CENNZ-NZNO Update 19/03/20

Triaging during Covid-19

There have been a number of concerns expressed about the potential issues that might arise with relation to triage issues that occur during and leading up to a pandemic response.

Emergency nurses undertake the majority of triage in New Zealand EDs and the settings associated with disaster and crisis response. However, there remain a number of points to consider.

1. At present, we are continuing to triage in line with standard Australasian Triage Scale (ATS) processes
2. The process of 'triaging away' is not one that is endorsed by the Ministry of Health, CENNZ or Australasian College of Emergency Medicine (ACEM)
3. Recognition of the need to manage high volumes of patients (over and above our already challenging numbers) is acknowledged
4. The role of triage in managing lower acuity patients during such times remains to uphold the intention of MoH directives, ie "*The process of triage in ED, using the Australasian Triage Scale, has been designed and validated as an acuity tool. That is, triage determines the degree of urgency for care; it does not accurately determine the appropriateness of a patient's condition for presentation at either the ED or primary health care. Therefore, patients should not be 'triaged away' from the ED and individuals should not be denied ED care*" (MoH, 2011)
5. It is reasonable to enable/facilitate patient choice by providing information relating to alternative services which may be available in your region. Where this is done, it is recommended that prior discussion with such services has taken place at a generic level, so that this is a service based approach, and if a patient agrees to an alternative provider, that there name is recorded to enable audit
6. If streaming to an on-site GP or similar service is available, again this is not considered 'triage away' but streaming to an existing service
7. Where there is pressure from managers or other organisational processes to have nurses 'triage away' be aware of the consequences associated with this. We are all mindful of the potential for deterioration of the current situation. While we have not yet reached the point of needing to refuse access, there are currently no consensus standards around what be 'core business' and which could be applied at point of triage.

8. There may be a need to reconsider this if the situation continues to deteriorate, and CENNZ, together with ACEM will need to determine what constitutes critical services for access to ED, and how best to protect staff who may be required to enact this
9. Engagement with professional and regulatory nursing bodies needs to be considered by the representative groups (CENNZ-NZNO and ACEM) to maximise staff safety, not only at a clinical level but also as regards professional practice in difficult circumstances.
10. CENNZ are actively encouraging engagement between the National Ethics Advisory Committee (NEAC); Health and Disability Commission (HDC) and Ministry of Health (MoH) to further discuss the ethical implications of resource shortages and healthcare inqualities in pandemic responses.
11. The current MoH pandemic plan does not advocate for Triage Away; it does provide for enhanced telephone triage and pre-emptive triage to CBAC (Community Based Assessment Centres) as a means to reduce the volume of patients presenting directly to EDs

These points are indicative only are cannot be taken as legal directives. The circumstances we are facing are increasingly fluid, and we need to be mindful of the importance of being able to respond rapidly and in a flexible manner as we become aware of increasing evidence relating to the Covid-19 situation.

Sandra Richardson
Chair
College of Emergency Nurses NZ-NZNO

Reference:

Ministry of Health (2011). Interface with primary health care. Guidance for New Zealand emergency departments. https://www.health.govt.nz/our-work/hospitals-and-specialist-care/emergency-departments/interface-primary-health-care