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Central emergency department access concept

Preface

The central emergency department is where the hospital first comes into contact with patients. It only treats emergencies, and is where decisions for the patient's further treatment and care are made based on indications.

Introduction

Admitting patients and providing them with initial care and treatment is a complex and integrated process based on the division of labour, which is characterised by the targeted interdisciplinary cooperation of multiple practitioners and departments. Due to the urgency of treatment in emergency situations, a central emergency department performs diagnostic and therapeutic measures at a frequency and pace that is unparalleled in any other part of the healthcare system.

Objective

To provide each emergency patient with treatment as quickly as possible in line with their individual urgency, it is necessary to ensure that the process runs as smoothly as possible without delay in the interest of the patient. As a result, it is necessary to deploy staff and use space with the patient in mind to the greatest extent possible. That is why there are no general visiting hours for the emergency department at Klinikum Worms. It is also why access for accompanying persons has to be restricted. For these reasons, and for the benefit of our patients, we ask patients and all accompanying persons for their full cooperation.

Scope

The access concept applies to the entire central emergency department at Klinikum Worms, including its four waiting areas.

Access for persons accompanying underage emergency patients

The person accompanying a minor must take a waiting number in the waiting area of the central emergency department. After that, patients, together with the person accompanying them, will be called for an initial assessment. Depending on the results of the initial assessment, the patient and their companion will be asked to take a seat in the waiting area before being called to fill out the paperwork to complete admission. Patients are then asked to take a seat in the appropriate waiting areas.

Underage patients may only be accompanied by one person in the waiting areas of the central emergency department and in the treatment rooms. Care should be taken to ensure that the accompanying person is either a legal guardian or is acting on behalf of the legal guardian. Due to the limited space available in the waiting areas and the resulting increased risk of infection, parents and guardians should refrain from taking siblings to the central emergency department if possible. Staff instructions – especially those regarding measures to prevent the spread of infectious diseases, such as wearing a mask and social distancing – must be followed at all times in the central emergency department.

Access concept for people accompanying adult emergency patients

Adult emergency patients who arrive without the aid of an emergency transport service should take a waiting number in the waiting area of the central emergency department. After that, patients, together with any person accompanying them, will be called for an initial assessment. Depending on the results of the initial assessment, the patient and their companion will be asked to take a seat in the waiting area before being called to fill out the paperwork to complete admission. Patients are

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then asked to take a seat in the appropriate waiting areas. To make the best possible use of the available space in the waiting areas and to prevent the spread of infectious diseases, they may be asked to take appropriate protective measures, such as maintaining a safe distance or wearing a mask. In some cases, the accompanying person may be asked to leave the central emergency department. If so, the telephone number of the person accompanying the patient must be noted as part of the admission process. Depending on the urgency of the treatment, the patient will be called from the waiting area to the treatment rooms. In the interest of obtaining a diagnosis and initiating treatment as quickly as possible – and due to limited space, data protection requirements and the need to ensure the privacy of other patients – accompanying persons are only permitted into the treatment rooms in exceptional cases. This also applies to relatives of patients who are brought to the central emergency department by ambulance. Exceptions are defined in internal policies and approved by central emergency department staff on a patient-by-patient basis, such as to ensure communication with patients who are severely impaired or unable to communicate due to advanced dementia or a language barrier, to exercise power of attorney for health issues and in rare patient-specific situations that require the assistance of a relative. The instructions of the staff in the central emergency department must be followed at all times. Failure to follow staff instructions may result in accompanying persons being asked to leave the central emergency department, depending on the potential risk to patients, employees or other accompanying persons, or in the event of serious disruption to operations. If necessary, staff may draw on the support of on-site security personnel or local law enforcement agencies in ejecting accompanying persons.

Access for patients and relatives already subject to an exclusion order

Patients who have already been banned from the hospital in the past, and who are currently still banned, will only be allowed in the central emergency department if there is an acute health risk. Staff may ask such patients to leave the building as soon as the medical emergency has been resolved. This decision is taken by the attending physician. Relatives who have been banned from the hospital may be asked to leave the hospital at any time, provided that this does not pose a significant risk to the patient. Such relatives should be given the opportunity to provide medical staff with urgently needed information or to leave a telephone number.

Patients who disrupt operations

Patients who disrupt operations through aggressive behaviour such as assault, verbal outbursts or blatant non-compliance with staff instructions – and who indirectly or directly endanger other patients, their relatives or hospital staff – may be asked to leave the hospital once there is no longer an acute health risk. This again is the decision of the attending physician.