Coronavirus Triage Questions

APPLICATION
All Samaritan Health Services (SHS) workforce members.

DEFINITIONS
1. NONE

INSTRUCTION STEPS

Coronavirus Triage Questions for Non-Clinical Staff for Patients Presenting in Person
Many registration areas have different workflows. Please work with your Supervisor/Manager to determine what your specific process will be if a patient answers yes to question A, or yes to both question A and B. If you need any assistance with this process, please contact your local Infection Preventionist.

A. In the last 14 days have you traveled internationally or to an area with widespread geographic spread or been in close contact with a person known or suspected to have coronavirus?
B. Do you have a fever, cough or shortness of breath?

If yes only to A, no further isolation needed.
If yes only to question B, mask the patient. No further isolation at this time.
If yes to both A and B: Mask the patient, isolate and inform clinical staff immediately. Refer to SHS Policy: Response to Possible Coronavirus for Outpatient Settings.

Coronavirus Phone Triage Questions for Non-Clinical Staff
A. Are you having symptoms (cough, shortness of breath, fever)?
B. In the last 14 days have you traveled internationally or to an area with widespread geographic spread or been in close contact with a person known or suspected to have coronavirus?

If no to A and B and if they have no further Coronavirus questions: Refer the caller to the 211 hotline for general coronavirus information or to healthoregon.org/coronavirus.
If yes to A and no to B and if they have no further Coronavirus questions: Refer the caller to the 211 hotline for general coronavirus information or to healthoregon.org/coronavirus.
If yes to both A and B: Triage call to a Nurse and relay the concern for coronavirus infection.

Nurse
1. Evaluate symptoms:

If printed, this document is current for this date only: March 12, 2020
Current Work Instructions can be found on the SHS intranet.
A. If symptoms are severe, have patient call 911.
B. If symptoms require in-person medical attention:
   1) Schedule with PCP and/or refer to urgent care
   2) Enter a note in the chart indicating patient’s needs and possible infection with coronavirus.
   3) Inform receiving clinic about possibility of coronavirus infection and tell them to immediately mask the patient and follow SHS Policy: Response to Possible Coronavirus for Outpatient Settings.
   4) **Tell patient to wear a mask immediately upon arrival to any clinic or hospital.**
C. If symptoms are minor and would not otherwise require medical attention, consider home care or E-visit with close monitoring. Direct to home care guidance and inform local county health department (see Appendix A).

**ATTACHMENTS**

Appendix A - Care of Persons at home with COVID-19

**REFERENCES**

- SHS Policies:
  - Response to Possible Coronavirus for Outpatient Settings

**REVIEW/REVISION HISTORY**

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<td>3/3/2020</td>
<td>0</td>
<td>New</td>
<td>Update of triage questions and policy references, removal of clinic sites for triage.</td>
<td>Infectious Disease, Infection Prevention, Patient Care Services, Emergency Management, Administration, Project Management</td>
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<td>3/12/2020</td>
<td>1</td>
<td>Revision</td>
<td>Update of triage questions and policy references, removal of clinic sites for triage.</td>
<td>SHS Coronavirus Task Force</td>
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Appendix A – Care of Persons at home with COVID-19

Persons with suspected or definitively diagnosed infection with COVID-19 will often not be so ill as to require hospitalization. If so, home care is a suitable option provided the following are considered:
1. The patient is stable enough to receive care at home.
2. Appropriate caregivers are available at home.
3. There is a separate bedroom where the patient can recover without sharing immediate space with others.
4. Resources for access to food and other necessities are available.
5. The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
6. There are not household members who may be at increased risk of complications from Covid-19 infection (.e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

If persons suspected or definitively diagnosed infection with COVID-19 are cared for at home, they should be instructed to:
1. Stay home except to get medical care.
2. Separate themselves from other people in their home.
3. Call ahead before visiting healthcare facilities.
4. Wear a facemask when around others.
5. Cover their coughs and sneezes.
6. Wash their hands
7. Avoid sharing personal household items.
8. Monitor their symptoms and contact their healthcare provider for significant worsening of clinical illness (e.g., shortness of breath or difficulty breathing).

Some persons with suspected or definitively diagnosed COVID-19 may not be competent to be cared for at home. In such cases, hospitalization will be necessary to protect public health even if such hospitalization is not clinically necessitated.

More detailed discussion of home care is available on the CDC webpages: