

# 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

### STANDARD PRECAUTIONS (SP)

- See [here](#). Surgical face masks should be worn:
1. When providing care to all patients (within 2 metres)
  2. For all encounters, ≥15 minutes, with other HCWs in the workplace where a distance of 2 metres cannot be maintained

### 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 or an FFP2 respirator 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—see [here](#)**  
**An FFP2/3 respirator mask must be worn**

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

**Note:** If virus is not detected in an upper respiratory tract sample, clinical suspicion for COVID-19 should be maintained in patients with severe respiratory disease that is not readily explained. Testing of lower respiratory tract samples can be considered, if available.

### Criteria for COVID-19 parallel stream:

New onset of acute respiratory infection (including any one of fever, cough or shortness of breath);  
Influenza-like illness; or hypoxic respiratory failure in a previously healthy person

OR

Acute deterioration of existing respiratory disease requiring hospital assessment

OR

Temperature above 38°C or chills in the absence of reasonable evidence of infection at a non-respiratory site

OR

Sudden onset of anosmia<sup>1</sup>, ageusia<sup>2</sup> or dysgeusia<sup>3</sup>

Please note other symptoms that are less common may include fatigue, sore throat, nasal congestion, headaches, muscle/joint pain, nausea or vomiting, diarrhoea, chills/dizziness, different types of skin rash, conjunctivitis. Symptoms of severe COVID-19 disease may include shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest, high temperature (above 38 °C). Clinical judgement should be applied in application of these criteria to determine who requires testing  
**Clinicians should be alert to the possibility of atypical (including non-respiratory) presentations in older patients (may present with lethargy, confusion, loss of appetite, unexplained change in baseline condition), younger patients and in those who are immunocompromised.**

<sup>1</sup>Loss of sense of smell; <sup>2</sup>Loss of sense of taste; <sup>3</sup>Distortion of sense of taste

Patients should wear a surgical mask, if tolerated.

Assess and rapidly differentiate into discharge to Home/Community management versus need for Acute Hospital Management

Discharge to community

Admission to hospital

### If patient is well and does not need hospital admission:

- **If symptomatic** 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.**
- 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.
- Patients should be advised to remain in [self-isolation](#) pending test and test result.
- Everyone is asked to adhere to Public Health advice on reducing their contacts and preventing infection. Additional restrictions for household contacts are outlined [here](#).

- **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](#)**