Standard Operating Procedure (SOP) for Triage of Suspected COVID-19 Patients in non-US Healthcare Settings

Intended for use in non-US healthcare settings. Document can be found at:


This triage SOP should be used in addition to and not as a replacement to routine clinical triage already in place in healthcare facilities.
Outline

- COVID-19 background
- Definition of triage
- What patients can do before and upon arrival to healthcare facility
- What healthcare facilities can do to minimize risk of infection among patients and healthcare workers
- What healthcare workers can do to protect themselves and their patients during triage
- Considerations to maintain healthcare delivery as number of COVID-19 cases increases
COVID-19 background

- Caused by a newly emergent coronavirus, SARS-CoV-2

- Leads to respiratory tract infection, including pneumonia

- Transmitted mainly via respiratory droplets (sneezing, coughing, etc.), but transmission via contaminated surfaces can also occur

- Cause a variety of symptoms including fever, cough, fatigue, myalgia, sore throat, difficulty breathing, or loss of taste or smell.

What is triage?

- The sorting out and classification of patients to determine priority of need and proper place of treatment.

- For COVID-19 outbreak, triage is particularly important to separate patients likely to be infected with the virus that causes COVID-19.

- Effective triage can prevent transmission of the virus that causes COVID-19 to patients and healthcare workers (HCWs).
What Patients Can Do
What patients can do

- Inform healthcare providers if they are seeking care for symptoms suggestive of COVID-19
- Wear a medical mask, if available
- Immediately notify registration desk about symptoms
- Wash hands at healthcare facility entrance
- Carry a tissue or other alternative to cover mouth or nose
- Maintain social distance in accordance with WHO recommendations
What Healthcare Facilities Can Do
What healthcare facilities (HCFs) can do

• Communicate with patients before they arrive for triage
• Set up and equip triage (e.g., availability of medical masks for people with COVID-19 symptoms)
• Set up a separate COVID-19 waiting area
• Establish triage process
• Train staff on infection prevention and control measures including proper use of personal protective equipment
Communicate with patients before they arrive at HCF

- Establish a hotline for patients to call before arrival to HCF to determine the need for a visit
- Inform general public through mass media about availability of a hotline and the signs and symptoms of COVID-19 that require care
- Consider telemedicine (telephone, audio-video interaction, or secure messaging system) for clinical support of non-emergency cases
- Advise patients with warning signs of medical emergency to seek care immediately
Set up and equip triage

- Strategically place clear signs directing patients with COVID-19 symptoms to immediately report to the registration desk

- If possible, consider having a separate registration desk for patients coming in with symptoms suggestive of COVID-19
  - Ensure the signs direct patients to the dedicated registration desk

STOP!

If you are experiencing:
- Fever or Chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Please REPORT immediately to the registration desk!
Set up and equip triage

- Medical mask and paper tissues at registration desk
- Physical barriers (glass or plastic screens)
- A bin with lid for discarding used paper tissues
- Hand hygiene stations

Regular Waiting Area

Separate waiting area

WPRO: The COVID-19 risk communication package for healthcare facilities
Visual alerts

Place alerts at the entrance of the facility and in strategic areas (waiting areas or elevators)

Alerts should cover:

- Cough etiquette
- Disposal of contaminated items
- Hand hygiene
Set up a separate waiting area

A separate, well-ventilated area where patients with suspected COVID-19 can wait. This area should have:

- Benches, stalls or chairs separated by at least one-meter distance
- Dedicated toilets and hand hygiene stations
- Paper tissue, alcohol-based hand sanitizer, and trash bin with lid
- Clear signs informing the location of a separate COVID-19 waiting area
Triage process

- Assign dedicated clinical staff (physicians or nurses) for physical evaluation of patients presenting with symptoms suggestive of COVID-19 at triage
- Train administrative personnel working in the reception area

Use a Standardized triage flow algorithm based on epidemiologic scenarios
- No or limited COVID-19 community transmission
- Widespread COVID-19 community transmission
Example of Triage Flow for Countries with No or Limited Community Transmission
Triage of patients with suspected COVID-19 (no or limited community transmission)

Identify common signs and symptoms of COVID-19:
• Acute onset of fever (>38°C or history of fever) and cough*
-OR-
• At least 3 signs or symptoms of COVID-19 (e.g., cough, myalgia, headache, sore throat, loss of smell or taste)

No
Continue with usual triage, assessment and care

Yes
Place medical mask on patient

Identify Travel and Direct Exposure History:
• Has the patient traveled or resided in another country where COVID-19 is spreading during the 14 days prior to symptom onset?
- or -
• Has the patient had contact with an individual with suspected or confirmed COVID-19 during the 14-days prior to symptom onset?

No
Continue with usual triage, assessment and care

Yes
Separate from other patients:
• Place the patient in a single-person well-ventilated room with the door closed or in other designated area
• Ensure healthcare workers (HCW) caring for the patient adhere to Standard, Contact, and Droplet Precautions
• Only essential HCW with designated roles should enter the room and wear appropriate personal protective equipment

Inform: Notify the hospital infection control program and other appropriate staff

*Elderly or immunosuppressed people may not develop fever, but atypical symptoms (e.g., reduced mobility, confusion) or new-onset of cough or worsening respiratory symptoms. In countries where fever-inducing pathogens (e.g., malaria, dengue) are not endemic, fever alone can be used as a sole criterium for COVID-19.
Example Triage Flow for Countries with Widespread Community Transmission
Triage of patients with suspected COVID-19 (widespread community transmission)

**Identify** common signs and symptoms of COVID-19:
- Acute onset of fever (>38°C or history of fever)* and cough
- OR-
- At least 3 signs or symptoms of COVID-19 (e.g., cough, myalgia, headache, sore throat, loss of smell or taste)

**Yes**
- Place medical mask on patient

**Yes**
- Separate from other patients:
  - Place the patient in a single-person well-ventilated room with the door closed or in other designated area
  - Ensure healthcare workers (HCW) caring for the patient adhere to Standard, Contact, and Droplet Precautions
  - Only essential HCW with designated roles should enter the room and wear appropriate personal protective equipment

**Inform**
- Notify the hospital infection control program and other appropriate staff

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*Elderly or immunosuppressed people may not develop fever, but atypical symptoms (e.g., reduced mobility, confusion) or new-onset of cough or worsening respiratory symptoms. In countries where fever-inducing pathogens (e.g., malaria, dengue) are not endemic, fever alone can be used as a sole criterion for COVID-19.
Triage process

- Follow the appropriate triage algorithm
- Give a medical mask to patients with respiratory symptoms
- Immediately isolate/separate patients with suspected COVID-19 in:
  - single-person room with door closed
  OR
  - separate waiting areas
- Limit the number of accompanying family members in the waiting area (no more than 1 family member per patient)
Cleaning and disinfection of triage area

- Clean and disinfect triage area, including separate COVID-19 waiting areas, at least twice a day
- Focus on frequently touched surfaces
- Disinfect with 0.1% (1000ppm) chlorine
  OR
- 70% alcohol for surfaces that do not tolerate chlorine
What Healthcare Workers Can Do
Infection prevention and control precautions

- Adhere to **Standard Precautions**
- Be trained on and familiar with **Contact** and **Droplet Precautions**
- Ensure that environmental **cleaning and disinfection procedures** are followed consistently and correctly
- Stay home if develop fever and/or symptoms suggestive of COVID-19 (cough, myalgia, fatigue, sore throat, new loss of smell or taste)
Personal Protective Equipment (PPE)

- HCWs who do **not** come in contact with suspected or confirmed COVID-19 patients

**Physical barrier AND**
Physical distance of at least 1 m

- Glass or plastic barrier

**No physical barrier AND**
Physical distance is not feasible

- Face shield or goggles
- Medical mask
- Use mask and eye protection

**No PPE required**
Personal Protective Equipment (PPE)

- HCWs who come in contact with suspected or confirmed COVID-19 patients should wear appropriate PPE

Conducting examinations of patients with respiratory symptoms
- goggles OR face shield
- medical mask
- gown
- gloves
HOW TO GUIDE – PUTTING ON PPE FOR CONTACT/DROPLET PRECAUTIONS

1. Perform hand hygiene
   - Alcohol based handrub: Rub hands for 20-30 seconds.
   - Water and soap: Wash hands for 40-60 seconds.

2. Put on the gown
   - Medical gown.

3. Put on the mask
   - Medical mask.

4. Put on eye protection
   - Goggles or face shield.

5. Put on gloves
   - Ensure glove is placed over the cuff of the gown.

Full PPE

HOW TO GUIDE – TAKING OFF PPE FOR CONTACT/DROPLET PRECAUTIONS

1. Remove gloves

2. Remove the gown
   - Ensure gown is taken off in a manner in which it does not spread anything off the gown.

3. Perform hand hygiene
   - Alcohol based handrub: Rub hands for 20-30 seconds.
   - Water and soap: Wash hands for 40-60 seconds.

4. Remove eye protection
   - Remove goggles or face shield.

5. Remove the mask
   - Remove the mask.

6. Perform hand hygiene
   - Alcohol based handrub: Rub hands for 20-30 seconds.
   - Water and soap: Wash hands for 40-60 seconds.
Important Measures During Periods of COVID-19 Community Transmission
Strategies to avoid overcrowding at triage and preserve PPE

- Cancel non-urgent outpatient visits to ensure enough HCWs are available to provide support for COVID-19 clinical care, including triage services
  - If outpatient visit is critical (such as immunization of infants or pre-natal care for high-risk pregnancy), identify separate/dedicated entrance for these patients
  - Reinforce telemedicine or other alternative to face-to-face visit
- Postpone or cancel elective procedures and surgeries to minimize exposures and to preserve PPE for HCWs caring for COVID-19 patients
- Expand hours of operation, if possible, to limit crowding in triage during peak hours
COVID-19 evaluation centers

- Designate an area near the facility where patients with symptoms of COVID-19 can seek evaluation and care

Photo Credit to the Kent County News
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.