

**INQUIRY INTO IMPACT OF AMBULANCE RAMPING AND
ACCESS BLOCK ON THE OPERATION OF HOSPITAL
EMERGENCY DEPARTMENTS IN NEW SOUTH WALES**

Name: Name suppressed
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Partially
Confidential

I work on a paediatric ward of a rural hospital. There have been several occasions when we have been pressured to accept patients directly to the ward because ED is full and the patient has been sitting in the ambulance bay for several hours. This means that patients have been admitted to the ward WITHOUT being seen in ED. After hours, the only doctors actually on site are the ED doctors, so bypassing ED means that management is trying to admit patients without being seen by a doctor. No doctor consult means no examination, no formal diagnosis, no medications. Recently we had our paediatrician examine a COVID positive child in the ambulance, before admitting the child direct to the ward. This child had been sitting in the ambulance ramp for more than 1 hour and was acutely unwell. The paediatrician was away from the ward for almost 1 hr, so not only was he unavailable for other patients, he also had to take one of our nurses off the floor to go with him, since because the patient wasn't under the care of ED, no ED would go and help.

I am aware of patients being transported to imaging such as xray or ultrasound by ambulance staff, as the imaging is deemed "urgent" but because there is no bed for the patient, they have not been admitted to the care of the ED, so remain under the care of the paramedics.