

 Saskatchewan Health Authority	Standard #:		
	Title:	EBOLA & Viral Hemorrhagic Fever Response in Nipawin Hospital	
	Role performing Activity:	ER Nursing	
	<div style="text-align: center; font-size: 2em; font-weight: bold;">WORK STANDARD</div>		
Location: Nipawin Hospital			Department/Unit: ER
Document Owner: Doug Gudnason			Date Prepared: 04-Dec-2024
Last Revision: 04-Dec-2024			Date Approved: Enter a date
Related Policies/Documentation:			

Work Standard Summary: Describe patient course of treatment in hospital including where to keep them, staff protection and transfer. Goal for this patient is Isolation, staff and patient protection and transfer to “designated site” for treatment (designated sites refer to Regina General Hospital, Regina or St. Paul’s Hospital, Saskatoon).

Nipawin Hospital is a holding area before transport only, do not admit. THIS WORK STANDARD IS ON THE NIPAWIN HOSPITAL SHARE POINT USE LINKS THERE

Definitions: Viral Hemorrhagic Fever (Including Ebola Disease) (VHF\EBOD)

Essential Tasks:	
1.	<p>All patients will be assessed for travel history. Any patient with the following:</p> <ul style="list-style-type: none"> Positive travel history to regions affected by VHF\EBOD or epidemiologic exposure within 21 days of illness Fever >38°C VHF\EBOD symptoms (severe headache, fatigue, muscle pain, sore throat, vomiting, diarrhea, abdominal pain, conjunctival redness, erythematous maculopapular rash on the trunk, unexplained hemorrhage) <p style="text-align: center;"><u>**ISOLATE IMMEDIATELY**</u></p> <p style="text-align: center;"><u>DO NOT CONTINUE ASSESSMENTS UNTIL THE FOLLOWING SETPS HAVE BEEN IMPLIMENTED</u></p>
2.	<p>Follow IPAC Algorithm for Initial Assessment and Management of Ebola or VHF in the Emergency Department</p> <p><u>Below is adapted for Nipawin Hospital specific practices for patients identified as VHF\EBOD:</u></p> <ol style="list-style-type: none"> STOP ALL ASSESSMENTS <i>INCLUDING VITAL SIGNS</i> Immediately have patient use hand sanitizer and apply mask. Maintain 2 meters distance from pt. Advise pt to remain seated and avoid contact with anything. Have pt. remain in triage room until Level 4 Negative Pressure room is prepped (see below SECTION 4). NOTIFY 2ND ER RN TO: <ul style="list-style-type: none"> INFORM NURSING STAFF OF LEVEL 4 CONTACT PRECAUTION PATIENT and STAT preparation of Designated VHF\EBOD ROOM (Room 200 with the negative pressure fan turned on) <ul style="list-style-type: none"> See LEVEL 4 ISOLATION ROOM PREP for RM 200 (See SECTION: 4) NOTIFY ENVIRONMENTAL SERVICES (EVS) TO PREPARE FOR LEVEL 4 DECONTAMINATION OF PATIENT CARE AREAS AFTER USE STARTING WITH TRIAGE AND PAITNET TRANSPORT PATHWAY.

Essential Tasks:	
	<p>4. DO NOT ENTER PATIENT ROOM WITHOUT LEVEL 4 PPE</p> <ul style="list-style-type: none"> For any further contact with patient, ALL STAFF WILL DON LEVEL 4 PPE (see section 5) <p>5. ONCE LEVEL 4 ISOLATION ROOM READY, prepare to transport patient</p> <ul style="list-style-type: none"> Obtain ER's EBOLA/VHF kit → located in 200 anteroom. Don Level 4 PPE in the presence of a Trained Observer → SEE SECTION 5 Transport patient to isolation room via shortest route → Clear ER WR of patients and visitors → Ensure pathway is clear of patients and barriers → move patient as directly as possible to room 200 Patient transporter must don full Level 4 PPE (See section 5) <p>**Patient is now restricted to DESIGNATED ISOLATION ROOM for all assessments and interventions until transport to designated facility.</p> <p>**Use single patient dedicated equipment and DISPOSABLE equipment where possible.</p> <p>**Maintain a log of ANYONE entering the patient's room using: template-ipac-eboladailyroomentrylog.pdf</p>
3.	<p>Physician will contact MHO immediately and notify them of potential VHF\EBOD BEFORE ASSESMENT.</p> <ul style="list-style-type: none"> After consultation the physician will act as directed by MHO, performing any further assessments/treatments wearing proper level 4 PPE and using dedicated equipment. If AGMP is required, activate negative pressure, and observe 30 min settle time and appropriate signage posted.
4. LVL 4 ISO RM 200 PREP	<p>LEVEL 4 ISOLATION ROOM PREP FOR RM 200:</p> <ul style="list-style-type: none"> Obtain EBOLA/VHF Kit from cupboard in 200 Anteroom Post Level 4 Precaution Signage on door (located in EBOLA/VHF Kit) IPAC-P-0012 Level 4 Precautions Prepare PPE STATION outside of anteroom as donning area (including a chair to assist don/doff of boots). <p><i>*NOTE* Rm 200 is a requirement, if Rm 200 is occupied, move that patient to another location and move in another bed or stretcher. Forgo the cleaning in between patients. For cases of VHF\EBOD, a full clean is a secondary to isolation requirements. Isolation of the patient is the priority.</i></p> <p>Remove all non-essential supplies and furniture from room 200.</p>
5. DON / DOF LVL 4 PPE	<p>DONNING LEVEL 4 PPE:</p> <p>All donning and doffing must be performed in front of a TRAINED OBSERVER (see below)</p> <ul style="list-style-type: none"> IN ER → Level 4 PPE <u>must</u> be donned outside patient room and doffed inside patient room?? Room 200 → Level 4 PPE <u>must</u> be donned OUTSIDE the anteroom and doffed INSIDE the anteroom <p>TRAINED OBSERVER will assist with appropriate donning, doffing and disposal of PPE</p> <p>Refer to the following work standards for proper donning/doffing sequence:</p> <ul style="list-style-type: none"> Donning Level 4 PPE – HCW IPAC-WS-0012 Donning Level 4 PPE HCW Doffing Level 4 PPE – HCW IPAC-WS-0013 Doffing Level 4 PPE HCW Donning Level 4 PPE – Trained observer IPAC-WS-0014 Donning Level 4 PPE TO Doffing Level 4 PPE – Trained observer IPAC-WS-0015 Doffing Level 4 PPE TO <p>IPAC-H-0009 VHF EBOD PPE Donning TO</p>

Essential Tasks:	
	<p>All staff entering the patient's room must wear LEVEL 4 PPE:</p> <ul style="list-style-type: none"> • Shoe covers • knee high foot covers • fitted N95 mask (**NOTE: VHF\EBOD IS NOT AIRBORN, N95 is for added staff protection) • extended cuff gloves • hoods • Face Shields • Another set of extended cuff gloves (*DOUBLE GLOVE REQUIRED*)
6.	<p>ONLY ONCE PATIENT IS APPROPRIATELY ISOLATED AND STAFF HAVE PROPER PPE DONNED can clinical assessment and initial management be continued.</p> <p>Perform vital signs with dedicated equipment, use disposable where able.</p>
7. Trans port	<p>Nipawin Hospital is only a holding facility for VHF\EBOD patients. **DO NOT ADMIT**</p> <p>VHF\EBOD SUSPECTED TRANSFER TO A DESIGNATED FACILITY IS REQUIRED</p> <p>Patient transport must take place in a manner that minimizes contact with other individuals (HCW's, other patients, visitors ETC.)</p> <ol style="list-style-type: none"> 1. INFORM AMBULANCE DISPATCH and receiving facility ASAP of transfer of VHF\EBOD patient. 2. FOLLOW IPAC GUIDELINES for the Temporary Management of Suspect/Confirmed VHF\EBOD in non-designated facilities - IPAC Ebola/VHF Toolkit SaskHealthAuthority 3. EXIT ROUTE FROM ROOM 200 WILL BE CLEARED OF ANY EQUIPMENT, CHAIRS AND OTHER OBSTRUCTIONS FROM 200 DOOR TO THE EMS EXIT. 4. EMS WILL MOVE PATIENT DIRECTLY FROM ROOM 200, PAST THE NURSES DESK AND OUT THE EMS EXIT. 5. EMS WILL LOAT THE PATIENT IN THE AMBULANCE BAY. 6. EVS WILL BE INFORMED TO CLEAN THE EXIT ROUT FLOORS.
8.	<p>Upon transfer of the patient to another facility materials management will perform level 4 decontamination of the patient room.</p> <ul style="list-style-type: none"> • Nursing staff will leave all linen, linen bags, garbage, monitoring equipment and anything that has been in potential contact with the VHF\EBOD in room to be properly decontaminated and/or disposed of.

Nipawin Supplies:

- Print:
 - Guide for Donning and Doffing
 - Level 4 Precautions signage
- Shoe Covers
- knee-high boot covers
- N95 respirator
- surgical gown (rated level 4)
- Extended length gloves (double glove)
- head cover
- 2nd gown
- 2nd gloves
- Full face shield
- trained observer to assist with appropriate donning, doffing and disposal of PPE