Vancouver CoastalHealth

# VGH ICU Viral Hemorrhagic Fever Standard Operating Procedures

Please refer to [ipac.vch.ca](ipac.vch.ca) for the most current version; updates are made without notification.

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# 1.0 Preamble

## 1.1 Definition

Viral Hemorrhagic Fever (VHF) is a serious, frequently fatal, viral syndrome caused by many different viral pathogens. Some of these infections are communicable and can be easily spread from person to person, particularly in healthcare settings. The highest level of infection control practices, known in ICU as "Airborne Plus", must be used. Initial symptoms are often non-specific and include high fever, myalgia, headache, pharyngitis, diarrhea, vomiting, and chest pain. Later signs are more specific to VHF, such as conjunctivitis, petechiae, morbilliform rash and progression to hemorrhagic shock and end-organ damage.

## 1.2 Provincial Response Measures

Since 2014, strategies have been developed to manage potential cases of VHF arriving in British Columbia and can be found on the BC Office of the Provincial Health Officer (PHO) site.

The PHO has defined three levels of facility types and roles to care for possible cases of VHF:

1. A *Type One* facility must be prepared to assess, isolate, stabilize and transfer.
2. A *Type Two* facility must be prepared as above, and additionally, to perform initial testing and provide necessary care and treatment while VHF is ruled out.
3. A *Type Three* is able to accept any suspect or confirmed cases from Type One or Two facilities, and provide ongoing diagnostics and care through to resolution.

Any highly suspect cases should be transferred directly to a Type Three facility, in consultation with the expert risk assessment team (typically the Medical Health Officer (MHO), Medical Microbiologist On Call (MMOC), and Infectious Diseases (ID)). Acute care facility designations can be found on the PHO site, *Roles of Provincial Facilities for Care of Persons Under Investigation or Confirmed Ebola Virus Disease Patients*, as can the *B.C. Ebola Virus Disease Transportation Policy*.

## 1.3 Need to Know

- Suspect VHF patient admission decisions will be made by the expert risk assessment team, and placed in ICU irrespective of clinical condition
- Along with the safety and care of patients, the safety of the healthcare worker (HCW) is of paramount importance
- It is essential to prevent the transmission of infection by carefully following established guidelines to:
    - Set up Biocontainment Isolation (as outlined in Section 2.3)
    - Use the appropriate PPE, under the direction of the Trained Observer, and with a Donning/Doffing Assistant
    - Safely contain and remove all contaminated equipment and waste
- Maximum time staff can remain in patient room in full PPE is 2 hours. Second HCW is to don PPE, enter patient room, and take over patient care in order to relieve first HCW for rehydration and rest
- ICU staff are expected to provide support in the ED as necessary while a suspect patient has preliminary testing performed.

# 2.0 Preparation Prior to Patient Arrival

## 2.1 Staffing Requirements/Charge Nurse (CN) Checklist

The CN must:

a) Inform the following of a query VHF patient admission:
   - ICU Attending
   - ICU PSM
   - ICU CNEs
   - ICU Charge RT
   - Housekeeping Manager (778-938-2037) or the Call Center (1-844-3721959) after hours – to provide set up of two blue biohazardous waste drums and daily cleaning supplies
   - Staffing – to call in extra staff

b) Reallocate patients in Bed 1 and 2, or 6 and 7 (i.e. other available ICU bed, PACU, CSICU)

c) Delegate staff as follows:
   - ***Two admitting RNs*** – to provide 2:1 care for the patient (must be trained on donning and doffing PPE, and fit tested in the last year); will be responsible for preparation of biocontainment isolation rooms
   - ***Donning/Doffing Assistant*** – an experienced staff member trained in donning and doffing
   - ***Trained Observer*** – an experienced staff member trained in donning and doffing and as a Trained Observer (could be Infection Preventionist [IP], ICU educators, ICU staff member etc.)

d) Retrieve VHF PPE Kit from Clean Supply Area and deliver to patient room. Admitting RNs and PCA can then set up rooms according to the resources provided in the PPE Kit.

e) Notify the following when biocontainment rooms are ready:
   - ED CN
   - Security (local 5800) – to meet ICU RN in ED and provide restricted key access to elevator
   - Housekeeping Manager (778-938-2037) or Call Center (1-844-372-1959) – to provide terminal clean of elevator post ICU admission
   - Two admitting RNs – to take ICU bed/wheelchair down to ED, don PPE in ED, and retrieve patient
   - ED CN – notify when transfer RNs are en route with bed/wheelchair

## 2.2 Personal Protective Equipment (PPE)

VHF PPE and supplies are stored in ICU South Clean Utility Room, back corner, including VHF PPE kit, Changing Cubicle Set Up, VHF Spill Kits x2.

Every person entering the patient room must wear appropriate PPE including:

- Scrubs (disposable if available, non-disposable scrubs will be discarded)
- Fluid impermeable leg and foot coverings inside rubber boots **OR** Healthcare appropriate footwear and fluid impermeable leg and foot coverings
- Long-sleeved, cuffed, fluid-impermeable gown that provides sufficient overlap across the back, and long enough to provide overlap with foot and leg coverings
- Fluid impermeable surgical hood
- Full face shield
- Fit-tested N95 respirator
- Double gloves – long cuff gloves, first pair under and second pair over gown

Every access into the patient room requires three people, the HCW, Trained Observer, and Donning and Doffing Assistant. Each individual has different roles and responsibilities to ensure safe PPE donning and doffing, and must be trained to fulfill these roles.

a) The HCW
- Follows the direction of the Trained Observer to safely don and doff PPE
- Must have recent respirator fit test
- Reports and follows up any breach
- Sign “Contact List” daily

b) The Trained Observer (could be IP, Educator, or other trained RN/RT)
- Does not wear PPE
- Guides HCW and Donning/Doffing Assistant in correct donning and doffing procedures using the appropriate checklist. Paper copies available with biocontainment PPE supplies or on the IPAC website (ipac.vch.ca)
- Maintains a minimum of 2 meters, preferably behind a barrier, when guiding HCW in doffing procedure
- Monitors HCW while in patient room providing care
- Completes documentation of Contact Sheet and Checklists.
- Sends completed forms to **Provincial Workplace Health Call Centre-OHN at 604-953-5138**

c) The Donning and Doffing Assistant (could be IP, Educator, or other trained RN/RT)
- Supports the HCW by ensuring all supplies are set up and ready
- Documents interventions and findings in the patient’s chart
- Prepares to assist HCW doff PPE while also wearing appropriate PPE.

## 2.3 Isolation Room Set up

**A. General Preparation**
- Locate VHF PPE Kit
- Place the following signs (located in PPE Kit) on external door of patient’s room (i.e. ICU bed 2 or 7): Restricted Access and Airborne/Contact and Droplet Precautions.
- Establish one way traffic flow by taping arrows/enter/do not enter signs (can be found in PPE Kit) on the walls and doors as indicated below:

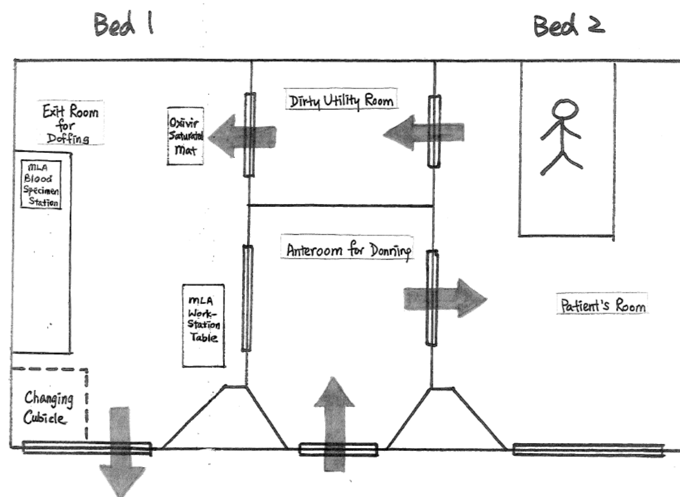


**Figure 1: Biocontainment Isolation Set up**

- Tape checklists (i.e. Daily cleaning of Patient's Room, Spill Clean Up, Blood Specimen Collection), located in PPE Kit, on wall inside patient room
- Tape signs as indicated in PPE kit on Dirty Utility Room door inside patient room, and inside the Dirty Utility Room on the exit door
- RNs x 2, In Charge RN, Trained Observer, and Donning/Doffing Assistant to put on designated role badges. RNs should remove badges prior to entering patient room.
- Assigned healthcare providers who do not have water-proof, VCH approved footwear may use provided gardening shoes (located in VHF/High Consequence Pathogen shelf in ICU South Clean Utility Room)
- Contact Housekeeping to set up two large blue biohazardous waste drum (stored in ICU Physio Room.
  - Place one drum in patient room and one in Exit room
  - Each drum has an absorbent pad in the bottom and then lined with two red plastic bags
  - RN to use silver Sharpie Permanent Marker (PPE Kit) to label lid of drum as directed by IP (i.e. Quarantine Patient #, and Bin #). Drums to remain in patient room until removal coordinated by IP.
  - Additional drums can be accessed as required through Housekeeping

**B. Anteroom/Donning Area Preparation** (Admission restricted clean zone set up by nursing for donning PPE under the supervision of the Trained Observer)

- Remove all unnecessary equipment/supplies (e.g. sterile gloves, surgical masks with visor etc.), but keep N95 respirators, waste receptacles and Accel Intervention products
- Place the following in the anteroom (from PPE Kit or ICU South Clean Utility Room): mirror, vinyl covered chair, Hygie emesis bags, clipboards with donning and doffing PPE Checklists
- Place Ebola Spill Kit (located with VHF supplies in ICU South Clean Utility Room. Note: two are available; it is the RN's responsibility to prepare additional kits as needed)
- Tape "Contact List" on outside of anteroom door

**C. Patient Room Preparation (i.e. Bed 2 or 7) – prior to patient arrival**

- **Note: All equipment brought into room will be dedicated to the patient and must be disposable wherever possible. Non-disposable equipment must stay in the room until reprocessing/disposal determined in consultation with IP**
- Turn on negative air
- Remove unnecessary equipment/furniture
- Remove gloves, laundry cart, waste receptacles, and yellow biohazard bucket (all linen and waste to be disposed of in large blue drum – see below)
- Prepare bedside cart and suction; replace any used sharps container
- Place two containers of disinfectant wipes (Accel Intervention) in the room, one on counter and one close to entrance of the Dirty Utility Room
- Place three Ultrasorb pads on shelf to assist with containing spills
- Place Hygie emesis bags if patient vomiting
- Place bedpan/urinal as appropriate, and Hygie products for solidifying body fluids
- Place white board and marker
- Place Ziplock Specimen Collection bag and 3 Vernacare bowls on counter
- Prepare IV pumps
  1. Prime access/flush/medication lines and extend lines with MRI tubing
  2. Tape MRI tubing on top corner of sliding door
  3. Place IV pumps outside patient room
- Prepare 2-3 single IV poles to help support MRI tubing once they are connected to the patient (see Figure 2)
- Ensure blue drum set up as in #1 near Dirty Utility room door. Ensure drum lid and fastener clamp nearby.

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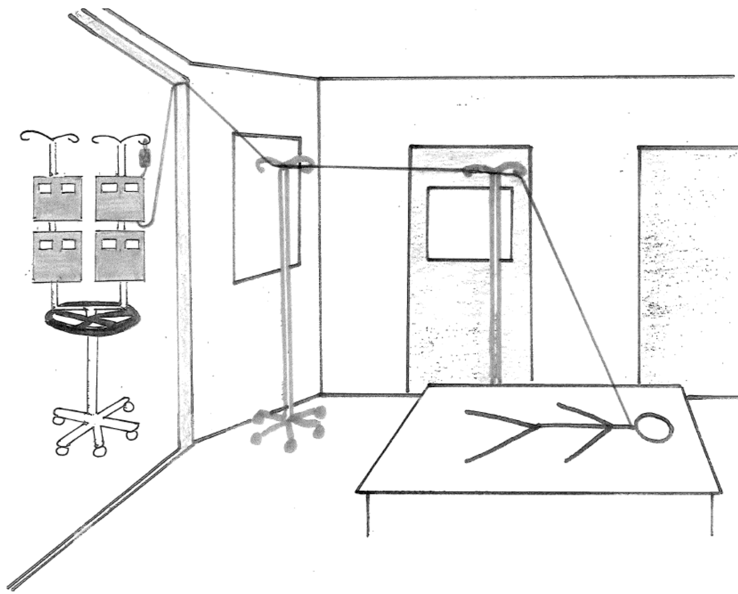

**Figure 2: IV Pump Set up**

**D. Dirty Utility Room Preparation**

- Remove all supplies from shelves
- Place two containers disinfectant wipes (Accel Intervention), one close to Exit Room door

**E. Exit Room/Doffing Area Preparation (see Figure 1)**

- Remove unnecessary equipment/furniture (e.g. curtains, chairs)
- Remove hospital laundry cart, waste receptacles, and yellow biohazard bucket (all linen and waste to be disposed of in blue drum)
- Ensure large blue biohazardous waste drum is set up near Dirty Utility room door, with lid and fastener clamp nearby
- Place two bottles alcohol based hand sanitizer, two containers disinfectant wipes (Accel Intervention), and four bottles liquid disinfectant (Accel Intervention)
- Place extended cuff gloves, one box of each size
- Place 10 incontinence soaker pads
- Place mirror and stool
- Place addition scrubs of various sizes
- Locate "Changing Cubicle Curtain Kit" in VHF supplies to create changing cubicle with 3 sing IV poles
- Place one bedside table with "MLA Work Station" sign as in Figure 1 for specimen collection process
- Place "MLA Blood Specimen Station" sign on counter

## 2.4 Patient Transfer ED to ICU **(Algorithm B)**

- CN to notify Security and Housekeeping Manager/Supervisor when ready to receive patient
- Two admitting RNs:
  1) Prepare equipment/personnel for transfer
  2) Call ED Charge RN
  3) Retrieve patient as per Algorithm B

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# 3.0 Assessment/Investigations/On-going Care

## 3.1 Assessment and Medical Care

- Patient must not leave their room for any reason
- Staff entering the room will be severely restricted - no residents, medical students, or students of any kind are allowed to provide care
- Clinical exams should be performed at twice daily for stable patient. Repeated exams are discouraged unless clinically warranted
- Vital signs and non-invasive cardio-respiratory monitoring and symptom management key in initial management
- Invasive monitoring (e.g. ART line, CVC, continuous CVP, intubation) to be determined on a case by case basis
- If CVC is absent, two large bore PIVs (#18-20 gauge) should be established
- All procedures must be limited to those strictly necessary. Only the most experienced personnel available should perform aerosol generating medical procedures, and the number of HCWs in the room kept to a minimum. Avoid the use of CPAP and BiPAP. Additional support and treatment options to be decided on a case by case basis. See PHO guideline, *Recommendations for the Critical Care Management of Suspected and Confirmed Ebola Virus Disease (EVD) Cases*.
- Early identification of patient deterioration and appropriate response is critical to prevent aggressive resuscitation
- Decisions regarding provision of advanced life support will be made by the ICU attending physician in consultation with the MHO, ID, and Medical Microbiologist, and should be clearly communicated to the patient, family and medical team.

## 3.2 On-going Care

- Group tasks to minimize number of entries to patient room
- Limit the number of persons in the room to those who are essential, a maximum of four
- Disposable meal trays must to used
- Bed linens should be managed in a manner that minimizes risk of aerosolization
- Ensure any used equipment or waste drums remain in patient's room until disinfection/removal can be coordinated with IP
- Use communication tools (e.g. intercom, white board, patient's own phone) to avoid unnecessary room entries
- Discuss with the Medical Health Officer any requests to removed personal items from the room. Disinfect such items as directed.

## 3.3 Investigations

- Medically necessary diagnostic procedures will be performed in the patient's room
- Any required equipment will remain in the room at least until patient discharge
- All reprocessing/disposal decisions and processes to be coordinated in consultation with IP

## 3.4 Lab specimens

- Restricted blood work (CBC with auto-differential, electrolytes, CR, glucose, lactate, total bilirubin, AST, troponin, blood culture x2, and malaria smears) may be ordered by responsible physician only
- Blood tubes for diagnostic testing (i.e. Ebola serology and PCR – two 6 ml lavender top blood tubes and two 5

ml gold top blood tubes) are in PPE Kit. The Blood Specimen Collection Checklist will be taped to wall in patient room preparation phase.

- Specimen handling process:
  i. Enter order in PCIS
  ii. RN will order the bloodwork as a stat **lab collect** to force the bar code lab labels to print in the laboratory
  iii. Call switchboard (7111) to page the MMOC to notify lab of blood collection
  iv. Page lab supervisor at 604-871-5006 (24/7) or local 6-3902. Provide patient's name and MRN 30 minutes prior to blood draw
  v. RNs and MLA will follow *VGH ED and ICU Phlebotomy and Specimen Delivery Guideline* to collect, disinfect, and send blood specimens to the lab.

### 3.5 Managing Body Fluids and Waste

- All body fluids are to be contained, devices sealed, and disposed of in large blue drum
- Emesis – use Hygie emesis bag or insert NG and connect to low intermittent suction
- Urine/stool – use Hygie products with bedpan/urinal/commode as appropriate: Foley catheter may be inserted
- Sharps containers must be closed and discarded in blue drum
- Bed linens must be discarded in blue drum
- When blue drum is ¾ full, each of the two red bags must be tied **separately** and the lid placed on the drum. Use the closure device to seal the drum. Drums to remain in patient room until patient is discharged. Removal of drums by Housekeeping to be coordinated with IP and following the PHO guideline, *Recommendations for Environmental Services, Biohazardous Waste Management, and Food and Linen Management for Persons Under Investigation and Confirmed Cases of Ebola Virus Disease* (SOP #11).

### 3.6 Visitors/Psychological Support

- No visitors will be allowed in the patient room. Every effort should be made to assist a designated family member or support person to communicate with their loved one via electronic devices. Exceptions may be made in consultation with the MHO and IPAC.

- Consult Social Work re resources and support services for both patient and family as appropriate

### 3.7 Palliative/Post Mortem Care

- Honest communication allows the patient and family to participate in good decision-making, and receive support with grief and bereavement
- Deliberate terminal sedation will be used to avoid sever suffering at time of death
- Use sensitivity to communicate with family re religious/cultural burial practices that will not be allowed
- Physician to pronounce death
- Inform MMOC of death who will coordinate management of the deceased with the MHO and the morgue.
- Consult MMOC/MHO re removal of personal items from the body and appropriate cleaning and disinfection
- See *VCH Guidelines for the Management of Human Remains Infected with a Viral Hemorrhagic Fever (VHF)* for more details.

# 4.0 Environmental Cleaning

Standard hospital disinfectants that have a virucidal claim can be used to clean the environment of suspect or confirmed VHF patients. Disinfectants must not be sprayed during the cleaning process. Rooms will be cleaned and disinfected with accelerated hydrogen peroxide (Accel Intervention) as outlined in the PHO document, *Recommendations for Environmental Services, Biohazardous Waste Management, and Food and Linen Management for Persons under Investigation and Confirmed Cases of Ebola Virus Disease*. Supplies can be obtained from Housekeeping Supervisor. Note: Routine room cleaning will be the responsibility of HCWs caring for the patient; Environmental Services will be responsible for terminal clean on discharge/transfer.

Two Spill Kits have been prepared, one in the anteroom, one in the Clean Supply Area. Spill Clean Up protocols can be found in the PHO guideline, *Recommendations for Environmental Services, Biohazardous Waste Management, and Food and Linen Management for Persons under Investigation and Confirmed Cases of Ebola Virus Disease* (SOP #10).

## 4.1 Terminal Clean Post Discharge

Post discharge, the care staff will be responsible for preparing the patient room for terminal clean by EVS. Care staff will decrease the transmission risk in the room by discarding or cleaning the high transmission risk items (e.g. discard any containers with body fluids, bed linen, all dirty/used items and supplies in room; clean high touch areas in immediate patient environment, equipment used by the patient; spot clean walls and floor if any visible blood or body fluid soil). All patient care items and cleaning supplies are to be discarded in blue drum. Blue drum will then be sealed and prepared for removal. Detailed procedures are outlined in the PHO guideline, *Recommendations for Environmental Services, Biohazardous Waste Management, and Food and Linen Management for Persons under Investigation and Confirmed Cases of Ebola Virus Disease*, SOP #6, 7, 8, 9, and 11.

EVS will be responsible for final discharge precautions clean of the patient room, as well as adjoining biocontainment isolation areas, under the direction of the EVS supervisor and IP. Since blue drum will be sealed, EVS will use a 20 liter red pail for disposal of cleaning supplies.

All blue drums will be closed and sealed by an RN. When final exit room drum sealed, red waste buckets can be used for doffing PPE. Signed Stericycle Documents (filed with the Director, Infection Prevention and Control, copies located in PPE Kit) must accompany removal of the drums. Transport to waste storage area must be done under the direction of the EVS supervisor and IP.

After all room cleaning/disinfection and waste removal procedures are complete, EVS will perform UV disinfection as per routine protocols.

# 5.0 Inter-facility Transfer

If VHF or other High Consequence Pathogen is confirmed by MMOC, transfer of patient to BC Biocontainment Treatment Unit (Surrey Memorial Hospital) will be coordinated by the MHO and the Patient Transfer Network. A specialized BC Emergency Health Services (BCEHS) crew will perform the transfer and collect the patient from the hallway outside of patient room into their isolation pod stretcher, using the following procedures. If regular stretcher is used, patient to wear a surgical mask and be covered by a clean sheet. Restrict all hallway access during transfer activity.
See Section 4.1 for discharge cleaning guidelines.

Preparation for transfer:

- Physician–to-physician report is required and will be arranged by BCPTN
- RN to prepare patient for transfer (e.g. notify patient's family, request NUC to photocopy chart, etc.)
- RN may need to accompany patient
- Security to restrict elevator access for Transfer and Housekeeping to clean elevator post transfer.
- See Algorithm C: Transfer from ICU to Designated Hospital

Ambulatory Patient Transfer Procedure:

a. Position BCEHS stretcher outside of patient room (as close to the exit door as possible), ensure all BCEHS staff are donned in PPE.
b. Patient should be provided with fresh surgical mask, gown and socks.
c. The patient should then transfer independently onto the stretcher.

Non-Ambulatory Patient Transfer Procedure:

a. Position BCEHS stretcher outside of patient room, ensure all BCEHS staff are donned in PPE.
b. Position patient bed sideways at the room entrance to align with BCEHS stretcher outside room.
c. Transfer patient to stretcher.
d. Donned personnel wipe high touch points on stretcher, allowing 1 minute contact time.
e. RN in patient room to pull bed back into room and commence room cleaning.
f. Security to clear route for BCEHS staff and patient to travel down hallway to elevators #1 or #5 outside Main Area Supply Room. BCEHS take elevator to 1st floor, where Security will again be responsible for clearing route straight out through Main Exit (G303) to Emergency parking lot. See Algorithm C.

## 6.0 Stand Down

Ensure all stakeholders notified of discharge as per Algorithm A - VGH ICU VHF/High Consequence Pathogen Activation.

## Appendix 1 - PPE Kits

- Fluid impervious hoods x5
- Fluid impervious gowns (X-large, X-long) x5
- Fluid impervious foot and leg coverings x5
- Full face shields x5
- Surgical face mask x5 (for Assistant)
- Extended cuff gloves (small, medium, large, x-large) x2 boxes each size
- Hygie Emesis Bags x2
- Hygie Commode Cover x2
- Whiteboard with marker x1
- Mirror x2
- Scissors x2
- Blood Tubing Guideline for VHF and package x1
- Ziplock specimen collection bag x1
- Vernacare bowls x3
- Metallic silver Sharpie Permanent Marker x1
- Clipboard with HCW Donning and Doffing /Checklists x5
- Clipboard with Assistant Donning and Doffing Checklists x5
- PPE Kit Checklist and Signage Package x1
- MRI Tubing and Tape set x1
- Airborne Plus Precautions binder x1
- Designated Role Badges set (in Charge RN, Admitting RNs, Trained Observer, Donning/doffing Assistant)

Additional PPE stored in ICU South Clean Utility Room and Stat Stores. If access is required to the supplies in Stat Stores, please contact the following:

- Mon – Fri (0700-1500): Area Supply Team Lead (local 68879, pager 604-871-1229)
- Sat – Sun (0700-1530): Weekend Supervisor (local 63197, pager 604-877-3830)
- Mon – Sun (1500-2300): OR Evening Area Supply Technician ( pager 604-320-3171)

It is the RN’s responsibility to ensure the Biocontainment Precautions PPE Kit is restocked according to the PPE Kit Checklist post event. Also, RN is expected to copy more signage and place in PPE Kit (original copies are in the Airborne Plus Precautions PPE Kit Binder).

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## Appendix 2 - VHF Spill Kits

- 20 L red pail
- Red plastic bag
- Absorbent pads x1 package
- Paper towels x1 roll
- Disinfectant wipes x1 tub
- Liquid disinfectant x1 bottle
- Spatula
- Dust pan

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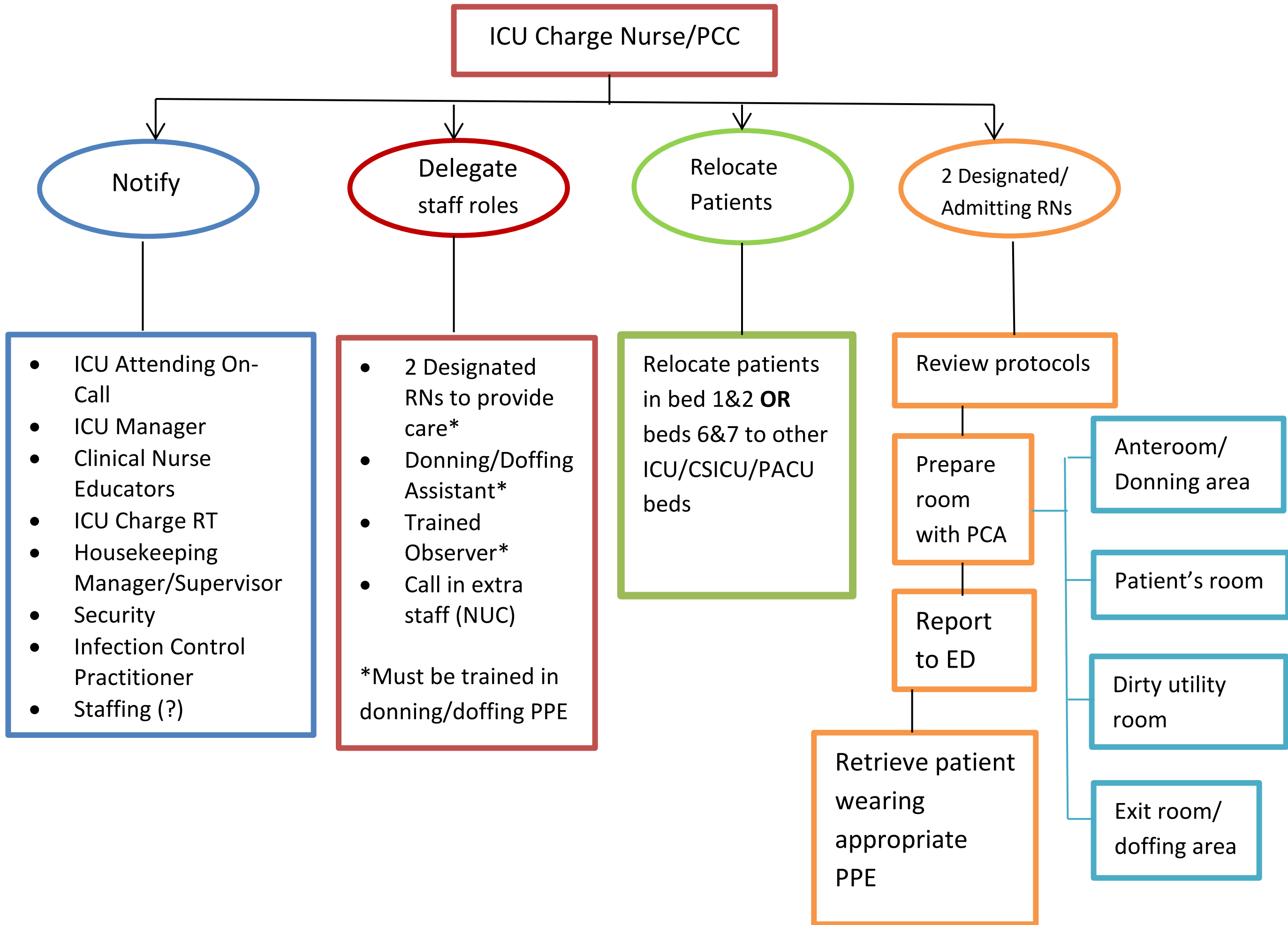
## Algorithm A: VGH ICU VHF/High Consequence Pathogen Activation




| ICU Manager | 604-328-5433 |
|---|---|
| ICU Clinical Nurse Educators | 778-877-8906/778-879-8131<br>778-886-0357 |
| ICU Charge RT | 778-874-5795 |
| Housekeeping Manager/Supervisor | 778-938-2037<br>1-844-372-1959 |
| Security | Local 5800 |
| Infection Control Practitioner | Local 54002/ (778) 879-3339 |
| ED Charge RN | 778-873-4609 |

| Stat stores (for extra supplies) | |
|---|---|
| Mon-Fri (0700-1500)<br>Team Lead | Local 68879<br>Pager 604-871-1229 |
| Sat-Sun (0700-1530)<br>Weekend Supervisor | Local 63197<br>Pager 604-877-3830 |
| Mon-Sun (1500-2300)<br>OR Evening Area Supply | Pager 604-320-3174 |

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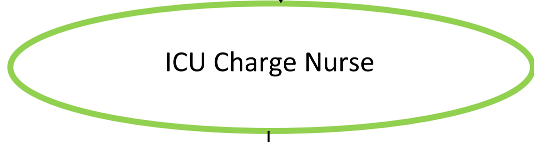
## Algorithm B: VGH ICU VHF/High Consequence Pathogen Transfer ED to ICU

ICU Room 1&2 or 6&7 Prepared




Call:

1. Security – to provide restricted access to elevator #1 or #5, and to clear hallways for unobstructed transfer
2. Housekeeping Manager/Supervisor – to provide terminal clean of elevator after transfer

| Housekeeping Manager/ Supervisor | 778-938-2037<br>1-844-372-1959 |
| --- | --- |
| Security | Local 5800 |

Prepare transfer equipment/personnel:

- Bed
- Oxygen tank and holder
- RT if patient is intubated

Call ED RN:

- Confirm patient is ready for transfer
- Provide estimated time of ICU arrival

Proceed to ED to retrieve patient

Receive verbal report from ED RN

All transfer staff to don appropriate PPE

Transfer patient as per ED protocol.

Use most direct route to elevator 1 or 5. Exit elevator and travel down hallway to ICU South entrance doors

## Algorithm C: VGH ICU VHF/High Consequence Pathogen Inter-facility Transfer