

Hospital Operations Toolkit for COVID-19

Patient Care Policies/Processes:

Triage – Identify, Isolate, Inform

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Identify, isolate, and inform is an effective framework for the triage and initial management of emerging infectious diseases, including COVID-19.

Identify

Every hospital should have protocols to screen all staff, patients, and visitors for COVID-19 based on signs, symptoms, and exposure criteria. These protocols should align with *current* guidelines from the Centers for Disease Control and Prevention (CDC) and the state or local health department and be updated as knowledge related to COVID-19 increases. Information on this evolving pandemic changes rapidly and hospital staff should expect updates and know where to find the most up-to-date guidelines. COVID-19 screening algorithms should be posted at triage and incorporated in the hospital's electronic health records system.

Many hospitals and health systems use technology to begin the triage process prior to patient arrival. Approaches include:

- Information on hospital websites on the signs and symptoms and exposure criteria to seek care for COVID-19 and means of seeking both virtual and physical care and testing.
- Chat bots, phone apps, and similar self-screening tools to assess patient risks and provide guidance on self-care and seeking emergency care.
- Nurse triage lines or call centers to assess patients and advise them on appropriate next steps.
- Telehealth technologies to assess and remotely monitor patients who do not need hospitalization.

The [Telehealth/Virtual Medicine](#) section includes information on how to implement these technologies.

In addition to these remote screening approaches, some health systems have designated clinics or other locations for initial screening and testing, including drive-throughs and viral clinics.

To protect non-COVID patients and staff from exposure, hospitals should designate specific areas and/or processes for the triage of those who have COVID-19 symptoms. Many hospitals set up tents or trailers on their hospital grounds to allow physical separation between COVID and non-COVID patients and a more efficient triage process. The location of the designated screening area should be known to community emergency medical services (EMS) partners and be included in the information provided to

individuals recommended to seek treatment during remote screening encounters. Physical distancing and mask or cloth face covering guidelines should be followed by all patients while awaiting screening. Signage should reinforce hand and respiratory hygiene and cough etiquette with supplies available to support those infection control practices. Attention to distancing, masking, and hand hygiene is particularly important for small hospitals with limited physical space, urban hospitals lacking exterior space, and other facilities where it may be challenging to physically separate known or suspected COVID-19 patients.

These identification efforts can be supported by limiting the number of hospital entry points, posting clear signage to direct visitors, directing one-way traffic flow, and ensuring that all staff are trained on current screening protocols and workflows. Staff adherence to these procedures in the presence of patients and their loved ones may improve overall compliance with hospital rules.

Isolate

Those suspected or known to have COVID-19 should be isolated from non-COVID patients for additional medical evaluation. To reduce exposure risks throughout the facility, hospitals should designate pathways between the initial screening area and the isolation area. Depending on capacity, this may occur in a patient exam room with the door closed or another location where multiple patients await further evaluation while following physical distancing and mask/cloth face covering guidelines. Clear communication – including appropriate documentation in the electronic health record – should enable staff to take appropriate actions to protect themselves from exposures to suspected or known COVID-19 patients, especially in those facilities that are unable to dedicate separate physical space for those patients. Protocols and workflows should guide testing and other diagnostic activities that inform decision-making about whether to admit or release the patient. Released patients should receive clear instructions on how to safely maintain isolation in their homes and understand signs and symptoms that warrant follow-up. For admitted patients, many hospitals have designated floors or units to cohort COVID-19 patients separately from non-COVID patients.

Considerations for discharged patients and at-risk outpatients can be found in the [Case Management](#) section.

Inform

Hospitals should have an internal reporting process when COVID-19 patients are identified so they may be tracked and managed appropriately, and staff are aware of their own exposure risks. This will vary by hospital but may include infection prevention staff and those managing areas where COVID positive patients are being treated. Chart “flags” in the electronic health record for COVID-19 (or for airborne/contact precaution patient) may be helpful in addition to door/unit signage for inpatients. For patients who arrive via EMS or who are transferred from another facility, it may also be necessary to notify EMS or the sending facility so they may take protective actions, particularly if COVID-19 infection was not suspected when the patient arrived. Likewise, EMS and transfer facilities should alert hospitals of inbound suspected or known COVID-19 patients.

Many hospitals established dashboards or other solutions to track COVID-19 patients and their status throughout the course of their hospital stay. Hospitals should be aware of state or local COVID-19 reporting requirements for individual cases and those specific to tracking community transmission. The federal government requires reporting of specific hospital data related to COVID-19.

The [Risk Communication and Information Sharing](#) section includes information on internal and external communications.

Outpatient COVID-19 results should be communicated promptly. Many facilities provide information to the patient about COVID-19 illness at the time of discharge with the test result pending and do not require provider review of results before notifying the patient. Notification of results should be secure and can be done via email link, phone, app, online medical record, and other methods.

Resources Related to Triage

- American College of Emergency Physicians: [ACEP COVID-19 Field Guide](#)
- American College of Physicians: [Emergency Department COVID-19 Management Tool](#)
- Beth Israel Lahey Health: [Instructions for Screening Patients and Visitors for COVID-19](#)
- Centers for Disease Control and Prevention:
 - [Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019 \(COVID-19\)](#)
 - [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
 - [Phone Advice Line Tool for Possible COVID-19 Patients](#)
- Centers for Medicare & Medicaid Services: [Guidance for Infection Control and Prevention Concerning Coronavirus Disease \(COVID-19\): FAQs and Considerations for Patient Triage, Placement, and Hospital Discharge](#)
- Cleveland Clinic:
 - [COVID-19 Planning – Building Screening and Thermal Scanning Playbook](#)
 - [Special Infection Prevention Considerations for COVID-19 Cohort Units](#)
- Hackensack Meridian Health: [COVID-19 Care/Testing Pathway for Adult and Pediatric ED Patients with Signs/Symptoms Suspicious for COVID-19 Infection](#)
- Intermountain Healthcare: [Screening Process for Intermountain Hospitals](#)
- Kentucky Hospital Association: [Respiratory Compliant Tent/Area Guidance](#)
- Massachusetts General Hospital:
 - [Ambulatory Triage and Referral Process for Potential COVID19 Patients](#)
 - [SARS-CoV-2 \(COVID-19\) Toolkit](#)
- National Emerging Special Pathogens Training and Education Center: [Identify, Isolate, Inform: Assessment, Management, and Placement of PUI](#)
- New York City Health + Hospitals: [Frontline Hospital Planning Guide: Special Pathogens](#)
- University of California San Francisco:
 - [UCSF Health COVID-19 Ambulatory Symptomatic Adult Remote Triage](#)
 - [UCSF Health Interim COVID-19 Guidance for Adult ED, Inpatient OB Triage, Birth Center, and Hospitalized Patients](#)

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