

COVID-19



Ringgold County Hospital
Screening & Triage Planning and Execution
Last updated: 3.19.2020

BEST PRACTICE



Screening site external to hospital or clinic.

- Phone
- Telehealth
- Carside

OBJECTIVE: *Use best practice for screening techniques during pandemic infection in high risk population due to zero immunity.*

KEY RESULTS:

1. Reduce Transmission to other patients.
 2. Reduce Transmission to staff.
 3. Reduce waste of critically low supply of PPE.
-

OBJECTIVE: *Use best practice for screening techniques during pandemic infection in high risk population due to zero immunity.*

KEY RESULTS:

1. Reduce Transmission to other patients.
2. Reduce Transmission to staff.
3. Reduce waste of critically low supply of PPE.

PLAN:

GOAL*: Screen outside RCH

- Phone or telehealth preferred. (working on telehealth - stay tuned).
- Outside initial symptom assessments: Step 1
- Step 2: Curbside/Carside, phone triage by RN.
- All patients triaged prior to entering RCH.
- Patient with no concerning symptoms recommended to self-care at home.

*All POSITIVE screened individuals requesting a medical exam by physician/provider are escorted (not alone) to **NORTH entrance** near isolation hallway. **DO NOT REFUSE PATIENTS MEDICAL CARE IF THEY REQUEST***

COVID19

Resources:

People & Supplies:

- STEP 1 Screens: Any staff.
- Car checks: EMS, CNA, MA, any clinical staff comfortable with watching for life-threatening emergency patients to bypass line or move to priority.
- Step 2: Triage Minimum credentials = RN
- Runners: supplies, lab samples (flu/strep), paperwork, wheelchairs.
- Lab techs
- Indexing system, PPE, hazardous waste receptacles, hand washing stations.



EMERGENCY!

As we check cars (if there is a line) if any patient reports or appears to be experiencing a

LIFE THREATENING EMERGENCY:

Chest pain, severe distress, trauma-related injury, unstable fracture, etc:

WE ARE STILL OPERATING AN ER

If there is a car line in circle drive, direct these patients immediately to rear entrance through Ambulance Garage and into ER through the garage-entrance door or staff door.

If in doubt, mask patient. Our job continues to be to save lives. Don't delay emergently ill patients.

OBJECTIVE: *Use external screening techniques during pandemic.*

KEY RESULTS:

1. Reduce transmission rates in local population.
2. Reduce risk of overwhelming healthcare resource capacity.
3. Educate public on importance of social distancing.

WHY EVERYONE?

Most in general public do not recognize the importance of this pandemic.

We have already recognized several gaps in screening & patient knowledge re: COVID19 to date.

Patients and visitors with positive screens have been allowed into open clinical areas.

As the infected population rises, risk rises.

GOAL: PHONE SCREENING

SPREAD THE WORD:
ALL PATIENTS &
VISITORS:



TWO DIFFERENT SCREENINGS

INITIAL SCREEN

This screen indicates patient is a potential COVID19 patient.

Refer patient to RN if screen is POSITIVE + DYSPNEIC.

If NEGATIVE: Give education and refer to home.

STEP 2: RN MEDICAL SCREENING EXAM (MSE)

May be completed by phone


Carside/Curbside

Inside Isolation ER room.

→ Documented Screening

+/- Testing (NO COVID19 TESTING)

😊 May be
completed by ANY
staff member: CNA,
MA, EMT, Ward
Clerk, etc.

2 YES
answers
To questions
1-3

positive
screen.

Step 1: Screen everyone

1. Have you had a fever within the past 7 days?
 2. Have you had a cough?
 3. Have you felt short of breath that is different from normal for you?
 4. Have you already spoken to someone over the phone about these questions before coming to RCH? (if yes, what was their recommendation?)
-

Positive Step 1 Screen:

NO shortness of breath:

Education sheet(s), home, isolation.

If SHORT OF BREATH:

Refer to **Step 2: RN** for triage by phone or carside.

IF IN DOUBT:

Send to RN for Step 2 by phone or car.

THERE IS NO MEDICAL TREATMENT FOR COVID19!



Not
ALL
positive
screens
require
medical
attention!

Positive Step 1 Assessment



Proceed to:

Education and refer to home if *no shortness of breath*

Trained RN Screening for further screening/counseling

May screen/counsel by phone, curbside/carside.

RN STEP 2 triage may also occur in isolation ED before contact with physician/APP if patient is not able to wait in car for other reasons.

IMPORTANT

There is a SEVERE shortage of COVID19 tests available in Iowa.

Until further notice, RCH CAN NOT provide COVID19 tests to patients not meeting IDPH criteria for severe respiratory illness.

(See 3.19.20 update - Subject to Change)

For the purpose of EMTALA

AS OF 3.16.2020

ER trained RNs may carry out **Medical Screening Exams** for the purpose of EMTALA on patients presenting with symptoms of cough + fever wishing to be evaluated for COVID19.

CMS has lifted criteria in order to assist with patient flow/overload due to national disaster response to pandemic.

RN may perform initial medical/triage screening. If patient does not appear to be in distress after screening which may occur at the carside, patient may be referred to home for quarantine.

Education in written form shall be provided to patients on home care, isolation/quarantine, RCH phone number, and instructions to call if condition worsens, particularly development of difficulty breathing.

If patients insist on seeing physician/provider, then we must follow patient's wishes for EMTALA guidelines. There is **no medical treatment** for COVID19 without breathing difficulty. SAFEST place is home at this time. *Do NOT refuse patient medical care in ER if this is their choice.*

STEP 2: RN Screening Exam: COVID19

1. Name, DOB/Age, Phone#
CAR ONLY: Have you been seen at RCH or MAMC at anytime in the past?
2. Temp, Respers, **Pulse Ox**, Lung exam if patient is curbside/carside. *If by phone, document patient's ability to speak in clear sentences/evidence of dyspnea.
3. How many days have you felt ill? (less than or **greater than 5**?)
4. **Have you been exposed to/near anyone who has tested positive for COVID19?**
5. Have you had fever over past 7 days? If yes, what temp? Fever = Temp greater than 100.4F
 - a. ***CDC Criteria includes "subjective fevers." If patient has *felt feverish*, this counts as fever.
6. Have you had a cough? If yes, dry? Productive ("have you been coughing anything up?")
7. **Have you felt like it is hard to breath? Does it feel tight in your chest when you cough or breathe?**
8. Do you have:
 - a. High blood pressure?
 - b. Heart disease? (coronary artery disease; a-fib does not count)
 - c. Diabetes?
 - d. COPD or Asthma?
 - e. Cancer/are you using chemotherapy?
 - f. Any illness or medicine that lowers your immune system?
 - g. Do you smoke or vape?
9. Are you experiencing: Nausea, diarrhea, vomiting → IF YES & admitting, **MASK even if no respiratory symptoms!!**

— STEP 2: RN Screening

1. Name, DOB/Age, Phone#
CAR ONLY: Have you been seen at RCH or MAMC at anytime in the past?
2. Temp, Respers, **Pulse Ox**, Lung exam if patient is curbside/carside. *If by phone, document patient's ability to speak in clear sentences/evidence of dyspnea.
3. How many days have you felt ill? (less than or **greater than 5**?)
4. **Have you been exposed to/near anyone who has tested positive for COVID19?**
5. Have you had fever over past 7 days? If yes, what temp? Fever = Temp greater than 100.4F
 - a. ***CDC Criteria includes "subjective fevers." If patient has *felt feverish*, this counts as fever.
6. Have you had a cough? If yes, dry? Productive ("have you been coughing anything up?")
7. **Have you felt like it is hard to breath? Does it feel tight in your chest when you cough or breathe?**
8. DO you have:
 - a. High blood pressure?
 - b. Heart disease? (coronary artery disease; a-fib does not count)
 - c. Diabetes?
 - d. COPD or Asthma?
 - e. Cancer/are you using chemotherapy?
 - f. Any illness or medicine that lowers your immune system?
 - g. Do you smoke or vape?
9. Are you experiencing: Nausea, diarrhea, vomiting → IF YES & admitting, MASK even if no respiratory symptoms!!

Key to RN MSE:

+ 5 + 6: Home with COVID19 Home Care/Quarantine Guide.

+7 -4 -5 -6 AND symptom onset less than 4 days ago: May be seen in regular ED.

+4 +5 +6 -7/no concern on 2: Influenza swab, strep swab and home with COVID19 Home Care/Quarantine Guide. Order labs under ER Attending as OUTPATIENT LAB.

+5 +6 +7 or concern on 2: Influenza swab, strep swab→ admit to isolation ER for evaluation by ER attending.

RNs: If you are on the fence on whether a patient requires physician assessment, use a + or - answer to Question #8 or #9 to help guide decision to possibly go home or see doctor. If screen is by phone, do not recommend influenza or strep swabs.

COVID19

Tracking: Indexing, registration, cameras.

- Any individual undergoing **STEP 2 RN TRIAGE** by phone or carside
- Index Card:
 - Date of Screen
 - Name (check spelling)
 - DOB
- If influenza, strep, or any other lab testing ordered:
 - Verify patient has been seen at RCH or MAMC in the past & if so, if insurance has changed? If they have been seen before: Just need name and DOB.
 - If no prior visits as patient: Form for Reg, photo of insurance card and if available, driver's license, and phone number.
 - Mark lab sample with sticker. Send to lab to await order. Patient registered as outpatient lab under ER attending as ordering physician.





INDEX CARDS

Keep in alphabetical order in central location.

All triage nurses to pass cards to filing person at end of shift or prn.

Goal:

- Track number of patients who screen +
- Track who return worse, how many days from initial triage to time they return.
- Without testing for COVID19, this will help us understand what is going on with our patients.

STEP 3: Admit to Respiratory ED

1. Step 2 Screener: **Notify** Registration of Admission to ED
2. Have patient **park and wait** until you see Staff at North Entrance ready to open door.
3. **Respiratory ED RN/EMS: Proceed to North Entrance** to meet patient. Apply PPE. Notify Step 2 Screener that you are ready to receive patient.
4. Step 2 RN: **Escort patient** to North entrance **maintaining 3-6 feet distance** from patient.
5. If patient is in **distress**, notify Registration that a wheelchair or EMS assist is needed.
6. Step 3 Receiving staff: If patient's **pulse ox** is <88% on room air or <90% and dyspneic, apply NC & to titrate to 90-95% O2. Apply Surgical Mask OVER nasal cannula. NO HIGH FLOW O2 without ED attending management. Do not turn on O2 without mask on pt.
7. Notify ED attending if patient in **respiratory distress**.
8. Triage patient. Strep, Influenza Standing Order
9. Stay tuned to further standing orders. For now, per ER Attending.
10. In addition to usual triage questions: do you have:
 - a. High blood pressure?
 - b. Heart disease? (coronary artery disease; a-fib does not count)
 - c. Diabetes?
 - d. COPD or Asthma?
 - e. Cancer/are you using chemotherapy?
 - f. Any illness or medicine that lowers your immune system?
 - g. Do you smoke or vape?

Notify ER Attending
To any positive answers
To a-g when you call report.

DO NOT remain in room w/
Patient if not performing
care & patient stable. We
need to balance preserving
PPE with decreasing
healthcare worker
exposure.

BY ORDER OF THE IOWA DEPARTMENT OF PUBLIC HEALTH

DO NOT TELL

DO NOT SHARE INFORMATION ABOUT *TESTING* OR *POSITIVE CASES*
AT RCH.

ALL INFORMATION RELEASED WILL BE DONE BY IDPH.

TESTING & RESULT INFORMATION IS TOP SECURITY INFO.



**Keep Rolling with the punches.
We can do this.
Changes will continue
day by day.**

COVID-19



Ringgold County Hospital
Screening & Triage Planning and Execution
Last updated: 3.19.2020