

COVID-19: Prehospital triage and care under resource scarcity in the hospital sector

Summary of the SSERM recommendations of 06.04.2020 (original text: <https://www.sgnor.ch/home/covid-19>)

Fundamental ethical principles

- **Ascertain the patient's wishes at an early stage** with regard to emergency treatment and intensive care. Do not employ treatments, which a patient does not want to receive.
- **Equality = equal treatment**
Distribution of resources must be fair, objectively justifiable and transparent: no arbitrary decisions
- **Preserve as many lives as possible:** collective point of view!
- **Protection of the professionals involved** from infection, but also from physical and psychological stress

Considerations on prehospital primary care of patients during COVID-19 pandemic

- Bottleneck mainly in intensive care, not in prehospital setting
- Adequate primary care of critically ill patients is still possible
→ consider the limited possibilities for follow-up treatment
- Patient care and transport sector are strained by necessary protective measures
- With increasing difficulty in accommodating patients, supra-regional and not local conditions are decisive as long as transport capacity is available
- **COVID-19 patients** are treated the same as **Non-COVID-19 patients**
- Total overload of ICU capacity (Stage B, see page 2)
→ Best possible treatment in a subordinate category of hospital
→ In a palliative situation consider cooperation with patient's GP / organized home care → avoid hospitalization

ATTENTION:

- » available prehospital information is often minimal or even contradictory.
- » diagnostic possibilities are limited.
- » patient's condition is initially often masked and dynamic: hypotension, hypothermia, intoxication...:
→ Serious decisions are often possible only later with additional information/ diagnostic findings.
→ Hospitalization on an emergency ward is often necessary despite lack of intensive care capacity.

Decision-making procedures

Faith in the health system must be maintained despite necessary triage decisions, therefore:

- fair criteria for rationing
- transparent procedures
- documentation of reasons for granting or not granting priorities

IMPORTANT:

- » Deviations from defined criteria
 - must be possible
 - must be documented
- » Decision-making → within interprofessional team, if possible
- » Conflicts → provision of mechanisms for subsequent resolution of conflicts

Secondary transfer

- Fair allocation of resources for patients and solidarity-based protection of overburdened hospital structures → use transport capacities as long as possible
- Reduce danger for professionals involved / ensure functionality of rescue equipment
→ first and foremost, transfer Non-COVID-19 patients needing intensive care.

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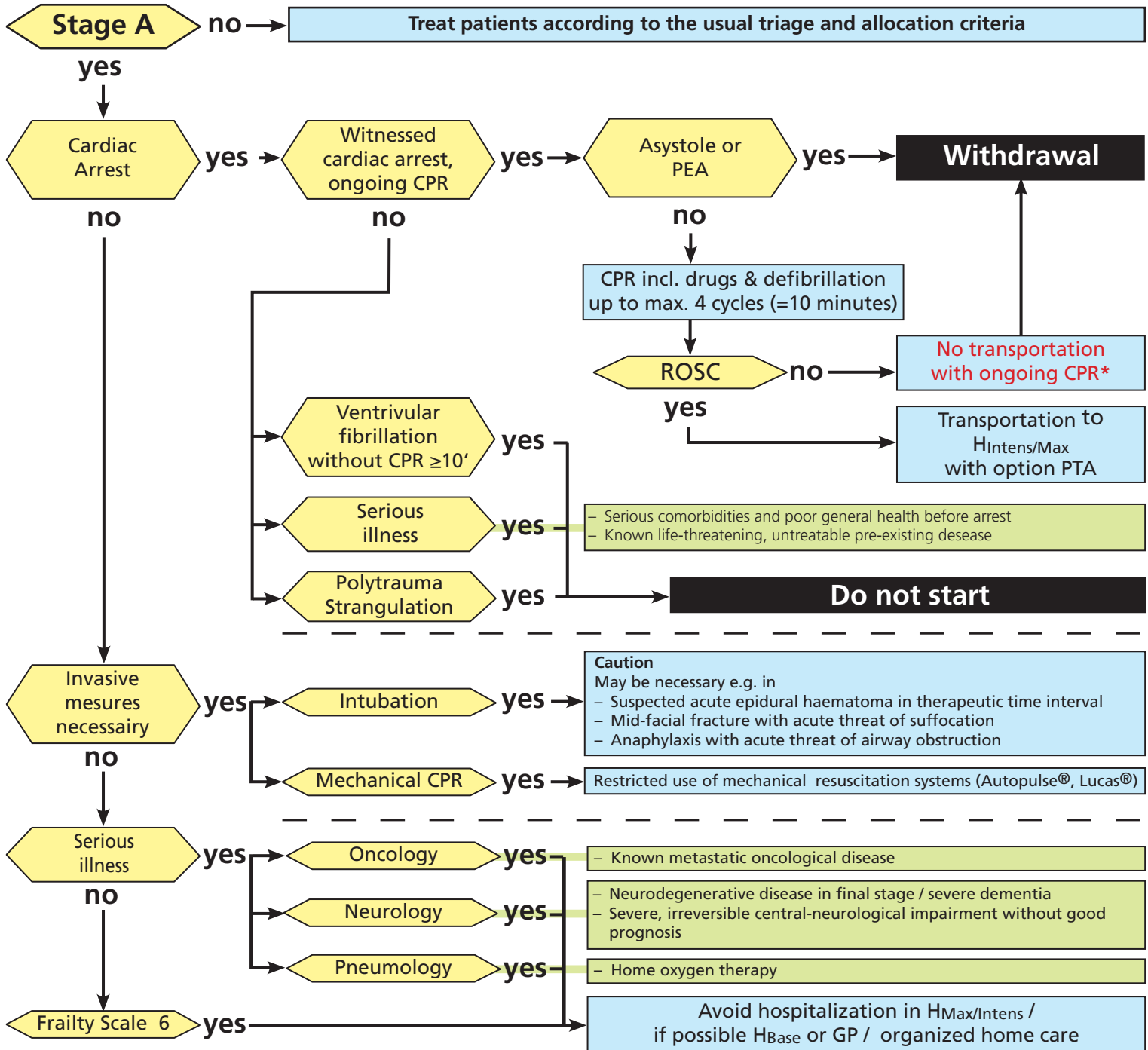
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– These recommendations only apply if a scarcity of resources in ICUs has been declared as follows:

Stage A: Beds available, but limited capacity

Stage B: No ICU beds available

- Categories of destination hospitals: **H_{Base}** Regional hospital, cantonal hospital without ICU resp. own blood bank
H_{Intens} Hospital with ICU, 24hr OR/Lab./ x-ray facilities, own blood bank
H_{Max} University hospital/ maximum care hospital (e.g. trauma centre)
- Allocation decisions in consultation with dispatch centre according to cantonal/regional guidelines:
 - Supra-regional allocation must be taken into account
 - National capacity according to the national information and deployment system is decisive.
- Triage in situation without emergency physician → in consultation with experienced staff physician.



* **Exception:** special cases like hypothermia, persistent ventricular fibrillation, see page 1

Stage B yes →

- Same criteria as Stage A, but additionally:
- Very limited indication for endotracheal intubation
- Do not use mechanical resuscitation systems (Autopulse®, Lucas®)
- Extremely restricted hospitalization in H_{Intens/Max}
- No allocation in H_{Intens/Max}: age >85LJ and mandatory ventilation / Frailty Scale ≥ 5
- Allocation to the destination hospitals after consultation with the dispatch center according to cantonal / regional guidelines through cantonal medical officer / Covid-19 task forces of participating hospitals