Approach to Suspect COVID-19 (Novel coronavirus)
Cases Presenting to IH Emergency Departments

Triage:
- Triage to provide a surgical mask immediately to any patient with respiratory symptoms

Triage Nurse to assess patient for symptoms and risk factors* to identify:
A. Does the patient have any of the following symptoms?
   - Fever (temp > 37.5 degrees Celsius) OR cough (new onset or exacerbation of chronic cough) OR shortness of breath

AND

B. Does the patient have relevant history*?
   - Travel outside of Canada to a country known to have local transmission (based on Table 2 of the daily World Health Organization Situation Report) of COVID-19 in the 14 days before onset of illness OR
   - Close contact** with a confirmed or probable case of COVID-19 within 14 days before onset of illness OR
   - Severe respiratory infection of unknown etiology, likely requiring ICU care

Note: For most up to date information on areas with local transmission, please refer to Table 2 in the World Health Organization Daily Situation Reports
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

ASSESS
- Place patient in private room and close door immediately
- Put up droplet and contact with enhanced PPE precautions signs
- Triage nurse to alert ED Physician immediately

All healthcare workers (HCW) and physicians must don:
- Gown
- Gloves
- Procedure mask
- Eye protection

ED physician to assess patient for clinical signs of infection and relevant history
- If patient meets criteria, testing should be performed

TEST
- Collect specimens for Influenza and Novel Coronavirus (COVID-19) PCR:
  - 1 Nasopharyngeal (red top) swab AND
  - 1 Throat (blue top) swab OR sputum OR endotracheal aspirate***

ED physician to immediately phone on call Medical Microbiologist through hospital switchboard to alert them of admission

COMMUNICATE
- Discharge patient with surgical mask and advise them to self-isolate until they receive a test result
- Provide patient with Information sheet ****
- Inform patient their results will be available within 7 days and can be accessed by phoning 1-833-707-2792 (Monday to Friday, 8:30am to 4:30pm)
- Inform patient the Communicable Disease Unit will follow up with them if their results are positive

FOLLOW UP
- Continue to use droplet and contact precautions with enhanced PPE for aerosol generating medical procedures***
- Refer to the Approach to admitted Suspected COVID-19 (Novel Coronavirus) Cases algorithm for more information on patient placement and additional precautions required for patient care.

If you have any questions or concerns, please call the Communicable Disease Unit (CDU) or On-call Medical Health Officer (MHO)
Communicable Disease Unit (CDU) 1-866-778-7736 (M-F 8:30 to 16:30) OR
On-call Medical Health Officer (MHO) 1-866-457-3648 (after hours and weekends)

*Risk factors will be updated as the situation evolves. Please check online at the ED Clinical Decision Support Tools Website under Respiratory documents (http://insidenet.interiorhealth.ca/Clinical/emergservices/Pages/Policies.aspx)

**Close contact defined as someone who:
- provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact, OR
- who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

***Aerosol generating procedures require airborne, droplet and contact precautions, and include (but are not limited to):
- Manual ventilation before intubation, endotracheal intubation, high frequency oscillatory ventilation, open airway suctioning, non-invasive ventilation, high flow oxygen flow (eg: CPAP, BiPAP), humidified oxygen, nebulized medication administration, tracheostomy care, cardiopulmonary resuscitation, and bronchoscopy