## **Appendix B, Flow Chart**

## Surge plan to create 1-2 additional acute beds, Gilbert Bain Hospital

Silver command decision to convert HDU to 3 general beds for surge capacity because bed capacity is sustained on RED. Silver Command informs ward 1 Nurse in Charge (W1-NIC)

W1-NIC requests for porters to take the following equipment to Ronas day room;

- 2x HDU chart tables
- 2x Mobile HDU monitors
- 2x HDU Gratnell equipment trollies
- 1x Airvo machine
- 1x Intubation trolley (resus trolley to remain)

W1-NIC identifies appropriate patients for 3 bedded bay;

- No high acuity patients
- Patients who are independently mobile (no room for stand aid or hoists)
- Patients who can walk to bathroom (no room for commodes)

Ward team source extra bed, bedside cabinet, over bed table (from Ronas training room) and call bell (from day room), mobile screen (from bathroom) once these items are sourced patients can be moved in to 3 bedded bay.

If silver command declares extremis measures, 4<sup>th</sup> bed can be opened. Porters will be required to dismantle 2 large grey storage units at right side of room and transport them to the day room.

In event of HDU level care being required during times of surge, silver command should call a meeting with SCN theatre or deputy, on call anaesthetist and in working hour's elective services manager. Recovery or Ambulatory care should be considered for HDU provision, workforce to support this and halting elective work should be considered.

Requirement for surge to remain open should be reviewed every 12 hours, at earliest opportunity bed should be closed and HDU pathway reinstated in Ward 1.