

# EMERGENCY TRIAGE, ASSESSMENT AND TREATMENT +

CONSIDERATIONS IN THE CONTEXT OF COVID-19

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# 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



SIERRA LEONE  
Pocket Book

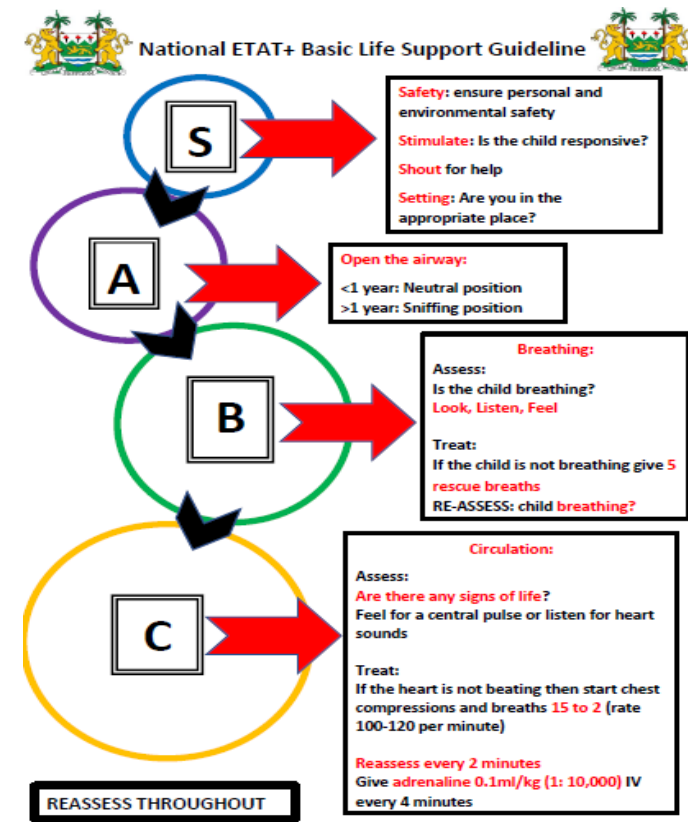
Emergency Triage  
Assessment and  
Treatment Plus (ETAT+)

# Triage and Assessment

Triage – identifying children with priority and emergency signs

S- Safety, Stimulate, Shout, Setting

Assessment: Structured for:  
Airway Breathing and Circulation



## Time to treatment before and after ETAT (ODCH)

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