



# ED COVID-19: TRIAGE SIEVE (v3.5) NO COMMUNITY SPREAD

## SYMPTOM BASED TESTING CRITERIA

- Fever  $\geq 38^{\circ}\text{C}$
- Recent history of fever (without a known source)
- OR
- Acute respiratory symptoms (eg cough, SOB, sore throat)

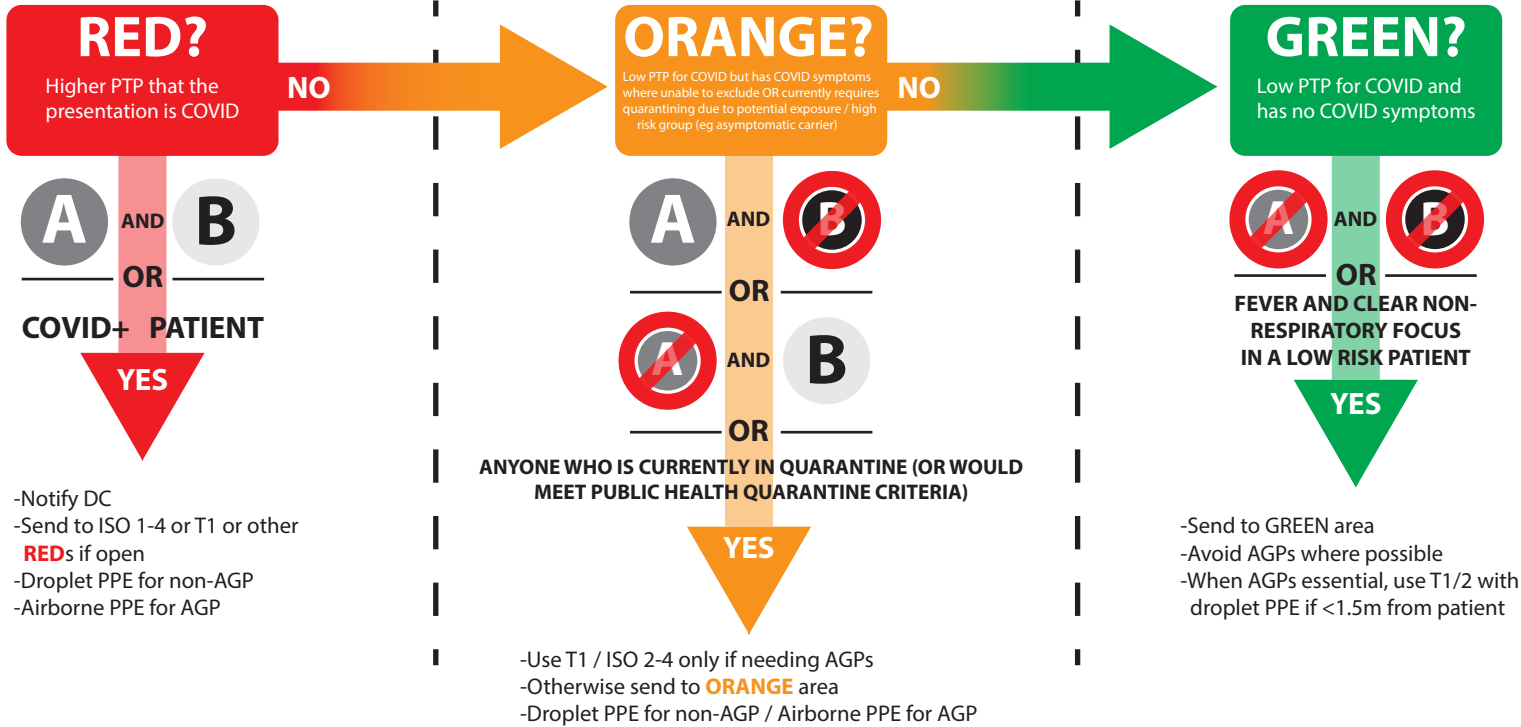
**A**

## EPIDEMIOLOGICAL / HIGH RISK PATIENTS

- Returned overseas traveller  $\leq 2/52$
- Interstate traveller  $\leq 2/52$
- Contact with a known confirmed COVID case
- Live in / visited an area confirmed by public health as having an increased community risk of transmission (eg. quarantine area)

**B**

IF UNSURE PLEASE CONTACT RAT OR DC TO DISCUSS COLOUR ALLOCATION



## 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 T2/1. 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**  
O<sub>2</sub> 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

NOTE: Have a lower threshold to screen those patients for COVID with unexplained fever or borderline COVID symptoms who live and work in high risk areas (eg health care and residential care workers) or in any patient requiring a hospital admission