

Sechelt Hospital (SH) 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 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 by asking them to step back into the entrance vestibule or direct them to the Family Room.

The triage nurse must:

- Maintain a 2 meter distance until high level PPE can be donned
- Ask other patients to step back from the desk and contact Security to immediately secure the area until cleaning can be completed
- Notify the Patient Care Supervisor (PCS)/Charge Nurse (CN) immediately
- Obtain verbal assessment of symptoms and relevant travel history (no direct contact)
- Provide patient with Hygie emesis bag if required
- Await preparation of negative pressure isolation room
- Assigned nurse, donned in high level pathogen PPE, will escort patient to isolation room

With advance notification, a patient can be directed to the ambulance bay entrance. If a patient arrives by ambulance, they should wait in the ambulance until the isolation room is prepared.

2. VISITORS AND/OR FAMILY MEMBERS

Move non-symptomatic accompanying persons to separate area (consider the Family Room or patient bay) for further assessment and referral to medical health officer. 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 the Medical Health Officer (MHO), Medical Microbiologist on call (MMOC), Infectious Diseases (ID)).

3. NOTIFICATION

The PCS/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
- Infection Prevention and Control (604-989-2488)
- Housekeeping Manager (778-919-0355) or the Call Center (1-844-372-1959)
- Manager, Acute Service (778-988-9054)
- Administrator on Call through the LGH Switchboard (604-988-3131 #0)
- Engineering (604-741-8318)

4. PCS/CN

After notifying the above, the PSC/CN must:

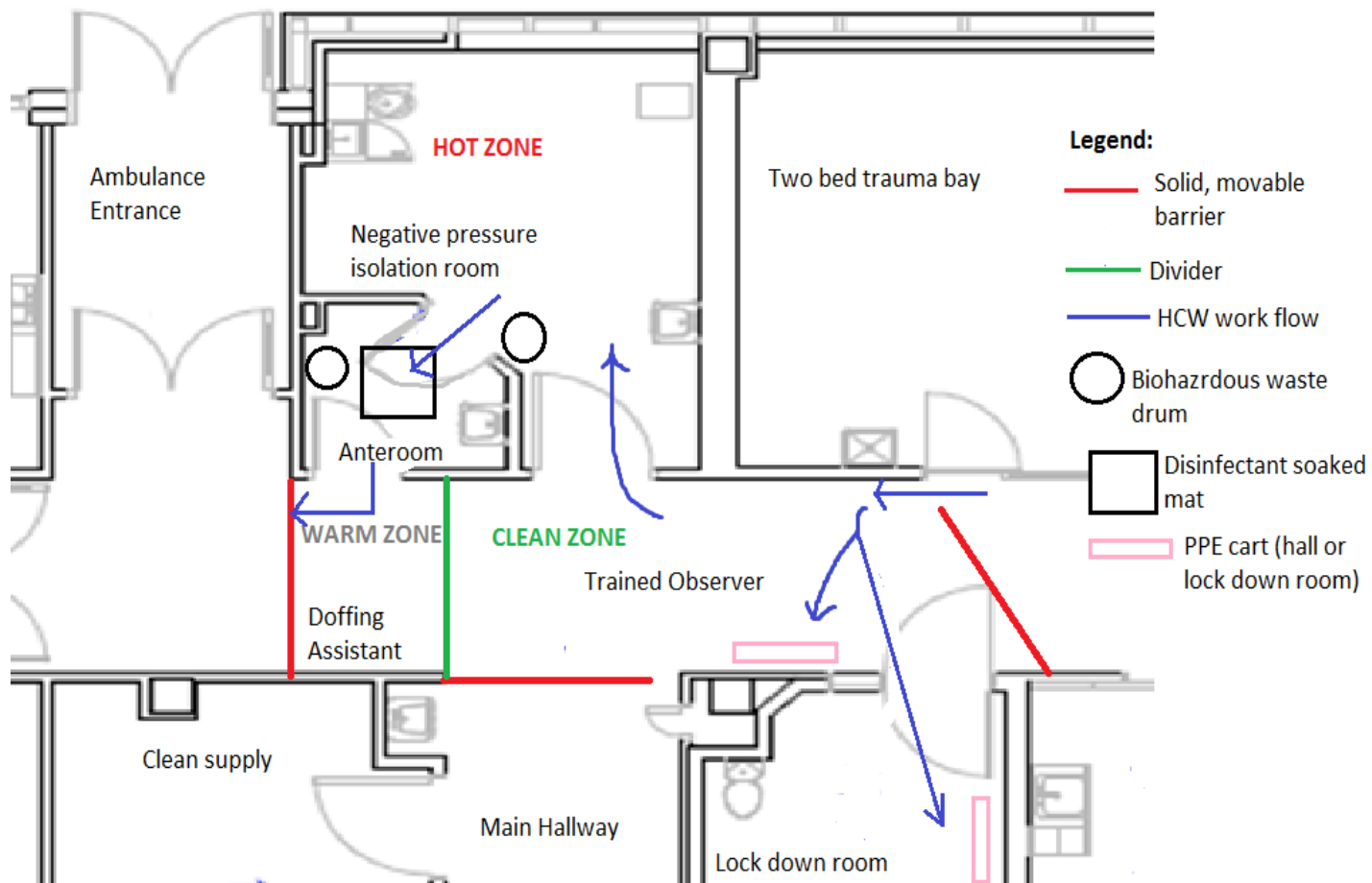
- Reallocate resources within the department and initiate hospital redeployment strategies, as well as call back.
- Assign primary nurse, Trained Observer, and Donning and Doffing Assistant see - [Viral Hemorrhagic Fever \(e.g. Ebola Virus Disease\) Standard Operating Procedures for Type 1 Sites](#). Every effort should be made to assign a separate staff member to each role, 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 from patient room and anteroom.
- Post “Airborne/Contact” and “Droplet” isolation signs, “Restricted Access” sign, and “Infection Prevention Contact List”.
- Place VHF PPE supplies outside room or use Lock Down room (start-up kits stored in anteroom, additional supplies in stores).
- 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, toilet paper.
- Turn on negative air.
- Remove all supplies from hallway and set up as PPE doffing area with incontinence pads, liquid hydrogen peroxide, hand sanitizer, disinfectant wipes (Accel intervention).

- Cordon off hallway to restrict all non-essential traffic as in Appendix A. Use patient room dividers for the “solid removable” barriers.
- Set up two blue biohazardous drums lined with red bags, one in patient room, one in doffing area. Drums are stored in cage by loading bay and accessed through engineering or security. 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, preferably the ED patient shower.
- Locate spill clean-up kits (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.

APPENDIX A - BIOCONTAINMENT ISOLATION



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