

What is COVID Risk Status (CRS)?

There are two categories of COVID Risk Status: **Negligible** COVID Risk and **COVID Risk**. It is essential for all admitted and procedural patients to have a medical order for COVID Risk Status to facilitate PPE selection, testing and patient flow.

Admitting Team FAQs

1. Who needs a COVID Risk Status (CRS) order?

As of September 9, 2020, a CRS order is required for all inpatients. Procedural out-patients will also be starting soon.

2. Who completes a CRS for an outpatient who becomes an inpatient?

The MRP (or MRP delegate) who writes the admission orders.

3. I am admitting a patient, how do I write a CRS order?

Utilize the CRS order set, available in the Order Set Library or in your clinical areas as a pre-printed order set. The CRS order set includes the screening and exposure questions, definitions of the risk categories and testing guidelines. The patient's screening assessment, in conjunction with clinical judgement, is used to determine their COVID Risk Status. CRS can also be ordered by indicating 'COVID Risk' or 'Negligible COVID Risk' on an order sheet or on any Admission Order Set under 'Additional Orders'.

4. What if I forget to write a CRS order and I am unavailable to physically write an order?

A telephone order is acceptable.

5. Does an inpatient need a new CRS order before every procedure or transfer between units?

No. The initial COVID Risk Status (CRS) ordered is unchanged unless the patient develops new symptoms or a swab is resulted that would require reassessment of CRS.

Nursing FAQ

1. My patient has new onset of symptoms, what do I do?

Contact MRP team.

If MRP discussion immediate and MRP determines that the symptom is related to underlying diagnosis, no change to CRS required. Document under 'shift assessment': new symptom, indicate unchanged negligible CRS. Can note discussion with MRP in the comment box.

OR

If you're awaiting a response from the MRP, report the symptom change by documenting under 'shift assessment' and indicate 'awaiting MRP determination'.

2. After reporting a new symptom to the MRP, do I need a new CRS order?

No, if the CRS remains the same.

Yes, if the CRS is changed.

3. Can a Nurse determine a patient's CRS?

No. A CRS requires an MD or NP order.

4. Why do I have to review and document COVID symptoms every shift for admitted patients?

Screening patients for new symptom onset has been ongoing since the COVID-19 pandemic, but there was no place to document this assessment. Documenting the screening Q shift ensures timely identification of possible new COVID cases, imperative for staff and patient safety.

5. Do patients who transition to an alternate level of care require a new COVID risk status order?

Yes, as these patients are discharged and re-admitted. The CRS should not change, but a new order is required.