

**TRIAGE**

**Early identification of cases is vital to prevention of respiratory infections in health care settings. Active screening for COVID-19 is now in place. All clinicians are expected to routinely screen\* patients for signs of infection, self-isolation and travel history.**

- I. Gather information on **symptoms** and **self-isolation**.
  - a. **Symptoms:** any fever, new or worsening cough or shortness of breath, difficulty breathing, runny nose or sore throat?
  - b. **Self-isolation:** Have you been instructed in the last 14 days to self-isolate for any of the following reasons:
    - I. Travel outside of Canada in the last 14 days
    - II. Contact with someone known to have COVID-19 in the last 14 days
    - III. Testing positive for COVID-19 and are waiting for results

**If patient says yes to any of the above, or if patient has been identified by reception staff as a possible or suspect COVID-19 case during telephone assessment follow the table below:**

REASON FOR PATIENT APPOINTMENT	CLINICIAN ACTION
CW appointment is unrelated to COVID-19	Postpone appointment and direct to 811 or family physician
CW appointment cannot be postponed	Proceed with appointment, using appropriate IPAC practices (droplet/contact precautions and private room, when possible)
CW appointment is for assessment of signs and symptoms that might be consistent with COVID-19	
Patient is a complex C&W patient (with or without COVID-19 symptoms) who cannot receive care in community	

**ISOLATE**

**For symptomatic patients and those who have been instructed to self-isolate**

- Ask the symptomatic patient and any symptomatic family members to wash their hands using hand sanitizer and to put on a mask.
- Put the patient/family in a single room. Use **Droplet & Contact Isolation Precautions** including eye protection (i.e. shield/visor).
- **Add Airborne precautions if Aerosol-Generating Medical Procedures (AGMP)** are likely to be required (e.g. nebulized therapy, CPR, CPAP, endotracheal intubation & extubation, high frequency oscillatory ventilation, bronchoscopy and bronchoalveolar lavage, laryngoscopy, positive pressure ventilation (BiPAP & CPAP), High flow NP, sputum induction).

### ASSESS & NOTIFY

Testing is indicated for patients who are symptomatic and meet the following criteria:

- Hospitalized, or likely to be hospitalized (e.g. immunocompromised)
- Residents of long-term care facilities (e.g. Sunny Hill)
- Part of an outbreak investigation
- Health care workers

Other patients with mild symptoms (not requiring hospitalization), do not require COVID-19 testing. Testing of asymptomatic patients should not be done.

### TEST (use Table 2 for guidance)

- **Test for COVID-19:** use nasopharyngeal flocked swab. Sputum is also acceptable.
- Specimens may be submitted via the pneumatic tube.

**Note:** Nasopharyngeal Swab collection does not require N95 mask as per most recent COVID-19 PHAC recommendations

Table 2: Isolation and testing guidance for those patients that meet criteria for COVID-19 suspect.

Symptomatic	Asymptomatic, On Self-Isolation	Asymptomatic, Not on Self-Isolation
Isolate (Droplet/contact)	Isolate (Droplet/contact)	Other patients with mild symptoms (not requiring hospitalization), do not require COVID-19 testing. Testing of asymptomatic patients should not be done.
For AGMPs, use Airborne precautions (N95 mask)	For AGMPs, use Airborne precautions (N95 mask)	
Perform COVID-19 testing	Monitor for signs and symptoms (self or by health care provider) Perform COVID-19 testing	

### DISPOSITION

Consult below table during clinical decision making for appropriate actions regarding patient visit, when patient with possible COVID-19 is identified in person

Disposition after initial patient assessment	Clinician action
Patient Requires Admission	<ul style="list-style-type: none"> <li>• Notify medical microbiologist on call (at 604-875-2161). They will notify operational leaders and Public Health</li> <li>• Notify receiving department that patient is being investigated for COVID-19</li> </ul>

Patient Does Not Require Admission, but COVID-19 testing was done	<ul style="list-style-type: none"> <li>For patients sent home after swab collection, ask them to self-isolate and provide them with the Vancouver Coastal Health patient handout including the phone number to call for test results</li> <li>Instruct patient to call 1-833-707-2792 for test results</li> <li>Advise patient to limit contact with others and call 811 if symptoms worsen</li> <li>Public Health notification is required if index of suspicion is high</li> </ul>
Patient who is clinically suspected of having COVID-19 based on symptoms, but not tested	<ul style="list-style-type: none"> <li>Advise them to self-isolate for 10 days after symptom onset if their symptoms, other than cough, have resolved.</li> </ul>
Patient Does Not Require Admission, based on clinical assessment and COVID-19 is not under consideration	Discharge patient as usual

### AFTER THE PATIENT LEAVES

After a patient or parent with suspect COVID case was seen in your clinic, EVS must perform 'isolation clean' including wiping down the high touch areas with hospital grade disinfectant. Leave all isolation precaution signs (i.e. droplet & contact, airborne, etc.) on the door until the room has been cleaned.

### GENERAL STRATEGIES TO REDUCE YOUR RISK OF TRANSMISSION OF PATHOGENS TO SELF OR OTHERS

- Perform Hand Hygiene frequently
  - Before eating or drinking or putting anything else into your mouth such as medications
  - After using the bathroom
  - Whenever your hands become dirty or you have handled potentially contaminated items
  - Based on 4 moments of Hand Hygiene when providing care to patients and coming into contact with patient and/or patient environment
- Respiratory etiquette (cover your cough)
  - Practice good cough etiquette by covering nose and mouth during coughing or sneezing with tissue or elbow.
  - Avoid touching your face - If you touch your face after touching surfaces with the virus on it, you could infect yourself. Wash your hands before touching your face
  - Don't come to work when you are sick or have been instructed to self-isolate
  - If you think you have been exposed to COVID-19, please call 811 to identify the need for self-isolation and testing
  - De-cluttering of all clinical and non-clinical areas as a strategy to improve cleaning/disinfection. Please remove all unnecessary items (magazines, books, backpacks, coffee cups etc.)
- When required, use Personal Protective Equipment (PPE), following PPE guidelines on [ePOPs](#)

### FURTHER INFORMATION

#### For patients/families/caregivers:

- BCCH website <http://www.bcchildrens.ca/health-info/covid-19-and-children-information-for-patients>
- BCWH website <http://www.bcwomens.ca/healthinfo-site/Pages/COVID-19-and-Information-for-Patients.aspx>
- BCCDC website public information pages [http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-\(novel\)](http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-(novel))
- HealthlinkBC <https://www.healthlinkbc.ca/health-feature/coronavirus-disease-covid-19>

### For staff:

- Check for updates and detailed information on the [BCCDC](#) website, or on the [POD](#) for PHSA wide messaging
- Contact PHSA Infection Prevention Control team members: <http://2pod.phsa.ca/our-phsa/browse-by-department/Pages/Infection-Prevention-Control.aspx>

Contact information for IPAC at BCCDC / C&W / Sunny Hill:

- Infection Control Practitioner at 604 875 2345 local 6135 or page 41-02411 or email [IPACS@cw.bc.ca](mailto:IPACS@cw.bc.ca).
- Infection Control Officer on-call through the BC Children's and Women's hospital switchboard at 604 875 2161
- Call infectious diseases on call only if there are clinical management questions. Additional precaution questions should be directed to IPAC.

\*Screening – *asking questions about risk factors*

\*Testing – *collecting a specimen*

### Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
18-Mar-2020	C-0506-14-60572 COVID-19: What I Need to Know! (Clinicians)	Developed by CW IPAC and CW Ambulatory Care Clinics; Approved by Professional Practice Director
26-Mar-2020	"	Updated by CW IPAC and NKI; Approved by Professional Practice Director

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