

Ward area	Beds suitable for AGP's	Patient Group	Issues
ARU	6 single side rooms  Cannot cohort in the 2 rooms with 2 beds due to oxygen issues	NIV/CPAP/HFNO  Only use HFNO on ARU	How many positive COVID patient before turns red?  Do we need to make this area COVID only as numbers start to rise
Ward 43	8 side rooms  Can only take 4 patients on CPAP in side rooms	Complex chest drains  Acute NON covid NIV/CPAP  Home NIV who are acutely ill with respiratory problems	How do we protect beds to allow us to take the next patient?  If we need to put COVID positive patients in to this area how do we reduce cross infection
Escalation for COVID patients when these beds are used and we need more NIV/CPAP capacity.	4 side rooms on COVID ward 41/33 for CPAP		Will need training and support from respiratory nurse team. Will do this when ward 43 is starting to take patients so training is relevant and timely.
All surgical wards	Nurse in side rooms	Home CPAP in swab negative patients, use own equipment.	Would suggest nurses wear FFP3 masks when going in to patients when CPAP in use
All medical wards	Nurse in side rooms	Home CPAP/NIV  If swab negative and no symptoms of COVID with consultant agreement can use own mask	Would suggest nurses wear FFP3 masks when going in to patients when CPAP in use  Where would they go if we run out of side

		If deemed high risk change mask to non vented with 1 filter with exhalation port.	rooms, how would we cohort??
Step down to BAGH, RCH and SCH for patients on home CPAP/NIV who need rehab, social sort etc	Nurse in side rooms	Home CPAP/NIV swab negative prior to transfer	Swab negative only or all??? If positive will need non vented masks and supply of filters  Use their own masks and CPAP so independent  Nurses need to use FFP3 masks when going in if patient on CPAP/NIV at the time.