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## Guidelines

# Screening of Hospital Admitted Non-COVID Patients and Healthcare Personnel

### Objective

To provide guidelines for the screening of patients admitted in healthcare settings/hospitals for reasons other than COVID-19, along with health care providers/workers in order to detect, respond and prevent transmission of SARS-CoV-2 infection.

### Rationale

As the COVID-19 virus has assumed alarming proportions by engulfing all continents including over 200 countries, it is exponentially spreading, wreaking havoc and destroying even the developed, modernized and technologically advanced healthcare systems of the world. Pakistan is also among these countries facing the same challenge with more than 200,000 cases. There is growing evidence that a significant proportion of people infected with Covid-19 show few or no symptoms and significant transmission may take place before symptoms occur. In this context, healthcare settings including hospitals are becoming hotspots and emerge as a new hub of coronavirus infection and disease transmission. As a matter of fact, in Wuhan 41 percent of COVID-19 cases resulted from hospital related transmission<sup>1</sup>. This may also be correlated with vulnerability of majority of inpatients having underlying diseases and comorbidities like cardiovascular and chronic lung disease.

Hospitals are vulnerable to introduction and spread of coronavirus disease both for patients and healthcare providers<sup>1</sup>, so adherence to infection prevention and control practices is essential to provide safe and high-quality patient care across all settings, where healthcare is delivered. Substantial attention needs to be focused on screening of patients who have been admitted to the hospital. These guidelines will aid in early detection and curtailment of infection transmission.

### Instructions

To limit the spread of COVID-19 and to reduce exposures for other patients and healthcare personnel, it is imperative to promptly identify and separate active cases by instituting screening system for signs and symptoms of disease along with specific RT-PCR testing in suspected inpatients and healthcare personnel (HCP)

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<sup>1</sup> Health care Providers - broadly defined as anyone working in a clinical, hospital or long-term care facility



### **A) Screen and Triage Everyone for Signs and Symptoms of COVID-19**

Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening and clinical triage remains an important strategy to identify those who could have COVID-19 so that appropriate precautions can be implemented. To facilitate the early identification of cases of suspected COVID-19, health care facilities should:

- Establish a well-equipped triage station at the entrance to the outpatient department, supported by trained staff for assessing all patients at admission
- Dedicate a separate waiting area for patients having COVID19 like symptoms.
- Perform RT-PCR testing in individuals meeting case definition of COVID-19 especially those with selected co-morbid conditions like diabetes, COPD, congestive heart failure; pregnant women; and symptomatic children with additional risk factors
- Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility.
  - ✓ Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions (in appropriate languages) about wearing a cloth face covering or facemask for source control and how and when to perform hand hygiene.
  - ✓ Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 70-90% alcohol, tissues, and no-touch receptacles for disposal at healthcare facility entrances, waiting rooms, and patient check-ins.
  - ✓ Maintain at least 6 feet/2 meters distance between any two persons.
- Patients who are to be admitted to any wards may be tested with RT-PCR at admission as per local policies.

### **B) Inpatient Care/Testing of Hospitalized Patients for SARS COV-2**

In wake of risk associated with hospital transmission of virus, following points need to be considered for hospital admitted patients;

- Verbal Screening should be incorporated into daily assessments of all admitted patients.
- All admitted patients with symptoms consistent with COVID-19 should be promptly isolated and managed (e.g., place any patient with unexplained fever or symptoms of COVID-19 on appropriate Transmission-Based Precautions / have a dedicated separate area for the suspected COVID19 patients and evaluate).
- RT-PCR Testing is recommended for all inpatients including those presenting with;
  - ✓ Unexplained symptoms of viral pneumonia or respiratory failure, including patients identified through SARI surveillance;
  - ✓ Patients with fever or lower respiratory tract infections and
  - ✓ Those who are immune-compromised (including those with HIV), elderly or have underlying chronic conditions.



- For hospitalized patients and those imminently undergoing a procedure or operation under general Anaesthesia, viral testing should be prioritized and performed 72 hours prior to the procedure or admission, including for patients in the labor and delivery areas.
- Patients who develop symptoms consistent with COVID-19 should be tested
- If testing is not available, patients should be isolated for 14 days in advance to minimize the risk of virus transmission from an asymptomatic but COVID-positive person.
- For patients who test positive for COVID-19, the clinical team should consider the risks and benefits of proceeding with or postponing the procedure. If the procedure is performed, it should be done in a COVID-19 care zone with appropriate precautions.
- Testing results, either from labs or points-of-care, should be reported appropriately to the designated health department.

### **C) Screening/Testing of Health Care Personnel for SARS COV-2**

As healthcare workers are at increased likelihood of infection, there is a dire need to devise specific set of guidelines for screening and testing of healthcare staff on regular intervals. Following are the specific points for consideration;

- Symptom check of all healthcare personnel for symptoms daily upon arrival to healthcare setting.
- Personnel should self-assess for fever and/or a defined set of newly present symptoms indicative of COVID-19.
- Those screening positive should not be allowed to come to work and be tested promptly.
- Consider performing RT-PCR Test for SARS COV-2 for Health Care personnel, particularly;
  - ✓ those involved directly in screening, managing and care of COVID-19 positive patients,
  - ✓ who experience respiratory symptoms /Influenza-like illness (ILI)
  - ✓ elderly or with co-morbid conditions.

*Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international & national recommendations and best practices.*

*The Ministry acknowledges the contribution of Dr Faisal Mehmood, Dr Farah Ashraf, Dr Muhammad Khalid and HSA/ HPSIU/ NIH team to compile these guidelines.*



## References:

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4. Healthcare Facilities: Managing Operations During the COVID-19 Pandemic, Centers for Disease Control and Prevention, June 28, 2020.
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6. Centers for Medicare & Medicaid Services (CMS) Recommendations, Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare

**For more information, please contact:**

HSA/ HPSIU/ NIH, PM National Health Complex, Islamabad

<http://covid.gov.pk/>

<http://nhsrcofficial.gov.pk/>

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