Clinical Triage for Current Clients COVID-19 Treatment Rooms

COVID-19 presents unique challenges to care delivery with the activation of Pandemic flu plans. Professional guidance was developed and issued to support clinical decision making within out Treatment Rooms and this was in conjunction with Pandemic Flu plans. However the unprecedented current situation necessitates a guidance to support Clinical Triage in order to accept and define limitations within the service, along with supported escalation where appropriate through Tiers. There is a need to demonstrate assessment and mitigation of risk, whilst optimising use of staffing resource and care delivery.

Prioritisation of Clinical Services when Demand Exceeds Capacity - General Principles

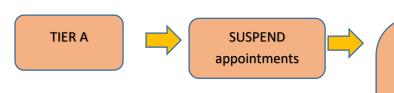
The likelihood is that community services will have to manage increased demand over several weeks coupled with a likely and predicted significant staff shortage through self-isolation, illness / symptoms of COVID-19 and care commitments. The peak demand may require that the NHS temporarily withdraws all service within this area of care to better concentrate on core services. This is also in line with current Scottish Government guidance in relation to social distancing and essential travel. Likely measures which will be put in place will be the suspension of Treatment Room Services.

Guidance below illustrates a Clinical Triage Model based on 3 Tiers. Consideration at every Tier will require assessment to the vulnerability, social supports, service involvement and capacity v's risk of not undertaking intervention.

Support for our caseload holders and front line staff will be crucial in this process. The necessity of triage to determine best deployment of reduced resources with increasing in demand will be difficult position for staff. Senior Leadership is imperative at this time to support clinical decision making and prioritisation of care that maintains patient and staff safety whilst acknowledging the risks of caring for individuals in the pandemic period.

Clinical pathways are currently in development and subject to continuous review to support the decision making and triage described within this model below. This is a fast paced and ever changing evolution which requires constant dialogue to support the decisions that are being made and implemented.

Clinical Triage Guidance



Identification of patients that can safely have visit curtailed based upon necessity / urgency of treatment, what can safely be paused, least risk with suspension and no easily identifiable / foreseeable lasting detrimental impact to health and well being



Examples of treatments include:

Ear syringe

Routine venepuncture

Hydroxocobalamin injection

Health Promotion Advice

Chaperoning/ supporting procedures

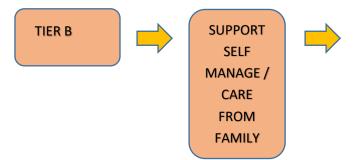
Claudication clinics

Leg Ulcer clinics

Minor surgery

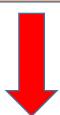
Non-urgent specimen collection

Version 0.1 24/3/20 LS pg. 2



Identification of patients who can be advised of how to selfmanage or have family who can undertake this, cognisant of cognitive function, physical function / manual dexterity to undertake the intervention.

What level of support and education required, interventions that are often / commonly self- managed



Examples of intervention include:

Eye Care

Subcutaneous Injections

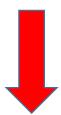
Non complicated dressing *

Pressure Damage G2<

^{*}Non complicated dressings can include dressings where patients can be instructed to apply 2 products in easily accessible areas. Consideration to healing leg ulcers (non-leaking).



Having identified patients within the Treatment Room and undertaken tiered triage, this is the group of patients that must receive home visit either due to risk, lack of ability to selfcare, lack of function to selfcare or where there would be identifiable / foreseeable lasting detrimental impact to health and well-being if not undertaken



Examples of interventions that will require home visit will be:

CVAD

Urgent Diagnostic VP

Specific VP-INR, DEMARD, Chemo

Pressure Ulcers G3>

LTC Injections- Urology/ Rheumatology

Complex wounds*

*Complex wounds- if all self-management and frequency of change options exhausted.

Liaison with podiatry to take on the management of all dressings below the ankle.

Complex leg ulcers- review of topical dressing and bandage regime to minimise exposure.