Clinical flow pathway for Patient with suspected or confirmed COVID-19 requiring admission

Decision to admit in ED or 2nd hospital assessment centre:

- **Confirmed COVID-19?**
  - **Yes:**
    - Discuss w/ COVID Dr to admit to unit A
    - Daily clinical assessment to determine suitability for discharge

- **Asymptomatic**
  - Symptomatic: New or worsening cough OR fever >38 degrees
  - Travelled in last 14 days OR exposure to known or suspected COVID case
    - **No:** Regular Unit (routine practice)
    - **Yes:** Regular Unit (droplet/contact precautions/screen for symptoms)

- **Symptomatic**
  - New or worsening cough OR fever >38 degrees
  - Travelled in last 14 days OR exposure to known or suspected COVID case
    - **No:** Regular Unit (droplet/contact precautions)
    - **Yes:** Regular Unit (droplet/contact precautions/screen for symptoms)

- **Develops symptoms**
  - Discuss w/ COVID Dr to admit to unit B

Note:
Prior to accepting any patient transfer from another hospital in Canada or from another country, IPAC should be contacted and will advised on appropriate precautions.

COVID Units:
A: Confirmed Patients
B: Suspected Patients

*This diagram provides guidance as to how patients who have suspected and confirmed COVID should be placed within the COVID unit. The principle of separating suspected and confirmed patients on a unit and having separate direct care provider teams caring for these patients should be applied to minimize cross contamination. There may be slight differences depending on zonal and operational requirements in application of these principles.

Repeat swab @ day 10 (post symptom onset):
- Negative: Transfer to non-COVID floor on no precautions
- Positive: Repeat swab @ day 14

Repeat swab every 4 days until Negative result

Discharge to floor w/ (droplet/contact precautions)

LTC – Do not transfer until Negative