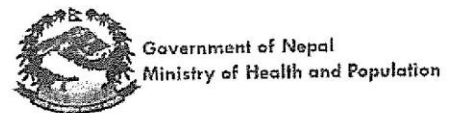


# Strengthening Emergency and Trauma Care during COVID-19 in Nepal





## THE ROLE OF EMERGENCY AND TRAUMA CARE IN COVID-19

Health systems worldwide are confronted with rapidly increasing demand generated by the current COVID-19 pandemic. When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from preventable and treatable conditions increase dramatically.

*Strengthening emergency care systems to deliver time-sensitive care for acute illness and injury is more critical now than ever. The emergency care system provides care for acutely ill patients with COVID-19, and continues to function as a primary access point to the health system for non-COVID-19 concerns such as injury.*

Cornerstones of strong emergency care systems – as well-trained frontline health workers and clinical processes that result in timely and quality care – are instrumental in responding to this need. Existing emergency care guidance on early recognition of symptoms and resuscitation, appropriate triage, and referral pathways, can be utilized to curb further community transmission and care for infected individuals, including health workers, while improving baseline quality of care for all.

## GLOBAL EMERGENCY AND TRAUMA CARE INITIATIVE (GETI)

The WHO Global Emergency and Trauma Care Initiative (GETI) is a 5-year initiative launched in 2019 to save millions of lives through improvements to national emergency care systems. GETI brings coordinated implementation of the WHO emergency care toolkit to countries across all WHO regions. Key cornerstones of GETI are depicted below:

ADVOCACY	ASSESSMENT and PLANNING	MOBILIZING NETWORKS	CLINICAL CARE TRAINING	CLINICAL PROCESS GUIDANCE	QUALITY IMPROVEMENT
Raise awareness and build political will of the critical importance of timely emergency care	Support countries to identify system gaps and inform roadmaps for future system development	Engage international partners and professional societies for implementation	Train frontline providers in WHO-ICRC Basic Emergency Care	Provide a range of clinical process tools to improve quality of care	Encourage standardized collection of key data to inform quality improvement

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## EMERGENCY CARE TOOLKIT APPLICABLE FOR COVID-19

**Clinical Care Training:** WHO-ICRC Basic Emergency Care (BEC) course is designed for frontline healthcare providers who manage acute illness with limited resources and teaches a systematic ABCDE approach to the initial assessment. Clinical Management of COVID-19 course series is intended for clinicians managing patients with COVID 19. Beginning with an introduction to clinical characteristics of COVID-19, to screening, triage, and the initial approach to an acutely ill patient.

**Screening and Triage Guidance:** Integrated Interagency Triage Tool (WHO, ICRC, MSF, IFRC) is intended for frontline clinicians and was developed by WHO, ICRC and MSF and endorsed by IFRC. The tool specifies red, yellow and green criteria for adults and children and what accompanying actions should be taken when various conditions are met. This tool is published within the COVID-19 adaptation of the clinical care of severe acute respiratory infection toolkit. An accompanying manual is currently in the publication phase.

**Clinical Process Tools:** Trauma Care and Medical Emergency Checklists are simple tools designed for use in emergency units and review actions at two critical points to ensure that no life-threatening conditions are missed. **Available on WHOA app.** Resuscitation Area Designation Tool provides guidance on how to designate a separate area for critical patients and which material and human resources must be immediately available for high-quality, effective care. **Available on WHOA app.** Standardized Clinical Forms improve care by ensuring a systematic and structured approach to every injured or acutely ill person presenting to the emergency unit. **Available on WHOA app.** WHO International Registry for Trauma and Emergency Care is a DHIS2 web- and mobile app-based platform for aggregation and analysis of case-based data from emergency care visits. Countries can launch the registry at sentinel facilities to identify gaps in care and target quality improvement initiatives.

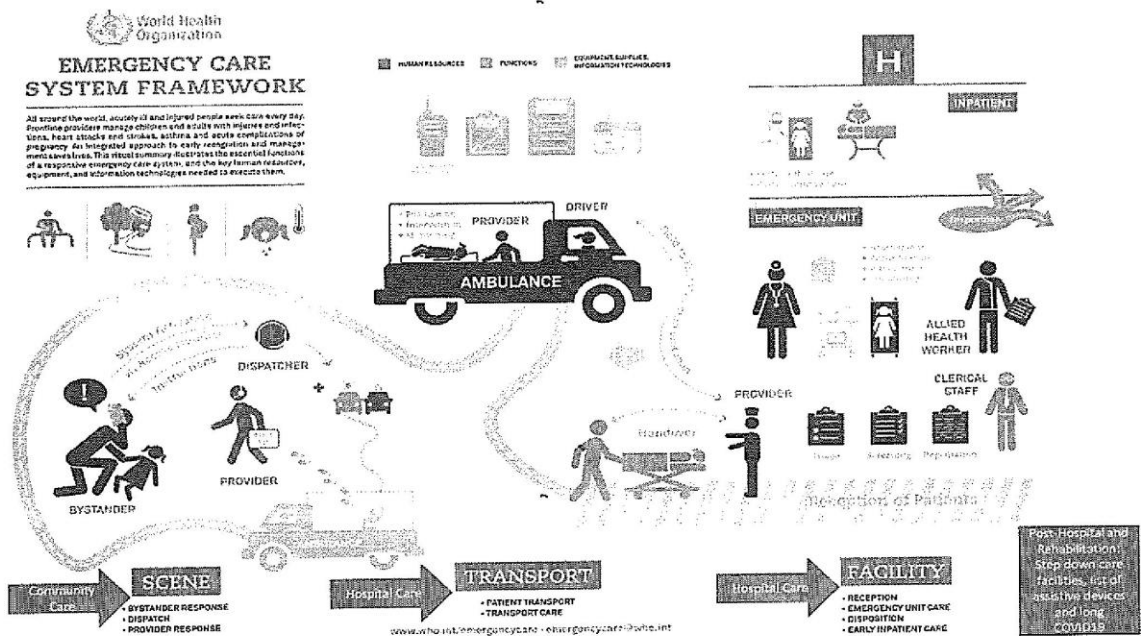
The toolkit is fully dual-use or easily linkable to key components of the COVID-response. Technical and financial support is available to streamline efforts for rapid implementation to address pressing needs; this will entail differing modalities of implementation (remote support) or adapting tools to have an increased focus on key COVID-related content areas. Below, specific aspects of the toolkit are outlined, emphasizing which adjustments have been made for COVID-19 as well as complementary resources for the COVID 19 context. The GETI implementation activities and mission align with pressing needs in the COVID-19 context.



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**WHO Emergency Care Framework:** This visual framework illustrates the essential functions of a responsive emergency care system, and the key human resources, equipment, and information technologies needed to execute them. This framework has been translated into Nepali and adopted for Integrated Ambulance and Prehospital Care Operation Guideline 2020, Ministry of Health and Population, Government of Nepal.



**WHO Emergency Care System Assessment and Priority Actions:** In Nepal, the WHO Emergency Care Systems Assessment (ECSA) was conducted focusing on five domains: (1) System Organization, Governance and Finance (2) Data and Quality Improvement (3) Scene Care, Transport, Transfer and Referral (4) Facility-Based Care and (5) Emergency Preparedness. National level stakeholder consultation on developing consensus-based action priorities from the results of the ECSA survey in Nepal identified 39 action priorities. The ECSA report has been published and disseminated by the Health Emergency Operation Centre, Ministry of Health and Population.

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## Way Forward

WHO-GoN Emergency Care System Strengthening Project Phase 1 is the name of the project with a goal of ensuring timely care for any acutely ill and injured person in Nepal. The main objective of the project is, To implement WHO emergency care tools (including the WHO/ICRC Basic Emergency Care clinical training, WHO emergency care checklists and WHO/ICRC/MSF interagency triage tool) and monitor the impact of the implementation on patient outcome. Health care workers and patients are the planned target beneficiaries. Initially, this is a 12 months project including the 3 months baseline survey for establishing denominator data; timeframe may be adjusted dynamically according to project outputs. Intended outcomes are One Hub Hospital from each Province maintained collection of ER data Trained ER applied the WHO ECS tools and procedures in their facilities required. Data collection system of Emergency Room established. BEC Champions (including Master Trainers) to advocate for ongoing uptake of clinical skills and quality emergency care delivery, and Clinical Process Champion to encourage process changes such as the use of triage and utilization of new tools such as the emergency care checklists and standardized clinical forms. Based on highest emergency patients flow, facilities located at highway corridor (east-west, north south), better access for the catchment area, more trauma and referral cases, facility managing traumas, emergency room available, and not using the WHO ECS tools currently the provincial level seven hub hospitals – Koshi Hospital, Narayani Hospital, Bharatpur Hospital, Pokhara Academy of Health Sciences, Bheri Hospital, Surkhet Hospital and Seti Hospital have been selected to implement the project effective from fourth quarter of 2021.



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