

Vitalité Health Network

Clinical Pathway for COVID-19 Patients at the Campbellton Regional Hospital Emergency Department

This document is intended for emergency rooms in New Brunswick that could potentially treat patients with suspected or confirmed COVID-19. It is the result of collaborative work between experts from the emergency, intensive care and microbiology departments at the Dr. Georges-L.-Dumont University Hospital Centre. It is a generic document that is not intended to replace the local work adapted by ER, ICU and infection prevention and control teams from individual centres. The pandemic evolves rapidly, and guidelines might have to be adapted as the situation evolves. This specific version is updated to reflect the procedure at the Campbellton Regional Hospital and will be a living document that can be adapted as things develop.

At all times, the safety of hospital staff is the priority. All staff involved in direct care to patients with suspected COVID-19 are required to be familiar with the use of personal protective equipment and to have been properly fit tested for the N95 mask.

1- AMBULATORY PATIENTS (coming to the ER by car/on foot)

2- PATIENTS ARRIVING BY AMBULANCE

SCENARIO A: History consistent with suspected COVID-19 not intubated

SCENARIO B: History consistent with suspected COVID-19 intubated / i-Gel

SCENARIO C: No history (COVID?) (not intubated, intubated, cardiorespiratory arrest)

3- TRANSPORTATION OF COVID-19 PATIENTS

ER	COVID FLOOR
ER	INTENSIVE CARE
ER	RADIOLOGY
ER	OPERATING ROOM

4- TRANSPORTATION OF DECEASED PATIENTS

AMBULATORY PATIENTS:

- § Greeted at the ER entrance by designated staff (attendant, licensed practical nurse or other). Dressed for droplet/contact. The designated person asks the questions from the UPDATED screening questionnaire (must be checked daily).
- § A symptomatic patient who meets the screening criteria and comes only to get tested will be sent back home with the usual recommendations and self-isolation instructions and will be referred directly to the testing clinic with a scheduled appointment. (***) The patient must be in good overall condition).
- § A symptomatic patient who meets the screening criteria and wishes to be assessed by a physician will need to put on a mask, wash their hands with antiseptic solution and proceed to triage. Only one person may accompany a pediatric patient (< 16 years) and must also wear a procedure mask at all times. All other family members must be asked to go back home. Once the patient is inside the room, the nurse can proceed with triage;
 - > If the patient is in good overall condition and is ambulatory, they remain inside the neutral pressure room awaiting the physician's initial assessment. If the patient is discharged from the ER, the ER physician must notify Public Health or the testing clinic that a patient tested at the hospital was discharged.
 - > If the patient has mild symptoms without any severity factors (severity factors = RR \geq 30/min, SaO₂ < 93%), but needs to lie down for a condition other than COVID-19, they are transferred on a stretcher to the designated location (COVID).

- > If the patient is in poor overall condition (RR \geq 30/min or more, SaO₂ < 93% in room air), they will need to lie down on a stretcher at the designated location.
 - > If the patient is unstable and intubation is considered, they must be directed as quickly as possible to the ER isolation room, where oxygen will be administered using the oxygen mask with HEPA filter. (Guidelines must be followed to minimize aerosolization).
 - > The nurse must notify the ER physician of the presence of a suspected COVID-19 case. The patient must be seen by the physician in priority.
- § A symptomatic patient who does not meet the screening criteria will need to put on a mask, wash their hands with antiseptic solution and follow the usual procedure (take a number and wait for their turn for triage).
- § An asymptomatic patient, but who presents COVID-19 epidemiological risk factors based on the case definition must be identified with the COVID code and placed in usual contact/droplet isolation with monitoring of symptoms.
- § As needed, the ER physician can consult with the on-call microbiologist.

PATIENT TRANSPORTATION: ER - COVID FLOOR

Admitted suspected COVID-19 cases will be admitted or kept under observation in the possible COVID unit until COVID testing results. (If overflow occurs, another unit will be designated.)

Confirmed cases will be transferred to the dedicated COVID-19 unit.

Transportation of a confirmed COVID patient to the COVID unit: minimum of 2 people.

- The receiving unit must be informed of the precautions to take and of the patient's arrival.
- A clean sheet or blanket must cover the stretcher and the patient.
- The patient must practise hand hygiene before exiting the room if possible.
- The patient must wear a procedure mask. If the patient requires oxygen and cannot wear a procedure mask, oxygen is administered using an oxygen mask with HEPA filter.
- Health care workers responsible for transporting the patient must wear the appropriate PPE (face shield, surgical/procedure mask, gown and gloves).
- **No one else is allowed on the elevator, except if wearing appropriate PPE.**
- Once the patient has left, ER personnel must take the necessary steps to have the room cleaned and disinfected by housekeeping.
- Upon the patient's arrival to their room, the personnel must clean and disinfect the stretcher/wheelchair before taking it outside the unit.

PATIENT TRANSPORTATION: ER - INTENSIVE CARE

Suspected or confirmed COVID-19 cases requiring admission to intensive care will be transferred as soon as possible. (DO NOT WAIT FOR COVID TESTING RESULT.)

Transportation of a confirmed COVID patient to the COVID unit:

- The receiving unit must be informed of the precautions to take and of the patient's arrival.
- Security officers will be asked to prepare the itinerary, secure the hallway and block the elevator to avoid unnecessary exposure of staff and other patients.
- A clean sheet or blanket must cover the stretcher and the patient.
- The patient must practise hand hygiene before exiting the room if possible.
- The patient must wear a procedure mask. If the patient requires oxygen and cannot wear a procedure mask, oxygen is administered using an oxygen mask with HEPA filter.
- If the patient presents signs of respiratory distress, early intubation must be preferred, and the patient will be taken directly to room no. 6 in intensive care.
- ALL health care workers responsible for transporting the patient must wear the appropriate PPE (face shield, surgical/procedure mask, gown and gloves). Under exceptional circumstances, an N95 mask could be necessary.
- Once the patient has left, ER personnel must take the necessary steps to have the room cleaned and disinfected by housekeeping.
- Upon the patient's arrival to their room, the personnel must clean and disinfect the stretcher/wheelchair before taking it outside the unit.

PATIENT TRANSPORTATION: ER - RADIOLOGY

- * It is understood that to prevent the infection from spreading, a **simple X-ray** should be taken at bedside in the ER. The necessary precautions must be taken to minimize the risk of infection. The technician must wear PPE and place the cassette inside a bag before entering the patient's room. Upon exiting the room, the technician cleans the machine and cassette and removes the PPE.
- * It is understood that to prevent the infection from spreading, an **ultrasound** should be taken at bedside in the ER. The necessary precautions must be taken to minimize the risk of infection. The technician must wear PPE. Upon exiting the room, the technician cleans the machine and removes the PPE.
- * For **CT scans**: the department is responsible for taking the necessary precautions, and the patient will be taken to Radiology.
 - The receiving unit must be informed of the precautions to take and of the patient's arrival.
 - A clean sheet or blanket must cover the stretcher and the patient.
 - The patient must practise hand hygiene before exiting the room if possible.
 - The patient must wear a procedure mask. If the patient requires oxygen and cannot wear a procedure mask, oxygen is administered using an oxygen mask with HEPA filter.
 - Health care workers responsible for transporting the patient. **minimum of 2** people must wear the appropriate PPE (face shield, surgical/procedure mask, gown and gloves).
- *For **VQ scans**: a consultation with an internist or respirology MD must be done before performing this test because of the related risk. (only the infusion stage will be done)

PATIENT TRANSPORTATION: ER - OPERATING ROOM

Minimum of 2 people

- The receiving unit must be informed of the precautions to take and of the patient's arrival.
- A clean sheet or blanket must cover the stretcher and the patient.
- The patient must practise hand hygiene before exiting the room if possible.
- The patient must wear a procedure mask. If the patient requires oxygen and cannot wear a procedure mask, oxygen is administered using an oxygen mask with HEPA filter.
- Health care workers responsible for transporting the patient must wear the appropriate PPE (face shield, surgical/procedure mask, gown and gloves).
- Once the patient has left, ER personnel must take the necessary steps to have the room cleaned and disinfected by housekeeping.
- Upon the patient's arrival to their room, the personnel must clean and disinfect the stretcher/wheelchair before taking it outside the unit.

DECEASED PATIENT: ER - MORGUE

- * For the entire duration of the pandemic, deceased patients should be tested for COVID.
- * Usual procedure of placing the body in the bag.
- * Wash the bag upon exiting the room before placing it on the dedicated stretcher.
- * Transport to the morgue as usual + gloves and wash hands after.