1. Initial Placement of Emergency Admission Critical Care Patients at RIE During SARS-CoV-2 Pandemic

Non SARS-CoV-2 (GREEN) Areas
116C/116D/118A

SARS-CoV-2 (RED) Areas
118B siderooms to be used for intermediate and high risk admissions whilst waiting for test results.
118B (beds 20-23) open area for SARS-CoV-2 Positive patients
Once beds 20-23 are full, SARS-CoV-2 positive patients to be managed in 118B open area

Has the patient tested positive for SARS-CoV-2

YES

- 118B Open area if no additional alert organisms
- 118B Sideroom if suspected/proven additional alert organisms

❖ All critical care patients should be swabbed for SARS-CoV-2 at admission if not already tested
❖ Patients with alert organisms should be discussed with IPCT and managed as appropriate in a cubicle.
❖ Patients meeting shielding criteria should be managed in a sideroom appropriate for protective isolation
❖ 116C is Level 2 Area ONLY

NO

Probability of SARS-CoV-2

- High probability (respiratory symptoms and fever or a history consistent with SARS-CoV-2)

- Intermediate probability (Unable to give a history, patients presenting with fever and symptoms consistent with non SARS-CoV-2 disease e.g pancreatitis, health care worker (including care home employees), new thromboembolic disease)

- Low probability (Able to give a history and no fever/respiratory symptoms e.g overdose)

HIGH

- If available, sideroom in 118B or with droplet transmission based (aerosol for AGP) precautions until SARS-CoV-2 status is confirmed
- If no sideroom available: manage in SARS-CoV-2 (RED) open area on 117. If 117 is full, admitted to open area in 118B

Patients deemed high risk of having SARS-CoV-2 infection should be considered for de-isolation following two consecutive negative respiratory samples (URT if not intubated, URT+LRT if they receive mechanical ventilation) taken 24 hours apart.

INTERMEDIATE

- If available, sideroom in 118B with droplet transmission based (aerosol for AGP) precautions until SARS-CoV-2 status is confirmed
- If no sideroom available in 118B, consider sideroom in non SARS-CoV-2 (GREEN) 118A (and thereafter 116D) area

One negative swab URT/LRT is sufficient to consider transfer to (GREEN) non SARS-CoV-2 area, if alternate diagnosis is clear

LOW

- ICU consultant lead decision based on the clinical likelihood of co existing SARS-CoV-2 infection
- If presenting with low probability of SARS-CoV-2, manage initially in a sideroom (118B, thereafter 118A/116C/116D) sideroom with FFP3 precautions until swab result known
- If no sideroom available, providing risk assessment for SARS-CoV-2 is low, consider non SARS-CoV-2 (GREEN) areas, ideally in an isolated cubicle. Discuss with IPCT

If SARS – CoV-2 positive, and no other alert organisms, move to (RED) SARS-CoV-2 cohorted area
- Remain in sideroom if additional alert organisms suspected/proven. Discuss with ICPT

One negative swab URT/LRT is sufficient to continue management in (GREEN) non SARS-CoV-2 open area.

❖ Priority to ensure rapid patient testing and results is essential to allow patient flow and definitive placement within critical care

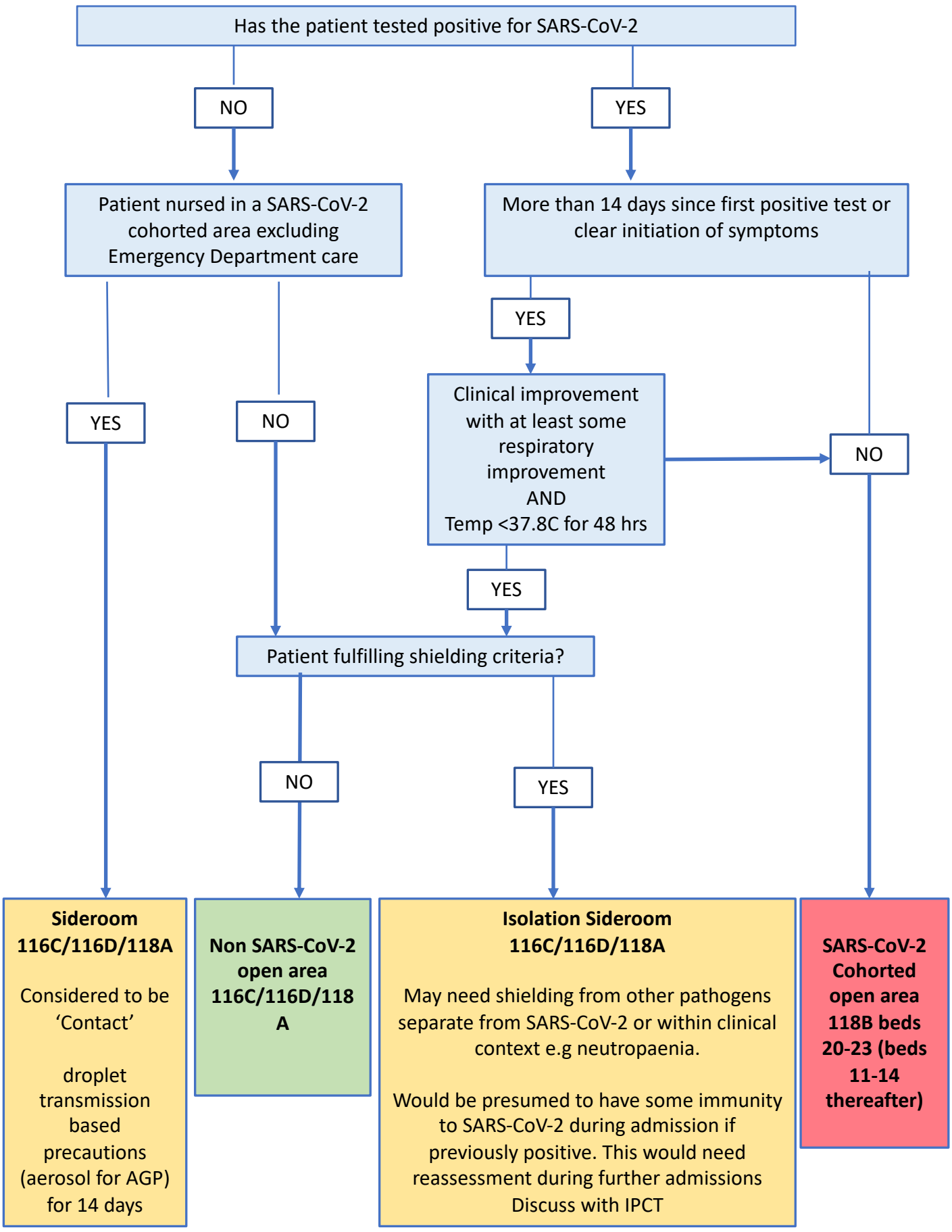
❖ If SARS – CoV-2 positive, and no other alert organisms, move to (RED) 118B beds 20-23, therafter 118B beds 11-14
- Remain in sideroom if additional alert organisms suspected/proven. Discuss with ICPT

❖ Patients negative for SARS-CoV-2 can be stepped down to non SARS-CoV-2 (GREEN) areas 116C/116D/118A/ward as appropriate. Siderooms for patients with other alert organisms or who meet shielding criteria. Discuss with IPCT

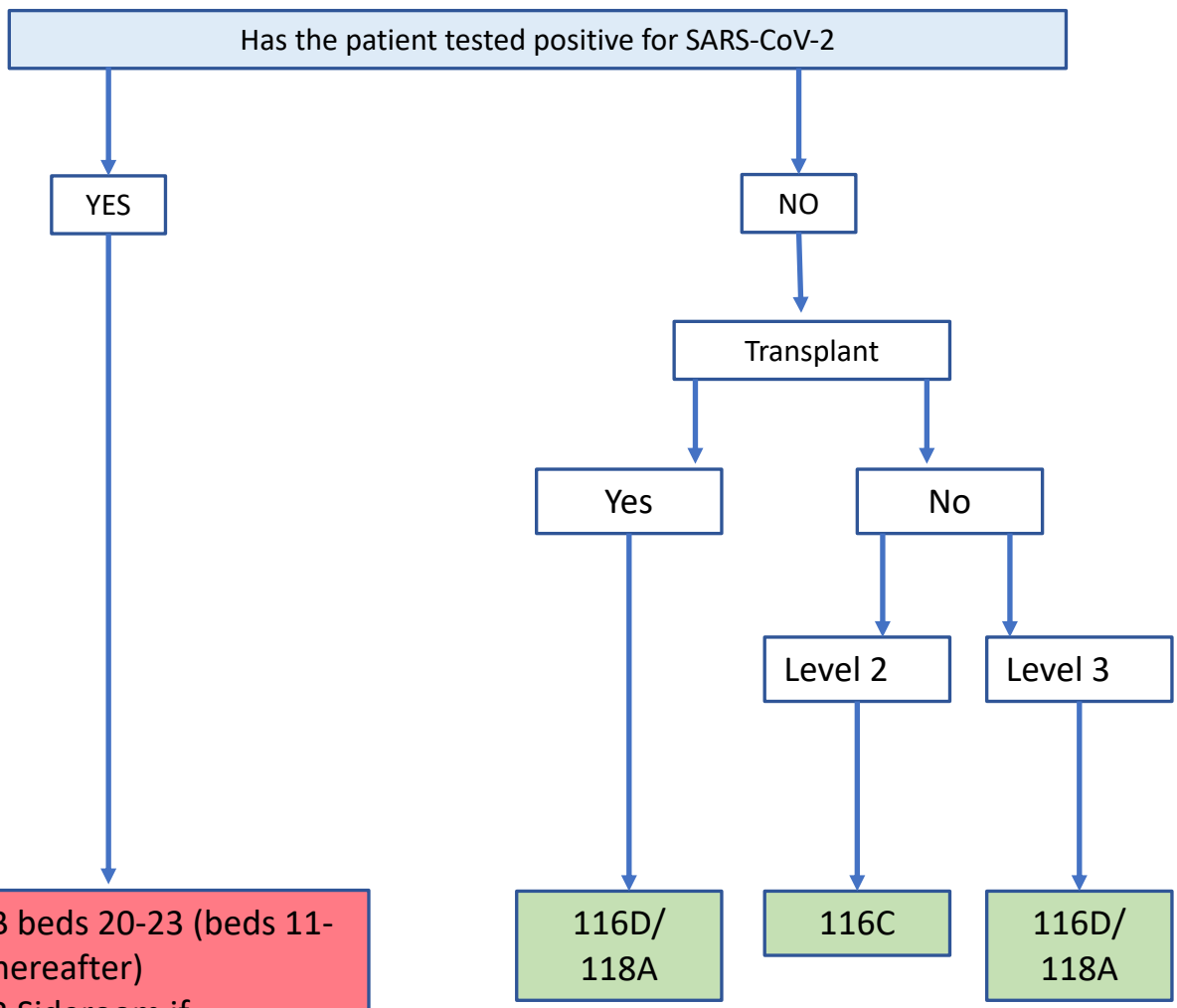
❖ Patients are not considered to be contacts if previously managed in sideroom or non SARS-CoV-2 (GREEN) areas throughout admission. If managed in (RED) SARS-CoV-2 area, considered a contact for 14 days and require isolation in sideroom (self isolation at home) for 14 days post exposure. Discuss with IPCT

❖ See de-escalation and discharge flow chart

2. Placement of Emergency Admissions Critical Care following completion of SARS-CoV-2 testing



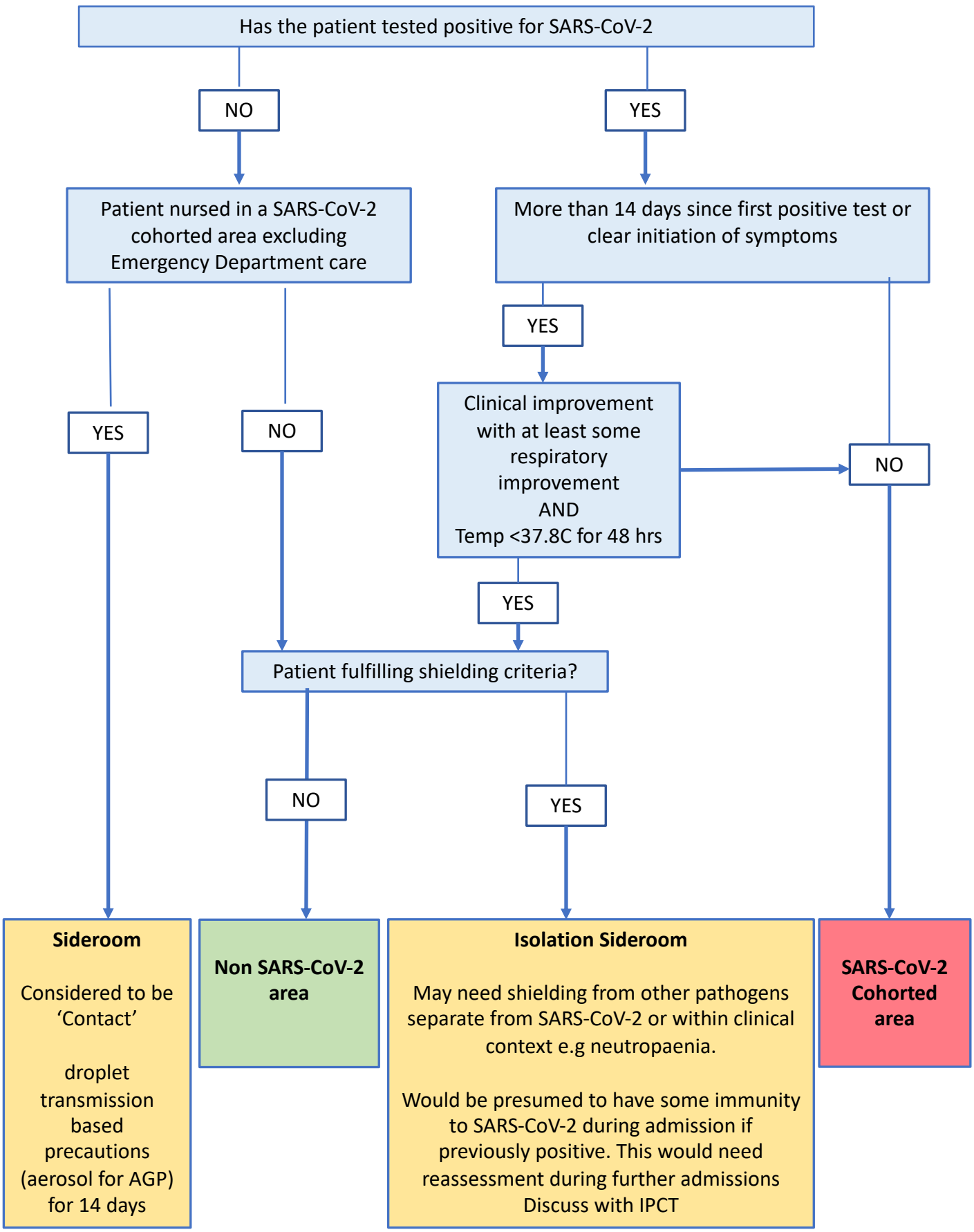
3. Guidance for Placement of Elective Admissions in Critical Care at RIE During SARS-CoV-2 Pandemic



- 118B beds 20-23 (beds 11-14 thereafter)
- 118B Sideroom if suspected/proven additional alert organisms

❖ All critical care patients should be swabbed for SARS-CoV-2 at admission if not already tested

❖ Patients with alert organisms should be discussed with IPCT and managed as appropriate in a cubicle.

❖ Patient meeting shielding criteria should be managed in a sideroom appropriate for protective isolation

4. Placement of Critical Care Patients at discharge from ICU during SARS-CoV-2 Pandemic