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

Summary of the SSERM recommandations V3 of 12.11.2020 (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
- CPR: probability of aerosol-release → coverage of patient's head recommended.
  Initially: chest compression only
- 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.

→ Hospitalisation on an emergency ward is often necessary despite lack of intensive care capacity; especially in case of respiratory deterioration (SpO_2.)

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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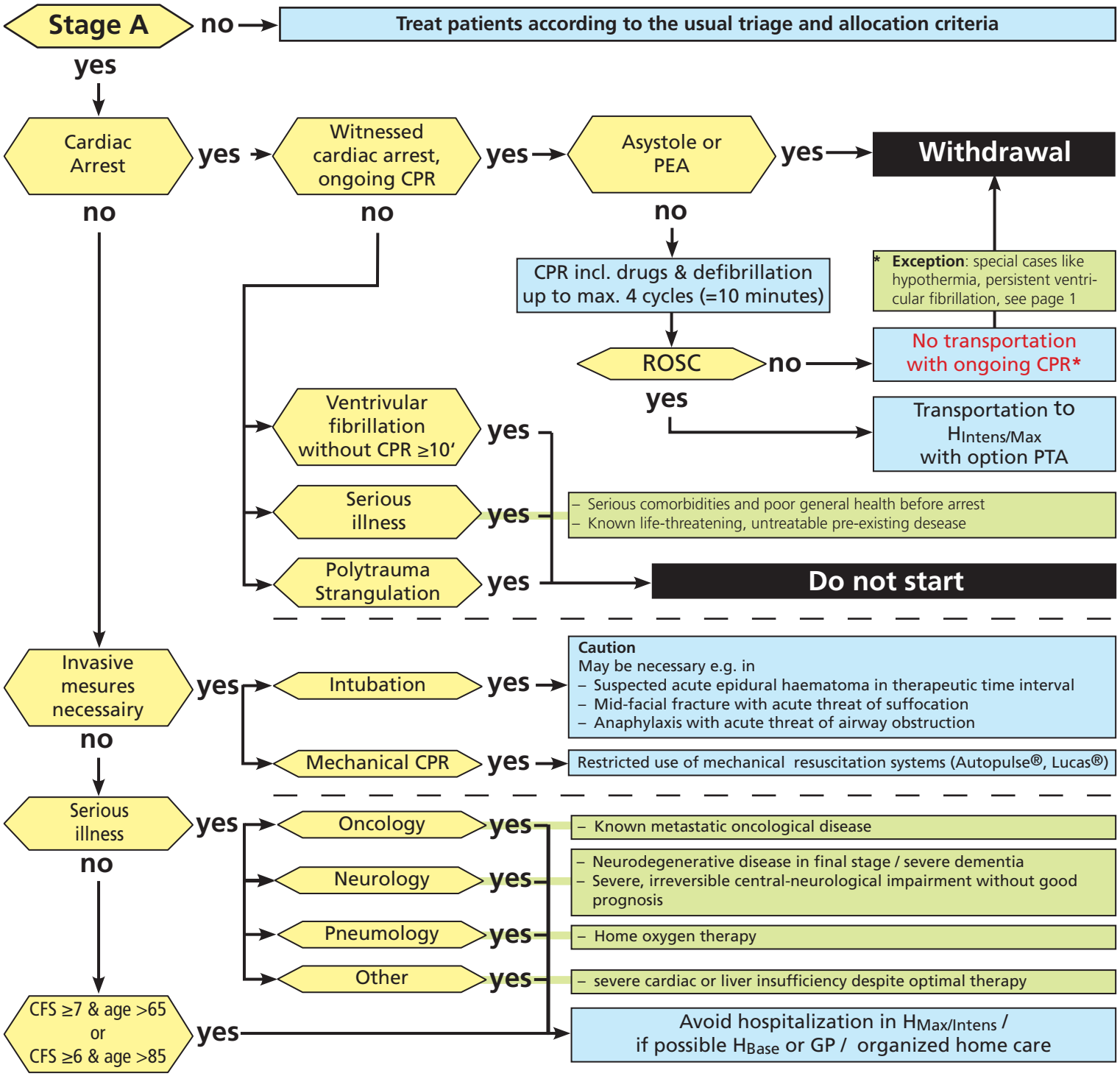
- These recommendations only apply if a scarcity of resources in ICUs has been declared as follows:
  Stage A: Beds available, but limited capacity
  Stage B: No ICU beds available
- Categories of destination hospitals:
  - H_{Base} Regional hospital, cantonal hospital without ICU resp. own blood bank
  - 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 dispath 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.



Stage B yes →

- **Same criteria as Stage A,** but additionally:
- Extremely restricted hospitalization in $H_{Intens/Max}$
  - CFS ≥ 6 and age > 65
  - CFS ≥ 5 and age ≥ 85
- Very limited indication for endotracheal intubation
- Do not use mechanical resuscitation systems (Autopulse®, Lucas®)
- 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