DOCUMENT TITLE	**Standard Operating Procedure** **Emergency Department / Urgent SDEC Waiting Room** **Including:** **Patient suitability/assessment** **Registered Nurse Responsibilities**
DOCUMENT VERSION	Version 1
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Purpose
To ensure all patients seated in waiting areas are medically safe to wait, that deterioration or escalating risk is identified promptly, and that the waiting room Registered Nurse has clear clinical ownership of safety, welfare and communication of patient within the waiting room.

Scope
All patients booked into and within the waiting room of the Emergency Departments (ED) and Medical/Urgent Same Day Emergency Care (SDEC) Units at the Calderdale Royal Hospital and Huddersfield Royal Infirmary.

Principles

- Every patient in the waiting room must have been seen, assessed and deemed safe to wait by a registered clinician.
- The waiting room must operate as a clinical space with clear lines of responsibility.
- Patients, families and carers should be kept informed and supported throughout their attendance.

1. Patient Suitability for Waiting Room

A patient may wait in the waiting room for their initial assessment after booking in at the ED or SDEC reception, this assessment should take place within 15 minutes of the patient's arrival.

1.1 Following initial assessment a patient is deemed suitable to wait in the waiting room if:

- NEWS is less than 3 and does not require immediate escalation
- No high-risk features requiring direct line-of-sight monitoring, examples of high risk features:
    - NEWS >4, or single parameter of 3.
    - Chest pain suspicious of cardiac origin, without ECG sign off
    - Immunosuppression
    - Alerted consciousness
    - Safeguarding concerns or vulnerability without escort

    - Mental health presentation requiring enhanced observation or at risk of absconding
- Pain is controlled by self-management or analgesia administered at triage
- Mobility is safe without risk of falls, or appropriate support available
- Patient do not require infectious isolation

2. Registered Nurse Responsibilities

The registered nurse allocated to the waiting room retains clinical responsibility for the area, supported by the Nurse and Emergency Physician in Charge (NIC / EPIC).

2.1 Clinical oversight

- Review triage outcomes and confirm suitability to sit in waiting area
- Maintain situational awareness of deteriorating or distressed patients
- Ensure Nursing visibility within the waiting room

2.2 Observation and reassessment

Minimum standards:

- Repeat set of observations to be completed within departmental parameters:
    - NEWS 0-3 = 4 Hourly
- Ongoing observations in line with NEWS escalation policy
- Pain scoring with action
- Immediate escalation of any change in condition and clinical deterioration

NEWS or pain triggers must result in:

- Escalation to NIC/EPIC if concerns remain
- Movement to clinical space where required

2.3 Documentation

The RN must ensure:

- A record that the patient has been assessed and is safe to wait
- Location of the patient recorded on electronic tracking

- Observations are recorded appropriately
- Any movement out of the waiting room is accurately timestamped
- All other communication with patients

2.4 Communication and patient experience

- Provide clear information on expected wait and care pathway
- Regular visual sweeps every 30 minutes
- Act on any patient escalation quickly and respectfully
- Offer refreshments as appropriate
- Support carers and recognise additional needs
- Complete observations as delegated and documented
- Maintain an active presence and immediate visibility across the waiting room
- Escalate concerns without delay
- Support comfort measures including hydration and toileting

4. Escalation and Safety Management

4.1 Deterioration

At any point a patient may become clinically unsuitable for the waiting room.

Action:

- Immediate RN review
- Escalate cubicle need to NIC
- Escalate patient for review to EPIC
- Move to appropriate clinical space
- If space unavailable provided 1:1 care to patient until resolved through NIC/EPIC escalation

4.2 Security concerns

- Report concerns to NIC and EPIC

- Call security to attend promptly if violence, self-harm risk or absconding behaviours arise

4.3 Overcrowding

If waiting becomes crowded:

- Ensure patients are in the correct waiting room, for example are all MIU patient in the MIU waiting room.

5. Incidents and InPhase

Any patient safety incidents, deterioration, fall, safeguarding or near miss in the waiting room must:

- Be escalated immediately to RN and NIC
- Be documented in patient notes
- Have an InPhase completed

6. Audit and Assurance

To demonstrate safe functioning of the waiting room, the ED will:

- Conduct daily documentation audits of suitability confirmation and observation frequency
- Review incidents and learning themes monthly at ED governance