

Covid-19

Oral and Maxillofacial Surgery - Escalation Policy

Final

Prevalence	Low	Medium	High	Very high
OMFS Personnel	Normal	Normal except acute/trauma OMFS team (if not already) Plan for High and very high	Limit staff exposure/work Rotate acute team (30% may be isolated/sick) Staff spokes to shield hub	Skeleton staff only Assist / Reallocation to other specialities
Impact	Normal Winter Pressure Business as usual	Limited ITU Limited Ward beds	No ITU beds No Ward beds	Surgery limited Isolation limited
Trauma Operating	Normal	1. Increase day-case 2. Maximise day-case 3. 23 hour ambulatory care If available	Increase non operative treatment options	Delay all but essential surgery
Acute Care Leadership	Normal	1.Consultant OMFS Surgeon Acute Care lead/Trauma Coordinator (with no other clinical commitments) 2. Triaging with junior team. Patient directed home, or to OMFS triage clinic 3. Fractures, infections and facial lacerations - early surgery to decrease LoS utilising elective capacity 4.On day admission for Non elective Trauma Operating 5. Consultant led ward rounds x 2 daily		
Elective Operating – GA	Normal	Urgent only	All elective surgery stops except cancer	All elective surgery stops including cancer
Elective Operating – LA	Normal	Urgent only	Urgent only	Cancer and Trauma
OMFS triage Clinic	Normal new patient Procure IMF screws/ adhesive IMF arch-bars for 'see and treat'	Increased used of all day OMFS triage clinic Ensure 'see and treat' option available for suitable patients	All ED injuries triaged to OMFS triage clinic except RESUS cases Elective Surgeons to Support including minor ops/non-GA treatment in Triage Clinic/OMFS see and treat	All ED injuries triaged to OMFS triage clinic except RESUS cases Elective Surgeons to Support including minor ops/non-GA treatment in Triage Clinic/OMFS see and treat
OMFS Trauma review clinic	Normal (start designing Virtual Follow up Clinic (VFC))	Use VFC where possible	Use VFC where possible	Use VFC where possible
Elective Clinics	Normal new patient Start reducing follow-ups	Urgent only No follow-up	Urgent diverted to OMFS Triage Clinic	Urgent diverted to OMFS Triage Clinic
Spoke Clinics and AEDs	Normal new patients Start reducing follow-ups Write support protocol for spoke OMFS staff for when pressures increase	1.Urgent only – consider keeping patients in spoke hospital with Virtual input from Hub 2.Consider consultant input into spoke trauma clinics to triage/'see and treat' patients who have been 'patched and planned' in ED to avoid transfer to the hub. Cancelled elective activity in the hub may facilitate this approach. 3.Clear written referral pathways should be shared with EDs across network	Urgent discussed with OMFS Triage clinic(s). Transfer only if essential	Urgent discussed with OMFS Triage clinic. Transfer only if essential