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**PURPOSE:**

For early identification and detection of SARS-COV 2 virus and proper isolation of confirmed COVID-19 patients.

**LEVEL:**


EREID Triage and ER Nurses, Medical Technologist, Information clerk, Security and Auxillary Personnel, MSD and Affiliating Medical Consultants.

**DEFINITION OF TERMS:**

**Coronavirus disease 19 (COVID-19)** - is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

**Diagnostic testing / Testing for diagnosis** – looks for presence of COVID-19 at the individual level and is performed when there is a particular reason to suspect that an individual may be infected (i.e. manifestation of symptoms or known history of exposure). Diagnostic testing intends to diagnose an infection in patients suspected of COVID-19 by their healthcare provider, such as in symptomatic individuals, individuals who have had recent exposure, and individuals who are in a high-risk group such as healthcare providers with known exposure. In these guidelines, this shall be applied to close contacts and suspect cases identified after symptoms-based screening.


**Screening testing / Testing for screening** – intends to identify infected individuals prior to development of symptoms or those infected individuals without signs or symptoms who may be contagious, so that measures can be taken to prevent them from infecting others. This includes broad screening of asymptomatic individuals

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without known exposure and then deciding on the next courses of action based on individual test results.


**POLICY:**

1. All In – patients for admission shall undergo routine RT-PCR screening during COVID-19 pandemic.
2. All patients for admission under the Department of Internal Medicine and Department of Pediatrics shall have an initial x-ray for stratification. (*See Memo of MDO-08-025: Opening of Sari Unit and Tent for Suspect, Probable, and Confirmed COVID cases*)
3. Screen patients and visitors for fever, respiratory symptoms, or other symptoms related to COVID-19 before entering the emergency room. (*See policy -Management of Patients during the Covid-19 Pandemic*)
4. Separate patients with suspected COVID-19 symptoms so they are not waiting among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated. Patients screened with COVID – 19 symptoms shall undergo Diagnostic testing for RT-PCR.
5. Patients who are asymptomatic and with absence of pneumonia in the chest x-ray result shall be managed at the main Emergency Room and will be admitted to the regular room. Such patients should not wait among other patients with COVID-19


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like symptoms seeking care. Patients triaged in the main emergency room shall be required to undergo RT-PCR screening testing at the regular room.

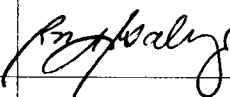





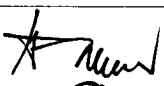
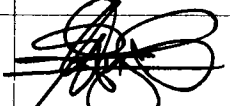
6. All patients with RTPCR results admitted from other hospitals who opt to be transferred to DPOTMH shall be accepted.
7. If a patient present to the ER with a chest x-ray result, it will be considered valid within 72 hours from the day the x-ray was done and provided the x-ray film is available for review. Otherwise a repeat x-ray should be performed or if the attending consultant wishes to do so.
8. Patient with (+) RT PCR result or with COVID-19 like symptoms and/or with suspicious radiologic report shall be placed at SARI unit, RT PCR shall be done prior to transfer to Isolation unit.
9. Identify a separate, well-ventilated space that allows waiting patients to be separated by 3 or more feet, with easy access to respiratory hygiene supplies.


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10. While screening should be performed upon entry to the hospital, it should also be incorporated into daily assessments of all admitted patients. All fevers and symptoms consistent with COVID-19 among admitted patients should be properly managed and evaluated (e.g place any patient with unexplained fever or symptoms of COVID 19 on appropriate Transmission-Based Precautions or COVID floor and evaluate).
11. All Patients and visitors should wear surgical face masks without valves upon arrival and throughout their stay in the hospital. If they do not have a face covering, they shall be offered a face mask.

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**APPROVAL:**

	NAME/TITLE	SIGNATURE	DATE
Prepared by:	<b>RIA NICOLE A. GALVEZ, RN, APCHA</b> Infection Prevention and Control Supervisor		12/16/2020
Verified:	<b>KONRAD JAN ESCOBIA, RN</b> Emergency Room Manager		12/17/2020
	<b>DOLORES ROMMELA T. RUIZ, MD, FPSMID</b> IPCU – Interim Chairman		12/28/2020
Reviewed:	<b>BERNIE B. SIASON</b> Non-Patient Care Analyst – QA		12/17/2020
	<b>DENNIS C. ESCALONA, RN, MN, FPSQua</b> Quality Assurance Supervisor		12/19/2020
Recommending Approval:	<b>MA. ANTONIA S. GENSOLI, MD</b> Medical Director		12.28.2020
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		12/29/2020
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		2/6/2021

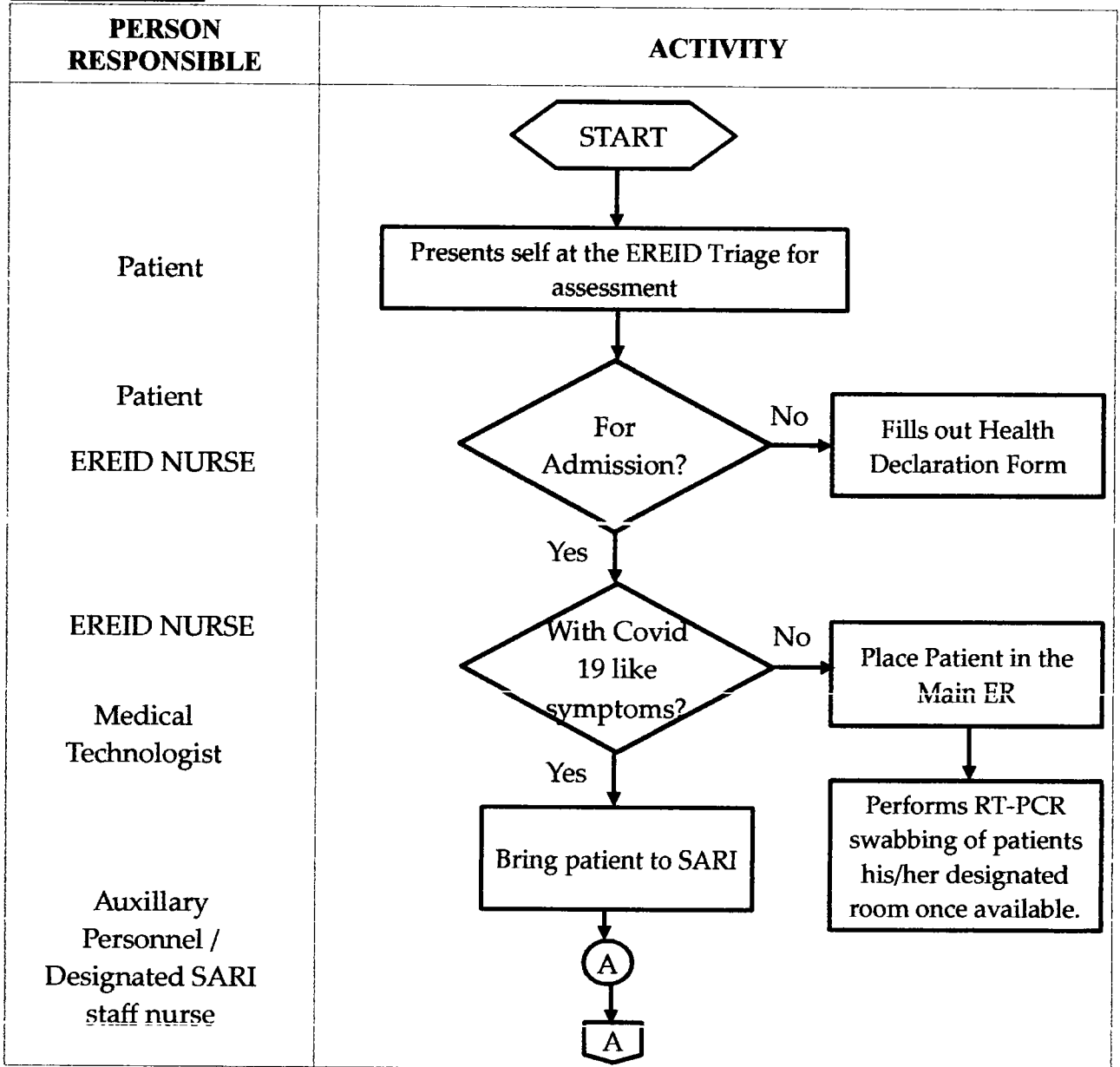
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**PROCEDURE:**

1. All patients for admission shall be required to have SARS CoV 2 RT-PCR screening/diagnostic testing and among other indicated diagnostic tests. Patients shall undergo EREID pre – assessment screening (*see policy triaging of patients during the COVID-19 pandemic*)
2. All patients for admission under the department of IM shall have an initial x-ray for stratification and also an RT PCR swab for Covid 19. If classified as non-respiratory with no other COVID-19 like symptoms and no pneumonia in x-ray, patients shall be placed in the acute care room. However, If patient with SARI/ILI/ respiratory like symptoms and/or pneumonia seen in the chest x-ray, patient shall be placed in the SARI wing.
3. All patients for admission under the Department of Pediatrics shall have an initial chest x-ray diagnostic test for stratification and an RT-PCR swab for COVID-19. Earliest swab for newborns is at 24 hours old, regardless of gestational age.
4. Emergency room nurse on duty shall facilitate RT-PCR swabbing of patients in SARI wing.
5. Medical Technologist shall perform RT-PCR test to all patients for admission in the SARI wing.
6. After all admitting orders are carried out, patients from SARI wing shall be transferred to the COVID floor while patients from acute emergency room, shall be transferred to the COVID-19 STAGING UNIT where RT-PCR screening will be performed.

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**FLOWCHART:**

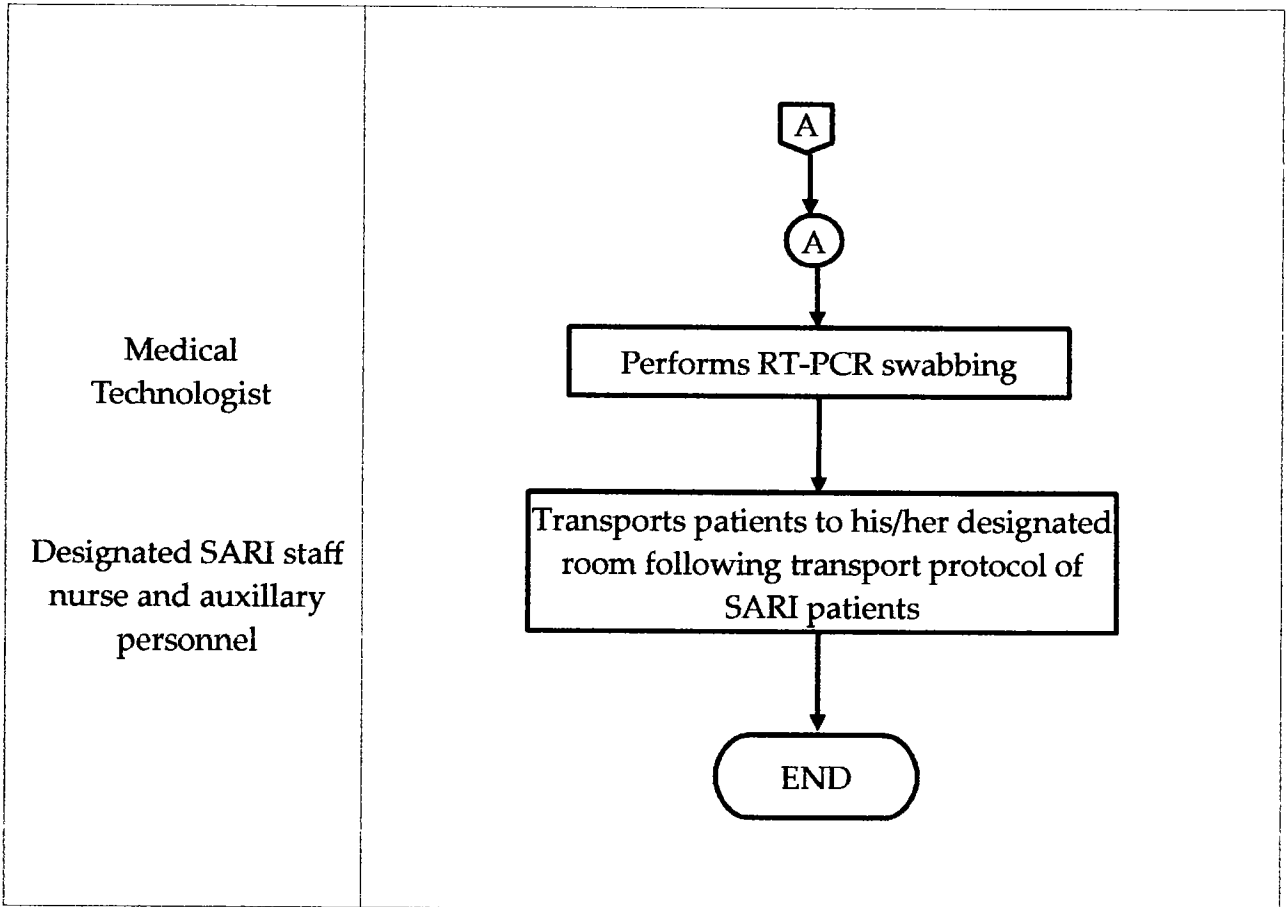





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MEMORIAL HOSPITAL

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### **WORK INSTRUCTION:**

#### **EREID NURSE**

1. Informs patient of RT-PCR Screening and other diagnostic test for admission.
2. Performs triaging of patients based on the current guidelines.
3. Places patient to ER designated areas based on triage protocol.

#### **AUXILLARY**

1. Facilitates transport of patient to designated unit after triage.

#### **MEDICAL TECHNOLOGIST**

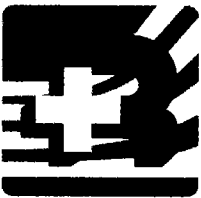
1. Performs Oro and Nasopharyngeal swabbing for RT-PCR at the designated area in SARI and Acute Care Unit.

#### **DOCUMENTATION**

Policy Manual

#### **DISSEMINATION:**

EREID Triage Guidelines for Admission, Communicators' Bulletin Board, NSD and MSD meetings.

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DOH department memorandum No. 2020-0439, October 6, 2020