COVID-19 UPDATE

MEDICLINIC

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MEDICLINIC EMERGENCY CENTRE COVID SURGE AREAS (CSA)

South Africa's second wave of COVID-19 infections has resulted in a significant increase of patients presenting to Mediclinic Emergency Centers (ECs) seeking care. EC staff are reporting an increase of patients in higher triage categories which results in longer waiting times for patients in lower triage categories. Many ECs are experiencing significant exit block, which means that patients spend a prolonged time in EC after the admission decision, while awaiting a hospital bed. This results in insufficient through-put through the EC, which is detrimental to patient care. The creation of an EC CSA will help to generate extra capacity to assist with the through-put through the EC. The creation of an EC CSA at a hospital should not be made in isolation but it is a part of a broader strategy to create more capacity in ECs and hospitals (other strategies include the repurposing of clinical areas, the splitting of the EC or the opening of a 2nd EC and the active involvement of a hospital Triage Team).

An EC CSA is:
- An area close to the EC for easy access for staff and patients.
- An area for patients to wait after they have been screened and triaged before the EC nurse and doctor assessment.
- An area where patients of triage categories green or yellow only (including walk-ins and ambulance patients) and who are physiologically stable can be sent to.
- An area where triaged patients can receive supplemental, low flow oxygen therapy (excluding high flow nasal oxygen and ventilation).
- An area where patients receive minimal nursing input.

An EC CSA is NOT:
- A waiting area for patients before triage or for family members.
- A waiting area for non-COVID patients.
- An area where patients requiring hospital admission and monitoring should be accommodated before a bed becomes available in the hospital.

Process
- All patients presenting to a Mediclinic EC must pass through access control and be triaged. Peripheral oxygen saturation measurement must be included in the initial triage process.
- Patients who are triaged green or yellow and who present with respiratory COVID symptoms requiring supplemental oxygen should be discussed with the EC doctor.
- If the patients are deemed to be physiologically stable enough they can be referred to the EC CSA after triage and before assessment.

- The triage nurse on duty must ensure that they regularly (every 15-20 mins) do a quick round through the CSA to confirm the clinical stability of the patients in the EC CSA.
- Any deteriorating patients should be moved inside the EC to the most appropriate clinical area immediately.

Infrastructure

- Consideration should be given as to the most appropriate area for the location of the EC CSA.
- It should ideally be within 50 metres of the EC patient or ambulance entrance.
- It should be covered and protected from the elements.
- It should as far as possible allow for natural ventilation and air changes
- Consideration should be given to adequate visual privacy for the patients if possible taking cost and space constraints into account.
- This area should not have hospital beds but only comfortable seating for patients.
- Adequate lighting must be available in this area.
- Enough electrical points or access to electrical points is crucial for lighting (if required) and oxygenation equipment (i.e. oxygen concentrators) in this area.
- In the absence of (enough) oxygen concentrators, large oxygen cylinders on emergency trolley with manifolds could be used.
- Refreshments should be made available to patients waiting in this area.

Oxygenation Equipment

- Mobile finger pulse oximetry devices should be used in the EC CSA as rudimentary monitoring devices.
- Oxygen concentrators (1 patient per machine) that can deliver flowrates between 0.5L/min – 5L/min, OR
- Oxygen cylinder(s), typically 10 or 14kg, with manifold installation
- Consumables: nasal oxygen cannulae (1 per patient)

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