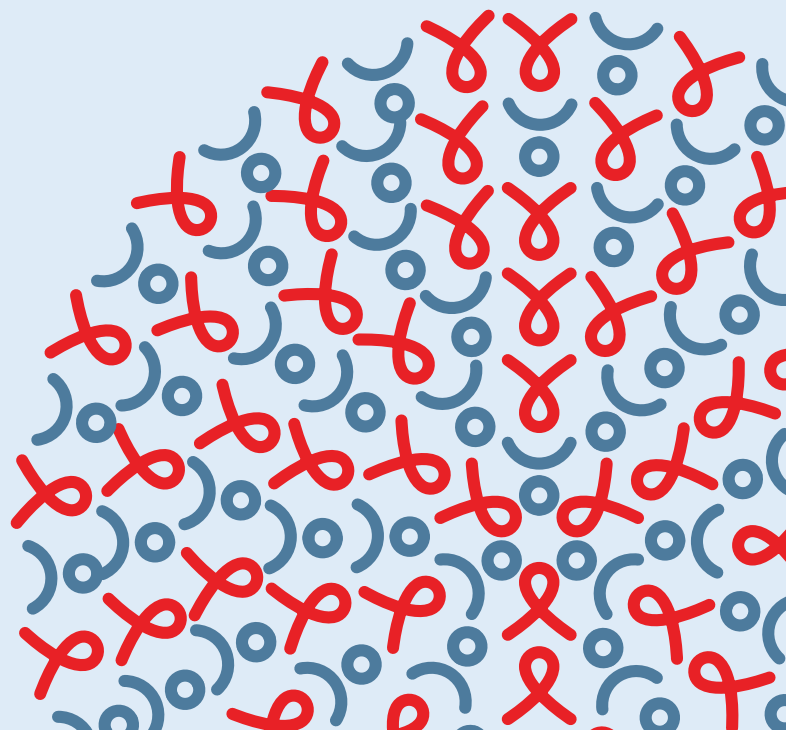


MEETING TARGETS AND MAINTAINING
EPIDEMIC CONTROL (EPIC) PROJECT

COOPERATIVE AGREEMENT NO.
7200AA19CA00002

Integrated Triage for Ambulatory Settings in the Context of COVID-19: A novel decision support algorithm

APRIL 2022



Introduction

Triage is an essential element of a health care environment dedicated to prioritizing clinical care for the sickest patients. Effective triage systems are proven to save lives. With the COVID-19 pandemic, there have been necessary changes to triage planning to incorporate screening and cohorting mechanisms for maximal safety for health care workers and patients.

How to use this tool

“Integrated Triage for Ambulatory Settings in the Context of COVID-19” is a novel decision support tool designed to safely and effectively direct all patients who present to the clinical setting to appropriate care in the context of the COVID-19 pandemic. This tool presents an algorithm that integrates screening, physical triage and cohorting, and infection prevention and control (IPC) with clinical triage principles to prioritize patients based on acuity.

This flow diagram is an innovative contribution to the evolving COVID-19 pandemic response in that it:

- Merges physical and clinical triage decision points into one flow diagram.
- Includes all patients presenting for care (with or without COVID-19 concerns) and includes decision support based on the patient’s reason for seeking care so that no patient is denied necessary medical attention.
- Incorporates IPC considerations into every decision point, emphasizing the principle that health care workers can safely render medical care to any patient when appropriate personal protective equipment (PPE) is available.

Users of this tool should be mindful of the following recommendations:

1. This tool is meant to be adapted to the local context and applied within local frameworks.
2. While most patients will enter the pathway with universal screening, any patient presenting with severe/critical signs of illness (red triage category) should move directly to a resuscitation area for immediate stabilization.
3. This diagram provides an initial approach to categorizing patient acuity. Additional medical and diagnostic evaluation is required for initiation of specific medical treatment and final disposition decisions.
4. This tool strives to reinforce all clinical decision points with clear recommendations for IPC/PPE requirements. Remember, even patients who are not presenting with typical symptoms of COVID-19 may test positive for COVID-19, particularly during surges. Concurrently, patients with mild COVID-19 symptoms should not be denied medical attention for non-COVID-19 concerns if appropriate PPE is available and all members of the health care team are familiar with the principles of IPC.
5. Digital versions of this tool have links to key resources that expand upon the material presented here. These can be adapted or updated as new recommendations emerge.

The goal of this tool is to provide a framework for health care workers to connect patients who are both infected with and affected by COVID-19 to comprehensive, high quality, equitable care.

Target Audience

Health care workers (physicians, non-physician providers, nurses, midwives, allied health workers, social workers, community health workers) and non-clinical support staff working in ambulatory health care settings. With this tool, any staff member in a clinical setting should be able to safely direct a patient to the right care in the right place at the right time.

LINKED RESOURCES:

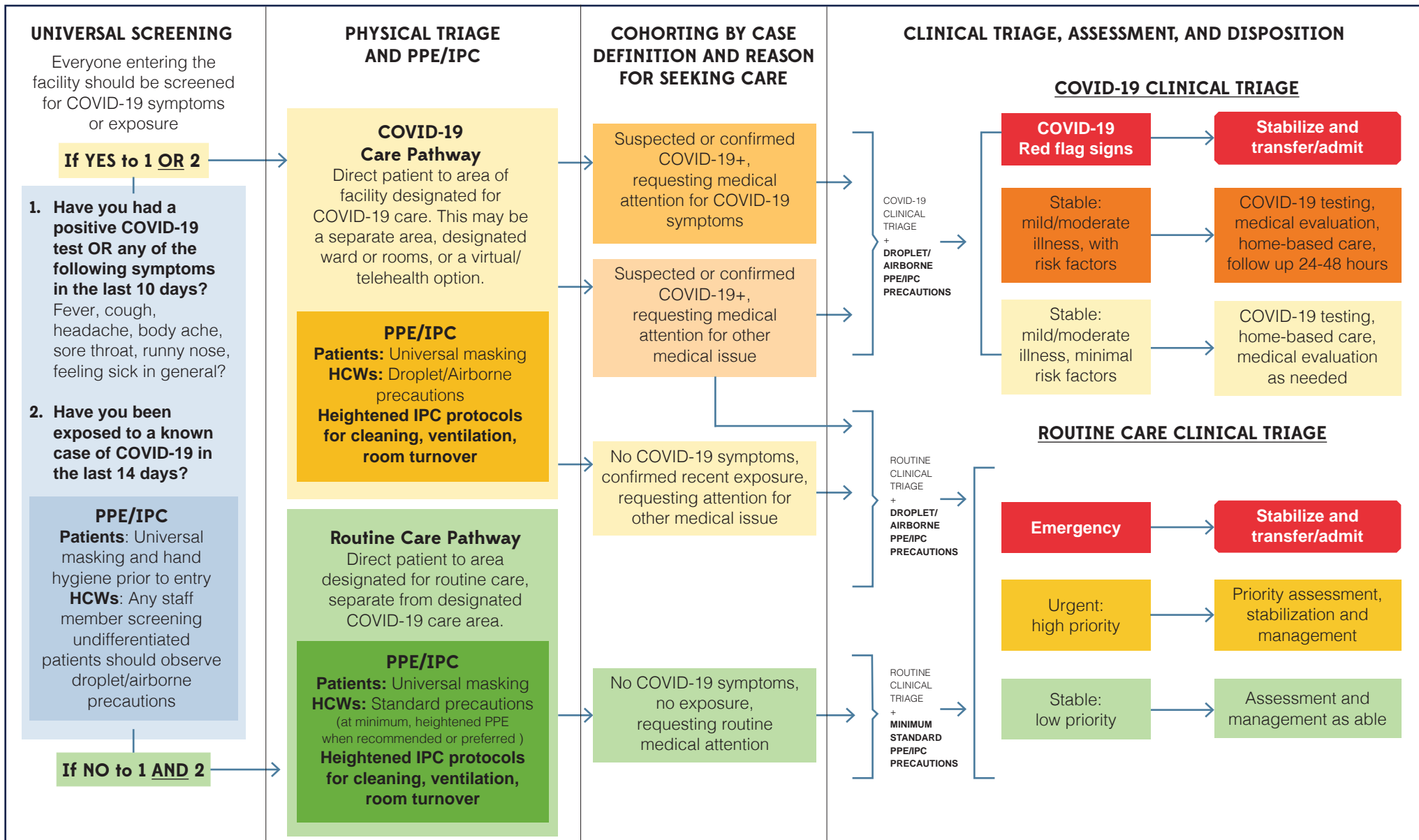
1. EpiC project. Navigating COVID-19 Clinical Care Pathways Across the Health Care System: a practical guide for primary health care workers. 2022 Mar. Available from: <https://www.fhi360.org/sites/default/files/media/documents/resource-covid-care-pathways-guide.pdf>
2. Health Policy Plus [Internet]. COVID-19 home-based care: a practical guide for healthcare workers. Open Critical Care [Cited 2022 Mar 11]. Available from: https://opencriticalcare.org/wp-content/uploads/2021/05/HBC-Guide-Presentation_ENG-Post-COMMS-ha9cwb.pdf.
3. Open Critical Care [Internet]. Tools for interfacility transfer. [Cited 2022 Mar 11]. Available from: <https://opencriticalcare.org/resources/tools-for-interfacility-transfer/>.
4. World Health Organization. Home care for patients with suspected or confirmed COVID-19 and management of their contacts. Interim guidance. 2020 Aug 12. Available from: [Home care for patients with suspected or confirmed COVID-19 and management of their contacts \(who.int\)](https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-or-confirmed-covid-19-and-management-of-their-contacts)
5. World Health Organization. Algorithm for COVID-19 triage and referral. 2020 Mar 22. Available from: <https://apps.who.int/iris/bitstream/handle/10665/331915/COVID-19-algorithm-referral-triage-eng.pdf?sequence=1&isAllowed=y>.
6. World Health Organization [Internet]. Country & technical guidance — coronavirus disease (COVID-19). [Cited 2022 Mar 11]. Available from: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?publicationtypes=d198f134-5eed-400d-922e-1ac06462e676](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/publications?publicationtypes=d198f134-5eed-400d-922e-1ac06462e676).

SUGGESTED CITATION: Meeting Targets and Maintaining Epidemic Control (EpiC). Integrated Triage for Ambulatory Settings in the Context of COVID-19: A novel decision support algorithm. Durham (NC): FHI 360; 2022.

ACKNOWLEDGMENTS: This tool was developed by Emily Headrick MSN, FNP-C; Kate Douglass MD, MPH; and Mirwais Rahimzai MD, MPH (EpiC project and FHI 360). The authors would like to thank Katherine (Megan) Kearns, Amit Chandra, and Diedra Parrish, from USAID for their support and review. Andrea Surette led coordination; editing and graphic design were provided by Sarah Muthler, Marty Jarrell, and FHI 360 Design Lab.

This tool is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, and Population Services International (PSI).

Integrated Triage for Ambulatory Settings in the Context of COVID-19



Notes:

- The referral and triage pathways are intended to be adapted to the local context and to comply with local clinical and ethical guidelines.
- All recommendations should take into account judgment of clinicians and local capacity. For example, if patient requires higher level of care than can be provided at facility. Any patient assessed as critically ill at any point in this process should proceed to immediate care for stabilization. Red flag signs for COVID-19 include SpO₂ <94% at rest or other clinical signs of severe respiratory distress, severe chest pain, altered mental status, severe weakness, inability to tolerate food or liquids by mouth, or clinical judgment of emergency. Risk factors for developing severe or critical COVID-19 include age >60, obesity, comorbid diabetes or hypertension, immunosuppression, pregnancy, and the presence of chronic cardiovascular, pulmonary, liver, neurologic, or psychiatric disease.
- Infection prevention and control (IPC) and personal protective equipment (PPE): Minimum PPE/standard precautions are recommended for all health care workers (HCWs), though heightened PPE precautions can be used per local guidelines and HCW preference. Guidance may change to reflect evolving contexts (e.g., variants).
- Testing should be offered if not previously tested or if prior test was negative but COVID-19 is clinically suspected. If testing is not available, approach a patient with signs or symptoms of COVID-19 as presumed positive.

Links to Key Resources:

- [Navigating COVID-19 Clinical Care Pathways Across the Health Care System: a practical guide for primary health care workers](#)
- [OpenCriticalCare.org: COVID-19 Home-based care](#)
- [WHO: Home care for confirmed or suspected COVID-19 and their contacts](#)
- [WHO: Algorithm for COVID-19 Triage and Referral](#)
- [OpenCriticalCare.org: Tools for interfacility transfer](#)
- [WHO: Country and technical guidance: IPC and COVID-19](#)
- [WHO: Clinical care of severe acute respiratory infections - Toolkit](#)