

ED COVID-19: TRIAGE SIEVE (v4.1) NO COMMUNITY SPREAD / CONTAINED (Level 0)

SYMPTOM BASED **TESTING CRITERIA**

- Fever ≥37.5°C - Recent history of fever or night sweats (without a known source) OR
- Acute respiratory symptoms (eg cough, SOB, sore throat)



EPIDEMIOLOGICAL / HIGH RISK PATIENTS

- Returned overseas / interstate traveller ≤2/52 - Contact with a known confirmed
- or probable COVID case
- Live in / visited an area confirmed by public health as having an increased risk of transmission (eg. health, aged or residential care workers, aircrew, pt from quarantine area or passengers or staff from cruise ships)
- Hospitalised patient with no other clinical focus of infection / explanataion of illness

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IF UNSURE PLEASE CONTACT RAT OR DC TO DISCUSS COLOUR ALLOCATION



OUT OF HOSPITAL CARDIAC ARREST

RED: (known COVID or suspected COVID) Manage in ISO with airborne PPE

GREEN: (Clear non-COVID arrest eq TRAUMA, OD, SAH) Manage patient in T2/1 Droplet PPE for staff < 15m De-escalate PPE once AGP complete

SUSPECTED VIRAL **INFLUENZA (NON-COVID) OR LRTI**

Treat as GREEN provided does not meet epidemiological risk factors

Use droplet precautions for non-AGP in **GREEN** area Use airbornel precautions for AGP in

RED (ISO / T1) area

INFECTIVE ENT

Triage to RED only if epidemiological criteria

ENT Reg may request to perform ENT procedures in the ISO room with PPE

NON-INFECTIVE ENT

Patients presenting with eg epistaxis, oesophageal FB and who meet GREEN criteria may be managed safely in the GREEN areas. This includes AGP like nasal packing and tongue depressor examination

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

RED Manage ISO 2 All staff wear airborne PPE

IF UNSURE PLEASE DISCUSS WITH MEDICAL TEAM LEADER

NOTE: Screening criteria are different to COVID triage criteria. Patients may be screened for COVID without needing to be placed in ISO, T1 or TL7. Screening tests in a GREEN patient should not delay transfer to the ward

This document is an update of the "Triage Screening Questions- to categorise patients" and the "ED COVID Triage Sieve v2.2". It contains some SCGH ED specific advice developed by senior SCGH clinicians based on current COVID community risk in WA and on best available evidence It is based on and refers to the following DoH documents: Hospital PPE Guide 04/2020

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COVID-19 Clinician Alert #25

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