ED nurse + 4 other nurses; ED cons oversight

Triage from there to:

1. Home – if well, with advice leaflet
2. One of 18 assessment bays for pre admission workup
3. One of 3 side rooms for immediate EoL care or other infection control issue e.g. diarrhoea/vomiting
4. Resus area (side room 10) –
5. One of 10 HDU beds in recovery (RED area-PPE)

NO – green , given green paper/elastic band, follow signage to GREEN entrance. Left hand door to main ED waiting area

Triage / process as normal
1.3 Ambulance patient

Encourage professional discussion via standby phone. Decision on non-respiratory or respiratory made by ambulance crew.

ALL PATIENTS SHOULD BE ENCOURAGE TO WALK OR TRANSFER TO CHAIR IF POSSIBLE, TROLLEY USE WILL CAUSE SPACE CAPACITY ISSUES

RESPIRATORY (RED) patients –

Triage / direct to:

1. Resus – rooms 12-18; if AGP then need one bay for procedure and bay either side for doffing / donning and safe zone
2. Day surgery – ambulance staff wheel trolley patients through to RED triage bay, then flow as described above for walking patients

NON RESPIRATORY (GREEN) patient

Walk into main area if possible

Trolley into triage room via main waiting room

Above should run 0800 to midnight 7 days / week

Between midnight and 0800, may contract to dirty/clean decision point at front door of ED. Walking red/dirty patients walk round ambulance route, rather than having fire doors open in red/dirty ED.
Ambulance Pathway

Ambulance Crew decide
Respiratory / non-respiratory
Phone 0141 314 6760
if required
Fever, dry cough, SOB

Yes

RED

Trolley patient via right hand ED door

Triage area in RED ED 6 – bed triage area

Home with leaflet

Assessment bay (18)

Side room (3)
EOL care or other IC issue

HGU area (10) Recovery

No

GREEN

Standby unwell

Walk to chair if possible into waiting room

Trolley patient via left hand ED door

Triage area in RED ED 6 – bed triage area

RED resus (old room 12 – 18)
1.4 Day surgery setup (RED ED)

ROOM 10
PROCEDURE ROOM

KITCHEN

ROOM 4
6 BED TRIAGE AREA

ROOM 9
X RAY ROOM

SLUICE

ROOM 3
6 BED ASSESSMENT AREA

ROOM 8
SINGLE ROOM
EOL / INFECTION CONTROL

STAFF WORK AREA

ROOM 2
6 BED ASSESSMENT AREA

ROOM 7
SINGLE ROOM
EOL / INFECTION CONTROL

PHARMACY CABINET

ROOM 1
6 BED ASSESSMENT AREA

ROOM 6
SINGLE ROOM
EOL / INFECTION CONTROL

RECEPTION

ROOM 5 (OFFICE)
RELATIVES ROOM

WAITING AREA
14 CHAIRS 1 METRE APART

RECOVERY
RESPIRATORY HDU
10 SPACES
1.6 SAU pathway

Surgical GP calls who are symptomatic for Covid-19 will be directed to red pathway via SATA, then to Ward 20.

If not symptomatic they will be directed to enter SAU via the fire doors at the back of the hospital.

Patients/ GPs will be told the pathway to use when they call.
### Royal Alexandra Hospital Ward Structure 30/03/20

<table>
<thead>
<tr>
<th>Level</th>
<th>TOWER / LIFTS</th>
<th>TOWER / LIFTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Ward 11 Respiratory 24 beds</td>
<td>Ward 27 General Medicine 24 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 12 CCU 12 beds</td>
<td>Ward 28 Urology 17 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 14 Medicine 24 beds Restricted caseload</td>
<td>Ward 29 General Surgery 9 beds</td>
</tr>
<tr>
<td>5</td>
<td>Ward 8 Cardiology 29 beds</td>
<td>Ward 10 Diabetes/Endo 30 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 14 Medicine 24 beds Restricted caseload</td>
<td>Ward 24 General Surgery 30 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 28 Urology 17 beds</td>
<td>HDU 12 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 29 General Surgery 9 beds</td>
<td>New ITU (ICU 1) 7 (9) beds</td>
</tr>
<tr>
<td>4</td>
<td>Ward 5 DME RED 24 beds</td>
<td>Ward 21 Ortho 23 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 6 Older Adults 12 beds</td>
<td>Ward 22 Ortho 18 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 24 General Surgery 30 beds</td>
<td>Ward 23 Ortho 29 beds</td>
</tr>
<tr>
<td>3</td>
<td>Ward 3 DME 30 beds</td>
<td>Ward 18 on RED Med 24 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 4 Stroke 30 beds</td>
<td>2nd Palliative Care &amp; Haem 12 beds</td>
</tr>
<tr>
<td></td>
<td>Ward 19 2nd Palliative Care &amp; Haem 12 beds</td>
<td>Ward 20 - surgery 24 beds</td>
</tr>
<tr>
<td>2</td>
<td>Ward 1 MAU 22 beds</td>
<td>Ward 16 SAU</td>
</tr>
<tr>
<td></td>
<td>Ward 2 AMU 30 beds</td>
<td>PANDA CENTRE</td>
</tr>
<tr>
<td>Other</td>
<td>Ward 36 (24 beds)</td>
<td>Old ITU (ICU 2) 7 (8) beds</td>
</tr>
</tbody>
</table>

All discharge from red wards will be via the exit at adjacent to the chapel. SAS pick up area at the back of the hospital approved. All discharges from green wards will be via the Day Hospital.
3 Visitors/Outpatients/Staff

3.1 Visitors

Directed to enter via the Day Hospital Entrance.

Signage in place with coloured dots making route into main atrium via physiotherapy.

No current plans to screen visitors.

3.2 Outpatients

To enter via the Day Hospital Entrance.

All OP activity consolidated to reduce patient movement, need for multiple areas to be open and cleaned and consolidate staffing resource.

Patients should be advised to only attend the appointment if they are well enough and not if they have any symptoms relating to Covid-19. Patients will be asked again on presenting to their appointment. Health records to staff reception.

3.3 Fracture Clinic

Will run from the same area and safe route in identified.

4 Staff

4.1 Entrance

Via Day Hospital, round physiotherapy corridor and direct access to changing room. Or chapel entrance at the back of the hospital.

4.2 Wellness Centre

Wellness Centre to be developed for staff in the Panda Centre.