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.

Discharge to community

If patient is well and does not need hospital admission:
- If symptomatic and belongs to a group prioritised for testing as detailed in Telephone assessment and testing pathway for patients who phone general practice and healthcare settings other than receiving hospitals, ask patient to return home and 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.
- 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.
- Whether a patient is in a group prioritised for testing or not, they should be advised to remain in self-isolation pending test result and household contacts are advised to restrict their movements.
- See here for details about length of time for self-isolation and restricted movements as well as guidance for the patient on self-isolation at home and advice for someone who shares the same home with someone who has or may have COVID-19.

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 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)
  - 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

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