

# 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

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, younger patients and in those who are immunocompromised.

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 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. Refer to the [Patient information sheet for self-isolation](#).
- The whole population is being asked to [stay at home](#), where possible. Additional restrictions for household contacts are outlined in the information leaflet [Advice for people who share a home with someone who has symptoms of Coronavirus](#).

- 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

### STANDARD PRECAUTIONS (SP)

See [here](#). Surgical 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)
  - 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.

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.