

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

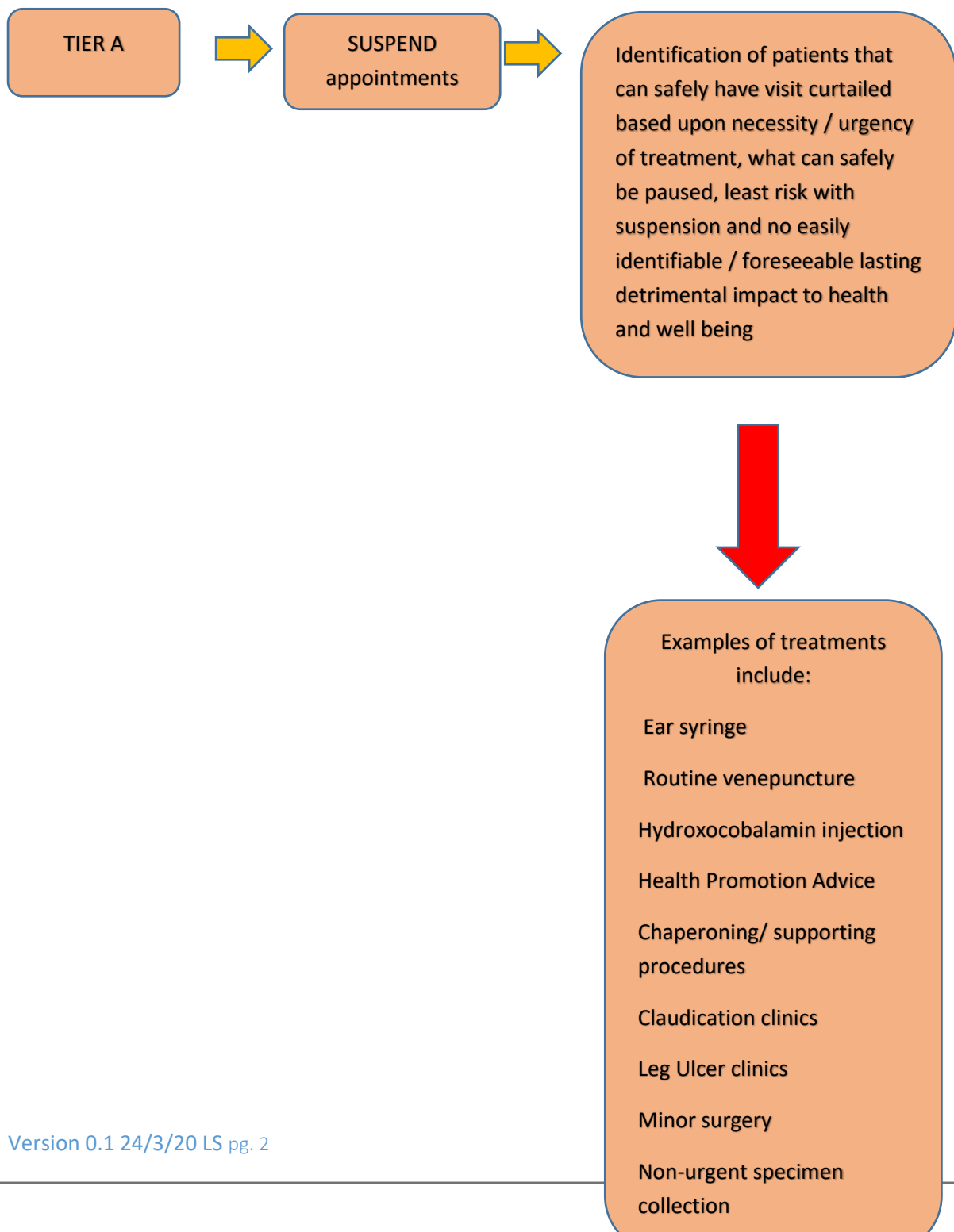
The likelihood is that community services will have to manage increased demand over several weeks coupled with a likely and predicted significant staff shortage through self-isolation, illness / symptoms of COVID-19 and care commitments. The peak demand may require that the NHS temporarily withdraws 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.

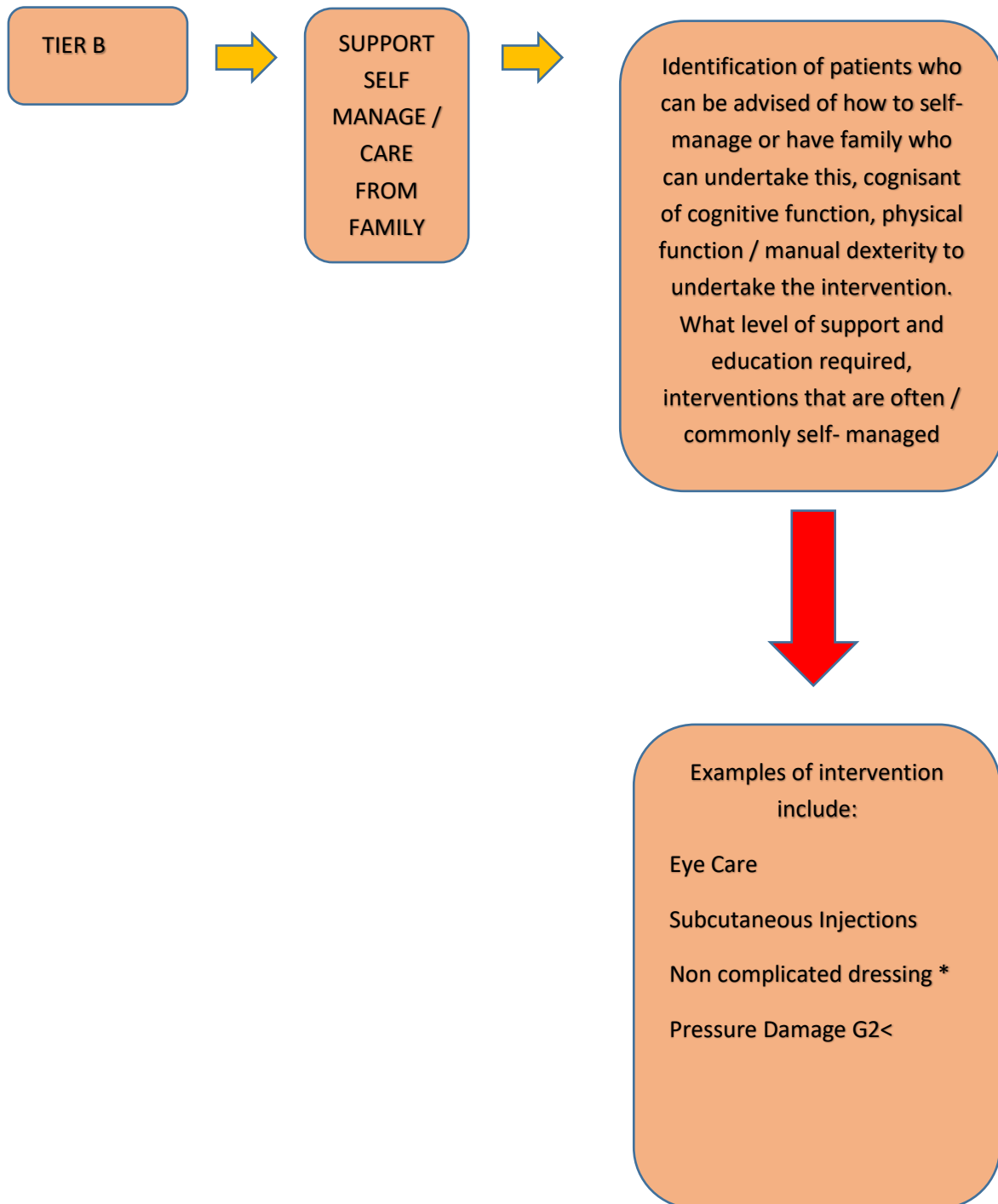
Guidance below illustrates a Clinical Triage Model based on 3 Tiers. Consideration at every Tier will require assessment to the vulnerability, social supports, service involvement and capacity v's risk of not undertaking intervention.

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.

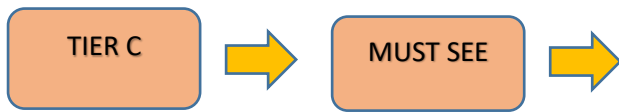
Clinical pathways are currently in development and subject to continuous review to support the decision making and triage described within this model below. This is a fast paced and ever changing evolution which requires constant dialogue to support the decisions that are being made and implemented.

Clinical Triage Guidance





*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 self-care, lack of function to self-care 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.