

CCaNNI Critical Care Services Surge Plan (COVID and non-COVID)

Overall planning assumptions: Modelling on 7th April 2020 indicates RWCS of 140 COVID beds needed at peak, in addition to 35 NON-COVID beds. This is would require at total 175, this Plan will reach that target at high surge with a margin for delivery of higher volumes

Key points	CRITICAL CARE SURGE PLAN (COVID-19 & Non-COVID-19)													Explanation	
<ol style="list-style-type: none"> This is a phased Escalation Plan with active oversight and reporting by CCaNNI during surge The principle of this plan is that all Trusts will surge proportionally and in step to be simultaneously in low medium or high surge Trusts have confirmed ability to escalate to high surge taking into account: estate, staffing and equipment This plan allows support for clinical services (such as obstetrics/ ED/ cancer/ urgent care etc) however at the point of extreme surge. Discussion on non-COVID provision will be required This plan is a target for bed numbers at each surge level, however this may need flexibility on any given day CCaNNI and Units to work with NISTAR & NIAS to identify transfers and maintain continuous flow in and out of critical care and to smooth the surge numbers across the region so no one unit is under much greater pressure. Pressures within NISTAR that inhibits the transfer of patients across the region should be escalated to CCaNNI Triggering points identified for each phase by CCaNNI Local / all unit capacity maximize before triggering the next level of surge. Staffing levels per patient will reduce as surge levels progress, staffing ratios across units to remain constant There should be sufficient capacity to avoid extreme surge. If however extreme surge is triggered all 5 trusts support Nightingale by transferring resources 	Total L3 beds														
	Local escalation	Steady State	Altnagelvin	Antrim	BCH	Causeway	CAH	MIH	RICU	CSICU	SWAH	Ulster	PICU	72	<p>Steady state capacity 72 equivalent level 3 beds (excluding CSICU)</p> <p>Surge within critical care to take account of provision of essential acute services within each hospital</p> <p>Step one: Pre Surge</p> <ul style="list-style-type: none"> All commissioned critical care beds uplited to level 3 Potential changes to patient to staff ratios CSICU excluded from bed numbers <p>Step two : Low surge</p> <ul style="list-style-type: none"> Expansion of level 3 beds available on a phased basis Trusts will begin to expand proportionally Surge may require expansion into other clinical areas adjacent to or distanced from critical care unit. CSICU excluded from bed numbers <p>Step two : Medium Surge -</p> <ul style="list-style-type: none"> As above (low surge) Expansion of level 3 beds available on a phased basis Staffing ratios across the region should be of similar standard Staffing augmented by non-critical care staff In such circumstances experienced critical care staff will supervise non-ICU staff <p>Step three – High Surge</p> <ul style="list-style-type: none"> As above (medium surge) All units escalate to the maximum indicated Patient to staff ratios diluted further in line with CCaNNI Plan <p>Step four – Extreme Surge</p> <ul style="list-style-type: none"> All units reach agreed point of triggering escalation into regional beds in Nightingale hospital @ BCH Regional beds available to all trusts Staffing ratios across the region including Nightingale to be of similar standard <p>Beyond Extreme</p> <ul style="list-style-type: none"> Although there may be equipment and space to deliver "Beyond Extreme" the workforce availability may not support a minimum standard of care
		Pre-surge	Altnagelvin	Antrim	BCH	Causeway	CAH	MIH	RICU	CSICU	SWAH	Ulster	PICU	88	
		All beds converted to L3	10	8	9	4	8	6	27	(14)	6	10			
		Low surge	Altnagelvin	Antrim	BCH	Causeway	CAH	MIH	RICU	CSICU	SWAH	Ulster	PICU	112	
		25% expansion	13	11	19	4	10	8	27	(14)	7	13			
	Medium surge	Altnagelvin	Antrim	BCH	Causeway	CAH	MIH	RICU	CSICU*	SWAH	Ulster	PICU	155		
	50% expansion	15	14	56	4	12	0	30	0	9	15				
	High surge	Altnagelvin	Antrim	BCH	Causeway	CAH	MIH	RICU	CSICU*	SWAH	Ulster	PICU	198		
	100% expansion	20	20	78	4	16	0	30	0	10	20				
Regional escalation	Extreme surge	Altnagelvin	Antrim	BCH	Causeway	CAH	MIH	RICU	CSICU*	SWAH	Ulster	PICU	247		
	150% expansion	25	20	109	4	20	0	30	0	10	25	4			
Beyond extreme	Altnagelvin	Antrim	BCH	Causeway	CAH	MIH	RICU	CSICU*	SWAH	Ulster	PICU	286			
200% expansion	26	20	138	4	24	0	30	0	10	30	4				
<p>Footnotes</p> <p>BCH will provide COVID critical care only. RVH will provide COVID and non-COVID critical care for regional services. In addition, it will provide non-COVID care for patients who would usually receive DGH services in Belfast Trust.</p> <p>All other unit will provide mixture of COVID and non-COVID care - the spilt of this to be decided locally in consultation with Trust's IPC teams</p> <p>Expansion percentages based approximately on the pre-surge bed numbers. The management of phases of surge at different units will be operationally managed by individual Trusts</p> <p>* From medium surge, CSICU will retain 3 beds for Cardiac surgery within RICU. The remainder of the CSICU beds / resources move to BCH.</p> <p>NISTAR will continue to deliver the regional transfer service in support of the CCaNNI Critical Care Services Surge Plan.</p> <p>In extreme surge Paediatric Intensive Care Unit (PICU) will provide support by admitting up to 4 young adults (up to 18 years) or by transferring resources to an adjacent unit</p>															