

## **St. Paul's Emergency Physicians Dynamic Coverage or "Surge Policy"**

At times of departmental "surges", whereby either the Acute or Fast-Track side is being faced with an overwhelming volume of new/unseen patients, the EPs will trial a form of "Surge Coverage". The following will apply to the new "Surge Policy":

1. The EPs on the overwhelmed side will initiate the call for help. The responding EPs will not be expected to monitor the other side and respond preemptively.
2. There will be no "Triage Drift", i.e. the responding EPs will move from side to side, but lower acuity Acute patients will not be triaged to FT or vice versa.
3. The policy will only apply at times when there are two EPs working in the responding side, so that one person can safely leave their assigned side.
4. EP discretion will be required, but the general triggers to call for help will be defined as follows:
  - i. On Acute side: 9 or more patients waiting to be seen
  - ii. On Acute side: 5 patients unseen, and one EP tied up in an active resuscitation
  - iii. On FT side: 10 or more patients waiting to be seen
5. If the responding side is also backlogged, i.e. more than five unseen patients, the responding EPs will likely have to decline the "call for help"
6. The two EPs on the responding side will decide among themselves which of the earlier or later shift EP will respond
7. The decision for the responding EP to return to his or her original assignment will be a collaborative discussion between EPs, but will usually happen when the unseen list has been whittled down to 5 or less.