

# UBC Hospital Urgent Care Center (UCC) Viral Hemorrhagic Fever (VHF) 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.

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## 1. 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. Transfer to negative pressure isolation room if possible, or seat patient in the designated corner of the waiting room, around the corner from triage desk, to wait for isolation room to be prepared.

The triage nurse must:

- Maintain a 2 meter distance until high level PPE can be donned.
- Ask other patients to use opposite side of waiting room and contact Security to immediately secure the area until cleaning can be completed.
- Notify the Patient Care Coordinator (PCC)/Charge Nurse (CN) immediately.
- Obtain verbal assessment of symptoms and relevant travel history (no direct contact).
- Provide patient with Hygie emesis bag (stored at triage and with VHF supplies) if required.
- Assigned nurse, donned in high level pathogen PPE, will escort patient to the isolation room.

Patients should not arrive by ambulance as they would proceed directly to a Level 2 or Level 3 site.

## 2. VISITORS AND/OR FAMILY MEMBERS

Move non-symptomatic accompanying persons to separate area (corner of waiting room or a patient bay) for further assessment and referral to medical health officer. No visitors will be allowed in isolation room. 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 PCC/CN notifies:

- Emergency Physician (EP) who contacts the MMOC (604-875-5000)/MHO (604-675-3900 or 604-527-4893 after hours) to arrange for a teleconference with the expert risk assessment team
- Housekeeping Manager (778-668-3451) or the Call Center 1-844-372-1959
- Infection Prevention and Control (778-984-0299 Mon to Fri 8 am – 4 pm)
- Patient Services Manager (PSM) or Access Supervisor (after hours)
- Security (Urgent Dispatch 24/7) – 604-296-7636

If expert risk assessment team confirms patient meets case definition and is considered a potential case, the PSM or Access Supervisor contacts the Administrator on Call (AOC) and assists with resource allocation to establish adequate staffing.

## 4. CHARGE NURSE

After notifying the above, the CN must:

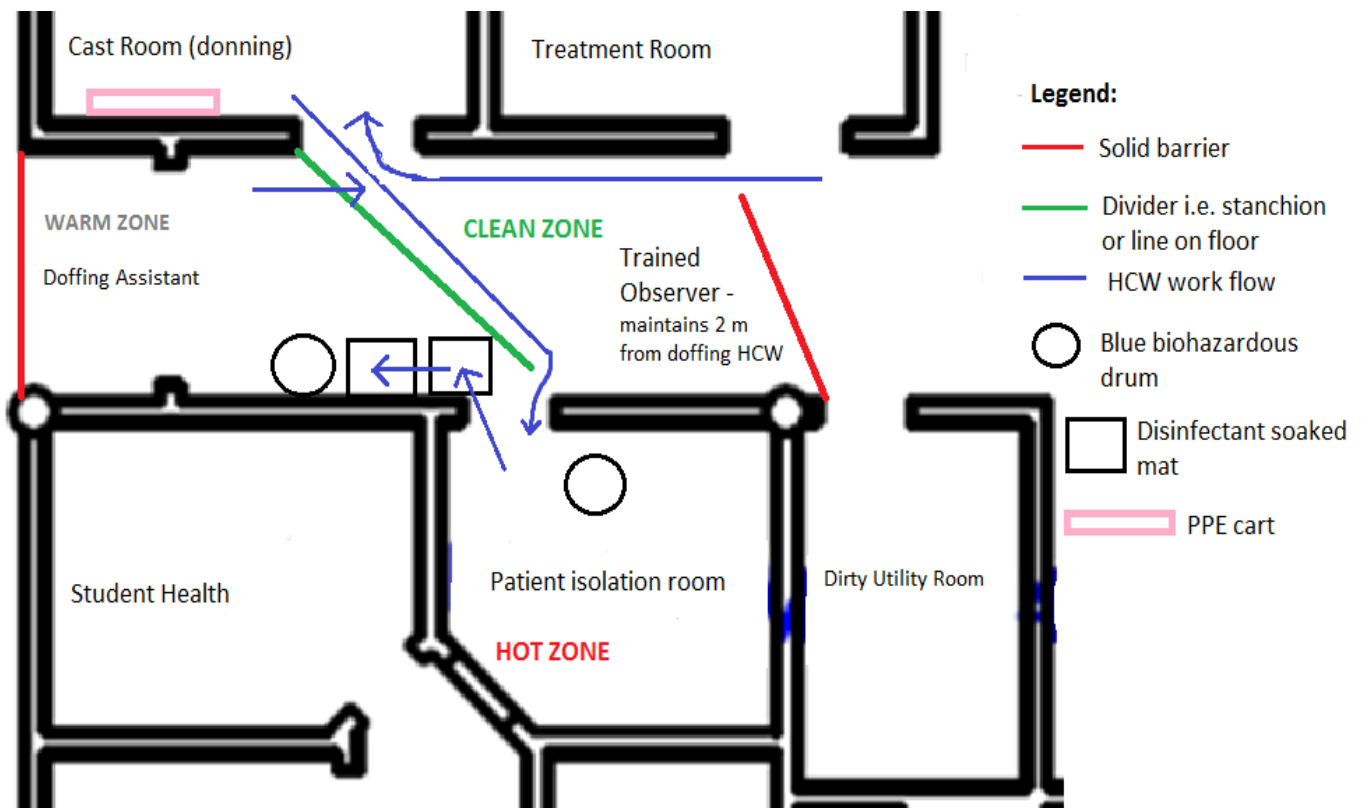
- Reallocate resources within the department.
- Assign primary nurse, Trained Observer, and Donning and Doffing Assistant – see [Viral Hemorrhagic Fever \(e.g. Ebola Virus Disease\) Standard Operating Procedures for Type 1 Sites](#). Every effort should be made to assign a separate staff member as Observer and Assistant, however one individual could perform both roles if necessary.

## 5. BIOCONTAINMENT ISOLATION PREPARATION (See Appendix A for floor plan)

- Remove all non-essential supplies and equipment.
- Post “Airborne/Contact” and “Droplet” isolation signs, “Restricted Access” sign, and “Contact Sign In Sheet”.
- Place VHF PPE supplies outside room (complete PPE supply is stored in plastic bins, additional supplies in metal locker).
- Place gown and blanket on stretcher.
- Place a bedside table with disinfectant wipes and hand sanitizer near the door.

- Place in the room: disposable thermometer strips, Dynamap, bedpan/urinal (as appropriate), Hygie packs, and walkie talkie.
- Turn on negative air.
- Remove all supplies from hallway and set up as PPE doffing area with stool, incontinence pads, liquid hydrogen peroxide, hand sanitizer, disinfectant wipes (Accel intervention).
- Cordon off hallway to restrict all non-essential traffic as in Appendix A and lock double doors (disable switch in top right corner, turn manual lock several times to activate).
- Set up two blue biohazardous drums (stored in Biohazardous waste room) lined with red bags, one in patient room, one in doffing area. Use red 20 liter Stericycle pails lined with red bags as back up.
- Dedicate shower to HCWs use after doffing PPE. Use Outreach Physician lounge on 2nd floor, room S-334A (down bridging hallway from UBCH Center for Cardiovascular Excellence).
- Spill clean-up kits can be found in the dirty utility room. 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).

APPENDIX A – BIOCONTAINMENT SET-UP



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.