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:
A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath);

OR

A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset;

OR

A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Patients should wear a surgical mask, if tolerated.

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

If patient is well and does not need hospital admission, discharge to the community:

If symptomatic and belongs to one or more of the following groups prioritised for testing: close contact of a confirmed case, healthcare worker, at risk group (diabetes, immunosuppressed, chronic lung disease, chronic heart disease, cerebrovascular disease, chronic renal disease, chronic liver disease or smoker), household contact of at risk groups, resident in a long term care facility or pregnant, then ask patient to contact GP to arrange testing. If the patient does not have a GP, they will be facilitated, as detailed here. Do not use 999 OR 112.

If not in these prioritised groups, testing is not needed

For both situations: (whether tested or not)
Patient must remain at home and self-isolate for a minimum of 14 days from symptom onset, the last five days should be without fever. Their household contacts are also advised to restrict their movements for 14 days after the case went into self-isolation. See here for guidance on self-isolation at home and advice for someone who shares the same home with someone who has or may have COVID-19.

Discharge to community

Admission to hospital

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

- 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 SPITUM (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 POSITIVE

- 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

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

STANDARD PRECAUTIONS (SP)
See here

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