

IMAI second-level
learning programme
for district clinicians
working at hospitals
in limited-resource
settings

Facilitator guide for the auxiliary staff training course:

Quick Check + For Hospital Auxiliary Staff

- Triage and emergency treatments
- IMCI ETAT

These training courses are based on guidelines in the
*IMAI District Clinician Manual:
Hospital Care for Adolescents and Adults*

June 2014



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Hospital Care for Adolescents and Adults***

June 2014

Produced by IMAI-IMCI Alliance for WHO HSE/PED

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Introduction

Materials to be used in this course

- *Facilitator Guide for the Auxiliary Staff Training Course: Quick Check + for hospital auxiliary staff (this manual)*
- *Handouts for the Auxiliary Staff Training Course*

Additional materials/resources used in the course

- Quick Check Wall chart
- Quick Check/Triage video (when available)
- Expert patient-trainers (if available)
- Card sorts for drills

The Quick Check+ training course supports the WHO *IMAI District Clinician Manual: Hospital Care for Adolescents and Adults* (DCM) and is divided into four courses:

1. Training for nurses and clinical officers
2. Training for district clinicians
3. Training for auxiliary personnel (this course)
4. Training for hospital managers.

This facilitator guide covers the training course for auxiliary personnel and is designed for the following hospital auxiliary staff:

- health care providers with limited clinical background, such as nursing assistants, pharmacists, or laboratory technicians
- administrators, such as those involved with gate-keeping, registration, admissions, or general assistants
- food or dietician staff
- janitorial staff
- other lay providers such as ministerial staff or other members of the community who are involved in the care of the hospital patient.

The goal of this course is to provide all staff in the hospital setting with the resources to quickly identify a patient who may display emergency or priority signs and to take action as important members of the hospital team. Effective emergency management is accomplished by a team, rather than by individual players, so team work is emphasized and practiced throughout the course. This course will also teach staff how to protect themselves as well as others through appropriate infection prevention and control methods. When possible, the course will ideally be taught in parallel with the clinician and manager training courses, and the auxiliary staff will participate in joint sessions on infection control and implementation planning with the hospital team.

The auxiliary training course uses methods which are appropriate for staff members who have little or no formal medical background. These methods include having less lecture-based teaching and more practice or problem-based learning. To complete the didactic sessions, auxiliary providers practice the skills taught in class during skill stations. The Course Director Guide has suggested course schedules.

A pre-training evaluation test and a final evaluation test on the contents of the course are administered to all participants.

Facilitator techniques

HOW TO PREPARE TO FACILITATE THIS COURSE

To prepare for this course, facilitators should review the participant hand-outs along with the facilitator guide. Facilitators should consider adding their own notes to these sections for reference during the training. It may be helpful to discuss and learn about existing triage practices and the role of auxiliaries with local health facility administrators.

HOW TO GIVE PRE AND POST-TEST

Explain to participants that the purpose of the pre-test is to give facilitators an idea of the group's baseline knowledge. Ensure participants understand that it is not linked to "passing" the training and will not affect their pay/reimbursement. Allow 30 minutes for the test. Explain that all the material will be covered in the course. The pre-test should be scored on the same day it is given so that facilitators can revise the content of the course as needed. It may be necessary to have a translator read the test aloud.

HOW TO CONDUCT A DRILL

During the course, facilitators will be conducting several drills. These are group exercises designed to quickly review material presented during the course. Participants are given sufficient information to answer the question and depending on the drill they may refer to the Quick Check charts and tables. Participants should be informed that they may use pencil and paper to do quick calculations.

1. Gather the participants together and tell them you will conduct a drill. During the drill, they will review how to decide, for example, to triage a patient. Ask the participants why this is an important decision.
2. Explain the procedures of the drill. Tell participants:
 - This is not a test. The drill is an opportunity for participants to practise making this decision and reinforce learning.
 - You will call on individual participants one at a time to answer the questions. You will usually call on them in order, going around the table. If a participant cannot answer, go to the next person and ask the question again.
 - Participants should wait to be called on and should be prepared to answer as quickly as they can. This will help keep the drill lively.
3. **Ask participants** if they have any questions about how to carry out the drill.

4. Allow participants to review the text for a minute or two before the drill begins. Tell the participants they may refer to the text during the drill, but they should try to answer the question without looking.
5. Keep the drill moving at a rapid pace. Repeat the list of questions or make up additional questions if you think participants need extra practise. The drill ends when all the participants have had an opportunity to answer and when you feel the participants are answering with confidence.

EXPLANATIONS AND LECTURING

At times the facilitator is directed to explain certain important concepts. Explanations should be short and to the point, using a flipchart and/or referring to the manual. Avoid lecturing as this is not an effective way to learn. Occasionally, when pressed for time, it may be feasible to present certain material as a short, interactive lecture, rather than having participants read through a number of pages themselves, but this should not be the norm.

Introduction to participants and pre-test

<p>Duration: 60 minutes</p> <p>Materials: -Blank flipchart/markers -Participant handouts -Pre-test</p> <p>Wall charts: -Quick Check</p> <p>Preparation: -Review this guide and participant handouts -Copy enough pre-tests for class -Post Wall charts</p>	<p>Chapter Overview:</p> <ul style="list-style-type: none"> • General introductions • Pre-test as a baseline assessment of knowledge • Overview of course and introduction of materials <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Understand structure of the course • Understand contents and goals of the course <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Content</th> <th style="text-align: left;">Methods</th> <th style="text-align: left;">Time</th> </tr> </thead> <tbody> <tr> <td>Introduction to each other</td> <td>Group discussion</td> <td>10 minutes</td> </tr> <tr> <td>Overview of course</td> <td>Explanation</td> <td>5 minutes</td> </tr> <tr> <td>Introduction to Quick Check</td> <td>Discussion, Q&A</td> <td>15 minutes</td> </tr> <tr> <td>Pre-test</td> <td>Written</td> <td>30 minutes</td> </tr> </tbody> </table>	Content	Methods	Time	Introduction to each other	Group discussion	10 minutes	Overview of course	Explanation	5 minutes	Introduction to Quick Check	Discussion, Q&A	15 minutes	Pre-test	Written	30 minutes
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The introduction may be done in the plenary session with all other cadres or in the classroom with the auxiliary cadre alone.

Instructions for the introduction to participants in a plenary setting may be found in the facilitator guide for the clinical course. The instructions below may be used if you decide that auxiliaries should receive a separate introduction.

Registration and introductions

ASK participants to state:

- name
- describe the facility and department in which they work
- job title (mention that participants will discuss this further in the first chapter).

Overview of course and materials

EXPLAIN the reasons for the course:

- Auxiliary staff members are a critical part of the health care team.
- Given the proper training and tools, they can help save lives.
- These two points should be repeated throughout the course.

EXPLAIN the course objectives and **show** these sections in the guideline manual:

- learn what triage is
- learn how to use the EPQ system to triage patients
- learn how to identify emergency signs

- learn how to identify priority signs.

Give any necessary logistical information (i.e. agenda, lodging and reimbursement information, meals).

EXPLAIN the practical session:

- Inform participants that the practical session includes: Skill stations, expert patient-trainer case scenarios and hospital visits.
- Summarise each of the components of the practical sessions.
- Remind participants that practical sessions exist to facilitate learning only and not to worry if they do not know the correct answer right away.

EMPHASIZE the need for all cadres to work together as a team:

- Inform participants that all nurses, clinical officers, and district clinicians who participate in the training will be told that auxiliary staff are also being trained, and what their responsibilities include.

Chapter 1: Roles and responsibilities of auxiliary staff as part of the hospital team

<p>Duration: 30minutes</p> <p>Materials: -Blank flipchart/markers</p> <p>Wall charts: -Quick Check</p>	<p>Chapter Overview:</p> <ul style="list-style-type: none"> Understand the roles and tasks of auxiliary staff that are part of the hospital team. <p>Learning Objectives:</p> <ul style="list-style-type: none"> Describe participants' various roles within the hospital. Understand how each participant can contribute as an important member of the hospital team. Know what steps are taken in participants' hospital when they see a patient who is severely ill. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Content</th> <th style="text-align: left;">Methods</th> <th style="text-align: left;">Time</th> </tr> </thead> <tbody> <tr> <td>Present objectives of course and Chapter 1</td> <td>Flip chart, overheads</td> <td>5 minutes</td> </tr> <tr> <td>Who are we and what is our role in the hospital?</td> <td>Discussion, group exercise</td> <td>15 minutes</td> </tr> <tr> <td>Roles and responsibilities of the auxiliary staff as part of the hospital team</td> <td>Brainstorm, discussion</td> <td>10 minutes</td> </tr> </tbody> </table>	Content	Methods	Time	Present objectives of course and Chapter 1	Flip chart, overheads	5 minutes	Who are we and what is our role in the hospital?	Discussion, group exercise	15 minutes	Roles and responsibilities of the auxiliary staff as part of the hospital team	Brainstorm, discussion	10 minutes
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Course objectives

EMPHASIZE to participants that they are an important part of the clinical team, and that with the knowledge and skills they are going to acquire in this course, they can save lives. This kind of statement is empowering and motivating. Repeat it throughout the course for reinforcement.

REPEAT the objectives of the course:

- learn what triage is
- learn how to use the EPQ system to triage patients
- learn how to identify emergency signs
- learn how to identify priority signs.

Chapter 1 objectives

EXPLAIN that this chapter will focus on:

- exploring the participants' roles in the hospital
- understanding and sharing what usually happens when participants see a patient who appears very ill.

Who are we and what is our role in the hospital? (15 minutes)

EXERCISE 1

This is an exercise to let you as facilitators know who you are training and to give the trainees a chance to get to know each.

BEGIN by introducing yourself. This will help put participants at ease and demonstrate what is expected in the introduction.

ASK each participant to introduce themselves and talk for 2-3 minutes (only) about their role in the hospital and what motivates them to come to this training. This is meant to be only a brief introduction. You may need to gently stop each person after three minutes and move to the next person.

Roles and responsibilities of the auxiliary staff as part of the hospital team

EXPLAIN that as part of the hospital staff, they will come across sick patients whether on arrival, at registration, during transport to their rooms, or in their rooms. Many deaths can be prevented if severely ill patients are identified quickly and given appropriate treatment. Learning to recognize these severely ill patients and being able to call for help is not only an important skill; it can also save a person's life.

EXPLAIN that they may encounter severely ill patients at any location in the hospital: reception desk, emergency room, patient room, hallway, laboratory, pharmacy, radiology, or operation theatre.

EXERCISE 2

ASK participants where they may see patients as part of their work. Write their responses on the flip chart and repeat the importance of knowing what actions to take. **REMIND** the participants that their role is to recognize very sick patients and to call for help and/or take patients to areas where they can receive emergency care. They are **not expected** to diagnose, manage or treat patients.

Now **ASK them** what steps they take in their current work environment if they come across a patient who is severely ill. You can give examples if protocols are not in place at their hospital:

- Do you call the nurse or other senior health officer?
- Do you call the doctor?
- Do you take them to the emergency department?

If they do not know the answer, explain that this will be something that needs to be determined when the hospital team groups come together or when they return to their hospital.

Chapter 2: INFECTION PREVENTION AND CONTROL

Duration:

110 minutes

Materials:

-Infection control handout

Wall charts:

-Hand washing
- Standard precautions
- PPE

Preparation:

-Photocopy/cut cards for exercise 2 from training tools package for participants

Chapter Overview:

- Understand the importance of infection prevention and control.

Learning Objectives:

- Define infection prevention and control
- Explain the importance of infection prevention and control
- Demonstrate infection control practices like:
 - Hand washing
 - Wearing gloves
 - Cough hygiene
 - Injection safety
 - Waste disposal
 - Cleaning, disinfection or sterilising
- Respond to HIV exposure (PEP)

Content	Methods	Time
Present objectives of chapter 2	Flip chart, overheads	10 minutes
Importance of Infection prevention and control/Standard Precautions	Didactic/flip chart, group discussion	10 minutes
Hand hygiene	Wall chart, discussion, practical	
Demonstration of hand washing	Demonstrate, refer to poster	10 minutes
Gloves	Didactic/ flip chart, handout, demonstration	10 minutes
Cough hygiene	Wall chart, discussion	10 minutes
Injection safety	Wall chart, discussion	10minutes
Waste disposal	Wall chart, discussion	15 minutes
Cleaning, disinfection or sterilisation	Wall chart, discussion	20 minutes
Exercise 2: T	Group exercise, card sorts	10 minutes

WRITE the learning objectives on the flipchart, explaining each objective as you write it.

Refer to the infection prevention and control handout.

EXPLAIN that infection control is important in the provision of care to the patients so that health workers and patients are protected from the transmission (passing) of infections within the health facility. **Standard precautions** are the basic level of infection control precautions which are meant to reduce the risk of transmission of infections in the blood and other infections from both recognized and unrecognized sources. It is essential to use

standard precautions in the care of all patients. Infection control measures such as standard precautions facilitate the prevention of passing infections through contact anticipated with blood, body fluids or pathogens.

ASK participants if their patients have acquired hospital infections. Can they share the experience? How could it have been prevented? Have any of the health workers acquired hospital infections before? Are they willing to share what happened and how it could have been prevented?

EXPLAIN that infection prevention and control is extremely important to keep health workers and patients free from transmitting diseases present in the work place. Most of the communicable diseases can be drastically reduced if health workers and patients are trained to follow infection prevention and control practices.

EMPHASISE that all health workers at all levels help contribute to infection prevention and control.

GROUP DISCUSSION (5 minutes)– divide the participants into groups so that they can write the infection prevention and control methods carried in their hospital and explain what they think they prevent.

ASK one of the groups to present their findings. If the other groups have a different approach to the suggestion they can contribute their ideas. At the end precautions missed out may be presented by the other groups.

Show the Standard Precautions wallchart and DISCUSS that standard precautions include the following infection control measures:

- hand hygiene
- appropriate use of personal protective equipment (PPE)
 - gloves
 - facial protection (eyes, nose, and mouth)
 - gown
- respiratory hygiene and cough etiquette
- prevention of injuries from needle sticks and other sharp instruments
- environmental cleaning
- appropriate handling of contaminated linens
- waste disposal
- patient care equipment

REFER to both the Wallchart and handout on hand washing. ASK participants the different types of hand washing. Talk about hand washing with soap and water and alcoholic hand rub. **READ** the wall charts together. **SHOW** that handwash with water is especially important for visibly soiled hands.

EMPHASISE the 5 moments for hand washing when you are working on a patient. **AVOID** touching your body and clothes when you are in the hospital. This will reduce infecting yourself and carrying infection between patients and to your home.

DEMONSTRATE and then practice hand washing (see skill station in Practical Sessions chapter)

SIMILARLY go through Gloves, cough hygiene, injection safety and waste disposal. Use the wall charts and infection prevention and control handouts and skill station. **ASK participants** for each standard procedure what the practice is in their facility.

SPECIAL CONSIDERATIONS for

- wearing, removing and safe disposing PPE
- waste disposal – talk about the different waste disposal pits and incinerators management.

ENCOURAGE best practice for infection prevention and control when we return to our respective facilities.

BRAINSTORM on what Cleaning, disinfection or sterilisation are. What is done for which equipment or item? **REFER** to the infection prevention and control handouts. **Discuss** what will be done with the other types of equipment, work surfaces and linen available in the different hospital settings.

DRILL

QUESTION	RESPONSE
1. Who needs to practice infection prevention and control?	<ul style="list-style-type: none"> • Health workers (all cadres) • Patients • Patient attendant
2. When would you choose handwash with water as compared to alcoholic rub?	<ul style="list-style-type: none"> • Visibly soiled hands for hand wash with water •
3. When should we put on gloves (one type of PPE)?	<ul style="list-style-type: none"> • For handling patients especially when in contact with body fluids • For medical and surgical procedures • For handling contaminated linen • For cleaning contaminated surfaces • For handling patient specimens
4. What other PPE do we know and what does it prevent?	<ul style="list-style-type: none"> • Mask – inhalation of droplets from environment OR prevent health workers infecting patients if they have URI or are carrying out invasive procedures • Apron – protects against large amounts of spills/splashes

	<ul style="list-style-type: none"> • Gown – protects against splashes/spills • Cap – prevents hair breaks falling on sterile work surfaces or on the patients • Boots – avoid splashes on the shoes and feet
5. How do you handle a coughing patient in OPD/Emergency unit?	<ul style="list-style-type: none"> • Move up patient as priority or line in the cough corner. • Provide patient with mask if you suspect TB • Always give health education on cough hygiene
6. How do we ensure Injection safety?	<ul style="list-style-type: none"> • Avoid recapping • Sharps disposed in safety box • Safety boxes filled at ¾ level • Seal container before discarding the box • Incinerate contaminated safety boxes
7. Mention the different methods of waste segregation?	<ul style="list-style-type: none"> • RED bins for highly infectious materials • YELLOW bins for sharps (infectious or non-infectious) • BLACK bins for non sharp, non infectious waste
8. What do we usually clean with: <ul style="list-style-type: none"> • soap and water • disinfectant • sterilisation 	USE Chart in handouts as the guide

ASK participants if they have any questions.

FINALLY review the objectives and assess if they have been met.

Chapter 3: Quick Check and Triage

<p>Duration: 75 minutes</p> <p>Materials: -Quick Check/ Triage video, if available -Quick Check Wall chart -Quick Check/ Triage handout</p> <p>Wall charts: -Quick Check</p> <p>Preparation: -Set up for IMAI video on triage (if available) -Photocopy/cut cards for exercise 2 from Training Support Set for participants -may post E, P, Q on wall</p>	<p>Chapter Overview:</p> <ul style="list-style-type: none"> Understand what the process of triage is and how the Quick Check assessment is used <p>Learning Objectives:</p> <ul style="list-style-type: none"> Define triage Explain the Quick Check assessment Determine what action should be taken based on the Quick Check Recognise when and where triage should take place Identify who can triage patients <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Content</th> <th style="text-align: left;">Methods</th> <th style="text-align: left;">Time</th> </tr> </thead> <tbody> <tr> <td>Present objectives of chapter 2</td> <td>Flip chart, overheads or PowerPoint presentation</td> <td>10 minutes</td> </tr> <tr> <td>Triage</td> <td>Didactic/flip chart, group discussion</td> <td>20 minutes</td> </tr> <tr> <td>Quick Check/ Triage Video</td> <td>Video (when available)</td> <td>10 minutes</td> </tr> <tr> <td>Quick Check</td> <td>Didactic/ flip chart, handout</td> <td>25 minutes</td> </tr> <tr> <td>Exercise 2: Triage Action Drill</td> <td>Group exercise, card sorts</td> <td>10 minutes</td> </tr> </tbody> </table>	Content	Methods	Time	Present objectives of chapter 2	Flip chart, overheads or PowerPoint presentation	10 minutes	Triage	Didactic/flip chart, group discussion	20 minutes	Quick Check/ Triage Video	Video (when available)	10 minutes	Quick Check	Didactic/ flip chart, handout	25 minutes	Exercise 2: Triage Action Drill	Group exercise, card sorts	10 minutes
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WRITE the learning objectives on the flipchart, explaining each objective as you write it.

Triage

PROVIDE participants with Quick Check/Triage handout.

EXPLAIN that triage is the process of rapidly screening sick patients soon after their arrival at the hospital. Many deaths in hospitals occur within 24 hours of admission. Some of these deaths can be prevented if very sick patients are quickly identified on arrival and treatment is started immediately. In many hospitals around the world, patients are not checked before a senior health worker examines them. As a result, some seriously ill patients have to wait a very long time before they are seen and treated. Patients have died of a treatable condition when waiting in the queue for their turn. The idea of **triage** is to prevent this from happening.

WRITE the capitalized words under “TRIAGE” on the flip chart.

TRIAGE

SORTING of patients into PRIORITY GROUPS based on their NEED and the SEVERITY of the patient condition.

The word “triage” means sorting. A triage system identifies patients who need emergency or urgent treatment. The steps to identify these patients for triage are the same steps needed to recognize very sick patients *anywhere* in the hospital. These assessment steps are called *Quick Check*.

EXERCISE 1: Triage/Quick Check video when available, to see queue and triage process in hospital setting.

Now **ASK:** Has anyone seen examples of a triage system in their hospitals? Have a few participants share with the group.

Quick Check

SHOW Quick Check Wall chart.

EXPLAIN that the Quick Check is a tool that will help them triage. The assessment can be done in less than a minute by medical staff or appropriately trained non-medical staff. As soon as the patient arrives staff should try to help identify those with emergency or priority signs. Once emergency signs are identified, participants should call for help and/or take patients to areas where emergency care is available so life-saving emergency treatments can be started immediately.

POINT to the triage process diagram in the participants’ handouts.

EXPLAIN that the Quick Check assessment will help to categorise patients into the following three groups:

E Emergency
P Priority
Q Queue (non-urgent)

EMERGENCY: These are patients who require immediate emergency treatment. Explain that you will discuss exactly what the emergency signs are in the following chapters. For now, participants should understand that if they find any patient with emergency signs, they should **immediately** do the following:

- Call for help: Call for the nurse, other health workers, or senior health worker to help.
- If no one is nearby to help, bring patient to an area where emergency care is available.
- The primary role of the auxiliary staff in the triage system will be to help identify these emergency patients quickly, and bring them to the attention of the clinical staff so they do not wait for treatment.

PRIORITY: These are patients with signs indicating that they should be given priority in the queue, so that they can be **rapidly** assessed and treated without delay. Again, participants

will learn what the priority signs are in the following chapters. For now, if they identify a patient with priority signs, they should:

- Take the patient to the front of queue to the triage nurse.

QUEUE (non-urgent): Those who have no emergency or priority signs are categorized as **non-urgent** cases. These patients can wait their turn in the **queue** for assessment and treatment. The majority of sick patients fall into this category and will not require emergency treatment.

- Emphasize that it is important to check for emergency signs and priority signs first. Only when participants are sure there are no emergency signs or priority signs may they assign a patient to the non-urgent (Q) category.

In an ideal situation, all patients should be checked on arrival by a person who is trained to assess how sick they are.

Categories after triage	Triage group	Action required
EMERGENCY CASES	E Emergency	Need immediate emergency treatment → Call for help and/ or bring to emergency area
PRIORITY CASES	P Priority	Need assessment and rapid attention → Give priority in queue
NON-URGENT CASES	Q Queue	Can wait their turn in queue

ASK: Does anyone have any questions? Now have participants do **Exercise 2: Triage Action Drill**

Exercise 2: Triage Action Drill (5 MIN)

- Give participants cards that show pictures of: help/emergency care, front of queue, and back of queue (see **Training Tools Package**). **Answers are in bold.**

Now read the following scenarios and have them decide which action to take:

1. Person in queue at registration desk with no emergency or priority signs	Q-stay in queue
2. Patient in hospital bed displaying emergency signs	E-help/emergency area
3. Person in queue at registration desk with priority signs	P-front of queue
4. Patient waiting at hospital laboratory with emergency signs	E-help/emergency area
5. Patient hunched over in waiting area with emergency signs	E-help/emergency area
6. Person picking up medications from pharmacy with emergency signs	E-help/emergency area
7. Person with priority signs waiting at front of queue to see triage nurse, now with emergency signs	E-help/emergency area

WHEN AND WHERE SHOULD TRIAGE TAKE PLACE?

EXPLAIN that triage should be carried out as soon as a sick patient arrives at the hospital. Triage should not be delayed for administrative procedures such as registration. In some hospitals, implementing the Quick Check system may require reorganizing the flow of patients. Triage needs to be carried out in multiple locations. For example, triage should be carried out in the outpatient queue, in the emergency room, or in the ward if directly admitted.

Emergency treatment can be given wherever there is room for a bed or trolley for the sick patient and enough space for the staff to work on the patient. Emergency drugs and supplies must be easily accessible. If a patient with emergency signs is identified in the outpatient queue, he/she must be taken to the emergency room or ward where treatment can be provided immediately.

WHO SHOULD DO THE QUICK CHECK AND TRIAGE PATIENTS?

- **All clinical staff** involved in the care of sick patients should be prepared to carry out rapid assessment in order to identify the few who are severely ill and require emergency treatment.
- **Auxiliary staff who have early patient contact such as gatemen, record clerks, cleaners,** should be trained to assess for emergency and priority signs. When emergency signs are recognized, they should immediately call for help and/or take the patient to where they can receive emergency care. If there is a priority sign, they should be taken to the front of the queue to the triage nurse.

ASK participants what barriers they expect to triaging patients, and if any problems would occur if they do.

DISCUSS and attempt to address each barrier or problem as it comes up. Some will require common sense to be resolved, while others may require discussion with hospital administrators. Record the issues raised by the participants on a flipchart.

EXPLAIN that these issues may be discussed again in the chapter on implementation, where the other cadres of providers will be present. Common issues that may arise include:

- If a patient is brought to the front of the queue, other patients may protest and become angry.
- Friends or relatives may ask for help to get to the front of the queue.
- Health workers may not agree with the participants' decision to bring a patient to be assessed for an emergency sign.

SUMMARY

Triage is sorting patients into priority groups based on their need.

All patients should be triaged. The main steps in triage are:

- Look for emergency signs.
- If you see a patient showing any emergency signs, call for help and/or bring patient to area where emergency care is available.
- Look for any priority signs.
- Place priority patients at the front of the queue.
- If patients do not have emergency or priority signs, they can wait in the queue.
- Move on to the next patient.

Triage should be carried out quickly. You will soon learn to observe several things at once. With practice, a complete triage takes less than 1 minute.

Chapter 4: Quick Check: Assess emergency signs

<p>Duration: 75 minutes</p> <p>Materials: -Quick Check: Emergency Signs Handout -Quick Check/Triage Video</p> <p>Wall charts: -Quick Check</p> <p>Preparation: -Set up for IMAI video on triage (if available) - Photocopy/cut cards for exercise 2 from Training Support Set for participants</p>	<p>Chapter Overview:</p> <ul style="list-style-type: none"> Understand how to recognise emergency signs in a patient and take action <p>Learning Objectives:</p> <ul style="list-style-type: none"> Define the ABCs of emergency signs How to perform the Quick Check for emergency signs Take action based on the presence of an emergency sign <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Content</th> <th style="text-align: left;">Methods</th> <th style="text-align: left;">Time</th> </tr> </thead> <tbody> <tr> <td>Present objectives of chapter 3</td> <td>Flip chart, overheads</td> <td>5 minutes</td> </tr> <tr> <td>Emergency signs: ABC</td> <td>Handout, Wall chart, demonstration, group discussion</td> <td>20 minutes</td> </tr> <tr> <td>Exercise 1: Quick check/ triage video</td> <td>Video demonstration (if available)</td> <td>5 minutes</td> </tr> <tr> <td>Exercise : ABC DRILL</td> <td>Group exercise</td> <td>10 minutes</td> </tr> <tr> <td>Emergency signs: Pain from life-threatening cause</td> <td>Handout, Wall chart, demonstration, group discussion</td> <td>10 minutes</td> </tr> <tr> <td>Exercise 3: ABC and Pain card sorts</td> <td>Group exercise, card sorts</td> <td>15 minutes</td> </tr> <tr> <td>Exercise 4: Assessment questions</td> <td>Group exercise</td> <td>10 minutes</td> </tr> </tbody> </table>	Content	Methods	Time	Present objectives of chapter 3	Flip chart, overheads	5 minutes	Emergency signs: ABC	Handout, Wall chart, demonstration, group discussion	20 minutes	Exercise 1: Quick check/ triage video	Video demonstration (if available)	5 minutes	Exercise : ABC DRILL	Group exercise	10 minutes	Emergency signs: Pain from life-threatening cause	Handout, Wall chart, demonstration, group discussion	10 minutes	Exercise 3: ABC and Pain card sorts	Group exercise, card sorts	15 minutes	Exercise 4: Assessment questions	Group exercise	10 minutes
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WRITE the learning objectives on the flipchart, explaining each objective as you write.

Emergency signs: The ABC concept

GIVE participants Quick Check: Emergency Signs handout.

REFER to Quick Check wall chart as you review the material below. Guide participants through the handout. Mention that their handout only contains the emergency signs found on the leftmost column of the Wall chart. Repeat that they are not responsible for knowing or giving any treatments.

EXPLAIN that the triage of patients involves looking for signs of serious illness or injury in order to allow sorting of patients into priority groups. During the Quick Check assessment, the emergency signs that should be checked are actually ABCCC, but are referred to as the ABCs. They include:

A B C
<ul style="list-style-type: none"> • Airway • Breathing • Circulation, Consciousness, Convulsions

Each letter refers to an emergency sign. **EXPLAIN** that if the patient has any of these “ABC” signs, the patient may be severely ill and they must call for help immediately so the patient can get the appropriate treatment.

If the patient has **any** of the **ABC signs**, it means the patient has an emergency “**E**” sign and **emergency treatment** should start **immediately**.

SHOW that on the Wall chart the emergency “E” signs are in the red boxes on the left. Point to the ABC signs in the Wall chart.

Using the Wall chart, **EXPLAIN** Airway and Breathing.

ASK participants what signs would make them think that a person is having trouble breathing?

As the facilitator, try to **DEMONSTRATE** the answers that participants provide. Here are some possible answers (show these answers on the Wall chart):

- Patient cannot speak in sentences or is having problems speaking at all (severe respiratory distress).
- Patient is hunched over while trying to catch his/her breath (severe respiratory distress).
- Patient has rapid or laboured breathing (severe respiratory distress).
- Patient is wheezing or has noisy breathing (appears obstructed).
- Patient’s lips look blue (central cyanosis).
- Patient has hands around his/her throat as if choking (show picture of choking sign-appears obstructed).
- Patient is unconscious.

Using the Wall chart, **EXPLAIN** Circulation.

ASK participants what signs would make them think that a person is having troubles with their blood circulation?

As the facilitator, try to **DEMONSTRATE** the answers that participants provide. Here are some possible answers:

- Patient is bleeding heavily from any site or has major trauma.
- Patient is very pale or has cold extremities.
- Patient is unable to stand, lethargic or is unconscious.
- Patient has a weak or very fast pulse.

DISCUSS how to assess for weak or fast pulse. **ASK** participants for a volunteer and **DEMONSTRATE** how to check pulse. Tell participants to check their own pulses after you demonstrate.

EXPLAIN that participants will practice this skill on each other in their skill stations.

- A patient who is not in shock should have an easily palpable pulse.
 - Show participants where to check for a radial pulse.
 - They may use their own and each other's pulse as a "normal".
 - You may mention that a normal pulse rate is between 60-100 beats per minute, *but explain that they do not need to count the pulse.*
 - Participants should try to determine if their pulse is strong or weak and fast or normal.
- **EMPHASIZE** that they should not spend a long time trying to find the pulse.
- If the pulse is not strong (readily palpable) and is fast, **TELL** them to assume the patient has an emergency sign of circulation and call for help.

DISCUSS how to assess for capillary refill. **ASK** participants for a volunteer and **DEMONSTRATE** how to check capillary refill. Tell participants to check their own capillary refill after you demonstrate.

EXPLAIN that participants will practice this skill on each other in their skill stations.

- Explain that prolonged capillary refill is a sign of shock or severe illness.
- Describe how to check capillary refill:
 - Grasp the patient's thumb or big toe between your finger and thumb.
 - Apply minimal pressure for 3 seconds to produce blanching (a change in colour from pink to white) of the nail bed and then release.
 - Time the capillary refill from the moment of release until total return of the pink colour.
 - If the refill time is longer than 3 seconds, the patient may have a circulation problem related to shock.
- Explain that prolonged capillary refill occurs because there is inadequate blood flow to the extremities, and can be a sign of shock or severe illness.
- If capillary refill is prolonged, tell them to assume the patient has an emergency sign of circulation and call for help.

Using the Wall chart, **EXPLAIN Consciousness/Convulsions.**

ASK participants what signs would make them think that a person is having trouble with their consciousness or experiencing convulsions? As the facilitator, try to **DEMONSTRATE** the answers that participants provide. Here are some possible answers:

- Patient has a problem staying awake or is very lethargic.
- Patient is unconscious or unresponsive.
- Patient is not talking
- Patient is has convulsions (arms and legs are shaking), also called seizures. Some family members may describe them as "fits."

EXERCISE 1: Quick Check/Triage video (5 MIN)

1. If available, show examples of emergency ABC signs in a video demonstration.
2. Pause the video after ABC and move on to the next section on pain from life-threatening cause.

EXERCISE 2: ABC Drill (10 MIN)

1. First go around the room and say a letter. Have participants say what sign it is.
2. For example, say “A” aloud and participant should say, “Airway.” Keep going around the room until answers all the ABCCC letters.
3. Now go around the room and say the letter, but have participant say aloud what emergency sign would fit the category.
4. For example, say “A” aloud and participant should say, “Appears obstructed,” or “central cyanosis,” or “severe respiratory distress.”
5. Keep going until every participant is comfortable with all the emergency signs.

Emergency signs: Pain from life-threatening cause

Now **SHOW** participants the pain section from life-threatening cause on the Wall chart. **EXPLAIN** that these are additional signs that may indicate that a patient is severely ill, but may be more difficult to check. It may be more difficult for them to identify pain from a life-threatening cause, but if someone appears to be in severe pain, it is better to ask for help than let them wait in the queue.

ASK participants what signs would make them think that a person is having problems with severe pain from a life-threatening cause? As the facilitator, try to **DEMONSTRATE** the answers that participants provide. Here are some possible answers:

- Patient is unable to stand or walk.
- Patient is sweating.
- Patient is hunched over in an abnormal position due to pain.
- Patient is either moaning or very silent.
- Patient is complaining of severe abdominal pain and looks very ill (**EXPLAIN** that this patient may need surgery).
- Patient is complaining of severe headache and looks very ill (**EXPLAIN** that this patient may have a severe infection of the protective covering around the brain).
- Patient is complaining of severe chest pain and looks very ill (may be clutching chest; **EXPLAIN** that this patient might be having a heart attack).
- Patient appears to be severely burned.
- Patient is complaining of snake-bite.

RESTART Quick Check/Triage video (if available) to demonstrate signs of pain from life-threatening cause.

EXERCISE 3: ABC and Pain Card Sorts (see Training tools package/Reusable folder)

1. Divide participants into groups of 2 to 3.
2. Give each group a stack of cards that has a picture of an emergency sign.
3. Have one person in the group demonstrate the card.
4. The other group members should then try to guess if the emergency sign is an A, B, or C.

REMIND participants that the Quick Check assessment can also be used detect patients whose clinical condition deteriorates in the hospital ward, elsewhere in the hospital, or outpatient department.

EXERCISE 4: Assessment questions on triage and emergency signs

ASK the participants the following assessment questions:

1. Define triage.	Sorting of patients into priority groups based on need and resources available.
2. When and where should triage take place?	<ul style="list-style-type: none">• As soon as patient arrives at the hospital.• Can occur in other locations such as in the outpatient queue, in the emergency room, or in a ward if directly admitted.
3. Who should be able to recognise emergency signs in the hospital?	<ul style="list-style-type: none">• All clinical staff.• Gatemen, record clerks, cleaners, janitors, or others who are part of the hospital team.
4. What actions should auxiliary staff take if they recognise a patient with emergency signs?	Call for help or take patient to emergency area.
5. What action should be taken for a patient with neither emergency nor priority signs?	Have them wait their turn in the queue.
6. What is EPQ?	<ul style="list-style-type: none">• Emergency• Priority• Queue
7. What are the ABCs of emergency signs?	<ul style="list-style-type: none">• Airway• Breathing• Circulation• Consciousness• Convulsion
8. You see a patient waiting in line and he does not look well. His breathing seems ok. What should you do next?	Check his pulse and capillary refill.
9. You determine that the same patient's pulse is fast and weak. You also check his capillary refill and find that is delayed. What should you do now?	Call for help or bring patient to emergency area.

Chapter 5: Quick Check: Assess priority signs

Duration:
45 minutes

Materials:
-Quick Check:
Priority Signs
Handout
-Quick Check Wall
chart

Wall charts:
-Quick Check

Chapter Overview:

- Understand how to recognise priority signs in patients and be able to triage them appropriately.

Learning Objectives:

- Recognise priority signs
- Take steps to triage patients with priority signs
- Identify what to do if patients do not have emergency or priority signs

Content	Methods	Time
Present objectives of chapter 4	Flip chart, overheads	5 minutes
Priority signs	Handout, Wall chart, demonstration	25 minutes
Exercise 1: Triage drill #2	Group exercise, card sorts	10 minutes
Exercise 2: Quick Check video	Video	5 minutes

WRITE the learning objectives on the flipchart, explaining each objective as you write.

Priority signs

Other than the group of emergency signs described above, there are priority signs which should alert you to a patient who needs urgent, but not emergency, treatment.

PROVIDE participants with the Quick Check: Priority Signs handout.

REFER participants to the Quick Check Wall chart.

Go through priority signs and **EXPLAIN** and **DEMONSTRATE** each of these signs (if possible).

EXPLAIN that if these signs are reported during the triage process, the patients should be helped to the front of the queue. They should not be allowed to wait.

EXERCISE 1: Triage Drill #2(10 MIN)

ASK the participants: If the patients listed below were in a queue, how should they be triaged?
(Can use EPQ cards for this drill – see Training tools package/Reusable folder)

1. Patient who appears blue and is breathing very fast.	Emergency
2. Patient who fell from a ladder and now is complaining of severe leg pain and appears to have a visible leg swelling or deformity.	Priority
3. Patient who has a history of asthma and is having difficulty breathing, but is able to speak in full sentences and does not appear to have severe breathing difficulty.	Priority
4. Patient who reports 2 days of diarrhoea and appears very weak.	Priority
5. Patient with a rash for 2 weeks	Queue
6. Patient who is unconscious and brought in by family.	Emergency
7. Patient who is complaining of severe chest pain and is holding chest and sweating.	Emergency
8. Patient who appears to have difficulty breathing and unable to talk in sentences.	Emergency
9. Patient who is a Priority patient now starts moaning and becomes unconscious.	Emergency
10. Patient who is agitated and was brought to the hospital because he was behaving violently at home.	Priority
11. Patient who is convulsing	Emergency

EXERCISE 2: Quick Check/Triage video (5 minutes) – If available, show examples of priority signs in a video demonstration.

Chapter 6: IMCI: Emergency Triage Assessment and Treatment (ETAT) ¹

<p>Duration: 45 minutes</p> <p>Materials: -IMCI ETAT Handout</p> <p>Wall charts: -ETAT (if available)</p>	<p>Chapter Overview:</p> <ul style="list-style-type: none"> Understand how to recognise emergency signs in children and be able to triage them appropriately. <p>Learning Objectives:</p> <ul style="list-style-type: none"> Recognise emergency signs in children Take steps to triage children with priority signs Identify what to do if patients do not have emergency or priority signs <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Content</th> <th style="text-align: left;">Methods</th> <th style="text-align: left;">Time</th> </tr> </thead> <tbody> <tr> <td>Present objectives of chapter 6</td> <td>Flip chart, overheads</td> <td>5 minutes</td> </tr> <tr> <td>Emergency signs</td> <td>Handout, Wall chart, demonstration</td> <td>25 minutes</td> </tr> <tr> <td>Exercise 1: Triage drill #2</td> <td>Group exercise, card sorts</td> <td>10 minutes</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Content	Methods	Time	Present objectives of chapter 6	Flip chart, overheads	5 minutes	Emergency signs	Handout, Wall chart, demonstration	25 minutes	Exercise 1: Triage drill #2	Group exercise, card sorts	10 minutes			
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Present objectives of chapter 6	Flip chart, overheads	5 minutes														
Emergency signs	Handout, Wall chart, demonstration	25 minutes														
Exercise 1: Triage drill #2	Group exercise, card sorts	10 minutes														

Chapter 6 is a basic introduction to IMCI ETAT (DRAFT ONLY-needs WHO review)

EXPLAIN that children also need triage. The process for triage is very similar to that for adults. Children often need more urgent intervention for emergency than adults. They should be urgently identified through screening.

ASK:

WHO SHOULD TRIAGE CHILDREN? (ANSWER-Same as in adults)

- All clinical staff** involved in the care of sick patients should be prepared to carry out rapid assessment in order to identify the few who are severely ill and require emergency treatment.
- Auxiliary staff that have early patient contact such as gatemen, record clerks, cleaners,** should be trained to assess for emergency and priority signs. When emergency signs are recognized, they should immediately call for help and/or take the patient to where they can receive emergency care. If there is a priority sign, they should be taken to the front of the queue to the triage nurse.

READ the ETAT for children in the Quick Check+ handouts.

¹ http://www.who.int/maternal_child_adolescent/documents/9241546875/en/

DISCUSS the ABCD concept and differences with adults.

Airway

Breathing

Circulation

Coma/ **C**onvulsion

Dehydration (severe)

NOTE that children are more prone to foreign body aspiration and malnutrition than adults are.

AIRWAY/BREATHING

To assess if the child has airway or breathing problems you need to know:

- Is the airway obstructed?
- Is the child blue (centrally cyanosed)?
- Does the child have severe respiratory distress

Look, listen and feel for air movement. EXPLAIN:

- Obstructed breathing can be due to blockage by the tongue, a foreign body or a swelling around the upper airway.
- Ask yourself if the child is breathing. Do his/her lips appear blue (sign of central cyanosis)?
- Ask yourself if the child has signs of severe respiratory distress. Is the child having trouble getting breath so that it is difficult to talk, eat or breastfeed? Is he breathing very fast and getting tired, does he have severe chest indrawing or is he using auxiliary respiratory muscles?

CIRCULATION

- To assess if the child has airway or breathing problems you should ask: Does the child have warm hands?
- If not, is the capillary refill time longer than 3 seconds?
- And is the pulse weak and fast?

NOTE: In the older child the radial pulse may be used; however, in the infant, the brachial or femoral pulses may need to be felt.

NOTE: In children with circulation signs, it is important to check for severe malnutrition. **ASK,** what are signs of severe malnutrition?

ANSWER: visible severe wasting (child who looks as if all skin and bones), oedema (swelling) of both feet

COMA/ CONVULSION

To assess for coma you need to know:

A rapid assessment of conscious level can be made by assigning the patient to one of the AVPU categories as in adolescents and adults:

A Alert

V responds to Voice

P responds to Pain

U Unresponsive

A child who is not alert but responds to voice is lethargic. If the assessment shows that the child does not respond to voice and only responds to pain (with targeted or untargeted movements), or does not respond at all, the level is at “P” or “U”. We then refer to that child as having coma and the child needs to be treated accordingly.

CONVULSION

To assess for convulsions you need to know:

- Are they convulsing now?

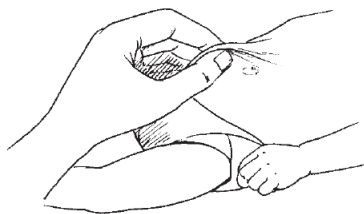
DEHYDRATION

To assess for dehydration you need to know:

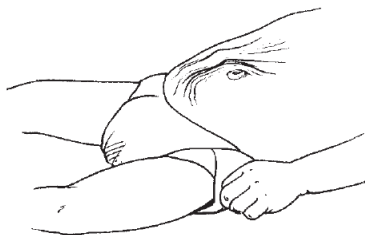
- If the child is lethargic or unconscious
- If the child has sunken eyes
- If the skin pinch goes back very slowly



Sunken eyes



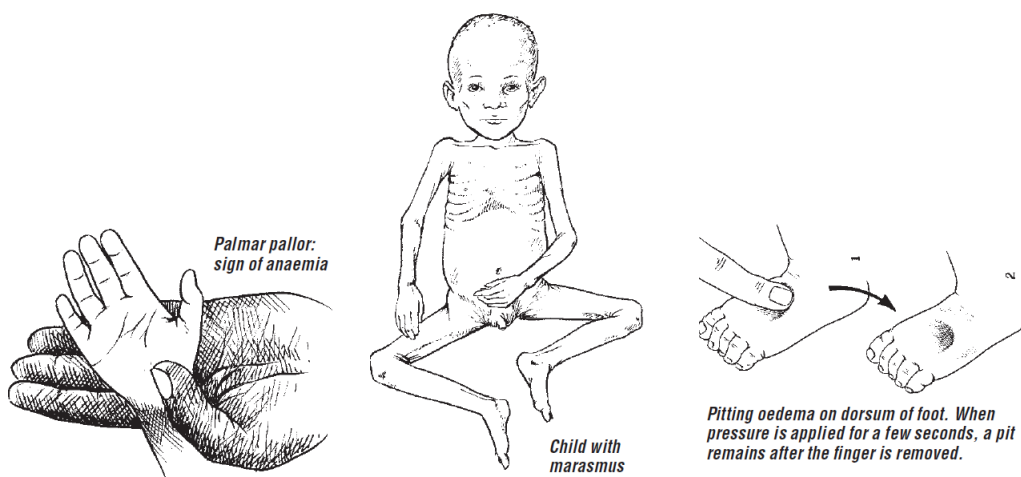
Pinching the child's abdomen to test for decreased skin turgor



Slow return of skin pinch in severe dehydration

DISCUSS Priority signs in children. The mnemonic that can be remembered is: 3TPR MOB.

- **T**iny infant: sick child < 2 months
- **T**emperature: child very hot
- **T**rauma or other surgical condition
- **P**allor (severe)
- **P**oisoning (history of)
- **P**ain (severe)
- **R**espiratory distress
- **R**estless: continuously irritable or lethargic
- **R**eferral (urgent)
- **M**alnutrition: visible severe wasting
- **O**edema of both feet
- **B**urns (major)



NOTE: These children need prompt assessment to determine what further treatment is needed as they could decompensate quickly into an emergency sign. Children with priority signs should be moved to the front of the queue to be assessed next.

Use the IMCI photobooklet to practice identification of severe anaemia.

Do the following **Exercise: IMCI ETAT**

Triage the following children using the EPQ cards.

1. 2 year old boy who has diarrhoea, is lethargic and has a slow skin pinch.	Emergency-call for help
2. 1 year old girl with severe pallor.	Priority
3. 6 month old girl with fever.	Priority

4. 1 year-old girl who was sick at home with fever and started convulsing in OPD.	Emergency
5. 3 year old boy with blue lips and not breathing well.	Emergency
6. 6 year-old boy who is unresponsive.	Emergency
7. 4 year-old girl with cold hands and weak fast pulse.	Emergency
8. 5 year-old boy whose hands are cold and has delayed capillary refill (over 3 seconds) and signs of severe wasting.	Emergency
9. 2 year-old boy whose mother says that he some of her medicine tablets at home. He looks fine.	Priority
10. 2 year-old girl who was eating hard candy and now coughing and with difficult breathing.	Emergency
11. 6 year-old who has a cough.	Non-urgent
12. 5 mo old who is very irritable and crying.	Priority

Chapter 7:

Guide to practical sessions for auxiliary personnel

Learning objectives

- To use infection prevention and control measures in all patient care
- To perform the Quick Check.
- To triage patients as emergency, priority or non-urgent.
- To know what steps to take if patient displays emergency or priority signs.

INTRODUCTION TO THE PRACTICAL SESSIONS

The practical sessions allow participants to practice skills learned in the classroom in a “hands on” setting and reinforce key concepts of the training. They provide an opportunity for participants to practice and develop their skills in a friendly learning environment, before returning to clinical practice where they will need to use these concepts and skills to manage real patients.

Responsibilities of the practical session facilitator

The practical session facilitator should be someone local who works in coordination with the course director to gather, arrange, and set up the materials and equipment needed for the practical sessions. Depending on the number of facilitators available, number of participants, and logistics of the hospital visit the practical session facilitator may be only responsible for the skill stations and EPT cases within the class schedule, or may be a local clinician involved in setting up the hospital visits. Your course director will determine prior to the start of the course how the responsibilities will be divided. Materials for skill stations should be prepared prior to start of the course and be ready daily for the skill stations.

Design of practical sessions

Practical sessions for the clinical and auxiliary staff training courses include hands-on problem solving using:

- 1) Skill stations linked to Expert patient-trainer (EPT) case scenarios
- 2) Hospital visits

The hospital visit provides an opportunity for the participants to practice triaging real patients in a supervised setting using the skills learned in the classroom. The on-site mentoring, which should start after the completion of the course, will allow further supervision / support for participants to continue to develop skills learned in this course.

In the managers’ course, the participants will use the hospital visit to critically look at the flow of patients from triage to the emergency and inpatient wards. The goals are to identify problems or gaps in patient flow, supply management, and strategies for re-organization and budget planning.

During all practice sessions, all facilitators are encouraged to identify any participants, who show leadership skills, and aptitude in teaching / encouraging

other participants, as they may be encouraged to develop their facilitating on a future course.

Scheduling

Practical sessions need to be scheduled on a daily basis so that each group has the time to work separately. Each group's rotation from station to station needs to be planned prior to the start of the course.

The practical session room

Assign a room (or area) for combined skills / EPT case scenarios.

- The participants should be divided into small groups for practical sessions.
- ***You can chose to either have the equipment and EPT's set up at specific stations and have the participants rotate to the different areas, or alternatively the EPT's can rotate and bring the necessary equipment with them to the group.***

What are EPTs?

Expert patient-trainers (EPT) are people trained to portray real patients through clinical case scenarios. They help train health workers. Although not essential for this course, EPTs can help participants practice emergency skills learned in the classroom. Prior to the start of the course EPTs should be selected and trained to role-play the clinical cases. In other IMAI courses, EPTs have been PLHIV who portray patients in case scenarios relating to HIV. In this course, they can be real patients or people from the community who have been trained to role-play emergency encounters. They should also be trained to assess participants based on case-specific checklists and provide constructive feedback in a sensitive, objective manner.

The EPT is responsible for simulating each case scenario with its specific problem, history, and exam findings. During practical sessions, the participants will work with the EPTs on specific cases that are designed to help participants recognize problems and practice appropriate management. The facilitator will moderate the cases. After each case is completed, the EPT or facilitator provides positive feedback to the participant and steps for improvement.

How to incorporate the EPT cases into the skill stations

The EPT cases can be used to demonstrate and practice using equipment and practical skills, in a simulated case based environment. With each skill station, the accompanying EPT cases are listed.

- First, introduce the skill station and explain what skills will be practiced.
- Next, demonstrate the equipment or skill, and in applicable give the participants and opportunity to practice.
- Finally, use the EPT cases to reinforce and practice the skills that have been learned.

You may not have time for all of the EPT cases listed. Extra cases are provided if the facilitator identifies certain areas that require additional practice. These additional cases can be practiced during breaks, and between sessions. As a facilitator, you should be

familiar with the cases prior to the start of the course, so that you can be flexible and use the cases that will provide the greatest benefit for your students.

A practical session facilitator should:

- prior to the case scenario portion of the practical sessions, give participants instructions on how to practice their skills in these cases.
- Keep cases quick, no more than 5 minutes per case including feedback.
- Mark off on the critical action list when the participant completes a critical action.
- Help guide the participant with questions if they are having difficulty completing a task. Ask other people in the group to help with suggestions. For example, you may say, “What are you looking for when you look at the patient?” or “What first-line emergency treatments would you give to the patient?”
- Explain to participants that they should use the skill stations as an opportunity to practice what they have learned. Remind them that this is not a test but an exercise and opportunity to improve their skills. The feedback given by the facilitators is meant to be non-judgemental and should be taken in a positive manner. The skill stations should be used to improve learning. If a participant is unable to successfully perform a skill, the facilitator should provide further guidance on how to improve and then have the participant try again. The participant should repeat the skill as often as needed until the skill can be performed competently. The facilitator can also have the participant observe another participant performing the skill, and then have the participant reattempt the skill.

Explaining EPT case scenarios to the participants

Explain that participants will work with expert patient-trainers (EPTs), people who have been trained to role-play clinical cases with them. If EPTs are not available, facilitators will play this role. At the end of the role-play participants will be given feedback. Inform the participants that feedback facilitates learning; they should not be concerned if they do not know the correct answers right away. Tell them that you know they have clinical experience and they should rely on that experience in addition to what they have learned in class. By the second day they will have a better idea of how the practical sessions work.

Emergency cases can be stressful for the health worker because they need to identify the problem and act quickly. Practicing these scenarios in a simulated encounter reduces the element of stress and allows the health worker to focus on providing the appropriate response. **Please remind participants EPTs are actors, and to respect them in their examination!**

Demonstrate one of the cases yourself so that participants understand what is expected. Give the participant a card with the case scenario. The EPT will act out the case scenario. Case scenarios should follow material learned in the classroom. For example, the first day case scenarios will focus on triage, airway and breathing. The scenarios should be repeated until the material is mastered. Given time limitations, each participant will not be able to practice every case. However, they should be able to observe the other participants during their cases. You assign participants to groups of 2 so there is a primary participant and an assistant. Each day, aims to reinforce the skills learnt earlier on the course.

How to do the EPT cases

- Evaluate the patient for Quick Check emergency signs of airway and breathing as though you are seeing the patient for the first time. Give first-line emergency treatments

for airway and breathing.

- Say aloud everything you are thinking and doing. For example say, “I am now assessing the airway and breathing. I am looking for obstruction, cyanosis, and severe respiratory distress.” Your facilitator will not know if you have done something if you do not say it aloud.
- Ask for any information that you need. Information will not be given unless you ask for it.
- You will be expected to assess and recognize any Quick Check emergency signs. You will then be expected to manage these signs through triage. Your facilitator will tell you when the exercise is complete. When the exercise is complete you will review the exercise.
-

Instructions for EPTs

- Explain to the EPTs the importance of the Quick Check and this IMAI course.
- Explain their role in simulating case scenarios for the training of health workers, give them the setting, the background to the scenario.
-

Give the following instructions to the EPTs:

- In these exercises, the course participants will practice what they have learned in the Quick Check. The Quick Check is a tool that will help participants identify emergency problems and manage them.
- Each set of cases will focus on one part of the Quick Check (problems with airway such as choking and breathing problems, circulation problems, or problems with consciousness or seizures). The case will end after the emergency treatments for that specific section have been completed.
- As the Expert Patient-Trainer, your job is to help teach the participants these skills. At the start of the role-play, give the participants a card with a case scenario. Each participant will be asked to figure out the problem that you are role-playing and use the Quick Check to determine if it is an emergency. The participant must then offer you the appropriate emergency treatment.
- As each participant goes through the exercise, either you or the facilitator will check off the critical tasks which the participant has completed. The critical tasks are the management actions required for first-line emergency treatments. If the participant does not complete a critical task, your role-play condition should worsen.
- Some participants may offer additional correct treatments. These are listed in the table as “urgent management” actions and are marked with an asterisk (*).
- After the exercise, the facilitator will review the critical task list with the participant and discuss what could be done differently.

- Practice the cases with the EPTs prior to the session. They should understand how the role-play will occur and how to provide feedback in a non-judgemental manner.
- Provide a demonstration of a case scenario in front of the group with another facilitator.

PLANNING FOR THE PRACTICAL SESSIONS

As part of the clinical team, the auxiliary staff must be able to recognize emergency signs and call the senior nurse for help. The ability to effectively triage patients is an important skill. Trained personnel to identify patients in need of emergency care can benefit the functioning of the district hospital and overall patient care. The practical sessions will help participants practice these essential skills.

During the daily sessions participants learn skills by performing infection control exercises, working with individual expert patient-trainers (EPTs), role-playing case scenarios, and participating in card sort exercises designed to reinforce material taught in the classroom. Hospital visits provide experience of triaging real patients in a supervised setting (see Table 1 for a summary of practical sessions).

Refer to the information in the prior section regarding scheduling, how to set up the room, and use of EPT's.

Skill stations

The objectives, materials and content of each practical skill station, as well as the card sorting exercises, are described below, organized by day and module.

The information presented is intended to provide helpful suggestions and structure for each practical session, but should not limit a creative teacher. The purpose of the practical sessions is to give information and practice by showing and doing.

Concepts learned in the classroom can be reinforced through card sort exercises.

Table 2: Materials needed for the practical sessions

Prior to the start of the course (or skill station day if equipment is limited) gather all necessary materials for the practical skill sessions.

For skill stations:

EQUIPMENT

- Alcohol-based hand rub
- Disposable gloves
- Gowns
- Facial protection
- Sharps container
- Ball of string
- Scissors
- 1 metre stick or measuring tape or string pre-cut to 1 metre
- Medical masks
- Laminated cards for card sorts (available in **Training Support Set** folder)
- Copies of EPT cases for EPTs (if EPTs available) and participants (available in **Training Support Set** folder)
- Flip chart/ white board and markers
- Wall charts: Quick Check (available in **Training Support Set** folder); IC hand wash poster (if available)

Table 3: Day-by-day summary of practical sessions:

Day-by-day summary of practical skills sessions:

DAY 1: Infection control

- Hand washing
- Source control
- PPE- gloves/masks
- Prevention of needle stick and sharps injury

DAY 2: Quick Check: Assess emergency signs

- Assess capillary refill
- Check pulse
- Triage card sorts
- EPT cases
- Hospital visit-OPD/triage

Day3: Disease Surveillance and case reporting and continue Quick Check: Assess priority signs

- Respiratory hygiene
- Enhanced PPE
- Hospital visit-OPD/Triage/Inpatient

Day 4: IMCI/ETAT

- EPT cases
- Hospital visit-Paediatric/OPD/Triage/Inpatient

Day 5: Implementation (in clinical teams)

DAY 1: Infection control

A. Hand washing (10 minutes)

The importance of hand hygiene for infection control will be discussed and participants will practice hand washing.

Materials needed

- Alcohol-based hand rub
- Handwashing poster if available

Set up

- Place enough hand rub for group on table.

Procedure

- **Ask:** When is hand washing needed?
 - **ANSWER: For all patient care.**
- **Ask:** List some indications for hand washing.
 - **ANSWER: Before/after direct patient contact and between patients (even if gloves are worn), after gloves are removed**
- Explain that hand washing with soap and water should take 40-60 sec. For the hand rubbing with alcohol-based solution, washing should take 20-30 sec.
- Demonstrate the proper hand washing technique (see IC Section 6-4 in DCM) and have participants practice.

B. Source control (10 minutes)

The importance of source control for infection control will be discussed and participants will practice skills through problem solving exercises.

Materials needed

- Flip chart/ white board and markers
- Ball of string
- Scissors
- 1 metre stick, measuring tape or piece of string pre-cut to 1 metre

Set up

- Set up flip chart/ white board for group to see.
- Place materials on table.

Procedure

- **Ask:** What is source control?
- **Write answers/pictures on flip chart**
 - **ANSWER: A means of reducing the transmission of infection when a patient with signs and symptoms of a respiratory infection coughs or sneezes.**
- **Ask:** What are examples of source control?
 - **ANSWER: Advise persons with symptoms to cover their mouth and nose when coughing or sneezing (can have pictures in waiting room or show them to sneeze or cough into elbows).**
 - **Use materials such as tissues or handkerchiefs to cover if coughing or sneezing (or cloth masks or medical masks if available) and dispose tissues in waste containers.**
 - **Place patient at least 1 metre away from other patients.**
- Explain that hand hygiene should be performed immediately after contact with respiratory secretions.
- Have participants estimate with ball of string what 1 metre is and cut string.
- Compare their string pieces to the 1 metre stick or pre-cut string..

C. Gloves and masks (10 minutes)

Participants practice wearing gloves and masks and learn what the indications are.

Materials needed

- Disposable gloves
- Medical masks

Set up

- Place materials on table.

Procedure

- Demonstrate to participants how to wear gloves and medical mask.
- **Ask:** When would you need to wear gloves?
 - **ANSWER: If they are at risk of being in contact with a patient who is bleeding or with other bodily fluids**
- Tell participants that they should be able to show a patient who may be showing signs and symptoms of a respiratory infection how to wear the medical mask. Also, if a healthcare worker has signs or symptoms of a respiratory infection and is unable to stay home from work, they should also wear a medical mask.

D. Assess capillary refill (10 minutes)

The importance of delayed capillary refill as an emergency sign of a circulation problem.

Procedure

- **Ask:** When is the capillary refill considered delayed?
 - **ANSWER: If longer than 3 seconds.**
- Demonstrate how to assess capillary refill.
- Have participants split up into pairs and practice on each other.
- Tell participants that they should use these skills during the hospital practical sessions.
- Encourage them to practice these skills often on as many normal people as they can. This will help them recognize an abnormal sign.

E. Check pulse (10 minutes)

The importance of fast or weak pulse as an emergency sign of circulation problem.

Procedure

- **Ask:** What type of pulse is considered an emergency sign?
 - **ANSWER: Weak or fast pulse**
- Demonstrate how to check pulse.
- Have participants split up into pairs and practice on each other.
- Tell participants that they should use these skills during the hospital practical sessions.
- Encourage them to practice these skills often on many normal people, so that they can recognize an abnormal sign.
- Participants should be able to perform the quick check assessment for circulation in just a few seconds, by looking at the patient, feeling for a pulse, and checking capillary refill.
- They do not need to count the pulse during the assessment.
- If the patient has a quick check emergency sign of circulation then the participants must call for help.

Summary of card sorts

DAY 2:

Triage

A. Triage card sort (15 minutes)

Materials: E, P, Q cards are available in **Training Tools Package/ Re-usable** folder.

Directions: For each sign ask participants to hold up appropriate card indicating the correct triage category (E, P, Q) and what steps they should take to help the patient.

(E)mergency—call for help/emergency area

(P)riority—front of queue

(Q)ueue (non-urgent)—remain in queue

1. Heavy bleeding	E
2. Severe headache and stiff neck	E
3. Itchy rash on arm	Q
4. Dislocated (out of place) shoulder	P
5. Severe problems with breathing	E
6. Bad car accident with severe trauma	E
7. Burn on hand	P
8. Snakebite	E
9. Lips look blue	E
10. Migraine headache	Q
11. Bite from sick dog	P
12. Bad burn from house fire	E
13. Choking	E
14. Bruises over face and arms	P
15. Left side arm weakness	P
16. Cough	Q
17. Recent fainting	P
18. Severe chest pain	E
19. Convulsing	E
20. Violent or agitated behaviour- hurting self	P
21. Unconscious	E
22. Severe abdominal pain, patient moaning	E
23. Diarrhoea < 5 per day	Q
24. Ear pain	Q
25. New peeling red rash in mouth	P

Day by day summary of auxiliary EPT case scenarios

Day 2: EPT Scenarios

Materials: Cases are available in **Appendix A.**

1. Triage-severe respiratory distress
2. Triage-unconscious
3. Triage-knee pain
4. Triage-chest pain
5. Triage-leg trauma

Day 3: EPT Scenarios

Materials: Cases are available in **Appendix A.**

6. Triage-choking
7. Triage-convulsion
8. Triage-GI bleeding
9. Triage-cough, some difficulty breathing
10. Triage-shock

HOSPITAL VISIT

Introduction

The hospital visit is a time for participants to practice triaging skills they have learned through the course on real patients in a supervised setting. During the hospital visits, allow participants to triage as many patients as time permits. As auxiliary staff generally does not provide medical care, ensure that any patient with emergency signs gets the care they need from the hospital staff. The auxiliary staff will start the hospital visit on day 2.

OPD/emergency ward/Inpatient/Paediatric

Introduction, Triage

Learning Objectives	<ol style="list-style-type: none"> 1. Introduce the hospital visit. 2. Perform Quick Check to recognize patients with emergency signs. 3. Triage patients according to emergency, priority and non-urgent signs.
Preparation	<ol style="list-style-type: none"> 1. Identify the ward clinician and nurse and obtain permission for visit. 2. Create a plan for when a patient demonstrates emergency signs (which ward clinician or nurse to contact).
Process	<ol style="list-style-type: none"> 1. Explain the purpose of the hospital visit to the participants. 2. Encourage participants to practice skills that they have learned in the classroom and to ask questions. They are here to learn. 3. Explain to participants that today they will work on triaging patients. 4. Obtain consent from the patients for their participation. 5. As adult patients arrive in the OPD or emergency room, assign them sequentially to participants after consent is obtained. 6. Demonstrate triage with first few patients. 7. Explain that the assigned participant quickly assesses the adult, talking through their findings. Other participants not assigned to a patient should watch the assessment. 8. Allow participants to practice the steps with as many adults as possible.

	<p>9. Observe each participant working with the assigned patient. Make sure the participant is performing the clinical skills correctly.</p> <p>10. Provide specific feedback and guidance as often as necessary. Remark on things that are done well and give additional guidance when improvement is needed.</p> <p>11. Intervene and make sure emergency treatments are given immediately. The clinical practice must not interfere with patient care.</p>
At the end of the session	Summarize the session with participants.

Appendix A

Auxiliary staff training course: Expert Patient Trainer (EPT) Case Scenarios

DAYS 2 & 3: Cases 1-10: Triage

Materials:

- Copies of cases (1 for each EPT/facilitator and enough to give feed back to each participant)
- Chairs/tables set up for clinical encounter

Set up:

- Print out copies of cases for group
- Fold copy of case and tape on table or have EPT hand folded copy to participant
- If time permits, demonstrate CASE 1 with facilitator and EPT or 2 facilitators

Directions for first day:

Participants should be expected to recognize whether the sign is an emergency, priority or non-urgent sign and tell EPT where to go for further management:

- if emergency sign, get immediate help
- if priority sign, front of queue
- if non-urgent sign, wait in queue.

Tell the participants to say aloud to the EPT if they have an emergency, priority or non-urgent sign.

These cases are quick, so should not take longer than 5 minutes per case, including feedback. Explain to participants that today they will practice with the EPTs and understand what they need to prepare for the following day.

Case 1: Triage

You are busy at work registering patients to see the triage nurse. The queue is long and people are not happy waiting, but you know your job is important. You look at the man standing near the end of the line. He is leaning forward and looks as if he is having some problems with his breathing.

Case questions:

- 1) What do you do?
- 2) What Quick Check sign does this man have?
- 3) What is your next step?

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Triage-Emergency Sign

You are a 67 year-old man who has been sick with cold-like symptoms for the past day (fever, cough, body aches, fatigue, and runny nose). You think that you may have picked it up from work. You work as a ticket seller at the local bus station. You came to hospital because you just cannot catch your breath.

Presentation:

- Appear ill: Coughing, runny nose (keep wiping your nose with a cloth and coughing)
- Breathe heavily and fast
- Show that you cannot speak in full sentences
- Hunch over, show that you are unable to lie down and are uncomfortable.

Critical actions:

Category	Critical action	Check if done
Do Quick Check	Recognize emergency sign-breathing	
Manage sign	Call for help or bring patient to emergency area	

Case 2: Triage

You are working in the outpatient department of the hospital. As you are leaving the waiting area, you notice that there is an elderly gentleman who is hunched over into the next chair with his eyes closed.

Case questions:

- 1) What do you do?
- 2) What Quick Check sign does this man have?
- 3) What is your next step?

-----FOLD HERE-----

Triage-Emergency

Use a chair for the prop. You are an 80 year-old man who was waiting to be seen at the outpatient department of the hospital because you have been feeling very sick, weak and confused. While sitting in the queue, you have become unconscious.

Presentation:

Crumpled over in chair unconscious

Answers to case questions:

You are presenting with unconsciousness which is an **Emergency sign – altered level of Consciousness**. Participant should know to *call for help or bring you to emergency area*.

Case 3: Triage

You are registering patients. A woman comes to you complaining of knee pain and that she really needs to be seen right away.

Case questions:

- 1) What do you do?
- 2) What Quick Check sign does this woman have?
- 3) What is your next step?

-----FOLD HERE-----

Triage-Non-Urgent

You are a 50 year-old woman who is waiting to be registered at the hospital. You have had knee pain for the past week, and it seems to be getting worse. Your knee is now swollen and aching. You work as a cleaner and have not been able to work due to this pain.

Presentation:

Limp as you walk, holding your right knee.
Appear as if you are in pain.

Answers to case questions:

You are presenting with knee pain, which is neither an emergency nor priority sign. Participant should know that it is a **Non-urgent sign** and have you *remain in the queue* until your turn comes for evaluation.

Case 4: Triage

You are taking the stairs in the hospital and notice a man sitting on the steps. He looks very ill.

Case questions:

- 1) What do you do?
- 2) What sign does this man have?
- 3) What is your next step?

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Triage-Emergency Sign

You are a 41 year-old business man who is visiting his sick mother in the hospital. You are under a lot of stress because of work and her sickness. While going up the stairs to see her, you start feeling an uncomfortable pressure in your chest. You sit down but the pressure is getting worse. If asked by participant, say that you have never experienced pain like this before.

Presentation:

Appear as if ill and sweating (look uncomfortable, wipe brow, breathe faster).

Hunch over as if in pain.

Clutch hand over chest in fist as if you have an elephant sitting on your chest.

Act as though you have some difficulty talking due to the pain.

Answers to case questions:

You are presenting with new onset chest pain which is an **Emergency sign – Pain from a life-threatening cause**. Participant should know *call for help or bring you to emergency area*.

Case 5: Triage

You are helping in the patient registration area and see a young man brought in by farm workers. His leg is bleeding heavily and appears crushed and dangling.

Case questions:

- 1) What do you do?
- 2) What sign does this man have?
- 3) What is your next step?

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Triage-Emergency Sign

You are a 26 year-old man who was working on the farm with heavy machinery. While working, you leaned over to catch something and fell off the tractor. Your leg got crushed under it, but some of the workers were able to get you out and bring you to the hospital. Your leg is painful and bleeding heavily. It also looks completely crushed.

Presentation:

Drag leg

Moan in pain, “cry”

Keep saying that it is bleeding so much and looks bad (or have someone paint “blood” with a red marker on it-roll up pants)

Also say that you feel dizzy

Answers to case questions:

You are presenting with trauma which is an **Emergency sign – Severe trauma**.

Participant should know to *call for help or bring you to emergency area*.

Case 6: Triage

You are walking through the hospital ward on your way to take a break for lunch. You see a woman sitting up in her bed having problems with her breathing and leaning forward.

Case questions:

- 1) What do you do?
- 2) What sign does this woman have?
- 3) What is your next step?

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Triage-Emergency Sign

You are a 50 year-old woman who is in the hospital after just having a surgery for your hip after an accident. You are resting in bed and unable to catch your breath. You sit up and lean forward because your breathing is becoming more difficult.

Presentation:

Sit and lean forward

Breathe quickly like you are having problems with your breathing

Only say 1-2 words between breaths

Answers to case questions:

You are presenting with severe respiratory distress which is an **Emergency sign – Airway and Breathing**. Participant should know to *call for help or bring you to emergency area*.

Case 7: Triage

You are working in the hospital and see a man fall to the ground and start shaking violently.

Case questions:

- 1) What do you do?
- 2) What sign does this man have?
- 3) What is your next step?

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Triage-Emergency Sign

You are in the hospital for seizure. While waiting for the district clinician to come, you start shaking uncontrollably.

Presentation:

Act as if you are losing consciousness and fall to the ground, start violently shaking arms/legs as if having a seizure

Act as if you are unable to talk

Answers to case questions:

You are presenting with convulsion which is an **Emergency sign – Convulsion**.

Participant should know to *call for help or bring you to emergency area*.

Case 8: Triage

You are registering patients in the hospital. This woman comes to you complaining of cough, fever and some difficulty breathing.

Case questions:

- 1) What do you do?
- 2) What sign does this woman have?
- 3) What is your next step?

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Triage-Priority Sign

You are a 57 year old woman who comes to the hospital for severe cough and fever. You also have been having some difficulty in your breathing.

Presentation:

Appear ill-coughing, weak, chills

Appear to have some problem with breathing (able to speak in sentences but breathing slightly more rapid)

Answers to case questions:

You are presenting with difficulty breathing. Note: You are not having severe respiratory distress. This is a **Priority sign – any respiratory distress** and participants should know that you should come to the *front of the queue* and be given priority.

Case 9: Triage

You are registering patients in the hospital. This man reports that he has had blood in his stools for the past few days. He looks tired.

Case questions:

- 1) What do you do?
- 2) What sign does this man have?
- 3) What is your next step?

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Triage-Priority sign that becomes Emergency

You are a 60 year-old man who has had bloody stools for the past few days. You feel weak.

Presentation:

Appear tired and weak

Have your hands on your abdomen as if somewhat uncomfortable

Answers to case questions:

You are presenting with GI bleeding knee pain which is a **Priority sign-GI bleeding** and participants should know that you should come to the *front of the queue* and be given priority.

If participant says that s/he will prioritise you in the queue. Say “thank you” weakly and suddenly collapse. Now ask him/her what they would do. The participant should know that you now have an **Emergency sign – altered level Consciousness** and should know to *call for help or bring you to emergency area*.

If participant does not have the right answer, EXPLAIN the correct answer and give them the collapsing scenario to see what they would do.

Case 10: Triage

You are working in the hospital and see an ill-looking elderly woman being carried in by her son. The son is frantic and asking for someone to help him. The waiting area is packed and no one notices him.

Case questions:

- 1) What do you do?
- 2) What sign does this man have?
- 3) What is your next step?

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Triage-Emergency Sign

You are a 72 year-old woman who is brought to the hospital by your family. They found you lying on the floor.

Presentation:

Appear ill, lethargic, confused, and not able to stay awake for long
Respond a bit if participant talks to you (moan, open eyes)
Appear unable to stand
Rapid breathing

Answers to case questions:

You are presenting with signs of shock which encompass ABC components of **Emergency signs – Circulation/altered level of Consciousness** (most apparent). Participants should know that it is an emergency and *call for help or bring you to emergency area.*