

## SKU triaging system for Covid-19:

Written for HD patients but can be adapted for use in all patients attending OPD

Updated Thursday 06/08/2020 V Ingham, S Lawman, E Gillingham, J Widgery

We have 5 types of patients	
Patient well	Green pathway
Patient well but household or HD contact with suspected or swab positive COVID	Yellow pathway (new 23.7.20)
Patient well but contact of contact	Blue pathway (new 23.7.20)
Patient suspicious with COVID symptoms but swab negative or swab awaited	Amber pathway
Patient known COVID positive on swab	Red pathway

### New guidance re de-isolation, 2 negative swabs needed at day 14 and 16 if on red/amber or yellow pathways

- Patients will remain in a covid red/amber /yellow area for a minimum of 14 days if they have a positive swab /exposed
- If on red/amber pathway and thought to be clinically better without temp for 48 hrs, then re-swab on day 14
- If on yellow pathway, review well and re-swab at day 14
- Then repeat at day 16
- If both swabs negative and clinically happy for de-isolation, de-isolate from day 17 to the green pathway

## Swab logs:

Remember to add your patients to the new swab logs which have been generated

- Log of swabs for RED, AMBER and YELLOW patients in all SKU
- Log of swabs for BLUE patients in the HD lock down cohort
- Log of swabs for GREEN patients requiring admission or theatre
- Log of swabs for pts moving HD unit, new to HD or HD in-patient weekly swabs

## SKU triaging system for Covid-19:

Written for HD patients arriving for HD in any dialysis unit without known Covid-19

Can be adapted for use in all patients attending OPD

Updated Friday 17 July 2020 V Ingham, S Lawman, E Gillingham, J Widgery

On arrival to each HD unit the patient will be triaged and asked

- 1) Are they are unwell? Have you a new onset cough within the last 7 days or fever. Or new onset loss of taste or smell
- 2) Do they have a household member who are self isolating because of covid-19 symptoms: There are (A) new onset continuous cough OR (B) fever
- 3) Have you been advised to stay at home for 12 weeks as they should be shielding as they are highly vulnerable (transplant/immunosuppression)
- 4) And have their temperature taken

**Algorithm 1: What to do when the triaged patient has a temperature of less than 37.8**

**Algorithm 2: What to do when the triaged patient is well but (A) a household contact is unwell with covid/suspected covid or has a close contact with someone with covid/suspected covid at home (in line with track and trace guidance) OR (B) has a contact with covid/suspected covid on the ward or HD unit**

**Algorithm 3 : What to do when the triaged patient is well but when someone in their HD cohort has had contact with a covid/ suspected positive patient (BUT YOUR PT HAS NOT HAD DIRECT CONTACT) and that covid +ve person had not been isolated on the yellow pathways for HD (contact of contact)**

**Algorithm 4: What to do when the triaged patient HAS a temperature of 37.8 or greater**

**Algorithm 5: What to do when**

1. Triage nurse decides patient HIGH RISK unwell and thinks patient may need isolated HD  
or
2. Patient called before they arrive at dialysis and they have a positive check list of symptoms

**Algorithm 9 : What to do when the patient has KNOWN COVID-19**

**Algorithm 6: What to do when a patient rings up in advance of their HD session to report a problem**

**Algorithm 10: Patient unwell with NON COVID illness and requires admission**

**Algorithm 11: Asymptomatic patient new to dialysis**

**Algorithm 12: Asymptomatic patient transferring to another HD unit eg satellite or DAFB**

## Waiting areas

Advise all patients to ideally sit 2m apart (all units) and all pts should be wearing a FRSM (fluid resistant surgical mask)

Aim to get HD patient into their HD room as soon as possible to minimise waiting area time

- Green ARRIVAL waiting room area: for HD pts on arrival to HD
- Green DEPARTURE waiting area: for HD pts on finishing HD
- Non HD highly vulnerable Waiting room: for non-dialysis pts advised to stay at home for 12 weeks (transplant/immunosuppression)
- Yellow waiting area: ONE PATIENT ONLY USE at a time. For yellow outpatients or yellow HD pts requiring assessment prior to HD (known yellow HD pts should go directly into their HD room)
- Amber waiting area: ONE PATIENT ONLY USE at a time. For amber outpatients or amber HD pts requiring assessment prior to HD (Known amber HD pts should go directly into their HD room)
- Covid positive waiting room: MULTIPLE OCCUPANCY POSSIBLE. For red covid positive pts (HD pts should go directly into their HD room)

Other satellite HD units will develop their green arrival and departures waiting rooms and waiting room for patients they have acutely discovered to be high risk (amber, yellow or red)

## Accurate recording HD sessions on CV5

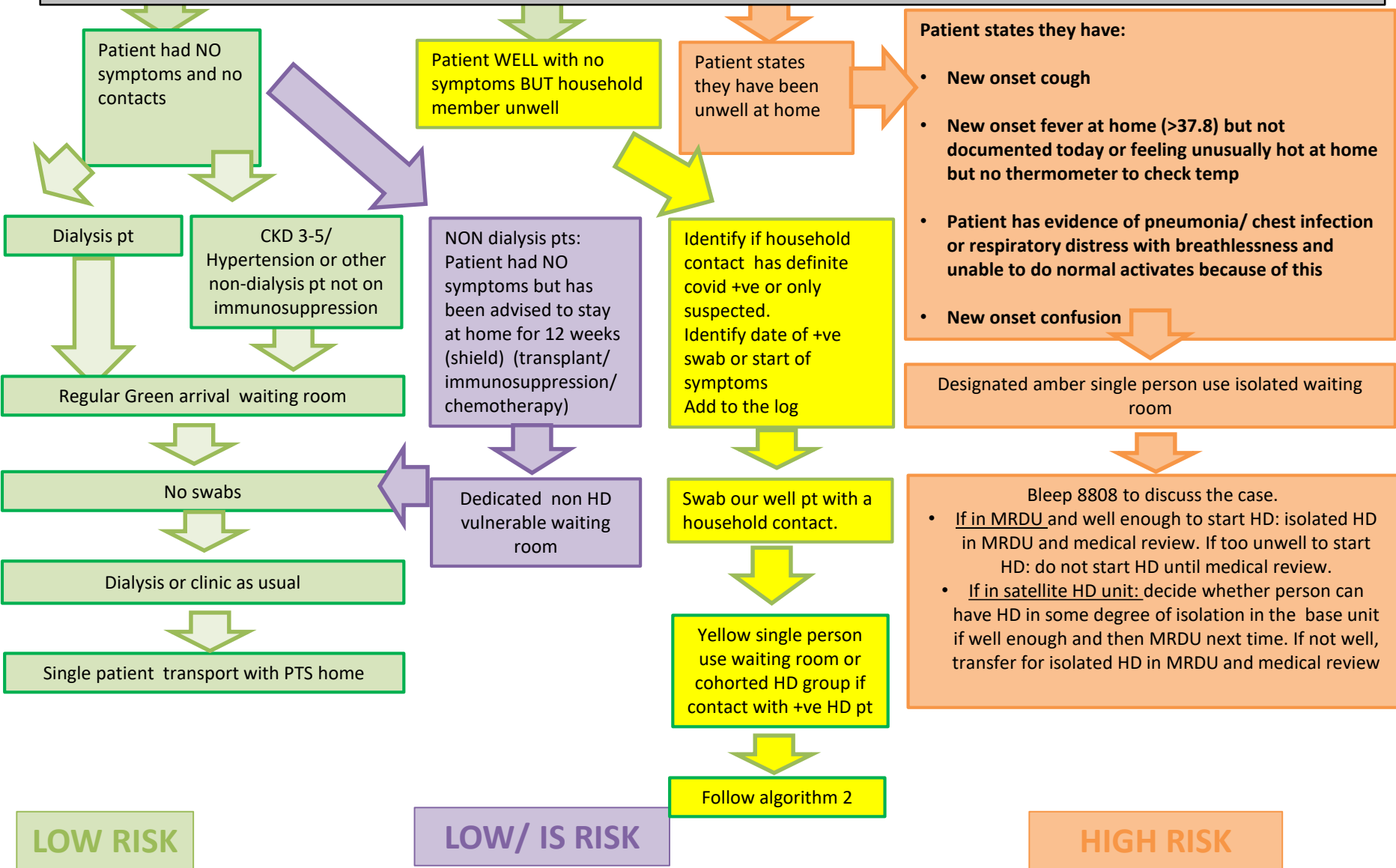
### HD patient to keep to regular slot, room, location wherever possible

- All HD pts having HD must use a programmed card even if visiting or having just one session of HD in that unit. This helps identification of patients having HD in case there is a positive COVID case and contacts can be easily identified
- HD patient must remain whenever possible on the same HD shift and within the same room/ satellite unit
- Other procedures/scans etc need to be arranged around the HD sessions so that they don't need to move the HD session
- HD patient should remain to have single person only transport
- HD pts must move directly to the arrival/departure waiting room before or after HD and must not stop in other waiting rooms to talk to other patients outside their am/pm/twilight group

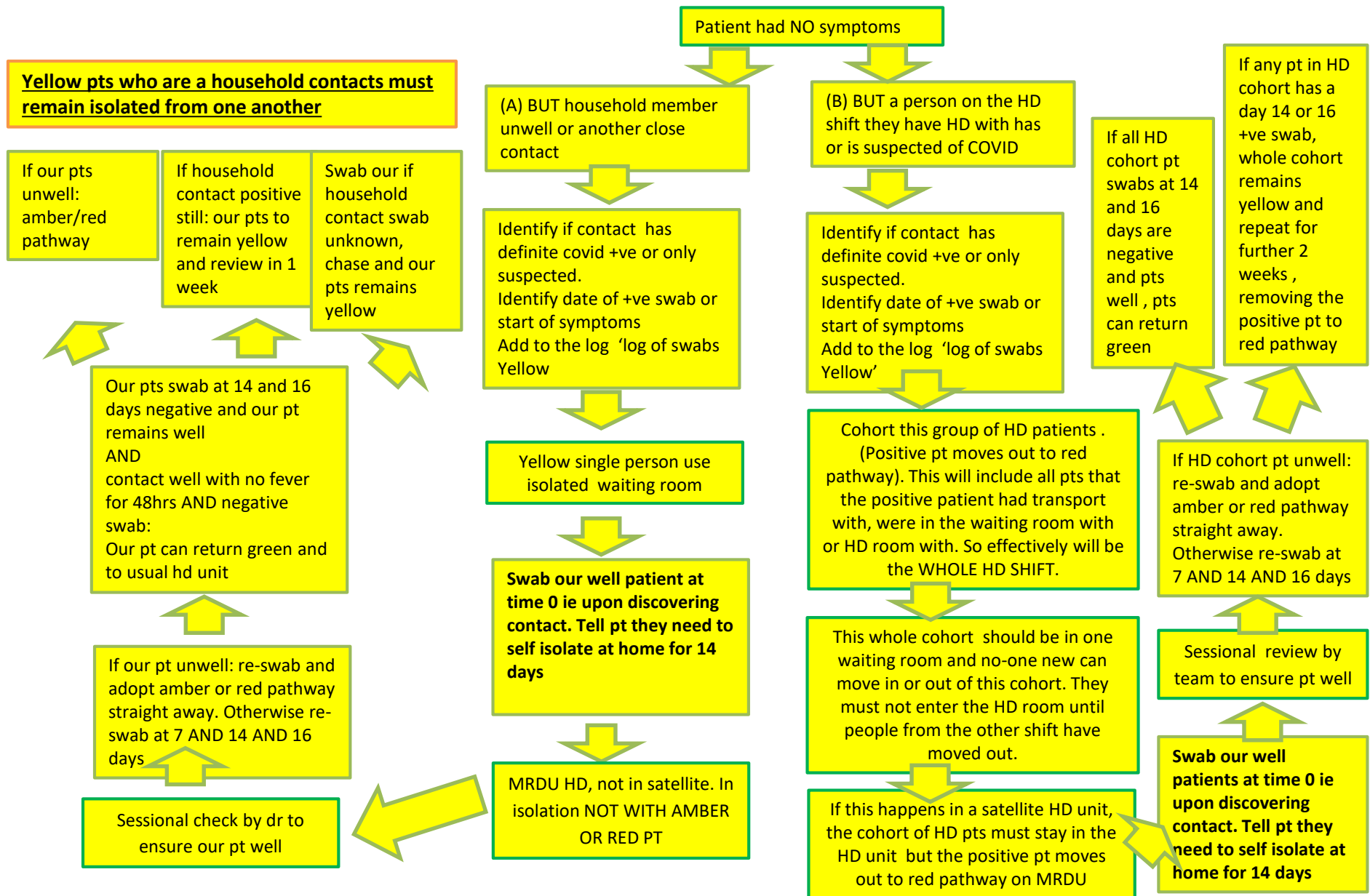
On arrival to each HD unit the patient will be triaged and asked

- 1) Are they are unwell? Have you a new onset cough within the last 7 days or fever or new onset loss of taste or smell
- 2) Do they have a household member who are self isolating because of covid-19 symptoms: These are (A) new onset continuous cough OR (B) fever
- 3) Have you been advised to stay at home for 12 weeks (transplant/immunosuppression)
- 4) And have their temperature taken

## Algorithm 1: What to do when the triaged pt has a temperature of less than 37.8°C



**Algorithm 2: What to do when the triaged patient is well but (A) a household contact is unwell with covid/suspected covid or has a close contact with someone with covid/suspected covid at home (in line with track and trace guidance) OR (B) has a contact with covid/suspected covid on the ward or HD unit**



## Who would be contacted by Track and Trace :

1. If household contact has covid

2. If you have contact with a covid +ve person up to 48hrs before they developed symptoms and you were

- having face-to-face contact with them (at less than 1 metre away)
- spending more than 15 minutes within 2 metres of them
- travelling in a car or other small vehicle with them (even on a short journey) or close to them on a plane



### Algorithm 3 : What to do when triaged patient is well but when someone in their HD cohort has had contact with a covid suspected/+ve patient and that patient had not been isolated (on yellow/amber pathway for HD). Therefore this is NOT direct contact, but a contact of contact. See Renal ward IP Covid BLUE pathway for managing inpatients.

This is about someone who should be on the yellow pathway having HD next to someone else/a group of other people. So these people become contacts of a contact. The definite contact moves to the yellow pathway

The other patients who dialysed with this contact person, must now form a lock down group  
So patients on the same HD shift as they may have used the same waiting room, been at a chair <2m apart from the contact in the HD room or shared transport must form a lock down cohort,

All identified patient should be added to the lock down blue log

All identified patient must from now on dialysis in a cohort, with no other patient at the same time.  
Swab cohort at day 0, 7 and 14  
Nursing staff to check at the start of HD that patients remain well and if not, request a medical review or discuss with 8808 if in a satellite unit  
If symptomatic : move into isolation and follow the amber pathway

Would need clear strict waiting room plan. This cohort group would need to wait in their waiting room before all the people in their HD room have vacated  
The lock down cohort could continue to have HD in the satellite unit  
**This cohort, AS NO-ONE HAS HAD DIRECT CONTACT WITH A POSITIVE CASE, does NOT need to self isolate for 14 days and we do not need to inform transport**

If at day 14 patients asymptomatic and negative swabs, de-isolate to green pathway

If symptomatic or positive swab: move into isolation from the cohort on the amber or red pathway  
Then the whole cohort to move from blue to yellow pathways as they have NOW had contact with a definite positive pt, and follow yellow pathway

## Algorithm 4: What to do when the triaged patient HAS a temperature of 37.8 or greater

All patients need a medical review Patient

Ask particularly about the following symptoms:

- New onset cough
- New onset fever at home (>37.8) or feeling unusually hot at home but no thermometer to check temp
- Patient has evidence of pneumonia/ chest infection or respiratory distress with breathlessness and unable to do normal activities because of this
- New onset confusion

Designated amber single person use isolated waiting room

Bleep 8808 to discuss the case.

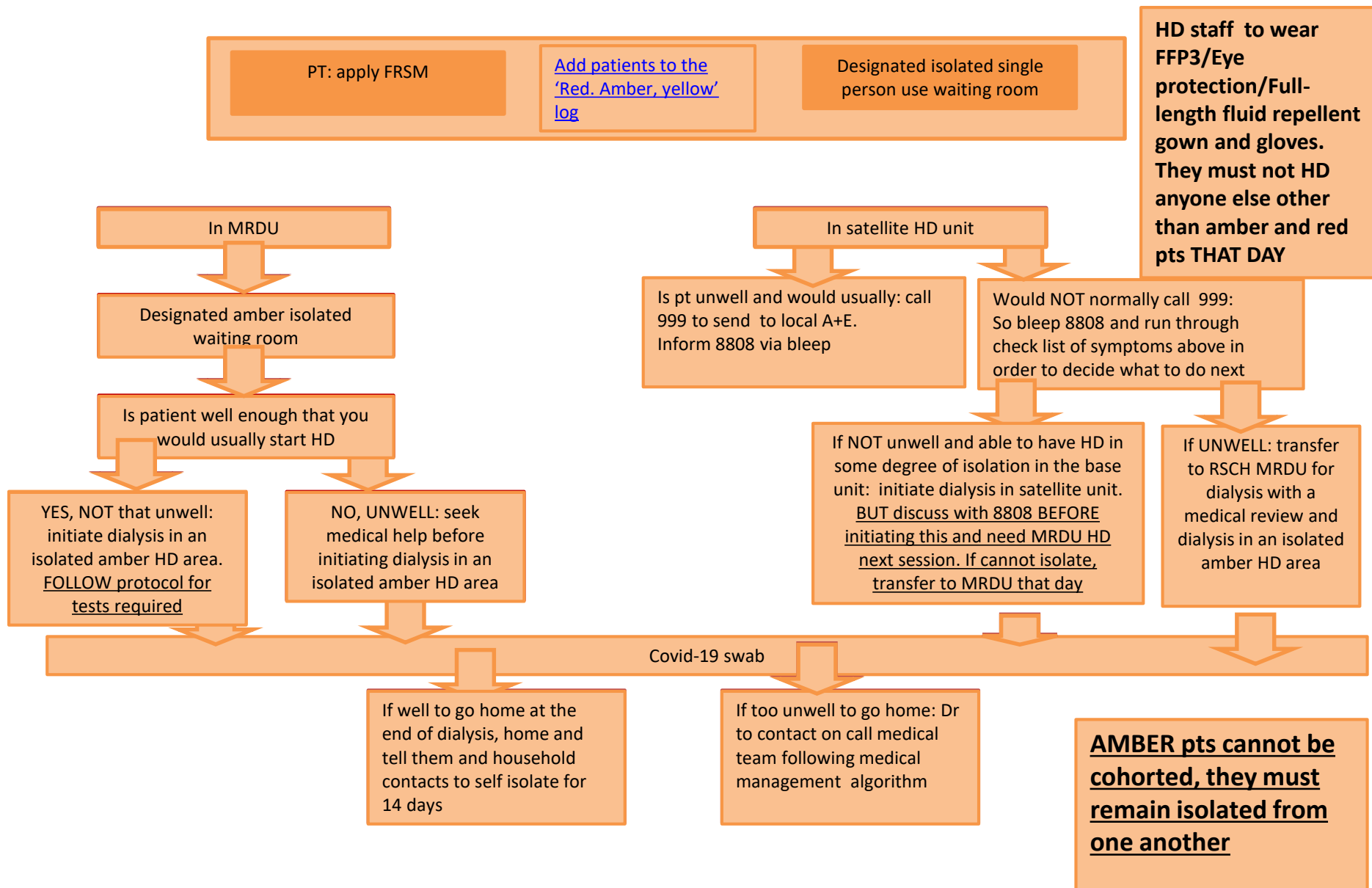
- If in MRDU and well enough to start HD: isolated HD in MRDU and medical review. If too unwell to start HD: do not start HD until medical review.
- If in satellite HD unit: decide whether person can have HD in some degree of isolation in the base unit if well enough and then MRDU next time. If not well, transfer for isolated HD in MRDU and medical review

Follow algorithm 4:  
What to do when triaging nurse decides patient is HIGH RISK and thinks patient may need isolated HD

**HIGH RISK**

## Algorithm 5: What to do when:

1. Triage nurse decides patient HIGH RISK unwell and thinks patient may need isolated HD
2. Patient called before they arrive at dialysis and they have a positive check list of symptoms



## Algorithm 6: What to do when a patient rings up in advance of their HD session to report a problem

Patient calls HD before they arrive to say very unwell



Advise they call 999 as they would usually to go to AE

**Patient states they have:**

- **Household/ other known contact with covid patient or been told to isolate by Track and Trace system**
- **New onset cough**
- **New onset fever at home (>37.8) but not documented today or feeling unusually hot at home but no thermometer to check temp**
- **Patient has evidence of pneumonia/ chest infection or respiratory distress with breathlessness and unable to do normal activities because of this**
- **New onset confusion**



If any of the above: Contact 8808 for more advice detailing the problem.

Will need check list symptoms as may need MRDU HD

## Swab results

### Algorithm 7: What to do when a patient is on the amber pathway and has a negative swab

- SWAB negative: a senior decision maker (JW or spr/consultant) need to decide if the patient can come out of isolation
- This would be for pts who have a reliable alternative diagnosis and no worsening of symptoms
- If this cannot be determined they remain on the amber route for 14 days and then reviewed again as per protocol . STAY SAFE

Medical review each session in isolated amber HD area

At day 14 after the symptoms began a senior decision maker (JW or spr/ consultant) to decide if the patient can come out of isolation  
Swab at day 14 and 16  
Review symptoms: need to have been free of fever for 48hrs and had no ongoing worrying symptoms (still may **have** cough)

If

- clinically remain unwell

OR

- swab positive at day 14 or 16

Review again in 1 week and remain RED

If

- swab negative at day 14 AND 16

AND

- clinically well

De-isolate to green pathway

## Swab results

### **Algorithm 8: What to do when a patient is on the amber pathway and has a positive swab**



SWAB positive: HD in positive Corona cohort area in MRDU and follow red corona +ve pathway algorithm 7

# Algorithm 9: What to do when the patient had KNOWN COVID-19

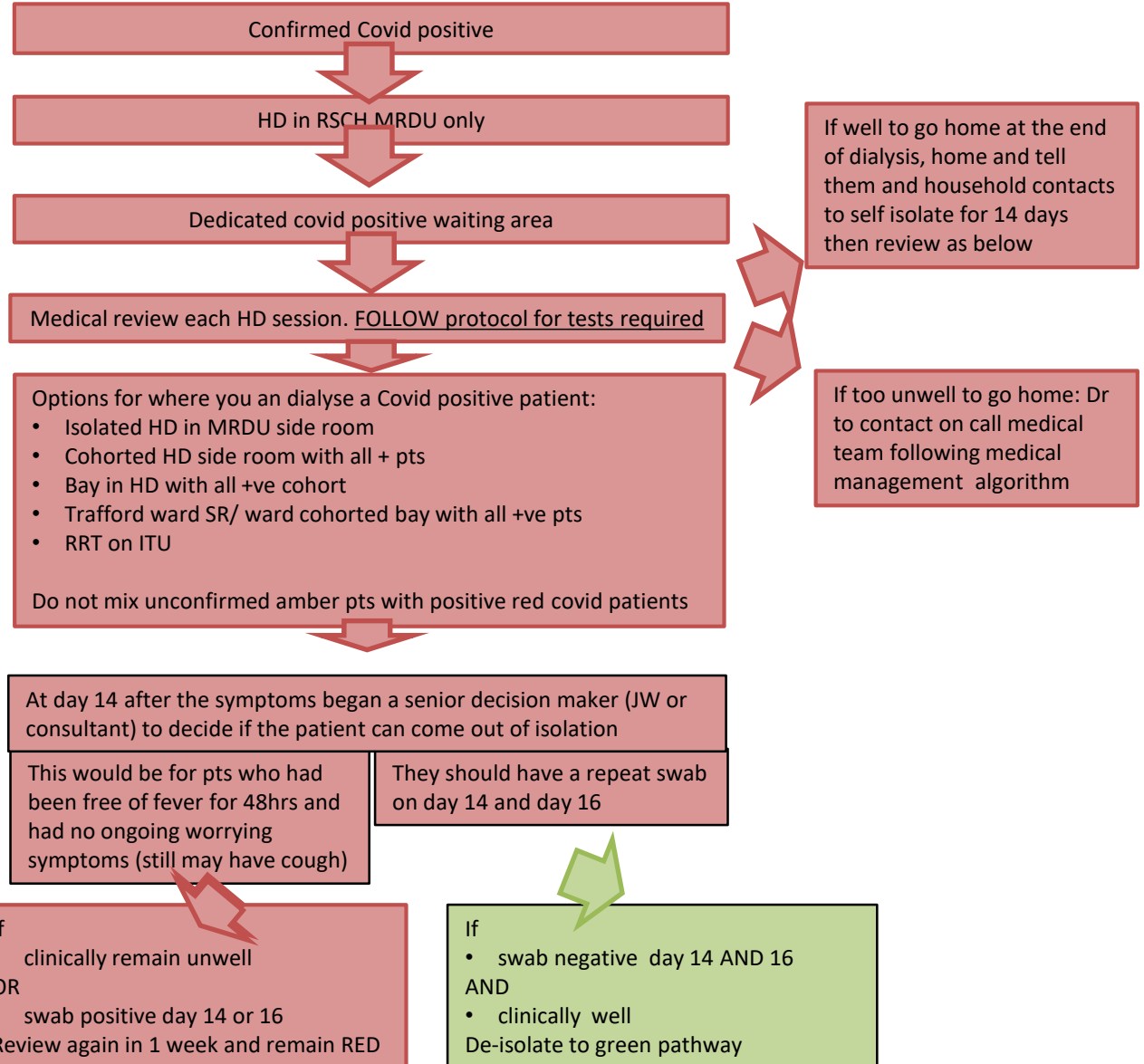
Pt PPE:  
Sessional FRSM

**If confirmed COVID-19**  
HD staff to wear  
FFP3/Eye  
protection/Full-length  
fluid repellent gown  
and gloves

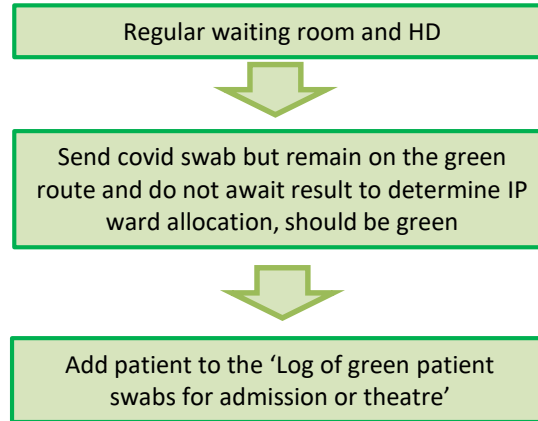
**HD staff must not HD  
anyone else other than  
amber and red pts THAT  
DAY**

**If cardiac arrest or AGP:**  
Staff PPE  
FFP3 mask or hood  
Full-length fluid repellent  
gown  
Eye protection  
Gloves

**Positive  
covid**



## Algorithm 10: Patient unwell with NON COVID illness and requires admission





**Algorithm 11: Asymptomatic patient new to dialysis**



Swab at day 0

**Algorithm 12: Asymptomatic patient transferring to another HD unit eg MRDU to satellite OR satellite to MRDU**



Swab within 72 hrs of planned transfer and only transfer if negative

If emergency transfer to MRDU (when usually have HD elsewhere) swab on day 0 on arrival

**Algorithm 13: HD patient inpatient**



If HD patient IP in BSUH need to ensure have weekly swabs

If HD patient IP in another non RSCH hospital need to ensure have weekly swabs

## Algorithm 14: Asymptomatic patient planning DAFB



Swab within 7 days of travel and then again within 72 hrs  
Advise not to travel if positive COVID patient in DAFB unit or if COVID within our **unit**



Isolated HD in MRDU for 2 weeks on return from DAFB  
Swab at day 0 , 7 and 14 and again day 16  
If well and asymptomatic and swab negative at day 0, 7, 14 and 16: return green unless BBV issue requiring longer isolation

# PPE

## Patient PPE: vulnerable/ shielding pts (Dialysis, TX, immunosuppressed)

- Must wear a FRSM (fluid resistant surgical mask)
- This is at all times they are outside their house including in patient transport to and from their home
- They will wear this throughout their time in the department ie in clinic or on dialysis
- Dialysis pts will be given a face mask to take home to wear on their next HD session and should put it on when they leave their home from home
- Dialysis pts will be advised that the mask is for their personal use and not for other family members and must remember to wear it and not lose it for their next session as they are a scarce resource and need to be looked after

## Staff PPE: As per PHE and the local Trust guideline, updated as per the RA 1 Aug 2020

### Masks

- Wear a FRSM (fluid resistant surgical mask) at all times when with our vulnerable and shielded for the whole session ie this is in all our areas unless in the back office with no patient contact . This includes reception staff.
- Wear an FFP3 mask if a patient is on the amber or red pathway or has had a cardiac arrest/ intubated for pts in the renal block

### Eye protection

- Wear sessional eye protection when doing HD for all pts as is policy
- Wear sessional eye protection if working with suspected or covid positive pt

### Gowns and Aprons

- Single use apron and gloves for all pt contacts
- Wear long sleeved full length gown if HD pt on the red or amber pathway

Where to send COVID-19 for HD patients to:

MRDU to RSCH lab for in house processing

Worthing HD samples to Chichester.

Polegate and Bexhill HD samples to Eastbourne Hospital and then processed in Southampton

Crawley HD samples to RSCH via the laboratory at PRH