University Health System

UNIVERSITY HEALTH SYSTEM
DEPARTMENT OF EMERGENCY MEDICINE

PANDEMIC INFECTIOUS DISEASE
ALTERNATIVE TRIAGE AND MEDICAL SCREENING EXAM PROTOCOL

INTRODUCTION

During the peak of a pandemic infectious disease event, hospitals and emergency departments may be overwhelmed with patients seeking medical care. If this occurs, the goal of patient triage is to identify persons who have pandemic infectious disease and separate those patients from others. This reduces the risk of disease transmission and helps identify the specific care and disposition for each patient (i.e., home care, ED care, or hospitalization).

The Alternative Triage and Medical Screening Exam (AT-MSE) is intended as an alternative model for administration of patient triage and treatment outside the hospital setting.

Section 1: Planning Overview

1-1 PLANNING ASSUMPTIONS/GOALS

During a pandemic infectious disease outbreak, it is anticipated that:

- All area hospitals will experience patient overload. Clinics and private physicians' offices will also be overwhelmed and patients will be diverted to the Emergency Department (ED), especially after clinic or office hours. This influx of patients into the Emergency Department (ED) will increase the wait time and hamper efforts toward social distancing, thereby creating an environment where rapid cross-infection can occur.[1]
- Staffing will be impacted due to fatigue and illnesses, compounding the hospital overload. It is difficult to predict how many hospital employees or medical staff members will be available or what amount of external assistance will be provided in a pandemic flu emergency.
- Peak hours of patient flow will be noon until midnight. The AT-MSE meets these challenges by:

1-2

Reducing surge to the Emergency Department (ED). Patients are directed to an outdoor triage area.

Mitigating cross-infection by keeping infectious patients separated and isolated as well as diverting them to appropriate locations for care.

Expediting and facilitating triage, and reducing wait time.

AUTHORIZATION

Options for managing extraordinary Emergency Department (ED) surges under existing Emergency Medical Treatment and Active Labor Act (EMTALA) requirements allow hospitals to set up alternative screening sites on campus. According to the Centers for Medicare and Medicaid Services, no waiver is required:

The Medical Screening Exam (MSE) does not have to take place in the Emergency Department (ED). A hospital may set up alternative sites on its campus to perform Medical Screening Exams (MSEs).

- *Individuals may be redirected to these sites after being logged in. The redirection and logging can even take place outside the entrance to the Emergency Department (ED).*

- *The person doing the directing should be qualified (e.g., an RN) to recognize individuals who are obviously in need of immediate treatment in the ED.*

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Section 2: Activation and Setup

2-1 TRIGGERS/ACTIVATION/NOTIFICATION

Activation of AT-MSE is triggered when the hospital's Emergency Department (ED) has >20 patients in waiting room with respiratory complaints (or who have checked in within last two hours) and the ED is above capacity due to a surge of patients with pandemic infectious symptoms. The AT-MSE plan is activated by **University Health System** Hospital Command Center (HCC) in conjunction with the incident command system.

Internal notifications: The decision to activate the AT-MSE will be made by the PCC and ED Attending Physician in conjunction with the ED Director, ED Medical Director and/or Chair.

The Hospital President, COO, CNO, and CMO will be notified of the decision to activate the AT-MSE Plan.

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Section 3: AT-MSE Process

1. **Hours of Operation**
   The AT-MSE will preferably operate from the hours of 11 am to 11pm any day of the week; however hours can be altered as determined by patient need and influx/surge of patients.
2. **Staffing**
   The AT-MSE site will be staffed with:
   a. 2 RNs for tent, 1 additional RN for screening process
   b. 1 Patient Care Technician
   c. Registration staff
   d. Physician and/or APP
3. **Location**
   a. The AT-MSE will be located at the front of the ambulatory emergency department entrance;
   b. The site will contain adequate signage to direct patients to the AT-MSE;
   c. The site will include a table and chairs for staff;
   d. A tent with patient care chairs;
   e. Minimum diagnostic and therapeutic supplies;
   f. Paper (downtime registration) forms; Paper T-sheet (downtime process) forms
4. **Patient Flow Process**
   a. All patients will be directed to the AT-MSE Intake table;
   b. Basic information will be recorded on a log;
   c. All patients will be screened for pandemic infectious disease symptoms depending on the specific disease of concern; including temperature.
   d. Those screening negative, will be diverted into the ED for normal triage and patient flow processes;
   e. Those screening **POSITIVE** will be immediately masked and placed into the AT-MSE process;
   f. Patients will then have a nursing assessment to include a brief intake history, heart rate, and pulse oximetry;
   g. For STABLE patients:
      i. Age less than 60 years
      ii. Afebrile or Temp $<100.4^0$F;
      iii. Heart Rate < 120;
      iv. Pulse Oximetry >95%;
      v. No co-morbid conditions (i.e. cardiac disease, pulmonary disease, renal disease, or liver disease or pregnant), also no immunosuppressed patients or cancer patients undergoing active treatment
      vi. They will be sent to the AT-MSE provider for a Medical Screening Exam. If no emergency medical condition exists:
         1. Disease specific testing will be obtained and processed per UHS protocols
         2. Patient will be discharged from the ED with appropriate disease specific instructions, warning signs, return precautions, and self-isolation instructions.

3. Registration staff will take basic demographic information.

h. All patients discharged from the AT-MSE will have their test results followed up as per usual protocol at UHS.
    1. Positive and Negative results will be called by outpatient care coordination staff, as per predetermined algorithm (See flow attachment)
    2. All results should be visible in EMR, or if unable to be visualized, alternative process for the department to be notified of all results should be enacted

i. For **THOSE SCREENING NEGATIVE** Patients:
    i. Patients will remain masked;
    ii. They will be brought into the ED through the decontamination room entrance and placed directly into an appropriate treatment room as designated by the PCC or PFC and according to any disease specific precautions that are recommended
    iii. If no treatment room is available, the patient will be placed in the designated Infectious Disease waiting space; areas that can be considered are the solarium waiting room space or the EAU
    iv. Patient will be entered into the EMR as usual.

j. Admitted Patients Boarding in ED
    i. Pandemic Infection positive patients who need to board in the ED will be co-horted until beds become available on the inpatient units;
    ii. Preferred Co-horting locations included:
        1. ED Isolation rooms;
        2. ED Observation Unit;
        3. ED Pediatric ED; should this space be utilized, pediatric patients will be re-directed to the main ED for treatment and evaluation.
    iii. In the event that there are ICU level of care patients who must be boarded and/or hospital overflow space for ICU has been exceeded; the preferred co-horting locations include:
        1. ED Isolation rooms
        2. Depending on volume of patients needing to be accommodated can consider use of Med Resus and or TRU
            a. Will need to consider re-direction of medical resuscitation patients to TRU if Med Resus is used and redirection of Trauma patients if TRU were to be used