World Health Organization
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COVID-19
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Establishing COVID-19 triage stations at healthcare facilities:

Key instructions and tips

Instructions:

The purpose of this document is to provide guidance on how to rapidly establish a triage area at a healthcare facility (HCF). The intended users of this document are healthcare officials/personnel who are responsible for case management (CM) and infection prevention and control (IPC) at the facility. Ideally, regardless of the type of facility, each entry point into the HCF should have a triage station, where patients will be screened for COVID-19. If triage stations are not capable of being placed at each point of entry at the healthcare facility level, then a single triage station where all entrants to the facility (including staff) can be screened should be established. This document will outline different options for setting up a triage station based on the resources and/or size of the healthcare facility. In this document, two triage options are being presented. Option A is a basic triage set-up, with the minimum requirements for a triage station, identified. Option B is a more advanced set-up, targeted toward larger, healthcare facilities that have the option of also conducting emergency treatment procedures.

How to establish a triage station: Option A (primary and secondary facilities)

1. This triage option is for small healthcare facilities, where resources may be limited. This triage options provides the minimum requirements for establishing a triage station.
2. At each point of entry into the healthcare facility (emergency department, out-patient clinic, antenatal clinic, etc.), identify space where a triage station may be placed.
3. If a structure (a building, tent) already exists at a healthcare facility point of entry, then this space may be utilized for a triage station.
4. If a structure does not exist, one does not need to be constructed to set up a triage station. Do not wait to screen incoming patients into the HCF for COVID-19 due to infrastructural limitations. If no structure exists, then identify an area close to the health facilities POEs (which may be outside) that is well-ventilated.
5. Minimally, one table and two chairs can be used as a triage station. One table and chair can be for the healthcare worker (HCW). One chair can be for the patient. These two tables should be 1-2 meters apart.

6. Patients who have COVID-19 symptoms should be placed in a separated seated area from patients who are not symptomatic. Their seats should be at least 1-meter apart.

7. In the triage area, screening forms, thermometers, hand hygiene and PPE should be available to HCWs. If a 1-2-meter distance is maintained by the HCW and the patient being triaged, the need for PPE is not required.

8. An isolation space, close to triage, ideally attached to the triage area, should be established to separate suspected COVID-19 cases from others. If it is not possible to establish an isolation space close to the triage area, then a ward at the HCF should be designated the isolation ward. Based on the healthcare facilities resources, suspect cases may be further separated based on symptoms (i.e. mild versus moderate).

9. Two pathways (one for suspects who should be isolated and one for other patients who were screened and deemed not suspects) should be established. The isolation pathway should lead directly to the isolation area. The non-isolation pathway should lead to specific HCF departments based on patient's needs.

10. Ideally, the triage station will have one-way into the station and one-way out of the station. In short, uni-directional flow of patients and HCWs should be established.

11. Hand hygiene stations should be established at each triage station and readily available throughout the waiting areas. Waste bins should also be placed at each triage station for hand hygiene and respiratory materials. These items can be placed in the same bin.

12. Security (if needed) should be available at each point of entry to guide patients, their support systems, and HCWs to triage stations for screening.

The triage process: Option A

1. Except for patients in acute emergency (i.e. Severe respiratory distress), ALL patients entering a point of entry into the HCF MUST be screened at triage. Patients experiencing an emergency must be taken straight away to a healthcare facility that provides advanced care if those services are not available at the presenting healthcare facility.

2. All HCWs before starting their shifts at the HCF MUST also be screened, wash they hands /clean hand using sanitizer before entering the HCF.

3. As patients and their support systems (i.e. family members, friends, caregivers etc.) approach the triage station, they should be required to wash their hands at the hand hygiene station. Patients who have symptoms of COVID-19 should be provided a surgical mask while they wait to be screened.

4. After washing their hands, they should be guided to take a seat if there is a queue at the triage station based on if they have COVID-19 symptoms or not. Patients presenting with COVID-19 symptoms should be seated in one area of the waiting area, while patients without COVID-19 should be seated in another area in the waiting room, maintaining at least a meter distance between spaces and patients.

5. As patients and their support systems wait for the screening process, they should be reminded of the principles of respiratory hygiene (i.e. covering the mouth and nose during coughing or sneezing with a tissue or flexed elbow).

6. If screening is occurring inside a built structure (an already existing building), patients and their support systems should be advised that the support individual(s) should wait outside the building/structure until the patient screening process is completed.

7. During the screening process, a patient will be asked to come forward and sit in the triage chair. If a patient can stand, then standing while being screened is best. But, if the patient is too weak or very ill, the triage chair should be available for patients to sit. After this patient has been triaged, this chair should be disinfected. The patient will be asked some questions during the screening process. These questions include demographic information, COVID-19 symptoms, travel history, and contact history. After the questions on the screening for have been asked of the patient, the patient's temperature should be assessed.

8. Based on the case definition for COVID-19, if a patient is screened and deemed a potential suspect of COVID-19 and is having mild/moderate symptoms, then this patient should be escorted via the isolation pathway to the isolation area.

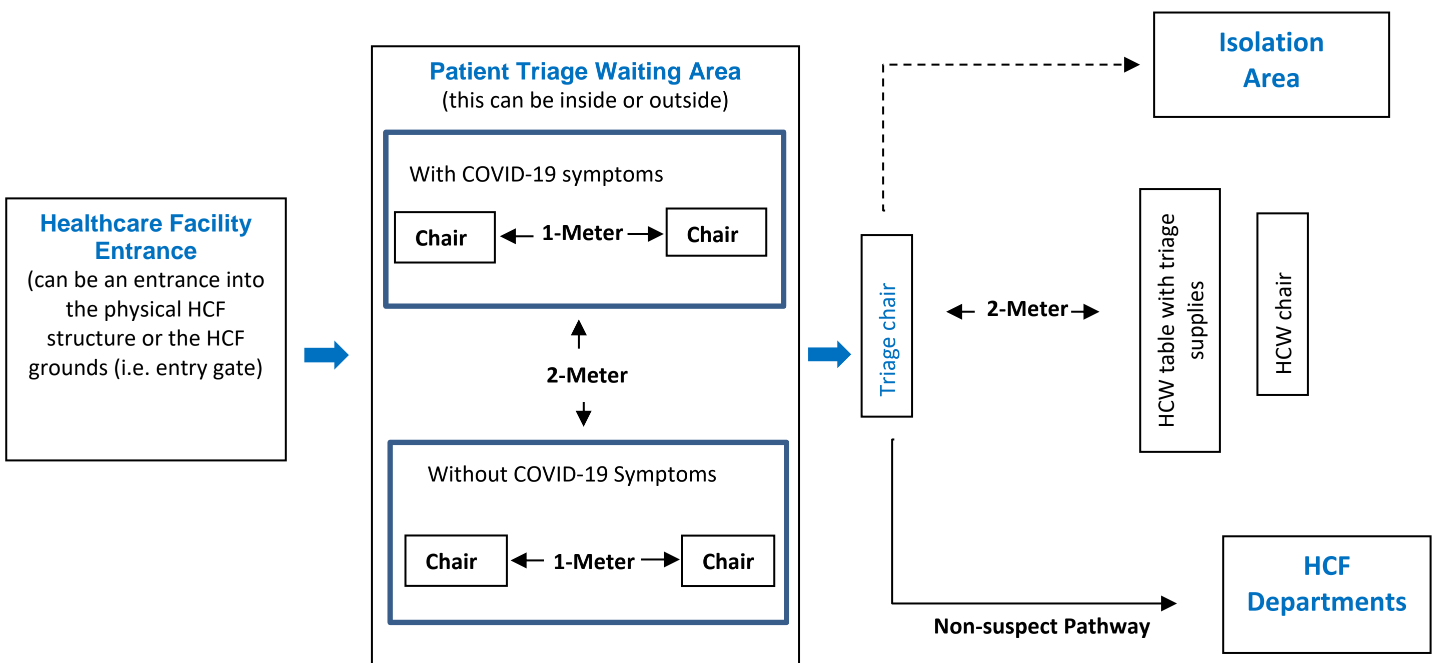
9. If the patient is screened and deemed not to be a COVID-19 suspect, then the patient should be escorted down the routine healthcare services pathway into the HCF.

10. Ideally, in the isolation area, a HCW will take specimen to test the patient. If a patient is diagnosed with COVID-19, they should be moved to a ward with other confirmed COVID-19 cases. The patient must stay on the confirmed ward until two RT-PRC tests are negative within a 24-hour period until they can return to the community.

11. If a patient is screened and deemed to be a potential suspect COVID-19 and is having severe symptoms, then this patient should be admitted to the hospital urgently to a dedicated ICU room or ward for COVID-19 patients.

12. HCWs should frequently wash their hands while working at the triage station. HCWs should be washing their hands at least once every 20 minutes.

Basic Triage Station Set-up (minimum requirements): Option A



How to establish a triage station: Option B (large, academic health facilities or tertiary facilities)

1. This triage option (Option B) is intended for larger healthcare facilities or systems that have the resources and ability to set up a combined triage/emergency care center at a single point of entry at the healthcare facility.

2. The benefits of a combined triage/emergency center are that patients who are in critical condition can gain access to healthcare facility services in an expediated manner.

3. For this triage option, a basic infrastructure will need to be built, using tents, if an existing structure is not already available at the healthcare facility. An area for patient triage should be established as patients enter the healthcare facility, and the emergency care area should be established adjacent to the triage area. The triage structure of this triage/emergency care center should be open and well-ventilated.

4. For the triage area, two separate triage stations should be established. A primary triage area should be established at the point of entry into the healthcare facility, where patients are rapidly screened for COVID-19 symptoms. A second triage station should be placed after the first for further patient clinical assessment.

5. After the second triage is established, an isolation space should be established. Inside the isolation area, there should be two areas: one for emergency, critical care for severe cases, one for suspected cases with mild or moderate symptoms. Inside the suspect isolation area, cases should be sub-dived based on patients with mild symptoms being placed together and patients with moderate symptoms being placed together.

6. Outside the isolation area, a laboratory should be established to rapidly test those suspects with mild or moderate symptoms. If possible, for cases requiring emergency care, a test sample should be collected.

7. Inside the isolation area, there should also be the emergency care area where patients with severe symptoms are rapidly placed for emergency care. Inside this emergency care area, supplies, medical equipment, and PPE should be available to care for a rapidly declining patient. Emergent medical services to stabilize the patient should be properly set-up in this space.

8. An annex to this document (Annex A) outlines the required supplies and medical equipment needed to establish the triage/emergency care center. The supplies and medical equipment in this Annex are meant to serve 100 patients for 1-month.

9. At the entry point of the healthcare facility, where the first triage station is established, hand hygiene stations should be set up. Waste bins should be placed by the hand hygiene stations to collect used tissues.

10. Both triage stations should be well-equipped with PPE, screening forms, and thermometers.

11. At both triage stations, a least 1-meter distance should be maintained between the healthcare worker and patient if possible.

12. The triage/emergency care center should have one-way flow throw the center. There should be one-way in and one-way out.

13. Security (if needed) should be available at the point of entry into the healthcare facility to guide patients, their support systems, and HCWs to the primary triage station for screening.

14. Of note, Option A would be the equivalent of “Triage 1” under Option B (see diagram)

The triage process: Option B

1. ALL patients and healthcare workers (HCWs) entering the healthcare facility MUST be screened. Where possible, separate screening points should be established for HCW and Patients to minimize risk of HCW exposure.

2. Upon entry into the healthcare facility, at the first triage station, HCWs and patients should be screened for COVID-19(Preferably at separate screening points where possible. If the HCW or the patient is not identified as a COVID-19 suspect, then these individuals may proceed to their clinical departments within the healthcare facility.

3. As HCWs, patients and their support systems (i.e. family members, friends, etc.) approach the first triage station, they should be required to wash their hands at the hand hygiene station. HCWs and patients who have symptoms of COVID-19 should be provided a surgical mask while they wait to be screened. The distance between the HCW and the patient at the first triage station should be at least 1 meter.

4. If the HCW or patient is identified as a COVID-19 suspect, then they should proceed immediately to the second triage station. At the second triage stations, patients' clinical conditions will be further assessed and evaluated based on their symptoms (i.e. mild, moderate, or severe symptoms).

5. If there is a queue at the second triage station, patients presenting with COVID-19 symptoms should be seated in one area of a waiting area, while patients without COVID-19 symptoms should be seated in another area in the waiting room, maintaining at least a meter distance spaces between patients.

6. As patients and their support systems wait for the screening process, they should be reminded of the principles of respiratory hygiene (i.e. covering the mouth and nose during coughing or sneezing with a tissue or flexed elbow).

7. At the second triage station, if the patient is having a medical emergency, they should be quickly placed into the emergency care area of the triage/emergency care center, which may function as an on-site ICU if needed. The emergency care area is an area considered under isolation. Emergency medical services to stabilize the patient should be available in the emergency medical area. Once the patient is stabilized and can be moved, they should be moved to the suspected isolation area, while test results are pending.

8. At the second triage station, if the patient is not having a medical emergency, they will be called by a HCW to be further assessed.

9. During the second screening process, a patient will be asked to come forward and sit in the triage chair. If a patient can stand, then standing while being screened is best. But, if the patient is too weak or too ill, the triage chair should be available for patients to sit. After this patient has been triaged, this chair should be disinfected. The HCW conducting the triage should be sitting in a chair (with or without a table in front of them) that is at least 1 meter away.

10. After the second triage process, patients who are suspected COVID-19 suspects (that are not having a medical emergency) should be placed into a separate space from the emergency care area based on their symptoms (i.e. mild versus moderate). This separate area is also considered under isolation.

11. As quickly as possible, COVID-19 suspects in the mild or moderate isolation area should be tested. If they are found to be positive, they should be moved to another ward at the healthcare facility where other positive COVID-19 cases are cohorted, if no single-patient rooms are available.

Advanced Triage/Emergency Care Center Set-up: Option B

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