

# Powell River General Hospital (PRGH) Emergency Department Viral Hemorrhagic Fever Standard Operating Procedures for Triage, Patient Placement, Biocontainment Set-up, and Notification

(To be used along with [Viral Hemorrhagic Fever \(i.e. Ebola Virus Disease\) Standard Operating Procedures for Type 1 Sites](#))

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

## Contents

1. RECEPTION/TRIAGE.....	1
2. VISITORS AND/OR FAMILY MEMBERS .....	2
3. NOTIFICATION.....	2
4. CHARGE NURSE .....	2
5. BIOCONTAINMENT ISOLATION PREPARATION.....	2
APPENDIX A: BIOCONTAINMENT ISOLATION.....	4

## 1. RECEPTION/TRIAGE

It is imperative that any suspect patient who presents at triage with a complaint of fever +/- malaise must be assessed using the “[Algorithm - Assessment of Potential Communicable VHF](#)”. Any who screen positive (i.e. a suspect case) must be asked to step back from the triage desk, sanitize their hands, and don a surgical mask, and be separated immediately by asking them to step back and to wait for direction from the triage nurse. Triage nurse will direct patient to wait outside the ambulance bay entrance to await room preparation.

The triage nurse must:

- Maintain a 2 meter distance until high level PPE can be donned.
- Maintain separation from any other patients and contact Security to immediately secure the area until cleaning can be completed.
- Notify the Charge Nurse (CN) immediately
- Obtain verbal assessment of symptoms and relevant travel history (no contact)
- Provide patient with Hygie emesis bag if required
- Await preparation of the Security room

If patient arrives by ambulance as a query high consequence pathogen, continue isolating the patient within the ambulance until isolation room and staff are prepared. Once the room is prepared and staff are donned in high level PPE, the RN will meet the paramedics and patient at the

entrance with a prepared stretcher. The patient will walk to the stretcher or be unloaded by EHS, surgical mask applied and covered with a sheet. The patient will travel directly to isolation room. BCAS paramedics who have been caring for the patient will not enter the department until their doffing procedure is complete.

## 2. VISITORS AND/OR FAMILY MEMBERS

Move accompanying persons to separate area for further assessment and referral to medical health officer. No visitors will be allowed. Exceptions may be considered on a case by case basis in consultation with the expert risk assessment team (may include the Medical Health Officer (MHO), Medical Microbiologist on call (MMOC), Infectious Diseases (ID)).

## 3. NOTIFICATION

The CN notifies:

- Emergency Physician (EP) who contacts the MMOC (604-875-5000)/MHO (604-675-3900 or after hours: 604-527-4893) to arrange for a teleconference with an expert risk assessment team
- Infection Prevention and Control (IPAC) – (604-485-3214)
- Environmental Services (EVS) Manager – (778-919-0355) or the Call Center 1-844-372-1959
- Manager, Acute Services (local 3201 or overhead page)
- Administrator on Call (AOC) through LGH Switchboard (604-988-3131 #0)

## 4. CHARGE NURSE

After notifying the above, the CN must:

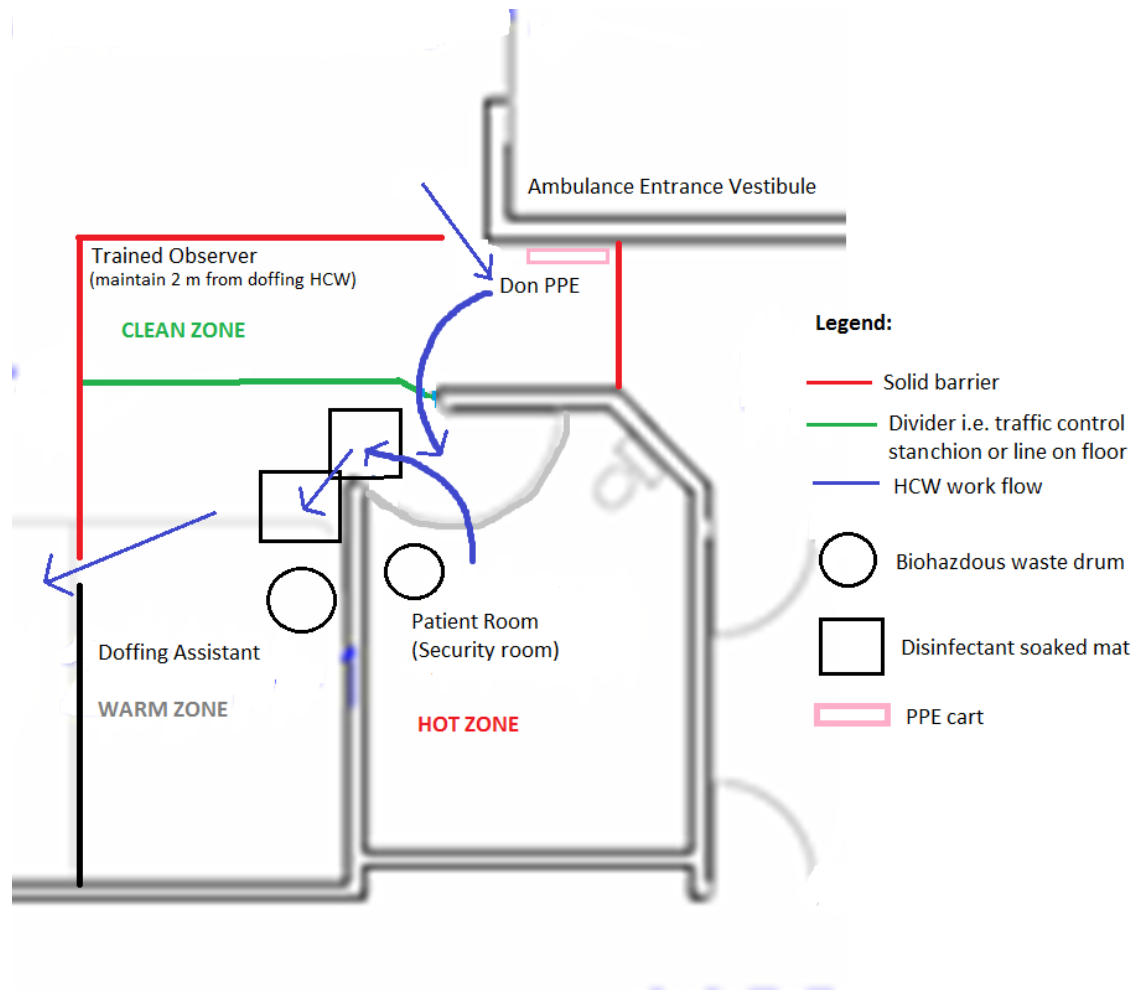
- Reallocate resources within the department and initiate hospital redeployment strategies, as well as call back.
- Assign primary nurse, Trained Observer, and Donning and Doffing Assistant. Every effort should be made to assign a separate staff member to each role, however one individual could perform both roles if necessary.

## 5. BIOCONTAINMENT ISOLATION PREPARATION (Security Room and adjacent patient bay - see Appendix A)

- Remove all non-essential supplies and equipment from the room.
- Position pre-stocked VHF kit near isolation door (complete PPE supply is stored in ambulance bay, additional supplies can be found in stores).
- Place the following three signs on the outside of the Isolation room door: Restricted Access, Airborne/Contact and Droplet Precautions, and Contact list.
- Prepare isolation room with the following supplies:
  - Gown and blanket on stretcher
  - 2 Bedside tables
  - Alcohol based hand sanitizer and disinfectant wipes

- Box of Kim wipes
- Pre-wrapped VernaCare washbasins/bedpans/urinals with “Hygie” bags
- Toilet paper
- Disposable thermometer
- Dedicated vital signs machine (if necessary)
- Use red 20 liter Stericycle pails lined with red bags as back up for patient waste or spill clean-up.
- Pen and paper
- Clear out adjacent patient bay and set up the following supplies:
  - incontinence pads, two per exiting HCW
  - liquid accelerated hydrogen peroxide
  - alcohol based hand sanitizer
  - Accel Intervention wipes
- Cordon off the area with room dividers to prevent traffic through biocontainment zone as shown in Appendix A.
- Set up 2 large blue biohazard drums with red bags (to be prepared by EVS), one in patient room and one in doffing zone. Drums are stored in ambulance bay.
- Spill clean-up kits can be found in ambulance bay. The kits contains the following: 1 red bio hazardous waste pail, 1 roll of paper towel, 1 package of absorbent pads, 1 bottle of accelerated hydrogen peroxide, and 1 container of accelerated hydrogen peroxide wipes. Spill Clean Up Procedures can be found at [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).
- Dedicate a shower for HCWs to use post doffing. Consider OR changing rooms.

## APPENDIX A: BIOCONTAINMENT ISOLATION



This set up is to be used in the event it is necessary to care for a patient requiring biocontainment temporarily while transfer to a more suitable facility (i.e. Surrey Memorial, Vancouver General, or Richmond Hospital) is arranged.