

# Lions Gate Hospital (LGH) Emergency Department 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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## 1.0 TRIAGE/PIVOT NURSE

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. The patient must be separated from others by directing them to a nearby empty room. If there is no room available, the patient will be directed outside to the decontamination area.

The triage nurse must:

- Maintain a 2 meter distance until high level PPE can be donned.
- Ask other patients to step back from the Triage area, and contact Security immediately to secure the triage area until cleaning can be completed.
- Notify the Patient Care Coordinator (PCC) or Charge Nurse (CN) immediately, and any additional triage team members.
- Obtain verbal assessment from patient of all symptoms and relevant travel history (maintaining no direct contact).
- Provide patient with Hygie emesis bag if required.
- Await preparation of DTU 4 (first choice) or 314/320 (second choice).
- Assigned nurse, donned in high level pathogen PPE, will escort patient to the biocontainment isolation room.

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

## 2. VISITORS AND/OR FAMILY MEMBERS

Move accompanying persons to separate area for further assessment and referral to Medical Health Officer (MHO). The rooms 320 or 314 can be used. Place a “Do not enter” sign on the Ante room door located between 314 and 320. Move wipeable chairs into the 320 or 314 rooms and request Security to monitor. No visitors will be allowed in patient room. Exceptions may be considered on a case by case basis in consultation with the expert risk assessment team (may include MHO, Medical Microbiologist on-call (MMOC), Infectious Diseases).

## 3. NOTIFICATION

The PCC/CN notifies:

- Emergency Physician (EP) who contacts the MMOC (604-875-5000)/MHO (604-675-3900 or 604-527-4893) to arrange for a teleconference with the expert risk assessment team (generally includes Infectious Diseases)
- Senior Infection Preventionist (IP): (604-904-3537)
- Environmental Services (EVS) Manager (778-938-7543) or the EVS Call Center 1-844-372-1959
- Manager Emergency Services (local 5858) - notifies Administrator on Call
- Patient Care Supervisor (778-918-0043)

## 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 3 staff members to the patient including: a primary nurse, a Trained Observer, and a 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 to each role.

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

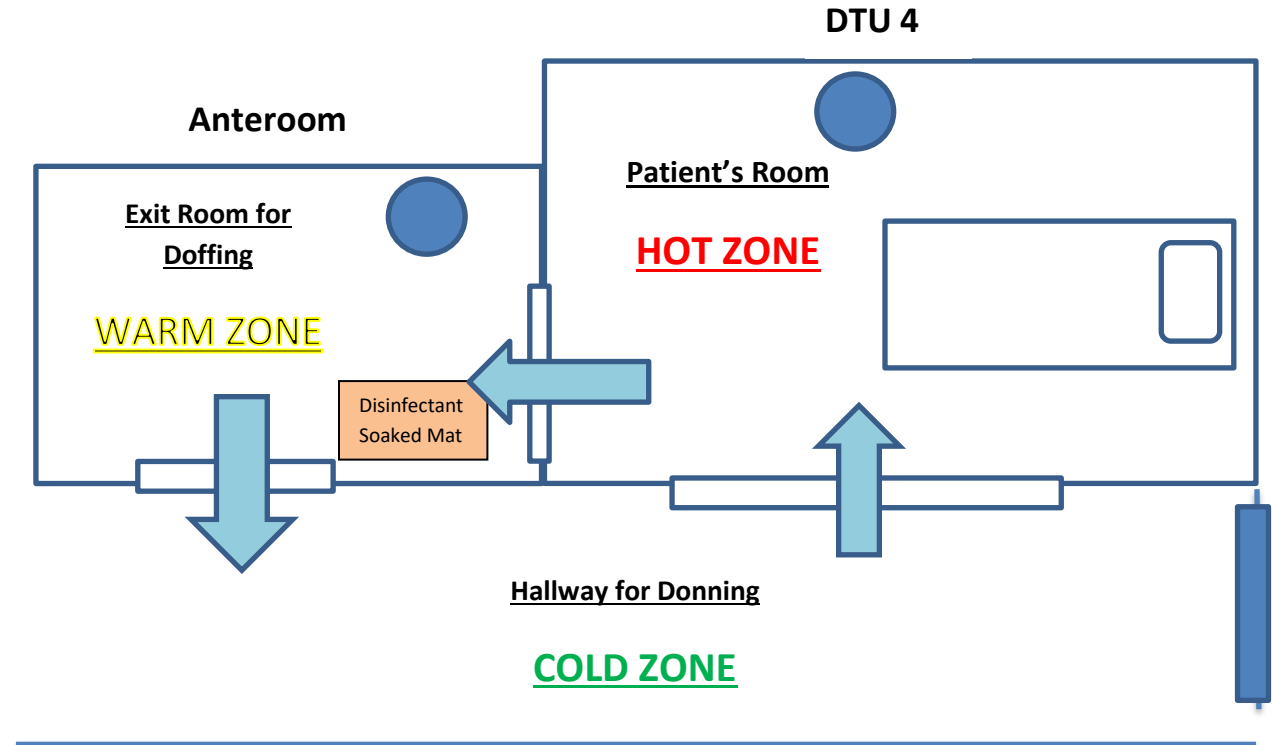
- Remove all non-essential supplies and equipment from patient room, donning area, and anteroom.
- Secure any other potential access doors to the area.
- Post “Airborne/Contact” and “Droplet” isolation signs, “Restricted Access” sign, and “Contact Sign-In Sheet” outside patient room.
- Set up VHF PPE cart outside patient room (VHF cart stored in Code Orange Room, additional supplies available on top of metal cabinet).
- Place gown and blanket on stretcher.
- Place disinfectant wipes and hand sanitizer on a bedside table.

- Place in the room: disposable thermometer strips, Dynamap, bedpan/urinal (as appropriate), Hygie packs.
- Turn on negative air.
- Set up anteroom (PPE doffing area) with incontinence pads, liquid accelerated hydrogen peroxide, hand sanitizer, disinfectant wipes (Accel Intervention).
- Cordon off hallway (consider room dividers) to restrict all non-essential traffic as in Appendix A.
- EVS to set up two blue biohazardous drums lined with red bags, one in patient room, one in doffing area. Drums are stored in the Code Orange Room, additional drums available from Housekeeping. Use red 20 liter Stericycle pails lined with red bags as back up for patient waste or spill clean-up.
- Dedicate a shower to HCWs use after doffing PPE.
  - a. Preferably the decontamination shower.
- Spill clean-up kits can be found in the Code Orange 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.

APPENDIX A – BIOCONTAINMENT ISOLATION

There are two possible rooms 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.

LGH – DTU 4 (First Choice):



LGH – Room 320: (Second Choice)

