APPLICATION

All Patient Registration and Emergency Department (ED) staff

DEFINITIONS

1. NONE

INSTRUCTION STEPS

1. Please refer to Appendix A for guidance regarding triaging ED patients

ATTACHMENTS

- Appendix A – Identify, Isolate, Inform Algorithm

REFERENCES

- SHS Policy:
  - High Consequence Infectious Disease

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>
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<td>Infectious Disease, Infection Prevention, Patient Care Services, Emergency Management, Administration, Project Management</td>
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<td>3/6/2020</td>
<td>1</td>
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<td>Revisions to Appendix A</td>
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<td>2</td>
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If printed, this document is current for this date only: March 13, 2020
Current Work Instructions can be found on the SHS intranet.
Appendix A – Identify, Isolate, Inform Algorithm

High Consequence Infectious Disease (HCID): Emergency Department (ED)

Identify – Isolate – Inform Algorithm

To be completed at initial patient contact

Patient Registration: Patients entering with respiratory symptoms should be masked

ED Triage Nurse: Ask Triage Questions

Isolate patient 6 feet from other visitors, staff, patients

Contact Charge Nurse

Regular triage protocol, place under droplet precautions with eye protection

Private Room Available?

Patient can remain in place with surgical mask on & 6 feet from other patients & staff until being moved

Room Becomes Available

Patient requires Aerosol Generating Procedures?

Yes

Charge Nurse:
- Contact House Supervisor
- Notify attending physician / appropriate clinician
- Secure an Airborne Infection Isolation (negative pressure) room for the patient

House Supervisor:
- Contact Infection Prevention
- Notify public health authorities as early as practical.

Yes

Airborne Infection Isolation Room (AIR) is required, if not available contact Infection Prevention but do not let this preclude patient care

No

Escort patient to a closed door room if available

- Patient can remain in place with surgical mask on & 6 feet from other patients & staff until being moved
- Notify attending physician and staff to don appropriate PPE & begin patient interview and organizational protocol
- Label door with appropriate isolation signage (contact, droplet, & eye protection)

No

Best Practice Tips:
- Closely monitor donning/doffing practices
- Minimize contact by using dedicated health care worker for COVID-19 Patients
- Strict adherence to hand hygiene and appropriate PPE is essential
- All testing should be performed in the room whenever possible
- Exclude visitors unless deemed essential (Pediatric patients can have 1 supervising adult with them)
- Follow appropriate room cleaning procedures & policies
- Any staff in contact with the patient without PPE should immediately notify employee health
- Maintain a enhanced precautions log sheet for anyone entering the room
- Patients who are being admitted should be transported to inpatient units with appropriate covering (clean sheet covering the bed) and transporter and patient wearing a facemask

Ensure negative pressure (i.e. visual indicator or tissue test)
- Escort patient to all room, keeping staff and visitors 6 feet away
- Ensure all staff entering the room wear appropriate PPE (N95/PAPR, gown, gloves and eye protection) and have been trained in donning/doffing & use the checklist
- Label door with appropriate isolation signage (contact, droplet, airborne)