

Posting Date: 2021-04-01

Posting History Dates: 2020-09-08; edit 2020-09-09; 2021-03-25

Next Review Date: 2022-03-25

Title: IC – Electronic Documentation of COVID-19 Screening and Risk Status Protocol

Applies to: All Hamilton Health Sciences staff, hospital affiliates and members of the Medical, Dental and Midwifery staff.

1.0 Purpose and Goals Description

- 1.1** To identify and document Patient COVID-19 screening and risk status to provide a safe work environment and efficient and effective care for all HHS patients.
- 1.2** To create and maintain a source of information for COVID screening and patient risk status on the Meditech Hospital Information System that:
- is up to date
 - is accessible to authorized users in a timely manner
 - is electronic with the most recent updates available on the patient record
 - maintains a record of COVID status
 - maintains an audit trail of all edits to the patient's COVID status
 - allows authorized staff to define a COVID risk status.

2.0 Policy

2.1 Inclusion and Exclusion

2.1.1 Inclusion: All patients admitted or undergoing a surgery or procedure at HHS.

2.1.2 Exclusion: Patients in Ambulatory Care settings.

3.0 Protocol

3.1 Screening upon Entry to the Hospital

3.1.1 All patients entering the building will be verbally asked COVID screening question as follows:

Section A: COVID Contact Questions

1. Have you had close contact with a confirmed or probable case of COVID-19 in the past 14 days?
2. Have you tested positive for COVID in last 10 days?
3. Have had exposure to a facility that is in COVID-19 outbreak in past 14 days?
4. Have you travelled internationally in the past 14 days?
5. Do you have any household members that are in self-isolation as directed by Public Health or symptomatic and awaiting COVID test results

Section B: Symptomatic at this time or in the past 14days

1. Do you have any of these unexplained symptoms: Fever, cough, shortness of breath, runny nose, sore throat, loss of taste or smell, headache, muscle aches, nausea, diarrhea, abdominal pain?
2. Have you had symptoms then been tested for COVID and waiting for result?

If the patient screens positive, the screener will contact the receiving area to report the positive screening. The patient will be provided a mask and escorted/directed to the clinical area if approved to proceed.

3.2 Screening via Electronic Documentation in the ED or Patient Registration/Admitting

All patients who enter HHS via the ED or require registration with the Admitting Department, will have the outcome of COVID screening questions entered into Meditech via the registration screen as follows:

HHSC Arrival Screening

Screened positive for COVID-19 Symptoms: Yes/No/Unknown/Not Asked

Screened positive for COVID-19 Exposure: Yes/No/Unknown/Not Asked

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COVID -19 External Testing

Have you recently been tested for COVID 19? Yes/No

Recent COVID-19 resting results: Pending Results/Negative Results/Positive Results

Note: This information will not print on Medirex forms nor will it be part of any printed registration/admission paperwork.

COVID screening along with ARO, ARI, diarrhea and rash screening questions are to be completed by the Emergency Department and/or the receiving unit.

4.1 Screening Results are used to determine a patient's COVID Risk Status

COVID Risk Status

COVID Risk status needs to be assessed, categorized, ordered and documented for all patients undergoing a surgery, procedure, or being admitted to hospital. COVID risk status impacts testing, Personal Protective Equipment (PPE) selection and patient care flow. There are two risk categories as follows:

COVID Risk

- COVID symptoms
- Unable to get a history (e.g. trauma)
- ARI (fever/chills and new/worsening cough or shortness of breath)
- COVID exposed in the last 14 days (test on admission and day 7 from last exposure)
- COVID positive in the past 14 days
- COVID Resolved in the last 90 days with new symptoms new exposures
- Asymptomatic & unexposed patients requiring ongoing /intermittent AGMP upon admission, while test is pending

Negligible COVID Risk:

- No exposure, no symptoms
- Initially considered COVID Risk (due to symptoms), COVID test returned negative and no further testing required per MRP (Note: not applicable to COVID exposed patients)
- COVID Resolved in the last 90 days with no new symptoms and no new exposures

*Risk criteria as of March 2021 for Non-Low Epidemiology. For most recent risk criteria refer to COVID Risk Status Order Set in the policy library.

5.0 Health Care Professional Responsibility

5.1 Physician or Nurse Practitioner

5.1.1 Determine and order the patient's COVID Risk Status, using either the COVID Risk Status Order Set or by writing the order on a Patient Care Order sheet.

5.2 Nursing responsibility

5.2.1 Once the COVID risk status order is received, it must be entered in the electronic documentation system.

5.3 Emergency Department

5.3.1 COVID-19 Risk Status (CRS) Treatments in EDIS.
Once entered, CRS will display on the Main ED Tracker

5.4 Inpatient Units

5.4.1 N COVID-19 Risk Status (CRS), NUR intervention in Meditech
Once entered, CRS will be displayed on the NUR Status Board, Visual Flowsheet on the Patient Summary and Infection Control tabs, and in PCI throughout the patient's stay

5.4.2 If patient deemed COVID risk, documentation on the N Infection Control and Precautions intervention is required.

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COVID-19 Positive Screen: select if COVID risk and test required/pending

COVID-19 Positive: select if lab confirmed positive

COVID-19 Contact-per ICP: select as directed by ICP

5.4.3 It is the responsibility of all Health Care Professionals to be aware of the patient's COVID Risk Status before any patient assessment or treatment. Consult the electronic record for the most up to date COVID information. It is available:

- Within ADM Registration (Registration Information –COVID-19)
- Within PCI (Critical Care Indicator)
- Within Care Area Admin Data Screen (Status Board)
- Via Visual Flow Sheet
- Displayed on the Status Board (Hx on the Status Board as “Yes”)
- ED Tracker- flagged with CRS status

6.0 COVID-Safe Environment

6.1 Notification of COVID risk

Applicable services like Diagnostic Services (Diagnostic Imaging, Radiology, Medical Diagnostic Unit), Respiratory Therapy, Operating Room, Post Anesthetic Care Unit, and Anesthesia are notified (telephone or Meditech OE Message) of a patient with a COVID risk as early as possible (when a procedure is scheduled and prior to patient transfer) in order to allow time to prepare for the patient.

7.0 Planned or Unplanned Downtime

- 7.1.1 Every day at 0500 hrs. the Meditech COVID Report for admitted inpatients, and scheduled outpatients is generated and saved locally to the hard disk of designated computer(s) in clinical areas. Such computers are to be connected to an emergency power source.
- 7.1.2 For periods of planned or unplanned downtime, the care area's COVID report can be viewed and/or printed from this designated computer.
- 7.1.3 Downtime reports are to be considered obsolete upon review and/or printing, and are for reference only. The information on the paper report must be validated prior to medication administration and/or relevant investigation or procedure.
- 7.1.4 Changes to COVID information by Infection Prevention and Control may be recorded on the paper record to facilitate back entry of COVID information into the electronic record when the computer system is available.

8.0 Documentation

- 8.1.1 COVID-19 Risk Status is documented by nurses on admission, each shift, with new onset of symptoms or confirmation of change in COVID risk status by MRP.
- 8.1.2 N Infection Control and Precautions documentation is required on admission if applicable, when implementing precautions during hospitalization or when entering a positive COVID result.
- 8.1.3 COVID Risk Status will be included in PTOA and Transfer of Accountability (TOA). The Health Care Professional receiving the patient is accountable to confirm the COVID risk status, as appropriate.
- 8.1.4 When a patient is identified as having laboratory confirmed COVID, this information will automatically be entered into the patient's electronic record in Meditech as a “Critical Care Indicator.”
- Infection Control will have the ability to change the COVID status in CCI as required.

9.0 Definitions

ARO: Antibiotic resistant organism(s)

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ARI: Acute Respiratory Infection

COVID-19: Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a new virus that was identified in 2019. Symptoms may include, fever, and or cough, shortness of breath, runny nose, sore throat, anosmia, headache, muscle aches, nausea or diarrhea.

COVID Risk Status: Patients are assessed and based on risk criteria are deemed COVID Risk or Negligible COVID Risk.

*For the criteria see most current COVID Risk Status Order Set in order set library

Confirm: A Meditech process whereby, the patient's COVID status is validated by the Laboratory and Infection Prevention and Control Professional.

Downtime: A time interval, either planned or unplanned, during which the Meditech Hospital Information System Allergy Record cannot be accessed at the point where the information is required. Temporary softcopy or hardcopy reports are available during downtime.

Acute Respiratory Infection: Patient with a fever of 38 C or higher and a new onset of cough and or shortness of breath suggestive of acute respiratory infection

Health Care Professional: A member of the Medical, Dental, or Midwifery staff, or whose professions are represented on the Professional Advisory Committee.

Inpatient: A patient registered with an inpatient account number regardless of location.

Outpatient: A patient registered as an outpatient in an Ambulatory Care area or Diagnostic Services.

10.0 Cross References

- [IC - Coronavirus Infectious Disease \(COVID -19\) Surveillance and Management of](#)
- [IC Antibiotic Resistant Organisms \(ARO\) Protocol](#)
- [IC - Acute Respiratory Infection \(ARI\) Surveillance Protocol](#)

11.0 Developed By/ In Consultation with
 Manager, Infection Prevention and Control
 Health Information Technology Services
 Clinical Practice and Education Clinicians

12.0 Approved By
 Information Technology
 VP, Inter-Professional Practice

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