

Clinical Standard Operating Procedure (SOP) AMBULANCE OFFLOAD AREA – EXTREME WEATHER

SETTING	Adult Emergency Department
FOR STAFF	South West Ambulance Service Trust (SWAST) and Clinical Site Management Team (CSMT). Emergency Department (ED) Incident Triage Area (ITA) nurse. ED nursing and medical team. Strategic on call and On call Manager.
PATIENTS	Patients in the ambulance queue

Purpose

Due to growing volume and acuity of emergency attendances, overcrowding in the ED and ambulance queuing remains a major problem for the Trust. In times of extreme weather (either hot or cold) please use the guidance below to support a temporary offload solution to mitigate any harm to patients or staff due to patients being held in an ambulance whilst queueing to come into ED. The aim of the SOP is to keep patients and staff safe during these extreme weather events.

This is not a cohorting SOP to allow ambulance queue release. ED does not have the capacity for that. This is to keep patients and staff safe from the extreme weather conditions.

IN AMBER/RED weather alert, an ambulance offload queuing area may be considered in **ED QB (if not in use) or the SDEC waiting room**. It should be noted that an offload queue entail having an undifferentiated queue of patients in a non-clinical area.

Actions Prior to Enacting the SOP

Due to the risks and limitations described above, this SOP area should be used in extremis of temperature as described in the Amber and Red alerts and for the minimum time possible.

The following **MUST** have been enacted/considered to maximise capacity and flow prior to enacting this SOP:

- Boarding to maximum possible spaces on all wards as per **Boarding SOP**. This should balance the relative risk in ED and on boarding wards (ward matron in hours/CSMT out of hours)
- Use of escalation capacity up to the maximum possible in line with **Escalation SOP**. This will be discussed and decided at the x 2 trust wide divisional silver meetings and early decisions should be made to ensure areas can be staffed
- Queue B area to be offered to SWAST if not staffed by UHBW, as these are clinical spaces and is safer than a non-clinical area
- Managing minor/fast flow capacity in line with **Redirection SOP**
- Use of the triage only model (See attached SOP below)
- All patients in ED with a DTA moved to ward using the **Direct Admit SOP**
- CSM and ED management of **ED decompression checklist**
- Halo and CSM touch points of communication as required.
- CSM use of intelligence from SWASFT incoming screen

- Escalation of patients who require specialist bed outside UHBW (mental health including CAHMs)
- Proactive escalation of staffing to support these actions where required

Exclusion criteria

We are specifically removing most of the exclusion criteria from the previous ambulance offload due to the potential for harm in the ambulances, however the following criteria still stands:

- **No** patients requiring resuscitation

At the point that we have exhausted all actions **AND** there remains significant ambulance queues risking harm to patients and staff due to extreme weather, and increased fumes in the ambulance bay, the SOP may be enacted.

Decision Making

- **In Hours:** Divisional Silvers & Clinical Operations Matron and sign-off by Chief Operating Officer (or deputy)
- **Out of Hours:** On-call manager in consultation with CSM team, ED consultant/nurse in charge and sign-off by Strategic on-call

Protocol for use and management of SDEC waiting room as an ambulance offload queue in extreme weather:

- The area will be staffed by SWAST and supported by the HALO (Hospital Ambulance Liaison Officer). There is no capacity for hospital trolleys. The crews will stay to individually manage their patients.
- Patients in the offload area will be treated and have routine observations and safety checks carried out in line with SWAST's **Hand Over Delays Clinical Care Provision SOP** (see below)
- The choice of patients will be led by those most vulnerable to extreme weather, by discussion between HALO, ED ITA/RATT nurse and most senior ED physician. (Elderly, frail, acutely unwell, septic, etc).
- Queue B maximum of 3 patients (when not in use for queueing)
- SDEC waiting room - maximum capacity of 8 trolleys (this will need to be negotiated as during 8-6 there will be an SDEC running)
- Patients and SWAST staff to wear a surgical mask/ appropriate PPE, if required for IPC reasons.
- Patients will be booked in and tracked on the Careflow system remaining on the ED tracking system under 'Queue C'
- The ITA nurse will be the decision maker on patients to transfer into the ED from either ITA area A, B or ambulance bay, or SDEC waiting room based on patient condition and priority.
- Oxygen cylinders to be provided.
- Monitoring kit will be owned by SWAST
- Screens to be provided.
- Request water via domestic services

IPC considerations for offload areas

- All patients must be in designated offload spaces within the SDEC waiting room
- The patients must be tracked to these spaces on the Careflow system

- The offload areas will be cleaned by UHBW cleaners on the department regime and any escalation for cleaning must go through the ITA nurse
- Doors to SDEC waiting room must be closed wherever possible
- PHE IPC guidance for PPE must be always adhered to.
- Linen bags to be emptied when full and placed in the linen disposal cupboard at the back of A300 next to the main kitchen
- Given the potential for heat or cold injury – where it outweighs the risk of covid – covid patients will be cohorted at one end of the waiting room, and where possible wear masks.

Any concerns regarding delays and environment will need to be raised with the CSMT and any deteriorating patient's concerns with the ITA nurse.

Appendix – Evidence of Learning from Incidents

Incidents	Summary of Learning
N/A	

Table A

REFERENCES	If you have referenced any <u>external</u> papers or websites, enter them here.
RELATED DOCUMENTS AND PAGES	Adult escalation Policy ED checklist Reverse Queue ITA SOP Redirect Triage SOP
AUTHORISING BODY	ED Governance Governance and Assurance Committee
SAFETY	Crowding in ED resulting in an Ambulance queue in ambulance bay and/or a second queue in ITA. Delays in ambulance handover resulting in poorer outcomes for patients and less than adequate patient experience.
QUERIES AND CONTACT	Contact CSMT ' Ext [REDACTED] / Bleep [REDACTED]
AUDIT REQUIREMENTS	



Plan Elements	Plan Details
The Dissemination Lead is:	[REDACTED]
Is this document: A – replacing the same titled, expired guideline, B –	A

replacing an alternative guideline, C – a new Guideline:	
If answer above is B: Alternative documentation this guideline will replace (if applicable):	
This document is to be disseminated to:	All staff
Method of dissemination:	email
Is training required and how will this be delivered:	

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
November 2023	1.2	ED Matron	Minor	Revised to include all weather