

Triage Management During Covid-19 in Emergency Department: A Phenomenology Approach Among Nurses in Medan

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Abstract

Introduction: Triage is an important link in treating critical patients, but during the COVID-19 pandemic, triage is not only to select and sort patients from emergency status, but to avoid a surge in patients from the limited hospital capacity and medical personnel. The experience of emergency room nurses is needed to formulate a nursing service strategy. The purpose of this study was to explore the experience of nurses in carrying out management of triage (client priority classification system based on the severity of the client's condition or the emergency that requires immediate action) in the Emergency Room (ER) during COVID-19 pandemic in Medan.

Methods: The type of research used in this studied was qualitative research with a phenomenological approach. Sampling used purposive sampling technique with the number of participants as many as 10 people. Data collection was done through in- depth interviews. The process of data analysis in this studied used Colaizzi's approach of content analysis.

Results: The results of the study found four main themes that describe the experience of nurses in carrying out triage management during the COVID-19 pandemic. The themes that emerged as a result of the research were: 1) Triage management during Covid pandemic, 2) Individual perceptions of infection/contagion Triage, 3) The burden of the triage nurses' during Covid pandemic, and 4) Nurses' gratitude.

Conclusion: The experience of nurses in conducting triage management during the COVID-19 pandemic was focused on initial screening, namely the assessment of acute respiratory infections (ARI), contact history and a history of indications for COVID-19. Then secondary triage was sorting patients based on emergency conditions. The use of personal protective equipment still did not meet the standards, the workload of nurses was high and there was gratitude by them for being at the forefront of handling COVID-19.

Keywords

COVID-19 pandemic; experience of nurses; triage

INTRODUCTION

During the pandemic crisis, health workers are professions who are at the

forefront and fight directly against COVID-19. Based on data from the Health Effects Death Index (HEDI) as of July 2020, the ratio of death to medical personnel and health workers

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compared to the total confirmed deaths of COVID-19 in Indonesia is one of the highest among other countries, which is 2.4%. This is due to the lack of protective equipment, the lack of good patient screening in health facilities, the fatigue of medical personnel due to the increasing number of COVID-19 patients and long working hours, as well as psychological pressure. These things make medical personnel very vulnerable to being infected with COVID-19. Unfavorable physical and mental conditions as a result of this can eventually cause health workers to fall ill and die. In fact, medical personnel are one of the spearheads of efforts to handle COVID-19 (PB IDI, 2020).

Since the outbreak COVID-19, the COVID-19 referral hospital in Medan City has received around 400 patients per day, including around 100 patients with fever. There were many patients in the emergency room, an emergency situation making triage difficult. In addition, intensive work had an adverse effect on the physical and mental health of nurses (GGTP, 2020). Ling Binfang et al. found that 43.04% of doctors and 57.28% of nurses showed posttraumatic stress syndrome after treating COVID-19 patients. It is interesting to note that nurses scored higher than doctors (Thompson, 2020).

The COVID-19 pandemic had made the situation of the emergency room crowded with patients with symptoms that lead to COVID-19. Many hospitals were overwhelmed to serve so many patients. Some of the patients even felt that they were not given immediate treatment. However, it should be noted that doctors and nurses were required to prioritize patients whose condition was most critical. This was a procedure for health workers because every emergency room adheres to a medical emergency triage system. (Disaster & Hibgabi, 2020).

Emergency ward nurses who are on the frontline are faced with a lot of pressure during triage. Triage is an important link in treating critical patients (Shavit et al., 2020). It is very important to isolate and treat suspected cases at an early stage. During the COVID-19 pandemic, the competence of emergency room nurses directly affects the accuracy of triage management. Emerging infectious diseases such as COVID-19 cause fear for health workers of

infectious infections, thus requiring high protection requirements, and the process is complicated.

Based on a research study conducted in Shenzhen China (Xu et al., 2021), emergency room nurses interviewed during the study stated that excessive workload during the COVID-19 pandemic caused physical stress and lack of efficiency of triage. Therefore, the nurses interviewed mentioned that hospital management should of the epidemic, and fully guarantee the human resources of triage nurses to ensure they get enough rest, then they hope that hospital managers support triage work posts. The experience of doing triage in the Emergency Room during a pandemic has the potential to cause long and short-term consequences for nurses, the environment and the nursing profession.

The experience of emergency room nurses is needed to formulate a nursing service strategy. The purpose of this study was to explore the experiences of nurses who triage in the Emergency Room during COVID-19 pandemic. This study can provide a basis for improving transmission prevention measures and can measure the ability of nurses to triage during COVID-19 pandemic.

MATERIALS AND METHODS

Type of research used in this studied was a qualitative research with a phenomenological approach. Sampling used purposive sampling technique with the number of informants as many as 10 people. Data collection was carried out in the Emergency Installation Room of Dr.Pirngadi Hospital, and Hermina Hospital Medan. Data collection was carried out through semi-structured interviews, carried out with an average time of 15-20 minutes. After the researcher got all the data from the 10 informants, the researcher conducted a FGD (Focus Group Discussion) whose purpose was to validate the data that had been obtained from the informants, as well as clarify each answer from the informants and they wrote down the new data obtained during the FGD on the complete transcript results. The inclusion criteria of participants was the implementing nurse in the ER at the Covid referral hospital, the head of the room, and the nurse on duty in the administration section at the Covid Referral Hospital.

The process of data analysis in this study used Colaizzi's *content analysis*. Research ethics considerations include *ethical clearance*, permission and recommendation from Sari Mutiara University of Indonesia and both hospitals, *informed consent* from participants, *anonymity trustworthiness, reliability and confidentiality*. This research has been approved by the Health Research Ethics Committee of the University of Muhammadiyah North Sumatera with the number 591/KEPK/FKUMSU/2021.

RESULTS

The results of the studied found four main themes that describe the experience of nurses in triage management during the COVID-19 pandemic. Demographic data from each participant in this study were 10 people with a respondent's age range of 25-47 years, and work experience of 2-16 years. The themes that emerged as a result of the study was: 1) Triage management during the Covid pandemic, 2) Individual perceptions of infection/contagion triage, 3) The burden of the triage nurses' during the Covid pandemic, and 4) Nurses' gratitude, described as figure 1.

Data found based on the results of interviews were that participants revealed that, since the COVID-19 pandemic, the hospital has modified triage by adding a COVID-19 screening sheet which aims to separate the services to be provided. Prior to triage, patients who came were screened first. The use of the EWS *Screening COVID-19* applied is almost the same as the use of the EWS that has been carried out in health services. *The Early Warning Score (EWS)* here is used as a screening for whether a patient has a high probability of COVID-19.

Primary triage was conducted to sort patients based on history and complaints related to acute respiratory infection (ARI). Patients who came to the emergency room were assessed for acute respiratory infection complaints and travel history or history of physical contact with confirmed patients, then, if there were acute respiratory infection complaints and contact/travel history, the patient was asked to be willing to be isolated in the emergency room. Then, secondary triage was carried out to sort out patients based on emergency conditions.

The use of protective equipment still does not meet the standards, such as the stock of KN-95 masks is still very limited, so the masks must be sterilized to be used repeatedly, but some participants said that the protective equipment had met the standards.

The following are participant statements, namely:

"Patients came for screening, checked saturation temperature, if the patient complains of breathing, the screening officer directs to the Covid, er and if level 1 and 2 patients were placed in a resuscitation bed" [p1, p4, p9, p10].

"Each patient was admitted, vital signs had been checked and history taken, and if level 1 or 2, patients were placed in the resuscitation and emergency beds, but if they were not emergency, they were in the action bed" [p2, p5, p6].

Data found based on the results of the interview are that the participants revealed that we should not be trivial with COVID-19, not allow it to be transmitted through the air, thus accelerating the process of transmission to others. In fact, every patient who came to the emergency room was found with symptoms of fever, flu and cough, and, based on the results of the examination, there were an average of 35 patients per day who were infected with Covid in the last two weeks. The number of cases makes them very worried about being infected with the virus at work, and afraid of transmitting it to others, even some of them have been infected (Figure 2).

Participants revealed that the use of PPE such as hazmat greatly affected the efficiency of work/activity and resulted in easy fatigue. Participants said the use of PPE was very uncomfortable, but in order to increase a sense of security, PPE must be used according to procedures.

Fear of infection makes them have to take precautions so they don't get infected with COVID-19 or pass it on to others. The forms of prevention carried out by nurses were: after returning from duty, they immediately took a shower and changed clothes after arriving home, then some of them said that after returning home the night shift took the time to sunbathe and exercise at home, and were even willing to rent a house outside for months to avoid contact with elderly parents.

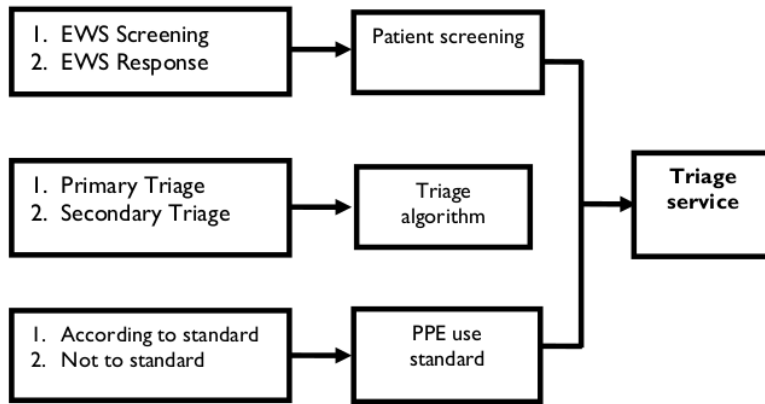


Figure 1. Triage management during the Covid-19 pandemic

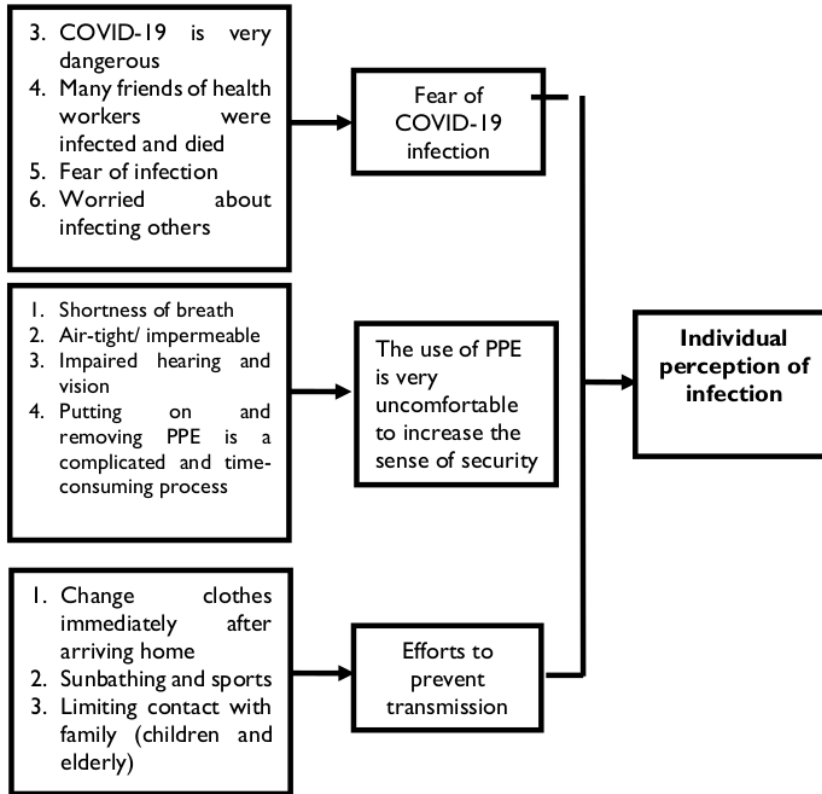


Figure 2. Individual Perception of Infection

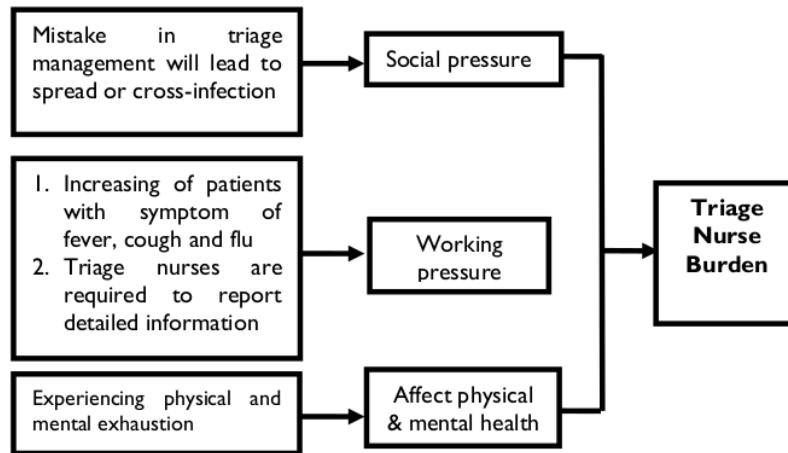


Figure 3. The Burden of the Triage Nurse during Covid-19 Pandemic

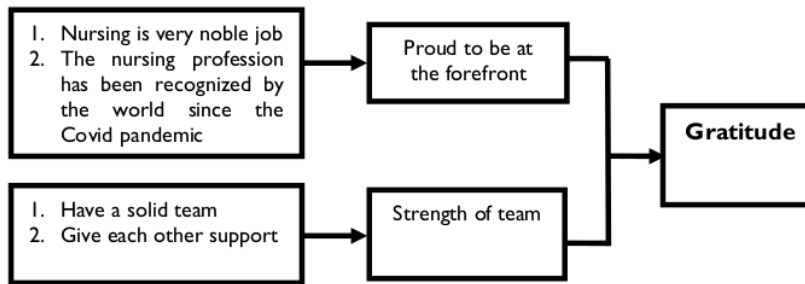


Figure 4. Nurses' Gratitude

The following are participant statements, namely:

"We must be aware of the COVID-19 virus; this virus was very dangerous because it was transmitted through droplets, thus facilitating the transmission process to other people, so we must not ignore the process"[p3, p5, p9].

"It should not be trivial; many people had been infected with the COVID-19 virus; the many Covid patients being treated in hospitals made us as health workers afraid of getting infected, even many of our friends where we worked had been infected"[p1, p4, p8].

"When I took care of patients with fever and coughed every day, I became paralyzed, felt worried and afraid of being infected"[p6].

"I was a person who had been infected, so this COVID-19 was really very dangerous, even after I tested positive, I was under tremendous stress; I was very worried, afraid that I would pass it on to family members and other people" [p2, p7, p10].

Data found based on the results of the interview were s that the participants revealed that, during the COVID-19 pandemic, all sectors in society paid high attention to patient care. Triage emergency was under the watchful eye of many, and the pressure on nurses is high. Nurses are concerned that errors in management of triage will lead to the spread of epidemics or cross-infection. Then, during the COVID-19 pandemic, the number of fever patients in the ER increased significantly. Triage nurses are required to report detailed patient information, resulting in a high workload for nurses. Some participants revealed that they were very tired, the large number of cases made them anxious and they even experienced work stress (Figure 3).

The following are participant statements, namely:

"I was worried that I would be blamed by the head of the room if I made a mistake in triage management" [p5].

"If you made a mistake in triage management, the impact was that it could lead to cross-infection" [p2, p8, p10].

"Anyway, since this pandemic, we were very tired, the number of patients with complaints of fever and cough was booming and requires us to report detailed patient information" [p3, p7].

"If the epidemiological history was not asked in detail, I was afraid it may lead to errors in triage" [p4].

"If you said you were tired, actually you were not only physically tired, but mentally tired too" [p6].

"Once in the past two weeks, the number of COVID-19 patients exploded, which resulted in a shortage of energy, and in those two weeks I only had one day off a week" [p1].

"If you met a patient with complaints of fever and cough, you became paralyzed, in your heart when would this pandemic end, it was also stressful if there were too many Covid patients every day; sometimes I felt helpless" [p9].

Data found based on the results of interviews showed that, during the COVID-19 pandemic, the role and professionalism of nurses in Indonesia could not be underestimated. They revealed that nurses as part of the health workforce are at the forefront of handling COVID-19 around the world, and they said that the task they carry out is a very noble task, because they remain loyal to caring for patients even though they are always faced with the possibility of being exposed to COVID-19; however, they expressed their gratitude for being able to help others (Figure 4).

Participants revealed that they were very grateful to have a solid team, considering that services in the emergency room require immediate medical action to save lives and prevent disability. The participants also revealed that since COVID-19 pandemic they have felt the strength in teamwork, giving each other a sense of caring for the infected team mates, by providing moral and material support.

The following are participant statements, namely:

"All people around the world were fighting COVID-19, so we were proud to have been able to have been at the forefront" [p6, p9, p10].

"I was very grateful have been on the frontline, at least I could help treat people infected with the COVID-19 virus" [p1, p5, p7].

"We were very proud, the task that we carried out as nurses was a very noble task because we remain loyal to caring for patients even though we were always faced with the

possibility of being exposed to COVID-19" [p8, p10].

"The pandemic situation that was currently being faced by the world had had a tremendous impact on the world of health, especially nurses who were at the forefront. Nurses have been recognized since this pandemic" [p2, p4].

"Once in the past two weeks, the number of COVID-19 patients exploded, which resulted in a shortage of energy, and finally in those two weeks only had one day off a week" [p1].

"If you met a patient with complaints of fever and cough, you became paralyzed, in your heart when would this pandemic end, it was also stressful if there were too many Covid patients every day, sometimes I felt helpless" [p9].

DISCUSSIONS

Triage management during the Covid pandemic

Triage is an important link in treating critical patients, but during the COVID-19 pandemic triage was not only to select and sort patients from their emergency status, but to avoid a surge in patients from the limited capacity of hospitals and medical personnel; on the other hand, not everyone who tested positive for COVID-19 must be treated in a hospital, but can self-isolate at home, especially for those who did not show serious symptoms (Oman et al., 2012).

The data found based on the results of interviews in the studied obtained by participants revealed that, since the COVID-19 pandemic, the hospital modified triage by adding a COVID-19 screening sheet which aims to separate the services which have been provided. Prior to triage, patients who came were screened first. The use of the EWS *Screening* applied in COVID-19 is almost the same as the use of the EWS that has been carried out in health services. *The Early Warning Score* (EWS) here is used as a screening for whether a patient has a high probability of COVID-19.

The results of this study were in line with the study of Schreyer et al. (2020). To identify patients who were at risk of having COVID-19, screening is carried out in screening tents

outside the ER. Screening is carried out by trained health workers and uses standard PPE. Screening is carried out by measuring body temperature, asking patients to provide demographic details, symptoms and epidemiological history (travel history and contact history) (Quah et al., 2020). Then the data are documented in the screening form. The patient is then given PPE, namely a surgical mask.

The results of the interview also revealed that officers carried out primary triage to sort out patients based on history and complaints related to acute respiratory infection. Patients who come to the acute respiratory infection are assessed for acute respiratory infection complaints and travel history or history of physical contact with confirmed patients, then if there are acute respiratory infection complaints and contact/travel history, the patient is asked to be willing to be isolated in the emergency room isolation room. Then, secondary triage is carried out to sort out patients based on emergency conditions.

The results of this study were in line with the CDC (2021); triage is carried out by identifying signs and symptoms of acute respiratory infection consisting of acute onset or fever $>38^{\circ}\text{C}$ and coughing or experiencing at least three symptoms of COVID-19 (cough, myalgia, headache, sore throat, cannot smell or taste). Then identifying the epidemiological history, namely having a history of travel to areas with high cases of COVID-19 or having contact with other people suspected or confirmed with COVID-19. Health workers assigned to triage then divide patients according to high and low suspects, placing patients in a single room with good ventilation and closed doors (Cao et al., 2020). Furthermore, a qRT-PCR and/or CT examination is carried out; the results of these examinations determine the next step in the patient.

The results of interviews with participants also revealed that the use of PPE still does not meet the standards, such as the stock of KN-95 masks was still very limited, so the masks must be sterilized to be used repeatedly, but some participants said that the PPE had been met according to standards.

The results of research conducted by Whiteside et al. (2020) revealed that the lack of PPE supplies and the lack of consistency in

the use of PPE by officers when in contact with COVID-19 patients were independent risk factors for contracting COVID-19. According to the CDC (2020), the use of PPE for health workers consisting of face shields or protective glasses, gloves, gowns, N95 respiratory protection or higher respirators is recommended, but surgical masks were still acceptable if N95 supplies are limited (Cao et al., 2020). While the PPE provided for patients is surgical masks (Silvagni et al., 2020).

According to WHO (2014), logistics management is needed to provide the right resources, at the right time, in the right quantity and in the right place to meet the increasing demands of hospitals during emergencies and to do so without compromising the normal functioning of hospitals. Logistics needs are not only in the field of medical equipment and medicines, but also for internal logistics, such as personal protective equipment (PPE). In addition, human resource management must also ensure the safety and security of human resources by providing PPE according to standards (Quah et al., 2020).

Individual perceptions of infection

Very fast transmission of the corona virus and the significant increase in the number of cases that continue to increase from day to day have caused health workers, especially nurses who treat COVID-19 patients in hospitals, to have a high risk of being infected. This makes nurses in carrying out their duties have mental health problems, one of which is a feeling of fear. Fear occurs because it is related to transmission and spread to family members, colleagues or other colleagues as well as to the surrounding community (Astin, & Paembonan, 2021).

The data found based on the results of the interview are that the participants revealed that we should not be trivial with COVID-19, considering that it is transmitted through the air, thus accelerating the process of transmission to others. In fact, every patient who came to the ER was found with symptoms of fever, flu and cough, and, based on the results of the examination, there were an average of 35 patients per day who were infected with Covid in the last two weeks. The number of cases makes them very worried

about being infected with the virus at work, and afraid of transmitting it to others, even some of them have been infected.

The results of this study are supported by research (Lu et al., 2020), where the prevalence of nurses' fear is in the range of 26.7% to 36.2%. The results showed that nurses reported feelings of fear experienced during the COVID-19 pandemic which were categorized into moderate (n = 564, 28%) and high (n = 1273, 36.2%). Feelings of fear occur due to an increase in the incidence of COVID-19; the workload carried out by nurses also increases proportionally to 1.5 to 2 times normal working hours.

Hu et al. (2020) revealed that nurses as frontline health workers in carrying out their duties also experience feelings of fear because they have to work in isolation rooms, worry about being infected, lack of personal protective equipment during work, pandemics that can never be controlled, this results in unsatisfactory work in caring for COVID-19 patients, and feeling lonely because of being isolated from family members or their surroundings. In addition, the fear experience is related to infection or death of family members or patients as well as nosocomial spread to people around during the COVID-19 pandemic (Hu et al., 2020).

The results of interviews with participants also revealed that their fear of infection made them have to take preventive measures so as not to be infected with COVID-19, namely by continuing to use PPE. Participants also revealed that the use of PPE was very uncomfortable, but in order to increase a sense of security, PPE must be used according to procedures. Other forms of prevention carried out by nurses were: after returning from duty, they immediately took a shower and changed clothes after arriving home, then some of them said that, after returning home, the night shift took the time to sunbathe and exercise at home.

The results of this study were in line with research by Xu et al. (2021) in Shenzhen China which was conducted on emergency room nurses; the results of interviews during the study stated that all nurses tried to adapt to the use of complete PPE, even though it was very uncomfortable but they felt protected because it could minimize transmission to friends and

family, then they were more confident meeting with family at home.

The results of this study are supported by the statement of Savoia et al. (2020) that health workers who know the threats/dangers while on duty will be aware that it is important to use masks or complete PPE. The use of PPE was important to work safely during the COVID-19 pandemic. Janah and Martiana (2021) also argue that a person will not change his behavior when he feels the consequences are still tolerable. Individual perceptions of the seriousness of the disease that will be suffered encourage a person to take preventive action. The more serious the illness that will be suffered, the more aware a person will be to take preventive measures (Janah & Martiana, 2021).

The use of PPE for health workers can prevent transmission and minimize the dangers of COVID-19 and create a sense of security for health workers. However, the use of PPE in the long term turns out to have side effects. Savoia et al.'s (2020) research states that compliance in the use of PPE can cause physical burdens related to the long duration of using masks, uncomfortable respirators, and wearing and removing PPE. Therefore, healthcare facilities need to take preventive measures and change working conditions during the pandemic, such as short work shifts, adequate supply of PPE, appropriate mask sizes, and reducing the duration of PPE use. Therefore, in its application, health workers must be able to follow the COVID-19 health protocol in accordance with the established PPE standard guidelines.

The Burden of the Triage Nurse during the Covid Pandemic

During the COVID-19 pandemic, nurses have greater responsibilities than before COVID-19. Since the COVID-19 pandemic, the workload of health workers, especially nurses, has increased drastically. In addition, nurses must also provide optimal services related to infection prevention and control measures for the safety of themselves and the community.

The data found based on the results of the interview are that the participants revealed that, during the COVID-19 pandemic, all sectors in society paid high attention to patient

care. Emergency triage is under the watchful eye of many, and the pressure on nurses is high. Nurses are concerned that errors in triage management will lead to the spread of epidemics or cross-infection. Then, during the COVID-19 pandemic, the number of fever patients in the ER increased significantly. Triage nurses are required to report detailed patient information, resulting in a high workload for nurses. Some participants revealed that they were very tired, the large number of cases of COVID-19 made them anxious and they even experienced work stress. In addition, the ER also handles other critical illnesses, so the workload has increased drastically. At the time of the interview, all nurses revealed that their workload was very large and the available human resources were very insufficient.

The results of this study were in line with Xu et al.'s research (2021) in Shenzhen China which was conducted on emergency room nurses. The results of interviews during the study stated that excessive workload during COVID-19 pandemic caused physical and mental fatigue so that it affected the quality and efficiency of triage. In addition to this research, Chen et al. (2020) also support s this study, where the interviewed participants mentioned that it seems unfair that other clinical departments in hospitals with fewer patients affected by the epidemic have sufficient human resources. So it is necessary to evaluate human resource management during the pandemic.

Excessive workload can cause physical and mental fatigue that affects the quality and efficiency of triage. Therefore, human resource management is needed to ensure that the ER has human resources with adequate numbers and competencies so that they can provide quality health services. Changes made in human resource management in the ER during the COVID-19 pandemic include increasing numbers, arrangements and training. The addition of the number of human resources needs to be done to meet the needs of human resources due to the increase in the number of patients. The arrangements in question are in the form of working area arrangements and work shift arrangements to avoid accumulation in one area (Permatasari, (2021).

Nurses' Gratitude

The COVID-19 pandemic provides a real picture of how nursing contributes in responding to the pandemic situation. Nurses were at the forefront and made a significant contribution in providing health services in handling COVID-19.

The data found based on the results of interviews were that participants revealed that, during the COVID-19 pandemic, the role and professionalism of nurses in Indonesia could not be underestimated. They revealed that nurses were part of the workforce. Health workers are at the forefront of handling COVID-19 around the world. And they said that the task they carried out was a very noble task, because they remained faithful to care for patients even though they were always faced with the possibility of being exposed to COVID-19; despite this, they conveyed gratitude for being able to help others.

Rizki Aprilia's (2020) opinion during her profession as a nurse was that she felt the importance of feeling grateful every day, grateful to be able to care for patients who have to struggle to be healthy or even struggle to stay alive. Besides being grateful, being a nurse teaches the meaning of sincerity, the sincerity of caring for someone who is somebody we don't even know. Nurses try to sincerely care for patients and hope that they can return to health and gather with their families. Aware of the enormous and noble role of nurses in the healing process, this profession is very much needed everywhere around the world. As a nurse who loves her job, it takes sacrifice, hard work, passion and willingness to learn to develop herself.

Interviewees also revealed that they were very grateful to have a solid team, considering that services in the ER require immediate medical action to save lives and prevent disability. The participants also revealed that, since the COVID-19 pandemic, they have felt the strength in teamwork team, giving each other a sense of caring for the infected teammates, by providing moral and material support.

The results of this study were in line with Xu et al.'s (2021) in Shenzhen China, where eight interviewed nurses reported that they could feel team strength and care from superiors during the pandemic. Spaulding et al. (2020) show that, during the pandemic period, support from superiors is very important and

can increase the morale of front-line medical staff. Based on this, they suggested that nursing managers should provide support and praise, and this can mobilize the spirit of nurses. In-depth interviews conducted at the hospital only lasted for 15 minutes, because, during the study, there were so many Covid patients, so nurses could not leave the room for a long time. With these limitations, during validation, interviews were conducted virtually through Zoom.

CONCLUSION

In this study, 10 triage nurses who worked in the Emergency Room (ER) during the COVID-19 pandemic were interviewed. It was found that the work experience of nurses in performing management in triage is described as follows: The hospital has modified triage by adding a sheet screening COVID-19, nurses perform primary triage to sort patients based on history and complaints related to a cure respiratory infection (ARI). Then a secondary triage was performed to sort out patients based on emergency conditions. The use of personal equipment infection (PPE) is still not up to standard, such as the stock of N-95 masks is still very limited, so the masks must be sterilized to be used repeatedly. The large number of COVID-19 cases makes the nurse's workload high, then the fear of COVID-19 infection in the workplace causes fears of transmitting it to others. Nurses' concerns about infection make them have to continue to use full PPE, even though it is uncomfortable, but is needed to increase a sense of security. The COVID-19 pandemic has formed a solid triage team and nurses feel the strength in the team work, and are grateful to be at the forefront of handling COVID-19.

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Conflict of Interest

The authors declare that there is no conflict of interest in this study.

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