COVID-19 Assessment and testing pathway for use in a HOSPITAL SETTING

At entry to hospital: Segregate possible COVID-19 and non COVID-19 patients into two Parallel Streams

Criteria for COVID-19 parallel stream:
Recent onset of fever or chills and/or signs or symptoms of respiratory tract infection, which includes cough.

Clinical judgement should be employed when assessing these criteria. Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

- Patients should wear a surgical mask, if tolerated.

Rapidly differentiate into need for acute hospital assessment versus discharge to home assessment/testing

If patient is well and does not need hospital admission, discharge for testing in the community:
- Testing in the community may be arranged through the patient’s GP. If the patient does not have a GP, they will be facilitated, as detailed here. Do not use 999 OR 112.
- The patient may be driven home by a person who has already had significant exposure, who is aware of the risks and who is willing to drive them. If patient had driven themselves, they may drive home if feeling well enough to drive.
- Patient must remain isolated at home pending test results and symptom resolution. See here for guidance on self-isolation.

Admission to hospital

- ISOLATE in a single room if possible
- STANDARD, CONTACT & DROPLET PRECAUTIONS
- See Laboratory guidance for COVID-19 for details on SARS-CoV-2 testing: Combined swab for NASOPHARYNGEAL and OROPHARYNGEAL SAMPLE (one swab to test both is sufficient) or Bronchoalveolar lavage (BAL) or ENDOTRACHEAL ASPIRATE or SPUTUM (if produced).
- ADVICE available from the National Isolation Unit (NIU) (adults): 01-830 1122 and CHI (paediatrics): 01-409 6100 as required (ask for ID Consultant on call).
- Continue isolation in a single room while awaiting test results.

Laboratory test: Not Detected
Maintain IPC precautions until discussed with IPC team.

Laboratory to inform clinician and input data on CIDR
All patient management to be supported by input from ID Clinician/Microbiologist in line with IPC guidance
PUBLIC HEALTH to input information from COVID-19 case form on CIDR

Please note background colour coding indicates infection control precautions as per right-hand panel

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CONTACT & DROPLET PRECAUTIONS:
- Hand Hygiene
- Patient placement: In a single room if available, or cohort if appropriate

PPE (see here for further information):
- Respiratory protection (surgical mask)
- Gloves
- Long-sleeved gown (for high contact activities) /apron (for low contact activities)
- Eye protection as per risk assessment* (face shield or goggles)

*where there is a risk of blood, body fluids, excretions or secretions (including respiratory secretions) splashing into the eyes.

AIRBORNE precautions for aerosol generating procedures
- As above but use an FFP2 mask (rather than surgical mask) and long-sleeved gown