

SCGH ED TRIAGE (22nd MAY 2020)

Triage questions to determine disposition within the ED:

1. History of fever?
 - a. Fever ($\geq 38^{\circ}\text{C}$) or recent history of fever (e.g. night sweats, chills).
 - b. If YES is there a clear alternative source?
2. Acute Respiratory Symptoms?
 - a. For example cough, shortness of breath, sore throat?
3. Onset of symptoms in the last 14 days?
4. Travel outside WA in the last 14 days?
5. Close contact with a confirmed case with COVID-19?
6. High risk setting (e.g. healthcare worker, residential facility especially if public health have identified this as an area of increased risk of community transmission).
7. Have you had a COVID screening test during this illness & what was the result?
8. History of presenting complaint.

If there is uncertainty please discuss with the RAT consultant or the Duty consultant.

Summary of ED Triage Assessment

Out SJA Doors = the not unwell URTI

May be discharged to Home or to COVID Clinic (for COVID testing) out the ambulance doors after assessment by RAT / COVID Triage doctor.

ED RED Patients = COVID Suspected

Known COVID,
Patient in quarantine / self-monitoring as COVID risk (returned traveller, close contact) who presents unwell
Notify Duty Consultant
In ISO 1 to 4 or T1 or other RED beds if open

ED Orange Patients = COVID Possible

Fever ($\geq 38^{\circ}\text{C}$) or recent history of fever (e.g. night sweats, chills) *without known source* and/or
Acute respiratory symptoms (e.g. cough, shortness of breath, sore throat)
Only if AGPs likely to ISO 1 to 4 or T1; otherwise Orange bays.

ED Green Patients = COVID unlikely

No respiratory symptoms. May have fever if another non-COVID clinical source of infection is clear or alternate explanation of illness is evident.
Avoid AGPs where possible. Where AGP essential use T1 / T2 with PPE (surgical masks, theatre gown, gloves, eye protection).

SPECIAL CASES

OUT OF HOSPITAL CARDIAC ARREST

RED: (Known COVID or high COVID risk)
Manage in ISO with airborne PPE

UNKNOWN: Manage in T1 (or ISO)
using airborne PPE for AIRWAY team
only. Droplet PPE for rest of team

GREEN: (Clear non-COVID arrest eg
TRAUMA, OD, SAH) Manage patient in
T2/T1. Droplet PPE for staff <1.5m.
De-escalate PPE once AGP complete

FEBRILE NEUTROPENIA

Preference
STABLE: ISO 1/2
UNSTABLE or RED: T1 / ISO

If clear non-respiratory source,
does not require COVID swabs. PUO
or respiratory symptoms, will require
COVID swabs

EPISTAXIS

GREEN
Use use Droplet PPE (face shield
preferred)
ENT may request Airborne PPE

ORANGE or RED
STABLE: ISO with Airborne PPE
UNSTABLE: T1 / ISO with Airborne PPE

Do not use cophenylcaine spray
Use cophenylcaine soaked cotton wool
balls in the anterior nares for 5 mins to
clean and vasoconstrict.
To pack nose use nasopore stored in
fridge in Fast Track

CONJUNCTIVITIS

Triage to **ORANGE**

TONSILLITIS

Triage to **ORANGE**

If admission required
RAPID COVID ANTIGEN TEST
UNAVAILABLE
Admission under inpatient team

RAPID COVID ANTIGEN TEST
NEGATIVE
Change category to **GREEN** and
admit as appropriate (eg OBS / ENT)

OTHER OPHTH (NON CONJUNCTIVITIS)

Triage to **GREEN** / FT provided no fever
or respiratory symptoms
Both the treating doctor and patient
should wear a surgical mask when close
examination (ie slit lamp) is required

CODE BLACK

GREEN
O₂ mask on patient if spitting
If risk of body fluid contact, staff with
direct patient contact wear droplet PPE
Use plastic apron instead of gown

ORANGE
Manage in T1 (or ISO 2)
Staff with direct patient contact wear
airborne PPE
Other staff wear droplet PPE

RED
Manage ISO 2
All staff wear airborne PPE

IF UNSURE PLEASE DISCUSS WITH MEDICAL TEAM LEADER

This document is an update of the “Triage Screening Questions – to categorise patients”. It contains some SCGH ED specific advice developed by senior SCGH clinicians based on current COVID status in WA and on best evidence available.

It is based on information provided by the WA Health Department in their PPE document <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Public-Health/Mandatory-requirements/Communicable-Disease-Control/Infection-Prevention-and-Control/Identification-and-Use-of-Personal-Protective-Equipment-in-the-Clinical-Setting-COVID19-Policy> and

<https://www.health.gov.au/sites/default/files/documents/2020/04/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.pdf>

It is also based on the WA Department of Health “Clinician alert #25”

https://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/Infectious%20diseases/PDF/Coronavirus/COVID-19-Clinician-Alert-WA-14-May-2020-Clinicians.pdf