Pre-Triage/Triage Screening Criteria for ED/UCC/EMS/Obstetrical nurses, clerks, midwives, physicians

This document is intended to identify COVID-19 symptoms. The initial pre-screening at triage will screen for ILI and GI symptoms. Expanded symptoms do not require isolation/Contact and Droplet precautions. The expanded screening may be performed by the primary care nurse.

A. Triage nurse instructions:

Screen all patients for ANY of the following symptoms:

New or worse:
- ☐ Cough
- ☐ Shortness of breath
- ☐ Myalgia (muscle pain)
- ☐ Fever/chills/rigors
  - Adults >37.8°C (reported or documented)
  - Pediatrics ≥38.0°C (reported or documented)
- ☐ Sore throat/painful swallowing
- ☐ Runny nose/nasal congestion
- ☐ Arthralgia (joint pain)
- ☐ Difficulty breathing
- ☐ Vomiting must have had 3 or more episodes of
- ☐ Diarrhea vomiting and/or diarrhea in a 24hr period

Screen all patients for ANY of the following Risk Factors

- ☐ Have tested positive for COVID-19 within the last 14 days
- ☐ Had close contact* with a confirmed or probable case of COVID-19 within 14 days before illness onset
- ☐ Had close contact* with a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness
- ☐ Travelled anywhere outside of Canada within the last 14 days
- ☐ Had laboratory exposure to biological material known to contain COVID-19 virus
- ☐ Associated with any healthcare unit/facility, congregate living, or other (e.g. workplace or social gathering) COVID-19 outbreak/cluster

*A close contact is someone who:
- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment (PPE)

OR
- Lived with or otherwise had close prolonged contact (within 2 metres) with the person while the person was infectious

OR
• Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment

If positive for any of the above symptoms and/or risk factors these must be documented within the patient care record. Immediately have the patient perform hand hygiene and put on procedure mask. For pediatric patients who cannot tolerate a mask, cover them with a blanket or have them cuddle with care provider to minimize exposure to others.


**If Yes to ANY of the indications:**

• Staff involved in patient assessment and transport should immediately initiate Contact and Droplet precautions.

• If available, place patient in a single room with hard walls, a door and dedicated toilet or commode and implement Contact and Droplet precautions as soon as possible.
  
  o If patient requires an Aerosol Generating Medical Procedure (AGMP), place patient in negative pressure isolation room if available (not required)
  o If no single room with hard walls and a door is available, contact IPC and/or follow site specific processes.

If questions regarding patient isolation contact IPC. Follow site practice regarding notification of person in charge.

**Physician instructions**

• For patients whom pre-triage/triage have screened as positive for COVID-19 symptoms/risk factors, don Contact & Droplet PPE (i.e., procedure/surgical mask, eye/face protection, gown, gloves) before assessing patient;

• Complete patient history (including confirming travel and exposure history) and physical exam;

• Consider COVID-19 testing if the patient has new or worse, and unexplained symptoms from the Expanded Symptoms list:

  - Headache
  - Myalgia (muscle pain)/arthralgia (joint pain)
  - Fatigue/extreme exhaustion
  - Altered mental status
  - Loss of/change to sense of smell (anosmia)/taste (dysgeusia)
  - Conjunctivitis/red eye/chemosis (conjunctival edema)
☐ Nausea/sudden loss of appetite ☐ Any additional symptoms at clinician’s discretion (e.g. skin manifestations such as “COVID toes”)

• If there is a plausible, alternate (non-COVID-19) clinical diagnosis AND patient does not have any risk factors as determined by the MRHP, COVID-19 testing is not required.

• Patients who meet the expanded symptom criteria and who do not have other risk factors do not require Contact and Droplet precautions.

• All patients being admitted to hospital with symptoms consistent with COVID-19 should be tested

All symptoms/risks will be communicated to the receiving unit on admission

A nasopharyngeal or throat swab, collected under strict Contact and Droplet precautions and transported in viral transport medium, should be submitted. For questions on test appropriateness and information on TDG B shipping requirements, call the ProvLab Virologist on-call (VOC) in Edmonton (780-407-8822) or Calgary (403-333-4942).

• COVID-19 testing requests can be made through your site’s clinical information system or by submitting respiratory specimens with the Serology and Molecular Testing Requisition (https://www.albertahealthservices.ca/frm-20676.pdf) and writing “COVID-19” in the bottom box (Specify Other Serology and Molecular Tests).

• Presenting symptoms, date of symptom onset and travel history, including country of travel and return date, MUST be included.

Asymptomatic patients may be tested at the patient’s request.

• Advise all patients and close contacts to follow public health directions to self-isolate.

Self-isolation recommendations are available here: www.alberta.ca/isolation.aspx

Real time map tracking novel coronavirus (COVID-19) global cases:

https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6