Trust Standard Operating Procedure

Postbridge Day Unit Area as Escalation Area

Issue Date	Review Date	Version
Jan 2019	Jan 2024	V1

Purpose

The aim of this SOP is to ensure that all staff within University Hospitals Plymouth (UHP) are aware of the purpose and function of Postbridge day unit are when it is needed to be used as an escalation area.

The purpose is to outline the Trusts expectations of this area ensuring patient safety and experience is paramount and that staff feel able to give safe, effective care for adult inpatients from any speciality who meets the inclusion criteria to be placed there.

It will describe the:

- Decision making necessary to use these escalation beds including roles and responsibilities of individuals involved. This will include trigger points for opening but this sop needs to be read in conjunction with the trust escalation procedure;
- Communication cascade of individuals/departments that need to be informed and the actions needed by these parties;
- Opening and closing processes including completion of checklists for opening, daily running an de-escalation;
- Detail the inclusion and exclusion criteria of patients able to come to this escalation area;
- Management and governance responsibility of the area whilst open as an escalation area including expectations of teams whilst escalation is open;
- Induction process of staff working in this area;
- Routes of escalation for concerns.

Who should read this document?

All staff should be aware and read this document but particularly:

- Trust directors as they are key to decision making required to open this area
- Operational site management team who are key to ensuring correct patients are placed here and that moving patient here does not compromise or delay any care
- Senior managerial, nursing and medical colleagues who again are pivotal to any decisions relate to opening of this area
- Matron and ward managers involved in overseeing opening and closing decisions an processes
- All staff who may work in this area during escalation

Key Messages

Safe staffing and patient care is paramount and must be assured prior to opening and maintained whilst unit is open

Postbridge Day case may be used as an escalation area following Trust escalation policy when the hospital has declared OPEL 3 and can be opened to a maximum of 10 beds in consultation with seniors in hospital at time of **OPEL 3** i.e. Executive Director/on call manager, senior nurse/major incident nurse and operational/clinical site team as a minimum should be together to make decision.

The trigger to open escalation is in response to inpatient bed pressures and when every available staffed bed has been accounted for but there is still not enough capacity to meet demand.

Opening Postbridge as an escalation area will have an impact on its usual function and this should form part of decision making processes.

The management of the escalation area when opened will be the responsibility of the operational site team with support from on-call manager and senior nursing team.

The patient inclusion and exclusion criteria must be adhered to and the agreed unit capacity must not be exceeded without further discussion and agreement

All other Trust policies and procedures including eliminating mixed sex accommodation must be adhered to.

Whilst this SOP describes specifics regarding opening of Postbridge day unit the principles can apply to opening of any other escalation areas not usually used as inpatient areas.

Core accountabilities	
Owner	Kerry Richardson, Matron
Review	Surgical Care Group Governance Meeting
Ratification	Care Group Clinical Director – Richard Struthers
Dissemination (Raising Awareness)	Cindy McConnachie
Compliance	Theatre Centre Management Team

Links to other policies and procedures

- Trust Escalation policy
- TRW.OPS.POL.629.3.3 Clinical Handover of Care and Internal Transfer of Adults SOP_Incident reporting
- G:\DocumentLibrary\UHPT Trust Documents\Operational Management\Provision of Same Sex Accommodation.pdf
- Incident Management Policy
- TRW.CLI.POL.1082.1 Essential Adult Inpatient Observations, Reporting and Escalation Policy
- CLI.MAT.SOP.1018.6 Nurse in Charge - Rules and Responsibilities
- TRW.CLI.SOP.1039.7 Use of Red Flags within Safe Care SOP

Version History		
V1	January 2019	New SOP implemented.

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Standard Operating Procedure (SOP)

Postbridge day unit as an escalation area

1 Introduction

The aim of this SOP is to ensure that all staff within University Hospitals Plymouth (UHP) are aware of the purpose and function of Postbridge day unit (second stage recovery) when it is needed to be used as an escalation area.

Its purpose is to outline the Trusts expectations of this area ensuring patient safety and experience is paramount and that staff feel able to give safe, effective care for adult inpatients from any speciality who meets the inclusion criteria.

At times when UHP is facing increased demand on its emergencies services and OPEL 3 has been declared then Postbridge day unit may be considered as an escalation area if safe staffing and patient care would not be compromised by doing this so decision to open would need to be agreed by on call manager, most senior nurse on duty (usually the major incident nurse) and operational site team.

The unit should only be opened to maximum of 10 beds (OPEL 3) and staffing of this area should be assessed dependent on acuity and dependency of the patients going there utilising the professional judgement of the Senior Nurse on duty but should be a minimum of 2 Registered Nurses.

Any patient placed here should not remain here for more than 24 hours unless upon asking they are happy to stay or if the 24 hours would be an overnight move. In this case every effort should be made to move patient before the night.

The opening of any escalation area (or beds) would only be part of the way of managing and optimising patient flow and therefore this SOP should be used in conjunction with the winter resilience plan 2018/2019 and the Trust Escalation Policy and should not be seen as part of normal working practice.

Consideration must be given as part of decision making process as to the impact of opening this area will have on that day or next day case surgical activity and as such theatre lists may need to be reviewed.

The patients who are moved there should meet the agreed inclusion/exclusion criteria and staff moved there to work should be provided with induction to unit which should include location of facilities and also communication regarding escalation of concerns.

Upon opening and continued opening of area all usual facilities and processes would remain valid such as cleaning and catering arrangements as well as expectation that all

Trust policies and procedures would be followed including reporting of incidents using the incident reporting system.

The five elements of the SAFER patient flow bundle should be maintained and every effort should be made to ensure the right patient is in the right place at right time:

S – Senior review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an expected discharge date and clinical criteria for discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10 am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team review of patients with extended lengths of stay (>7 days – 'stranded patients') with a clear 'home first' mindset.

Whilst this SOP describes specifics regarding opening of Postbridge day unit the principles can apply to opening of any other escalation areas not usually used as inpatient areas.

2 Definitions

Escalation is a set of procedures set in place to deal with potential problems with a surge in demand for services.

OPEL Status is based on identifying four statuses based on pre-determined triggers as follows:

(OPEL 1) - Low levels of pressure. Relevant actions taken in response if deemed necessary. No support required from partners.

(OPEL 2) - Moderate pressure with performance deterioration. Escalation actions taken in response with support required from partners

(OPEL 3) - Severe pressure with significant deterioration in performance and quality. Majority of escalation actions available are taken in response and increased support required from partners.

(OPEL 4) - Extreme pressure with risk of service failure. All available escalation actions taken and potentially exhausted. Extensive support and intervention required.

3 Regulatory Background

- CQC Regulation 12: Safe care and treatment
- CQC Regulation 15: Premises and equipment
- NHS England: OPEL Framework
- The Association of Anaesthetists of Great Britain and Ireland (AAGBI)
- Nursing and Midwifery Council (NMC)
- The Royal College of Nursing (RCN)
- The Health and Care Professions Council (HPCC)

4 Key Duties

Role of the Chief Executive

- Responsible for ensuring that this Trust has a business continuity strategy in place based on principles of risk assessment, cooperation with partners, emergency planning, communicating with the public and information sharing (NHS Commissioning Board Business Continuity Management Framework: Service Resilience 2013). Should be informed of decision to utilise Postbridge day unit as escalation as part of usual Trust processes for information sharing

Role of the Chief Operating Officer

- Has overall responsibility for patient flow within this Trust and is responsible for ensuring that:
- Postbridge (and other areas for escalation) are only used as per the written and agreed SOP
- Decision making process for opening and closing Postbridge is robust and followed as per guidance
- Aware of the times that Postbridge is being considered as needed and are involved in that decision making or nominate a deputy (i.e. out of hours/weekends)

Role of the Chief Nurse

- The Chief Nurse has delegated responsibility for Patient Experience from the Chief Executive Officer. As Executive Director with responsibility for Patient Experience the Chief Nurse will ensure that patient experience is maintained to the same high standard as expected for any other ward area.

Role of the on call manager

- Supporting patient flow
- Ensuring that all necessary actions have been taken prior to final decision to open Postbridge as escalation that may prevent this being necessary. These will be detailed in Winter Resilience Plan
- Coordinating with Senior nurse (Bleep 355) and clinical/operational site manager to ensure safe staffing can be provided and clinically suitable patients can be identified to go to Postbridge
- Inform as per cascade (see procedure to follow) the necessary people/departments that decision to open/close has been decided or ensure nominated person has completed their nominated tasks
- Documenting decision and rationale for decision making including OPEL status

Role of Clinical/Operational Site Managers

- Work closely with On Call manager and Senior nurse to ensure patient safety remains paramount
- Inform as per cascade (see procedure to follow) the necessary people/departments that decision to open/close has been decided or ensure nominated person has completed their nominated tasks
- Identify suitable patients that fit inclusion criteria and can be placed on Postbridge
- Proactively assist with any issues identified from operational flow or patient point of view
- Ensure compliance with Department of Health and Trust policy in respect of Eliminating Mixed Sex Accommodation (EMSA) when placing patients on Postbridge
- Work closely with all Senior Nurses, Matrons and Ward Managers to ensure patients are placed safely in line with this SOP
- Ensure member of operational site team visits Postbridge prior to each site meeting and ensures continuing suitability of patients there and assists with escalating any delays/concerns such as transport and TTAs
- Assist with updating SALUS

Role of Senior Nurse/Matron on duty

- Work closely with the Clinical/Operational Site Managers to ensure patients are placed safely in line with this SOP including assessing inclusion criteria is met and that wards are correctly assessing their patients
- Inform as per cascade (see procedure to follow) the necessary people/departments that decision to open/close has been decided or ensure nominated person has completed their nominated tasks
- Visit Postbridge prior to 9am staffing meetings to provide any necessary nursing support and advice.
- Provide staff with details of how they can be contacted.
- Arrange with Nurse in charge of escalation for that shift arrangements for subsequent visits
- Ensure that during the day and night shifts there are a minimum of 2 Registered Nurses (RN) allocated to work there with 1 of these being a Trust substantive Registered Nurse. During the day to assist with patient flow this should be an experienced RN who is band 6 or above
- Inform current shift of plans for next shift and or any changes such as plans to close
- Ensure safe care staffing tool is updated to reflect any staff moves to this area
- Ensure that any NHSP/Agency shifts are moved to enable timely and correct payment of these workers
- Proactively assist with any issues identified from nursing or patient point of view

Role of Ward Manager / Nurse-in-Charge of the wards in hospital and/or staff allocated to work on Postbridge escalation

- Work closely with all Matrons and the Operations team to ensure patients are identified and placed safely on Postbridge escalation in line with this SOP
- Use their professional judgement with patient safety at centre of decision making to ensure any requests to support area with RN staff is robust and considered fairly
- Ensure they are provided with local induction of area by preceding shift including location of facilities and equipment (appendix 2) and that they complete shift checklist (appendix 3). This will include all necessary safety checks such as checking of resuscitation equipment
- Escalate any patient safety concerns to Senior nurse and/or Operational site team
- Escalate any patient delays to Operational site team
- Ensuring the patient records are updated regularly and all the necessary patient assessments/referrals are undertaken as per Trust policy in timely manner and that all care is documented
- Ensure that patient experience and privacy and dignity is maintained at all times
- Ensuring all UHP policies and procedures are followed as normal and that any incidents are reported using incident reporting process

Role of Postbridge day unit staff including nurse in charge/unit manager

- Upon notification of escalation being needed day unit staff to prepare unit as much as able by obtaining equipment needed such as pharmacy trolley and completing any necessary safety checks
- Completing any delegated additional tasks within their scope of competence as requested by Senior nurse/Operational site team to assist with opening/closing of escalation
- Inform theatre coordinators and/or Duty Senior for Theatres that Postbridge being escalated Review and in conjunction with them the next day's lists may need to be reviewed so alternative location for recovering of day unit patients can be identified and agreed
- Consider making alternative arrangements for any remaining patients due to come to second stage recovery
- Ensure staff members coming to work in escalation are provided with induction and orientation to area including location of all facilities including emergency equipment and location of keys (kept in main recovery when Postbridge day unit closed). Ensure staff complete staff sign in sheets located in folder on Postbridge escalation trolley
- Assist with de-escalation of Postbridge returning unit make to usual function using checklist located in folder on Postbridge escalation trolley

Role of medical teams/Consultants

- Timely review of patients and ensuring the patient records are updated regularly with estimated dates of discharges and clear medical discharge/management plans documented
- Escalation of any concerns related to patient placement in escalation to Operational site team
- Ensure any investigations/treatments/discharge medications are requested, communicated and completed as timely as able and that delays are escalated appropriately

5 Procedure to Follow

Decision making

Decision made to open Postbridge escalation to maximum of 10 beds in consultation with seniors in hospital at time of **OPEL 3** i.e. Executive Director/on call manager, senior nurse/major incident nurse and operational/clinical site team as a minimum should be together to make decision. The decision should take into account OPEL status but also consider nurse and medical staffing and other factors such as patient acuity i.e. is there anyone well enough to be placed safely on Postbridge (see inclusion/exclusion criteria)

Patient inclusion criteria

- Adult patients 18 years and over
- Patients with identified and named Consultant
- Patients who have had post take consultant/senior registrar review and who have been deemed suitable by them
- Medically stable patients from any speciality.
- Patients who have been deemed suitable to be transferred using Trust SBAR process i.e. not requiring verbal or face to face handover. Green Patients – The nurse and doctor responsible for the patient must be informed that the patient is to be moved. The nurse responsible for the patient completes the SBAR sheet. No written handover is required from the doctor. The patient is moved once the nursing handover is completed. No phone call to the receiving ward is needed however SALUS must be checked for an available empty bed. A GSA/health care assistant can escort these patients but the decision is to be made by the nurse in charge of the patients care.
- Patients assessed as needing level 0 care
- Patients assessed as 1a or 1b should only be moved to Postbridge escalation if an individual assessment of their needs and the other patient's acuity and dependency is undertaken taking into account skill mix of nursing staff and any other actors relevant. This should be undertaken by ward nursing staff and any discrepancies assessed by senior nurse
- Patients assessed as level 0 (level 1a and 1b if above met) and identified as being able to be discharged next day with confirmed plans i.e. discharge medications and transport confirmed
- Day case conversions where surgeon is happy

Patient exclusion criteria

- Amber Patients or Red patients as described in "Ward Clinical Handover of Care and Internal Transfer and Escorting of Adult Patients (Excluding Maternity)"
- Patients assessed as high risks of falls or with mobility issues requiring complex or intensive rehabilitation needs or input of more than 1 person at a time
- Patients with existing pressure ulcers or high risk of pressure related damage requiring more than 2 hourly intentional care rounding
- Patients with new onset delirium or patients living with dementia who would be unsettled by the move
- Patients with chest drains, Non-invasive ventilation, Total Parental Nutrition, Patient Controlled Analgesia/Local anaesthetic infusions/epidurals or other specialised care that would usually go to specialist bed
- Bariatric patients
- Patients coming out of an intensive care setting

- Psychiatric patients or patients at risk of self-harm or harming others including any patient on active DOLs

Communication cascade and opening/closing process

Senior nurse will ensure that the following are contacted either by themselves or to a delegated individual (this will vary dependent on time of day/week). There are checklists located in Postbridge escalation trolley kept on Postbridge which will need to be started.

- **Postbridge day unit staff** - during hours of 07:00 – 19:30 Monday –Friday contact (extension 5518/55043) who will in turn contact:
- **Theatre coordinators/Duty senior theatres**
- **Pharmacy** – extension 32433 to obtain pharmacy trolley (on call pharmacist should be contacted out of hours)**Serco** to advise of escalation and to arrange meals/beverages, housekeeper, cleaning and linen for patients and cleaning of area is increased and that portering staff are aware of opening
- **Acute Care Team (ACT)** bleep via switchboard to ensure that any medical emergencies are responded to appropriately
- **Resuscitation department** (during working hours) to advise of escalation in case of medical emergencies or cardiac arrest extension 31965
- **Switchboard** to advise of escalation
- Contact **Medical rota coordinator** (working hours) to advise of escalation so medical cover can be arranged. If opened out of working hours then OCM and site team to advise regarding medical cover

Staffing guidance

Ward & Escalation beds	**Additional staffing agreed (above established numbers)** ***Risk assess on shift by shift basis***
Hartor (2 escalation beds normally in use) – OPEL 2 and above	Additional HCA at night
Hartor (further escalation beyond) – OPEL 3/4	Maintain established numbers (including additional HCA at night). Risk assess acuity/enhanced observation on shift by shift basis
Hembury (2 escalation beds normally in use) – OPEL 2 and above	Additional HCA at night
Hembury (further escalation beyond) – OPEL 3/4	Maintain established numbers (including additional HCA at night). Risk assess acuity/enhanced observation on shift by shift basis
Meldon (4 escalation beds normally in use) – OPEL 2 and above	Additional HCA per day shift
Marlborough (2 escalation beds normally in use) – OPEL 2 and above	Maintain established numbers. Risk assess acuity/enhanced observation on shift by shift basis
Shipley (1 escalation bed) – OPEL 3 and above	Maintain established numbers. Risk assess acuity/enhanced observation on shift by shift basis
Sharp (5 escalation beds normally in use) – OPEL 1 and above	Additional HCA per day and night shift
Shaugh (3 escalation beds normally in use) – OPEL 2 and above	Additional RN by day shift and additional HCA by night
Hexworthy (up to 2 escalation beds) – OPEL 3/4	Additional HCA per night shift – consider RN day/night if outside of Level 1

Honeyford (up to 2 escalation beds) – OPEL 3/4	Additional HCA per night shift – consider RN day/night if outside of Level 1
Tamar (up to 6 beds in waiting area) – OPEL 4 only	Additional HCA by day and additional RN at night
Tavy (up to 2 escalation beds) – OPEL 2	Maintain established numbers. Risk assess acuity/enhanced observation on shift by shift basis
Stannon (medical) ward – OPEL 1 (21 beds)	Staffed to 3+3 day, 2+2 night
Stannon (medical) ward – OPEL 2 (25 beds)	Staffed to 3+4 day and 3+3 night
Stannon (medical) ward – OPEL 3 (30 beds)	Staffed to 4+4 day and 3+3 night
Stannon (medical) ward – OPEL 4 (33 beds)	Staffed to 4+5 day and 3+4 night
Postbridge ward – OPEL 3 (10 beds)	**Staffed to 2+1 day and night**
Postbridge ward – OPEL 4 (14 beds)	**Staffed to 2+2 day and 2+1 night**
Burrator – OPEL 1 (26 beds)	Staffed to 3+4 day and 3+3 night
Burrator – OPEL 2 and above (33 beds)	Staffed to 4+5 day and 3+4 night

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre and Anaesthetic Clinical Governance Committee and ratified by the Service Line Director

Non-significant amendments to this document may be made, under delegated authority from the Service Line Director, by the nominated author. These must be ratified by the Service Line Director and should be reported, retrospectively, to the Theatre and Anaesthetic Clinical Governance Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Service Line Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

What are we monitoring?	Safe care Fundaments of care Quality of patient care
How is it monitored?	Audits Daily review Saving lives Fundaments of care
Lead Matron for Postbridge	Kerry Richardson
Frequency	As per audit schedule
Reporting Arrangements	Service Line Assurance Reports to Surgical Care Group

9 Reference Material

- CQC Regulation 12: Safe care and treatment
- CQC Regulation 15: Premises and equipment
- NHS England: OPEL Framework
- The Association of Anaesthetists of Great Britain and Ireland (AAGBI)
- Nursing and Midwifery Council (NMC)
- The Royal College of Nursing (RCN)
- The Health and Care Professions Council (HPCC)

Postbridge co-ordinator information sharing template

To be completed by Co-ordinator when potential need for PB day unit to be opened as escalation and to be given to duty senior for theatres to pass to Senior Nurse for hospital or nominated deputy/OCM (keep copy for reference). Once coordinator notified they will use PB escalation checklist to commence their roles in getting unit opened.

Date/time:

Name of person coordinating:

Notified by:

OPEL status:

Plan (including is this potential or definite, number of patients expected, gender, staffing and any other useful information NB if potential and then later notified that definite same form can be used and extra detail added):

Number and split of remainder of patients on PB day unit:

On unit:
Male:
Female:
Still to arrive:
Male:
Female:

Number and split (male/female and AM/PM) of next day activity

AM

Male:

Female:

Potential locations:

PM

Male:

Female:

Potential locations:

Once complete ensure copy kept (unit manager will scan into PB escalation drive) and copy given to Duty senior for theatres for them to pass to senior nurse/OCM. This form will assist with decision making so timely completion and accurate information is essential.

ESCALATION CHECKLIST for opening

This form should be completed each time Postbridge day unit is opened as an escalation unit. Overall responsibility for commencing is with senior nurse on duty but tasks may be delegated to other staff such as Postbridge day unit staff or staff allocated to work on escalation. Upon completion it should be collected by unit manager of Postbridge day unit so it can be electronically stored.

Date: **Time:** **Escalation co-ordinator:**

ACTION SENIOR NURSE	Notes	Sign	time
Senior nurse to contact Postbridge day unit (ext 55043) and inform them so they can start preparations			
Senior nurse (0355) to arrange staffing of escalation area			
Liaise with site team (ext 39962 bleep 89874) to be informed of gender and number of patients expected and timescale			
Contact SERCO (32300) to advise of escalation and to arrange meals, housekeeper and additional linen			
Contact switchboard to advise of escalation			
Contact acute care team to advise of escalation (bleep 0195)			
Contact resuscitation team (in hours) to advise of escalation			
Contact Sara Joint (in hours) as medical rota coordinator (bleep 89196) to advise of escalation so medical cover can be arranged. Out of hours OCM to advise regarding medical cover			
ACTION POSTBRIDGE DAY UNIT (if open)			
Contact pharmacy to request drug trolley (32274)			
Make alternative arrangements for patients already in department and still to arrive if possible			
Inform theatre coordinators (ext 32776/7) and duty senior for theatres (bleep 1077) that escalation opening so that next day activity can be reviewed			
Collect any keys/equipment that may be required. Ensure escalation trolley is visible			
Provide orientation to any staff who arrive asking them to commence staff sign in sheet			

Staff Sign-In in Postbridge Escalation | Appendix 3

Staff sign in Postbridge escalation (one sheet per day please)

Date: Shift times:

Staff name	Registered (RN) or Health Care assistant (HCA)	Agency (please name), NHSP or Trust worker (name ward moved from)	Signature

Date: Shift times:

Staff name	Registered or unregistered	Agency (please name), NHSP or Trust worker (name ward moved from)	Signature

Date: Shift times:

Staff name	Registered or unregistered	Agency (please name), NHSP or Trust worker (name ward moved from)	Signature

De-escalation of Postbridge escalation checklist

Date: **Time:** **Escalation co-ordinator:**

ACTION	Notes	Sign	time
Contact SERCO (32300) to advise of de-escalation so unit can be cleaned			
Drug trolley to be returned to pharmacy or stored in main recovery (ext 33100) if pharmacy closed			
Ensure all contacts on escalation checklist are informed of de-escalation			
Ask staff to return unit to primary function of day unit as much as they are able			