

OSEM Statement regarding Emergency Departments Response During COVID-19 Pandemic*

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Preamble

Emergency Departments (EDs) represent an important pillar in the healthcare system. They have quickly become the frontline for management of mass incidents and pandemics.

On March 11th 2020, the World Health Organization declared the COVID-19 outbreak as a pandemic. **Infections due to COVID-19 cause a group of symptoms and signs collectively known as Severe Acute Respiratory Illness (SARI). It is important to note that SARI can also be caused by infections other than COVID-19.**

The COVID-19 pandemic poses major challenges to the frontline emergency care providers for the following reasons:

1. ED's are already overwhelmed with regular non-COVID-19 patients.
2. ED's hardly have any surge capacity to accommodate mass casualties that may result from any outbreak spreading rapidly in the community.
3. Limited time available for facilities and individuals to prepare themselves for the impact of mass casualties attending ED's.
4. ED's can be a dormant source of secondary COVID-19 infections due to volume of patients and crowding.

Therefore, healthcare institutions and EDs must optimize their working conditions and plan for the worst case scenarios during this crisis. This may entail many changes and alterations in regular standards and processes of work. Collaboration between all healthcare sectors is highly stressed to backup EDs all over the country.

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This Statement is a summary of the necessary steps needed to prepare EDs (Governmental and Private hospitals) in the Sultanate of Oman during the COVID-19 pandemic. This list is by no means exhaustive. Additional needs may arise and should be tailored to an individual institutional level.

Assumptions Pertaining to COVID-19 Pandemic

Assumptions are circumstances that are expected to occur during a disaster. The most important thing about disaster preparedness is not what is said, but what is assumed. For COVID-19 pandemic, the following assumptions are made:

1. COVID-19 pandemic is a large scale event that could have a negative impact on the healthcare system as a whole.
2. Spatial and temporal expansion of the pandemic.
3. Need for relocation of resources between different facilities to mitigate the impact of the pandemic.
4. Ongoing need for human resources due to fatigue, illness, and replacement.
5. High mortality and morbidity occur in older age and patients with comorbid diseases.

General Principles for ED Strategic Planning during the COVID-19 outbreak

1. Regular and updated situational awareness.
2. Protection of ED's infrastructure and personnel.
3. Ensuring continuing safe service provision.
4. Organized and coordinated surge medical response .
5. Only sick COVID-19 patients cared for at the ED: This means only 15% of this population will require care in the hospital. The remaining 85% should be treated at home or primary care centers.

At Institutional Level

- Provide legal and administrative support for the ED's.
- Involve ED professionals in planning and coordinating activities related to ED operations.
- Secure an adequate workforce for the ED by utilization of staff from different hospital departments and health centers.
- Augment ED surge capacity by judicious allocation of resources and utilization of hospital clinics near the ED (also non-clinical areas within hospitals like corridors and waiting areas) to care for Non-COVID-19 ED cases.
- Support continuing normal ED care for regular (Non- COVID-19) patients.
- Establish off-site SARI public screening facilities away from ED's. One way to do this is by using phone triage and screening clinics.
- Keep EDs for care of very sick SARI patients that require resuscitation or admission to in-patient wards:



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- Support redirection of stable, suspected COVID-19 cases (Triage Levels 4 & 5) into alternative paths away from the ED.
- Enforce ED redirection for non-SARS low-acuity cases (Triage Levels 4&5)

- Ensure fast and smooth flow of patients in the ED. This can be done by avoiding:
 - Unnecessary laboratory investigations.
 - Unnecessary diagnostic imaging tests.
 - Unnecessary consultations.
 - Unnecessary delay in admitting boarded patients.
- Enhance ED security and crowd management.
- Ensure adequate supply of Personal Protective Equipment (PPE) to all EDs.
- Establish a clear admission/transfer pathway for critical cases with SARI.
- Provide flexible and adjustable staffing plans for the ED including flexible working hours, shorter shifts, and replacement for sick staff.

At ED Level:

DO:

- Have updated MOH protocols for management of suspected COVID-19 cases.
- Have a greeter nurse at ED entrance to sort out SARI cases from regular patients. Greeter nurses may use a standardized checklist for rapid pre-triaging for all patients prior to entry to the care area.
- All efforts should be made to minimize the chances for cross infection during the ED stay. EDs must create a separate path for SARI patients:
 - Separate Triage.
 - Separate waiting areas.
 - Separate Treatment areas.
- Apply redirection to primary care policy for low acuity cases (Triage levels 4 & 5).
- Suspected SARI cases triaged as level 1-3 should be treated in the ED.
- Continue provision of ED care for non-SARI patients triaged levels 1-3 attending the ED during the crisis.
- Enhance infection control measures by frequently cleaning surfaces, beds, chairs, and medical equipment in the ED.
- Ensure staff training and compliance with PPE measures and related protocols.
- Ensure fast disposal within 1-hour of arrival of suspected/ confirmed COVID-19 cases from the ED.
- Ensure alternate places to support surge response plans: additional triage posts, new areas for isolation, resuscitation, and acute patient care. Consider having a backup team to cover the additional posts accordingly.
- Consider reducing exposure of pregnant staffs and those above 60 to SARS patients due to increase mortality
- Adjust daily staffing requirements as needed.

- Create fast track service for rapid and expedite evaluation and management of non-critical emergency cases.

DO NOT:

- Exhaust your ED resources early by using it for non-emergency cases.
- Delay securing adequate workforce for the ED.
- Compromise ED safe and sound practices.
- Delay planning for the worst-case scenarios.
- Underestimate COVID-19 impact on ED operations.
- Make plans without coordinating with other stakeholders.
- Compromise safety of your staff and department.

At Personal Level:

DO:

- Ensure appropriate PPE use all the time.
- Review your departmental protocols and update on a regular basis.
- Keep a hand sanitizer in your car and use it before entering your home.
- Ensure safe home practices for your family.
- Report any symptoms immediately.

DO NOT:

- Compromise your safety while dealing with SARI cases
- Delay seeking professional and/ or personal help whenever required.
- Forget to keep your family safe at all times.

REFERENCES

1. Ministry of Health, Oman. Infection Prevention & Control Guidelines for the Newly Emerging 2019- Novel Corona Virus (2019-nCoV). Vers 02, 2nd February 2020.
2. CDC, USA. Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool. Available: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>
3. ACEP, USA. National Strategic Plan for Emergency Department Management of Outbreak of COVID-19. Available: https://www.acep.org/globalassets/sites/acep/media/by-medical-focus/covid-19-national-strategic-plan_0320.pdf
4. Department of Health and Human Services, USA. Healthcare Planning Checklist. Available: <https://www.phe.gov/Preparedness/COVID19/Documents/COVID-19%20Healthcare%20Planning%20Checklist.pdf>
5. Christensen M. Pivot Nursing: An Alternative to Traditional ED Triage. J Emerg Nurs, 2016; 42(5): 395-399