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|  | Title: Viral Hemorrhagic Fever (VHF) Patient Presenting to Triage as a Walk-in – PasquaRole performing Activity: Triage and Charge RN’s | |
| WORK STANDARD | Location: | Department/Unit: Pasqua Emergency |
| Document Owner: Director – Regina Area Emergency Departments | Date Prepared: Nov 2014 |
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| Related Policies/Documentation | |

# Work Standard Summary: To guide triage and charge nurses on the process if a patient presenting with a possible viral hemorrhagic fever (VHF) presents to triage.

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| **Essential Tasks:** | |
| 1. | Triage to follow this work standard when patients present to triage with:  * History of fever **AND** * History of recent travel (last 21 days) to a country of concern **OR** * Has been in contact with infected persons |
| 2. | Triage Nurse will:   * Instruct patient and support person(s) to don surgical mask and gloves * Ensure area between EMS Garage and unit is cleared, doors to back storage area and EMS office is closed, and “Do Not Enter” signage is placed on EMS door (from garage to department) * Instruct patient and support person(s) to wait inside back area between EMS garage door and glass doors going into unit. Ensure that chairs are available for patient and support person. * Notify charge nurse of possible VHF patient at triage. * Don PPE from VHF bin * Wait for charge nurse to give the ok to move patient to isolation room * Escort the patient to the designated room once charge has given the ok to move the patient – the patient will be escorted outside to the entrance behind the EMS bay, enter the department through the back door in Pod 3 and proceed to designated isolation room. * Become the primary nurse for the patient and family |
| 3. | Charge Nurse will:   * Ensure that appropriate room (13 [preferred], 14, or 15) is cleared. If these rooms are not available, then charge will a room that is negative pressure with a short settle time (rooms 4 or 5 preferred). * Notify EMS to temporarily move any patients on offload delay out of the back hallway. * Notify Pod 3 nurses to close all doors in Pod 3. * Notify Pod Captains to minimize patient/visitor movement in department until determination of case is made/patient is moved to an appropriate location * Inform Emergency MD of patient with suspected VHF is in the department and location of patient as well as location of support person(s) * Delegate another RN to take over the triage role * Direct Security to log all patients and visitors in MWR area. * Direct the service aid to retrieve the VHF bins from the storage room in patient flow. * Once area is secured, notify triage nurse to escort patient and support persons to the room. * Ensure housekeeping has properly cleaned the hallway and waiting area prior to portering placing patients back in the hallway. * Coordinate a call to 9-1-1 Interpreters (translation services) if required. |
| 4. | Emergency Physician will:   * Don appropriate PPE and screen the patient for possible VHF * Contact MHO and ID through Systems Flow (using a recorded line) to confirm VHF potential.   **\*\*If MHO, ID and ED Physician determines that this patient is not VHF, patient can be roomed as per normal processes, support person(s) can wait with the patient. \*\*** |
| If MHO, ID, and ED Physician determines that this patient is a potential VHF: | |
| 5. | Emergency Physician will:   * Call and notify Infection Control * Call and notify Intensivist/CCA in MICU |
| 6. | Charge nurse will:   * Inform family members/support persons who are asymptomatic to return home and isolate until they hear from public health. * Inform family members/support persons who are symptomatic to stay in a second room (preferably room 14). * Call system flow and inform them of a VHF admission to MICU. * Confirm with charge nurses in MICU for the estimated time required to prepare a bed for the patient. * Notify EMS of EMS redirection to RGH Emergency |
| 7. | Unit Clerk will:   * Notify EVS Supervisor – EVS will supply chemical floor mats and yellow biomed waste containers. * Notify manager/site manager/director on call. * Enter the admission into EBM, call system flow to notify of transfer. |
| Transfer of Patient to MICU: | |
| 8. | MICU will contact ED charge nurse when bed is available and they are ready to accept care. |
| 9. | Charge Nurse will:   * Notify EMS of possible VHF transfer to RGH MICU. * Receive estimated time of arrival for EMS. * Notify EMS to temporarily move any patients on offload delay out of the back hallway. * Direct EMS to take patient out the department through the back door out Pod 3. * Call MICU Charge Nurse to give phone report and inform them of patient ETA. |
| 10. | Once patient has left the department, charge nurse will:   * Call EVS and inform them of areas that require cleaning (hallways, rooms, etc) * Call EMS and cancel EMS redirection. * Call Public Health and ensure they have contact information for support person(s). * Ensure door to patient room remains closed and remain out of service until cleaned by housekeeping. * Notify housekeeping of affected hall and waiting areas that require cleaning. * Act as doffing observer or designate doffing observer for nurses who are doffing Level 4 PPE. |

\*\* Decontamination Processes in case of PPE breach will be added once process is established \*\*