

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:

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

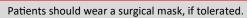
OR

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

Sudden onset of anosmia¹, ageusia² or dysgeusia³

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.

¹Loss of sense of smell; ²Loss of sense of taste; ³Distortion of sense of taste



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LABORATORY

TEST

POSITIVE

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

Acute Hospital Management

Admission to hospital

ISOLATE in a single room if possible

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- 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.

Discharge to community

- 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.

- **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 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

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.