ED COVID-19: TRIAGE SIEVE (v1.4)
LOW COMMUNITY SPREAD
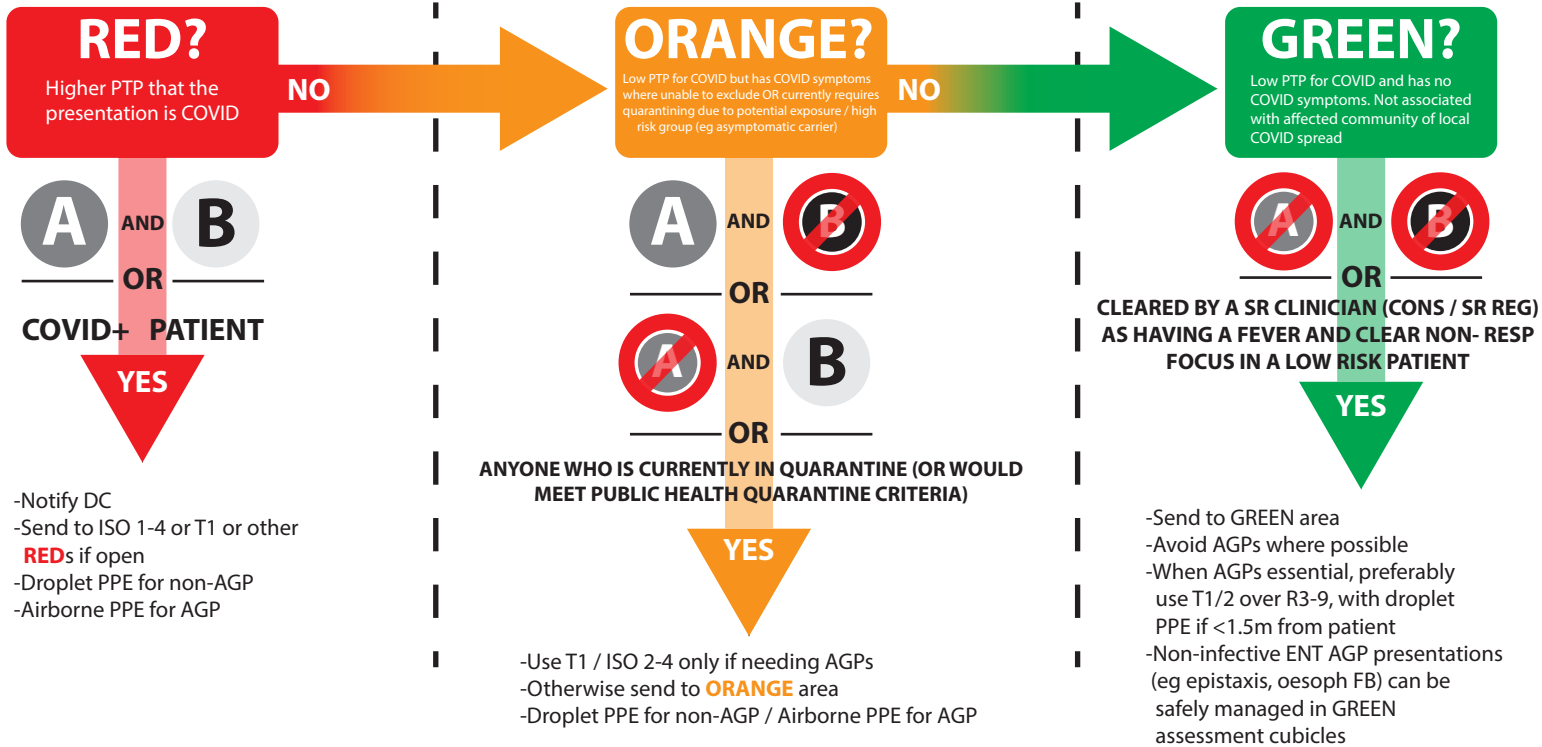
SYMPTOM BASED TESTING CRITERIA — A

- Fever ≥37.5°C
- Recent history of fever (night sweats, chills)
  OR
- Acute respiratory symptoms (eg cough, SOB, sore throat)
  OR
- Loss of taste or smell

EPIDEMIOLOGICAL / HIGH RISK PATIENTS — B

- International or interstate traveller ≤2/52
- Contact with a suspected or confirmed COVID case
- Cared for COVID-19 cases
- Identified as having been in a location at a time when a COVID+ case was confirmed there
- Currently awaiting a COVID test result
- Come in contact with people with a higher likelihood of having active infection eg:
  - International border staff
  - Workers supporting quarantine and isolation services
  - Air and maritime crew
  - Health care and aged care workers with patient contact

IF UNSURE PLEASE CONTACT RAT OR DC TO DISCUSS COLOUR ALLOCATION

RED?
Higher PTP that the presentation is COVID

NO →

A **AND** B
OR
COVID+ PATIENT

YES

- Notify DC
- Send to ISO 1-4 or T1 or other **RED**s if open
- Droplet PPE for non-AGP
- Airborne PPE for AGP

ORANGE?
Low PTP for COVID but has COVID symptoms where unable to exclude OR currently requires quarantining due to potential exposure / high risk group (eg asymptomatic carrier)

NO →

A **AND** ~~B~~
OR
~~A~~ **AND** B
OR

ANYONE WHO IS CURRENTLY IN QUARANTINE (OR WOULD MEET PUBLIC HEALTH QUARANTINE CRITERIA)

YES

- Use T1 / ISO 2-4 only if needing AGPs
- Otherwise send to **ORANGE** area
- Droplet PPE for non-AGP / Airborne PPE for AGP

GREEN?
Low PTP for COVID and has no COVID symptoms. Not associated with affected community of local COVID spread

~~A~~ **AND** ~~B~~
OR
CLEARED BY A SR CLINICIAN (CONS / SR REG) AS HAVING A FEVER AND CLEAR NON-RESP FOCUS IN A LOW RISK PATIENT

YES

- Send to GREEN area
- Avoid AGPs where possible
- When AGPs essential, preferably use T1/2 over R3-9, with droplet PPE if <1.5m from patient
- Non-infective ENT AGP presentations (eg epistaxis, oesoph FB) can be safely managed in GREEN assessment cubicles

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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

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.

EPISTAXIS

GREEN
Use use Droplet PPE (face shield preferred)
Can be performed in **GREEN** assessment cubicles
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

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