

Organizing COVID -19 Confirmed Cases Transfer Services

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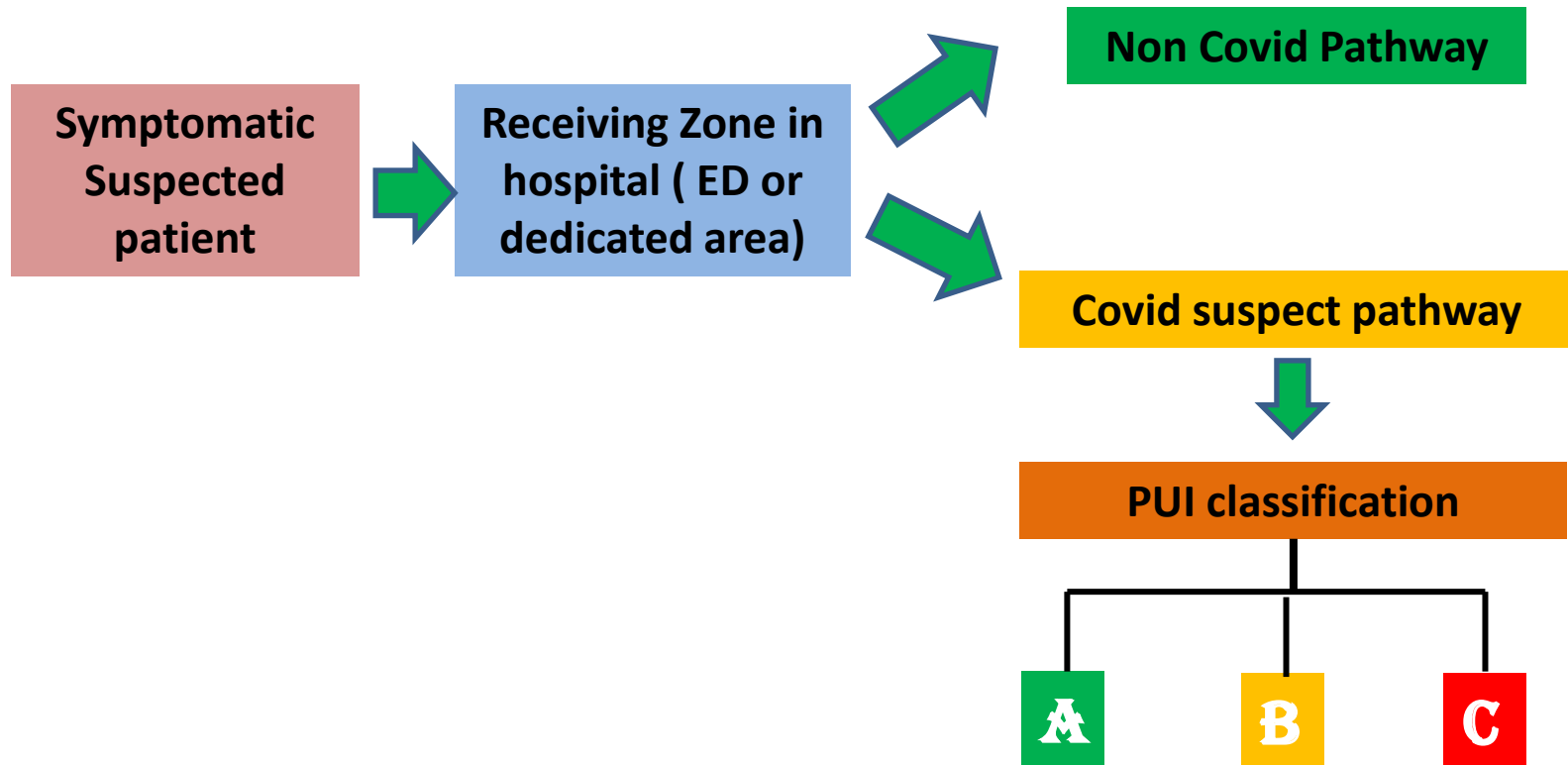
- Topics of Today

1. Triage

2. Transport / Transfer

Triage and Initial Assessment

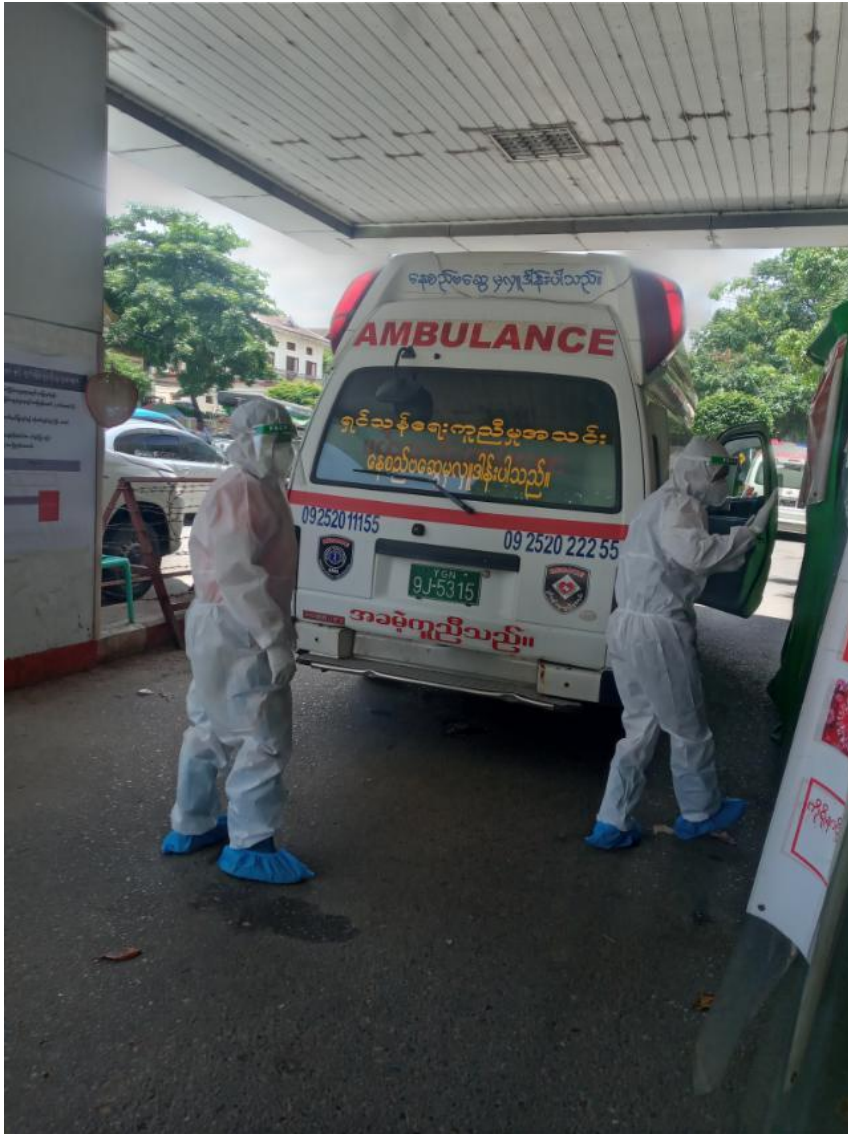
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*Triage is not a tool for the treatment of patient.
Assessment of medical condition is crucial.*

- One entry of all kinds of patients to a hospital
- Outside emergency department.

The Triage zone





Assessment

- Life threatening signs and symptoms first
- Immediate intervention first
- Find out Serious co-morbid medical conditions
- Hand over to specific teams for further treatment and swab test.

**Anosmia
Only**

**Minor
illness:
No early
treatment
required**

**Minor
illness:
Early
treatment
required**

**Moderate
illness
Early
Treatment
required**

**Severe
illness:
Immediate
treatment
required**

**Very severe
immediate
resuscitation
required**



Red
Grey
Green



Transport of Covid Suspected and Confirmed Cases

2

- Follow the standard patient transport rules
- Added by strict infection control measures

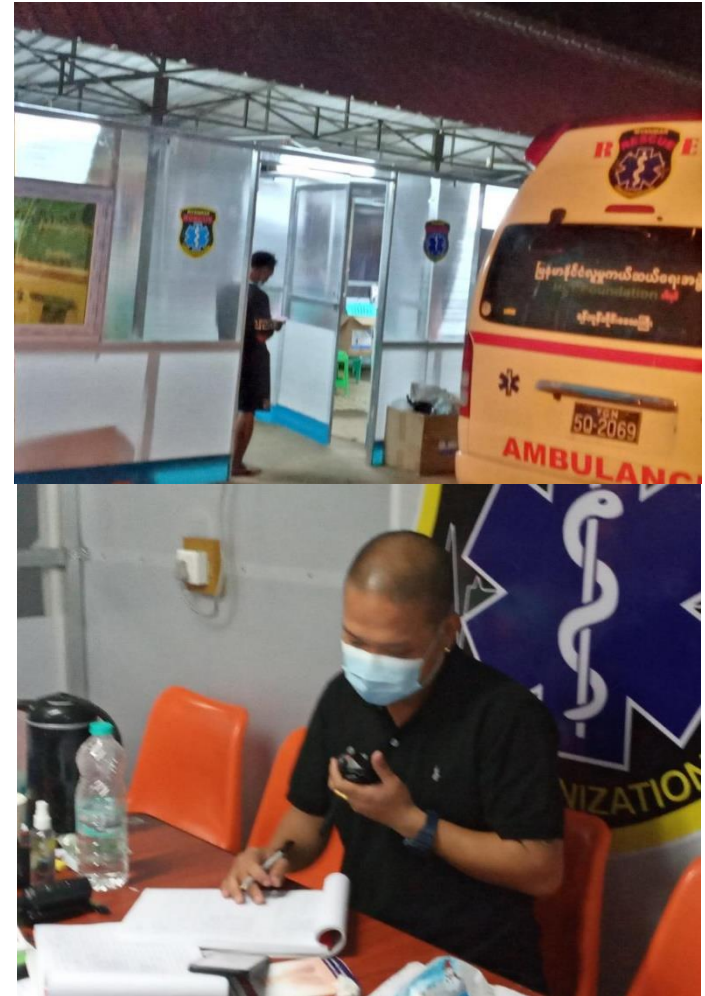
But this is PANDEMIC

- Not an easy job
- Like a disaster / Mass casualty

Thousand cases a day to transport (Yangon)

Command, Control, Communication...

- A designated center/ committee / group/ team is complementary.
Command – Vertical flow
Control – Horizontal flow
Communication – Both
- No blame policy in emergency decision and management

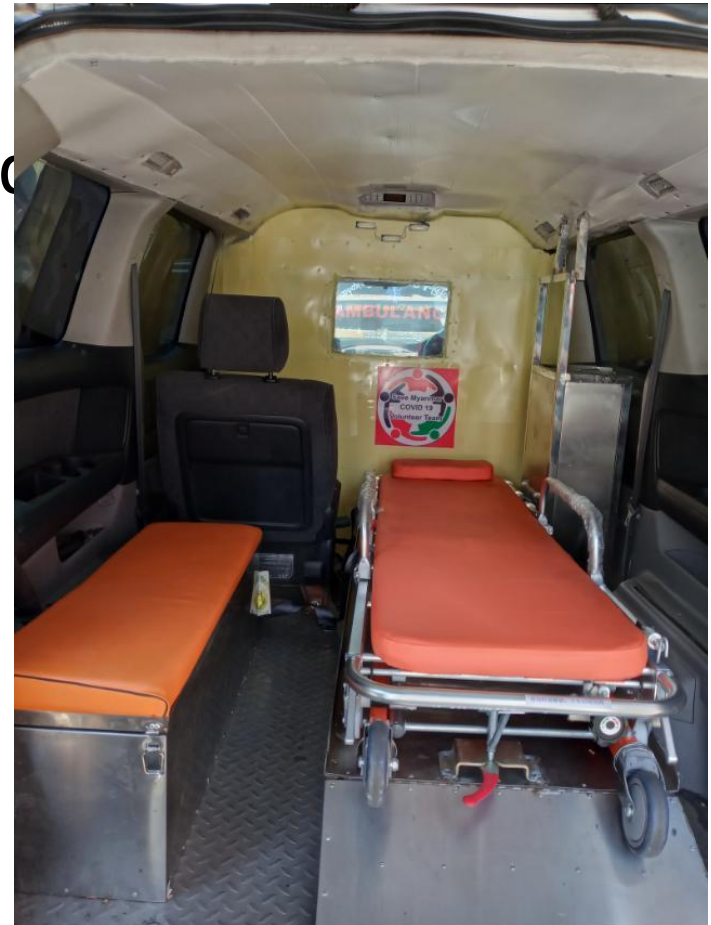


General Principles

- Think twice –Transfer is safe. (Both patient and staff) **SAFETY FIRST POLICY**
- Communication established between two institutions. (Transfer agreement)
- Know your patient –Double check
- Preparation for transfer- Never think complete. Back up plan in hand
- Hand over is not just leave the patient.

More precautions for Covid IPC measures!

- Ambulance vehicle design partition, ventilation
- Role of PPE (level of PPE and risks of infection)
- PPE don/doff zone
- Driving with PPE
- Caring with PPE
- Disinfection of equipment and vehicle



Self-Safety

PPE Required To Evaluate COVID-19 Patient	PPE Required to Perform AGPs
Surgical mask or respirator (N95 or FFP3)	Fit tested respirator (N95 or FFP3) or PAPR*
Eye protection (ideally full-face shield)	Eye protection (ideally full-face shield)
Long sleeve (level 4) gown covering wrists	Long sleeve (level 4) gown covering wrists
Gloves extended to cover wrist of gown	Double gloves extending to cover wrist

PPE: Personal protective equipment, AGP: Aerosol generating procedure, FFP: Filtering facepiece particles, PAPR: Powered air purifying respiratory

*PAPRs shown to better protect against risk of contamination than fit tested respirators, however currently no high-quality evidence to recommend use in COVID-19 patients



Plan and preparations

Think Globally and Act Locally

- Estimate and calculate the workload
- Mapping all available resources and kept in hand
- Establish a action plan
- Training and practice -



Transfer considerations

- Patient preparation – Not stable, No transfer
- Mode of transport / type of vehicle
- Equipment and medicine (Oxygen, O₂, O₂..O₂)
- Health care provider level (Who dare!)
- Health care provider safety. (PPE break)
- Communication along transport (PPE & telephones !)
- Transport distance and duration (risk ?)
- Adverse events along transport (patient, staff, equipment, vehicle, environmental...)

Aggressive resuscitation along transport

- Resuscitation and PPE
- AGP-Aerosol generating procedures (CPR, suction, intubation, Bag-Valve mask ventilation, NIV, HFNC etc.)
- Is DNR ethical?

Reasons

- You have no enough team members
- You have no enough facility
- You have no enough information about pt



Balance your decision



Managing Volunteer Teams

- Team regulations -
- Patient management regulations
- Communication regulations
- IPC regulations
- Welfare provision – including get infected mgt
- Ambulance operation regulations – siren , communication skill, driving , vehicle accident
- Training
- Logistic supply
- Motivation

Yangon Covid confirmed Cases

Transport Service

Core Team – Emergency Medicine team

Providers - EP, AS, Volunteer EMS teams

Ambulances- MoHS (15), Volunteer teams(>200), YRTA (Bus 33)

Drivers - Mainly volunteers

PPE - Regional Govt, YGHD, donors

Fuel - Regional Govt, donors

Welfare - Donors

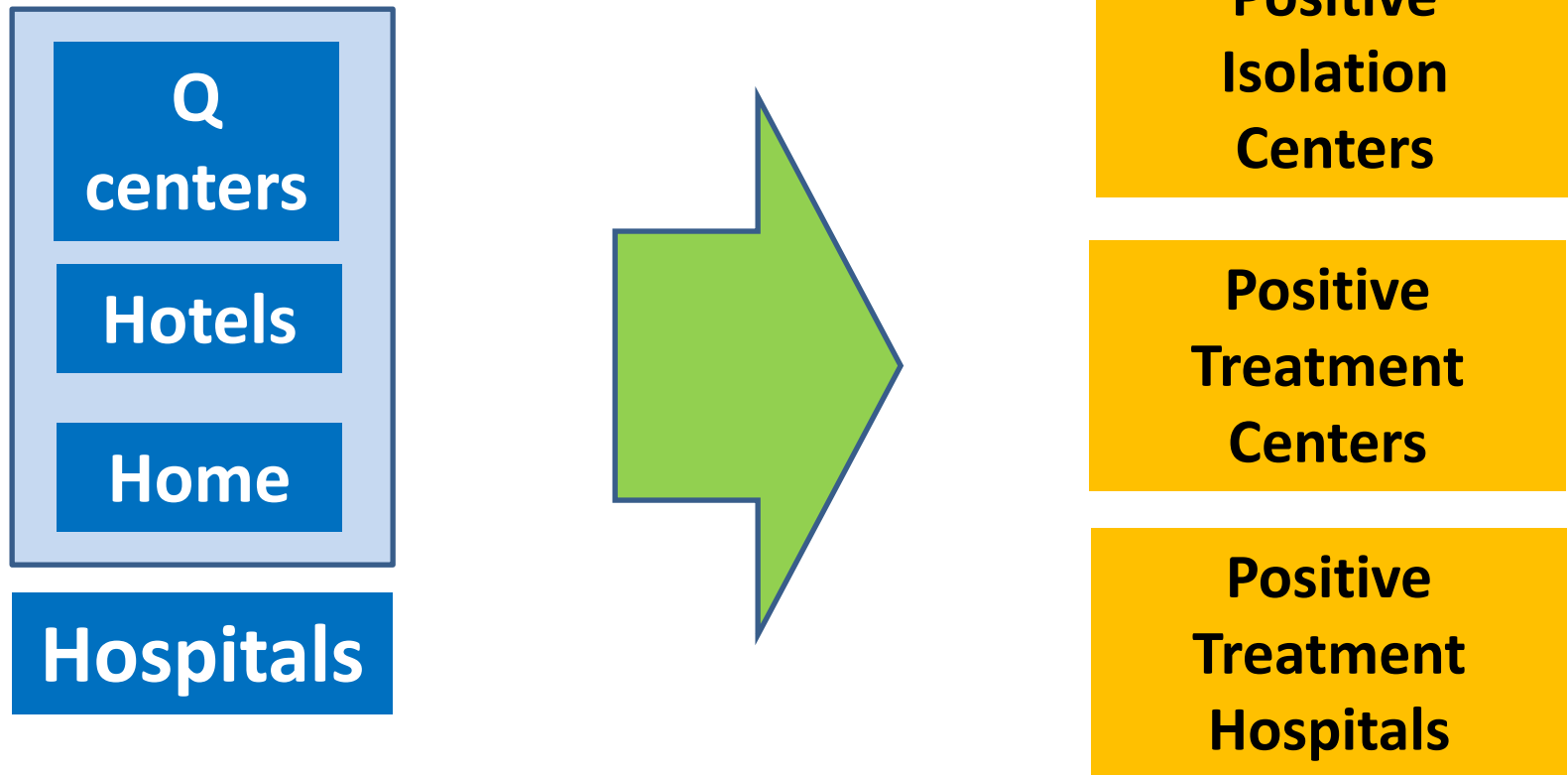
Communication – Walkie Talkie , HP - donors

HQ - YGH

Average transport- 800 – 1000 patients

**Still struggling – Planning to establish a
fleet control Call and Dispatch Center**

Transport Routes (Confirmed Cases)



Contacts to Q center transport by other teams-PH & YRG)



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Practical challenges

- Number of ambulances
- Ambulance drivers and crews
- Fuel requirement
- Ambulance maintainance
- PPE set
- Health care provider onboard
- Social problems – negative family, death along transport)
- Welfare of transport team
- Delayed on and off-loading pt
- Which department will be the backup fund provider? (Hospital, MoHS, Regional govt, Donors!!)

**Thank
You**

