

# Squamish General Hospital (SGH) ED 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.

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## 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 go back to the entrance vestibule.

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 desk and contact Security to immediately secure the area until cleaning can be completed.
- Notify the Clinical Services Coordinator (CSC) or 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 the cast room for isolation room
- Assigned nurse, donned in high level pathogen PPE, will escort patient from entrance foyer to cast 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 non-symptomatic accompanying persons to separate area (consider entrance foyer or any unoccupied room or 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 CSC/CN notifies:

- Emergency Physician (EP) who contacts the Medical Microbiologist (MMOC)/Medical Health Officer (MHO) to arrange for a teleconference with the expert risk assessment team (MMOC: 604-875-5000; MHO: 604-675-3900, after hours 604-527-4893)
- Infection Prevention and Control (Cell: 778-689-6984; After hours – VGH Switchboard 604-875-5000 and ask for IPAC on call)
- EVS Manager (778-386-4685) or the Call Center 1-844-372-1959
- Acute Services Manager (778-266-0431)
- Administrator on Call (AOC) through the LGH Switchboard (After hours only - 604-988-3131 #0)

### 4. CLINICAL SERVICES COORDINATOR/CHARGE NURSE

After notifying the above, the CSC/CN must:

- Reallocate resources within the department and initiate hospital redeployment strategies, as well as calling for workload staff.
- Assign primary nurse, Trained Observer, and Donning and Doffing Assistant. Every effort should be made to assign a separate staff member to each role.

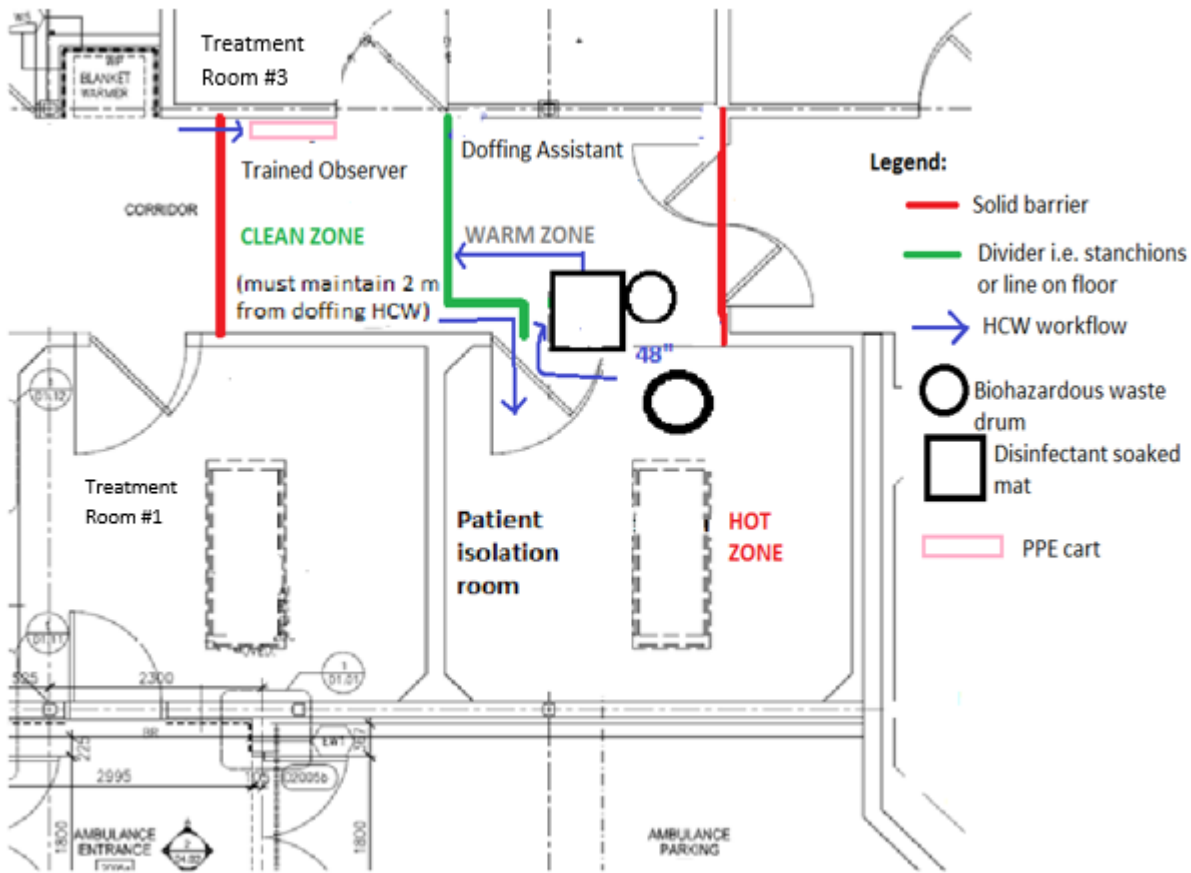
### 5. BIOCONTAINMENT ISOLATION PREPARATION (see Appendix A for floor plan)

Remove all supplies and chairs from the room. Carts to be stored away from immediate area, hallway must be kept clear.

- Remove all non-essential supplies and equipment from patient room and hallway.
- Secure double doors to the OR by placing “No Entry” cover (stored with VHF PPE) over the access panel and placing a barrier on the OR side (i.e. bollards or “Caution” tape).
- Post “Restricted Access” sign, Airborne/Contact Precautions, Droplet Precautions, and Contact Sign in Sheet.
- Place VHF PPE cart (stored in equipment room) outside cast room or in multipurpose room.
- 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, walkie talkie.
- Cordon off hallway to restrict all non-essential traffic as in Appendix A. Use patient room dividers or traffic control stanchions. NOTE: Because there is no physical barrier between the Trained Observer and the doffing HCW, the Trained Observer must maintain a 2 meter distance from the HCW while doffing.
- EVS to prepare blue biohazardous waste drums lined with red bags, place one in patient room and one in doffing zone. Drums are stored the equipment room. Use red 20 liter Stericycle pails line with red bags as back up for patient waste or spill clean-up.
- Dedicate shower for post-doffing use. Consider the staff lounge across from conference room.
- Spill clean-up kits can be found in ED consultation 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 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.