

Guidance for disposition of adult patients (aged 16y and older) presenting with Acute Respiratory Illness/infection

Northern Zone Clinical Pathway for Referral to Secondary Assessment Centre (SAC) COVID Inpatient Unit for possible COVID-19

While frequency of community transmission in Nova Scotia remains low, it is important that COVID-19 be considered in all patients presenting with an acute respiratory illness consistent with infection. The Secondary Assessment Centers provide an important infrastructure for this assessment. Referral to the Secondary Assessment Center no longer requires that a patient has a history of travel or contact with a case of known or suspected COVID.

Patients presenting in any setting with a primary complaint of an acute respiratory illness consistent with infection and any of the following Red Flags should be referred to the Secondary Assessment Centre (See Access to COVID-19 Care Pathway). COVID Unit physicians may refer to the Emergency Department for assessment & stabilization if patient acuity exceeds SAC capabilities.

RED FLAGS

- HR > 110
- RR > 30
- SBP < 95 mmHg
- SpO₂ < 92% on RA
- New Confusion
- New dizziness/pre-syncope
- Chest Pain
- New cannot walk
- New decline in self-care

Step 1: Place patient on contact/droplet precautions. Ensure proper isolation precautions, if oxygen or other respiratory interventions are required. Please seek advice from IPAC or Infectious Disease physician if you have questions.

Step 2: The sending physician or most responsible practitioner will call the COVID physician via locating, to discuss acceptance of patient to the COVID unit or SAC. After acceptance the sending team will fax the PAC document (if appropriate) and make transport arrangements. COVID units will notify the ED if direct admit patients are coming via EHS.

COVID-19 Secondary Assessment Centres and COVID units are currently located in the following areas:

Amherst:

CRHCC – SAC (12 hour daytime model)	Ambulatory Care	902-667-5400 ext 6355
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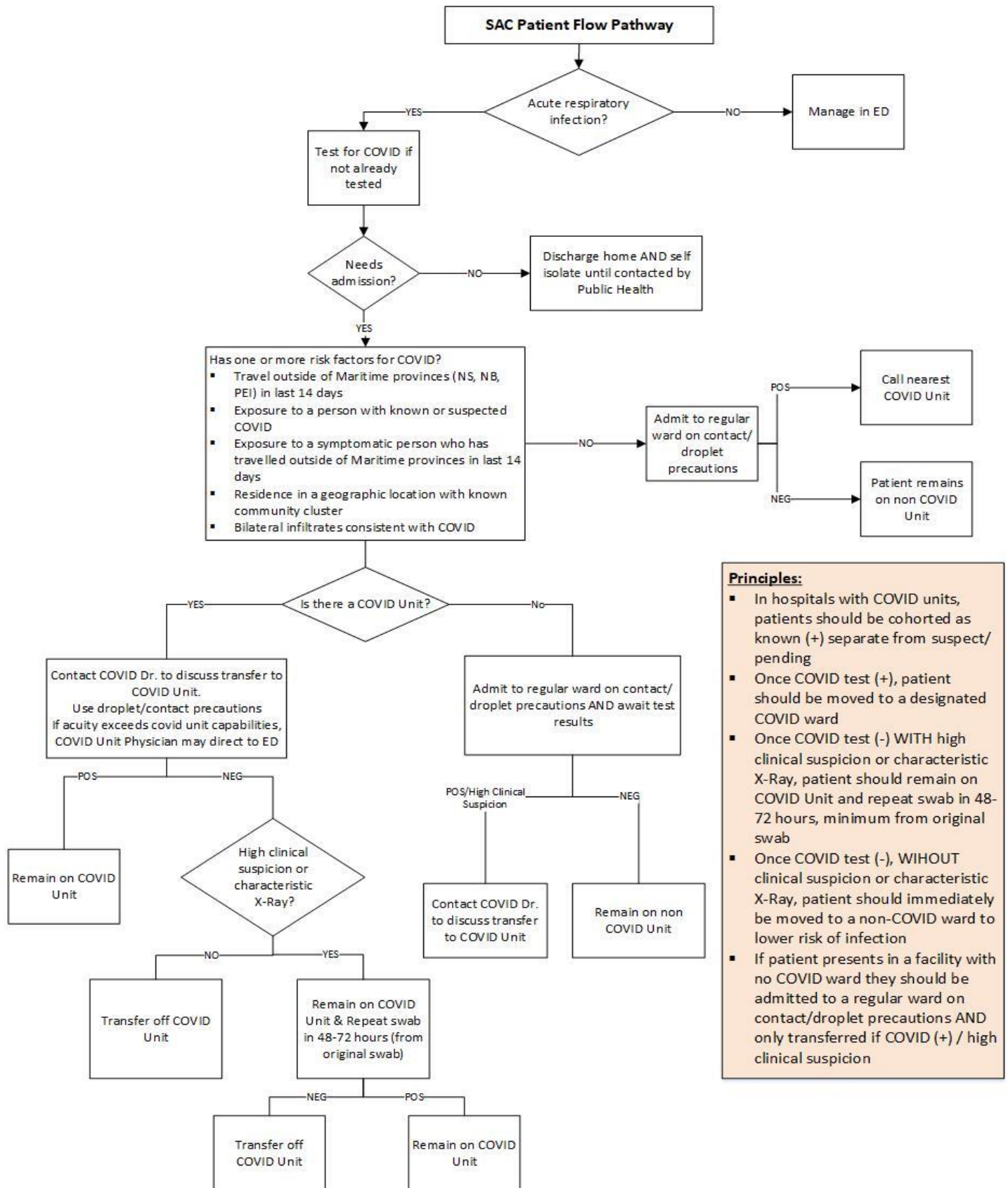
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CEHHC – SAC /Inpatient COVID Unit (24/7)	D3	902-893-5554 ext 45540
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New Glasgow:

ARH – SAC (12 hour daytime model)	Ambulatory Care	902-752-7600 ext 4919
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****This document will be updated as new COVID-19 secondary in-hospital assessment areas and inpatient units are opened.****



- Principles:**
- In hospitals with COVID units, patients should be cohorted as known (+) separate from suspect/pending
 - Once COVID test (+), patient should be moved to a designated COVID ward
 - Once COVID test (-) WITH high clinical suspicion or characteristic X-Ray, patient should remain on COVID Unit and repeat swab in 48-72 hours, minimum from original swab
 - Once COVID test (-), WITHOUT clinical suspicion or characteristic X-Ray, patient should immediately be moved to a non-COVID ward to lower risk of infection
 - If patient presents in a facility with no COVID ward they should be admitted to a regular ward on contact/droplet precautions AND only transferred if COVID (+) / high clinical suspicion