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|  | Title: Viral Hemorrhagic Fever (VHF) Patient Presenting to Triage as a Walk-in – RGHRole performing Activity: Triage and Charge RN’s | |
| WORK STANDARD | Location: | Department/Unit: RGH Emergency |
| Document Owner: Director – Regina Area Emergency Departments | Date Prepared: Nov 2014 |
| Last Revision: June 13, 2023 | Date Approved: April 4, 2023 |
| 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 * Clear out room 27 * Instruct patient and support person(s) to wait inside room 27 with door closed * 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. This will be done by taking the patient out the EMS doors, through the EMS bay and entering the department through side door across from room 7. * Become the primary nurse for the patient and family |
| 3. | Charge Nurse will:   * Ensure that Room 8 is cleared. If Room 8 cannot be cleared, then Room 9 or 10 may be used. (If rooms 9 or 10 is to be used, charge nurse needs to notify Facilities Management immediately to have them switch the room to negative pressure) * Notify Pod Captains, PIT nurse, and Holding nurses 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 Security to secure back hallway when patient to be transferred from room 27 to the designated room. * Once area is secured, notify triage nurse to escort patient and support persons to the room. * Ensure housekeeping has properly cleaned the hallway and room 27 prior to putting hallway back in use. * 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 determine 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 determine 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 9) and to not leave the room. * 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 Pasqua 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 |
| Transfer of Patient to MICU: | |
| 8. | MICU will contact ED charge nurse when bed is available and they are ready to accept care. |
| 9. | Pt to be transported to MICU by 2 ED RN’s once MICU is ready.   * Security staff will assist with securing of hallways and trauma elevator. |
| 10. | Once patient is in MICU and handover given, ED nurses will doff PPE and decontam as per MICU standard work. |
| 11. | 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). * Door to room where patient was located to remain closed and room to remain out of service until cleaned by EVS. * 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\*\*