EMERGENCY TRIAGE, ASSESSMENT AND TREATMENT +

CONSIDERATIONS IN THE CONTEXT OF COVID-19

James Bunn (WHO Sierra Leone)

Aims of ETAT+

- Reduce neonatal and childhood mortality
 - Improving recognition of the sick child
 - Reducing time to treatment
- Empower healthcare professionals to provide life-saving emergency care
- To improve quality of care for paediatric emergency admissions
- Taking a 'systems approach' in the hospital
 - Understanding each units processes, bottlenecks and flow
 - Includes lab, pharmacy,
 - Quality Improvement processes

Development of 'national' guidelines

- ETAT + working group
- Use of agreed local guidelines
 - Malaria treatment guideline
 - Helping Babies Breathe



- Review and local adaptation of WHO 'Blue pocket book' guidelines
- National guidelines for emergency care
 - Wall charts
 - Guideline booklet
 - Training manual

Triage and Assessment

Triage – identifying children with priority and emergency signs

S- Safety, Stimulate, Shout, Setting

Assessment: Structured for:

Airway Breathing and Circulation

National ETAT+ Basic Life Support Guideline Safety: ensure personal and appropriate place? Α <1 year: Neutral position >1 year: Sniffing position Is the child breathing? Look, Listen, Feel If the child is not breathing give rescue breaths RE-ASSESS: child breathing? Feel for a central pulse or listen for heart If the heart is not beating then start chest compressions and breaths 15 to 2 (rate 100-120 per minute) Reassess every 2 minutes Give adrenaline 0.1ml/kg (1: 10,000) IV REASSESS THROUGHOUT every 4 minutes

<u>Time to treatment before and after ETAT (ODCH)</u>

Mean times:	November 2015	March 2016	June 2016
Triage to assessment	1 hour	19 minutes	12 minutes
Triage to first IV treatment	3 hours 4 minutes	44 minutes	23 minutes

Considerations for COVID-19 for ETAT+

- Hospitals may be stigmatized
- Patients may delay coming, so come late
- New triage processes that have potential to delay
- IPC and PPE needs are greater for staff and patient safety
- Patient with suspected COVID need new flow processes.
- COVID may cause isolation of staff, quarantine of contacts
- Some hospitals and emergency departments have closed
- Focus and Resources may be diverted to COVID