# Initial HCID ED Response Action Cards

- These cards are to be used in conjunction with Trust and UKHSA guideline.

- In the event of information conflict between these cards, or Trust and UKHSA guidelines, Trust and UKHSA guidelines have priority and should be deferred to

- It is better to stand up HCID pathways if uncertain than delay

- Investigations will be limited
    - Take bloods and samples only after discussion with microbiology.
    - Do not use blood gas or Chemstat
        - If Xray required – it is MOBILE Xray, radiologists must be HCID PPE and the machine stays in room or dirty room until HCID pathway stood down

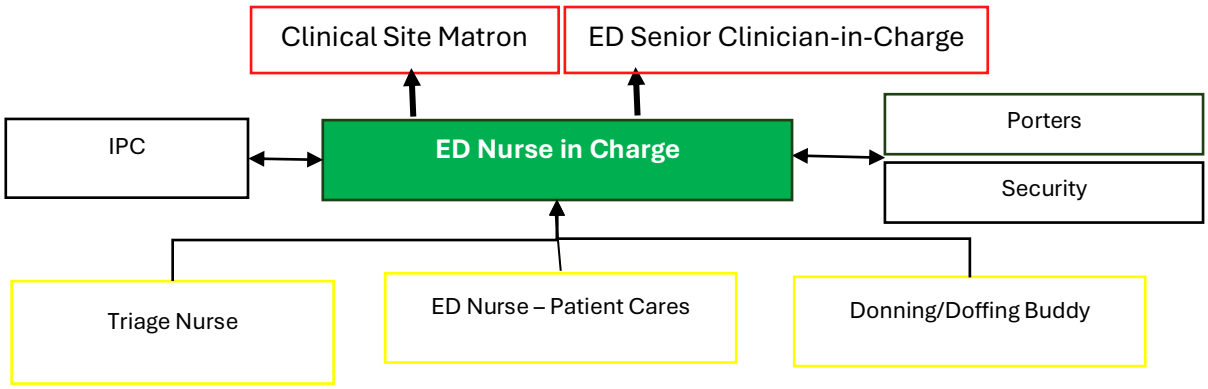
- Additional information such as waste removal and body fluids and cleaning can be found in the Trust Guidelines

- Escalate to CSM early as it will have a large departmental impact and additional staffing may be required

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# HCID -1 -Action Card for ED Nurse-in-Charge




*Aim to maintain 'hands-off' approach.*

**You escalate information to: CSM / Duty ED Senior Clinician-in-Charge**

**You are responsible for: Enacting and enforcing isolation protocol for HCID, ensuring staff and patient safety.**

***If Self-Presenters***

1) ***Prevent exposure to other patients and staff.***
   a. Self-presenter in Reception/Triage room, if able and clinically safe to do so, request that they remain outside away from other patients or in their car .
   b. If they are in the department, assess the risks to other patients. Ask them to remain in the room they are in until Isolation Room available, then with surgical mask transfer directly to Isolation Room.

2. ***Isolate patients as per policy for HRI or CRH***
   a. ***HRI – Majors Isolation room (this includes putting Paediatric cases)***
   b. ***CRH – Block corridor between Reception to double doors to ambulance corridor), place patient in HCA Assessment Room (Door number D1AE048). Other rooms either side are donning/doffing rooms Door Number D1AEO44). Other patients needing ED go from waiting room outside and enter ambulance entrance, not through isolation zone.***

***If PREALERT message received from Yorkshire Ambulance Service***

***CRH***

1. ***Redirect ambulance to HRI***
2. ***Inform HRI Nurse in Charge of divert of patient***

***HRI***

1. ***Ask to keep in ambulance and inform staff of arrival***
2. ***Prepare Majors Isolation Room for patient – move other patient out if occupied. If occupied with HCID patient – consider using Majors 5 with clear line marking externally***
3. ***Check room set to negative pressure ventilation***

***Actions***

1) ***Isolate suspected patient in allocated rooms for patient as per policy.*** *Keep away from patients and staff.*
    a. **Restrict access to patient to minimum number of staff**
        - **Ideally only assigned HCID Nurse, clinician and Donning/Doffing Buddy only.**
        - **No visitors unless <16 and then only 1 allowed, ideally pre-exposed, they should wear PPE and remain in the room with the patient. They cannot enter/exit.**

2) **Inform ED Consultant/Senior- in-Charge – if out of hours and request immediate risk assessment.**

3) **Following ED Consultant/Senior-in-charge rapid risk assessment**

    **A) Their opinion -clearly does not meet HCID risk criteria** – can stand down

    **OR**

    **B) Possible/Uncertain HCID criteria met** - further assessment/action required.

**<u>Possible HCID Actions</u>**

4) **Maintain Isolation**
5) **Assign roles and give Action Cards – ED HCID Nurse & Donning/Doffing Buddy to.**
    - No pregnant staff
    - FFP3 and HCID trained nurse – no respirator hoods and Buddy (CRH only – Buddy will need to be FFP3 fit tested also)
    - Buddy will need to wait near room if incase patient requires attention and to stop others breaking isolation measures.
6) **Inform IPC of suspected HCID case** and request they attend to provide assistance**. Follow their advice on Isoloation protocol**
7) **Ensure log of those with hospital patient contact with patient are kept** and can be given to IPC/Occupational health as required.
8) **Inform CSM of HCID protocol activation** and request additional nursing support due to 2 staff will be looking after this patient and give update suspected patient may impact ED provisions.
9) **Contact estates and portering for waste management bins**
10) **Discuss options with IPC/Micro-** potential length of stay of patient**,** (CRH only- possibility of moving to hospital negative pressure rooms) as this may lead to continued impact of ED function for an extended period of time.

**<u>After patient has left department</u>**

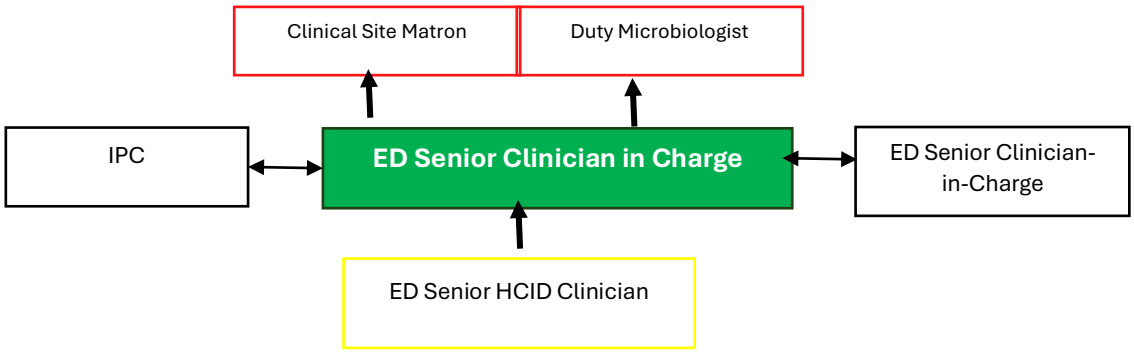
11) **Ensure correct cleaning of rooms – HCID or appropriate infection guidelines**
12) **Log kept and sent to IPC HCID Lead**
13) **Issues encountered raised with IPC HCID lead / ED Incident Lead.**

*QR Link - HCID Doffing Video*

*QR Link - HCID Doffing Video*

*QR Link - HCID Sample Taking*

# HCID – 2 - ED Consultant/Senior Clinican-in-Charge




**You escalate information to: CSM / Duty Microbiologist**

**You are responsible for: ED response to suspected/confirmed HCID infection, maintaining correct isolation protection. Protecting staff and patients from additional exposure**

- **Immediately ensure patient correctly isolated.**
  - Self-presenter in Reception/Triage room, if able and clinically safe to do so, request that they remain outside away from other patients or in their car
  - If they are in the department, assess the risks to other patients. Ask them to remain in the room they are in until Isolation Room available, then with surgical mask transfer directly to Isolation Room.
  - **Location of Isolate Rooms** (this includes putting Paediatric cases)
    - **HRI – Majors Isolation room**
    - **CRH –Place patient in HCA Assessment Room (Door number D1AE048). Other rooms either side are donning/doffing rooms Door Number D1AEO44). Block corridor between Reception to double doors to ambulance corridor).** Other patients needing ED go from waiting room outside and enter ambulance entrance, not through isolation zone.

4. **2) Immediately review information known about patient presentation/gather further history from patient**
   **OR**
   **identify Senior HCID Clinician to gather information from patient**
   - Senior HCID Clinician;
     - be a Senior clinician
     - Must be FFP3 Fit tested (cannot use FFP3 hood)
     - Cannot be pregnant
     - Receive ED Senior HCID Clinician Action Card

5. **Using Risk Assessment criteria for the suspected HCID (eg MERS/Avian Influenza or Viral Haemorrhagic fever) assess patient history.**

**If CLEARLY does NOT meet HCID criteria –**Stand down isolation precautions**, Document time and reasoning**

**OR**

**IF POSSIBLE or INSUFFICIENT INFORMATION** – then maintain isolation and perform the following actions.

**POSSIBLE/UNCERTAIN HCID RISK ASSESSMENT ACTIONS**

6. **Contact Duty Microbiologist** with information from ED
7. **Senior HCID Clinician to review patient, gather information and speak to Duty Microbiologist.**
8. **Keep CSM/ED Nurse-in-Charge and ED Senior HCID clinician informed.**
9. **If CRH OOH then inform On-Call Consultant of potential disruption to ED services**
10. **Ensure access restricted to patient and kept to minimum number of staff**
    - **Ideally only assigned HCID Nurse, clinician and Donning/Doffing Buddy only.**
    - **No visitors unless <16** and then only 1 allowed, ideally pre-exposed, they should wear PPE and remain in the room with the patient. They cannot enter/exit.
11. **Discuss options with CSM/Micro- e.g.** potential length of stay of patient**,** (CRH only- possibility of moving to hospital negative pressure rooms) as this may lead to continued impact of ED function for an extended period of time. VHF may be up to 72hrs. Make provisions for this.
12. **Seek advice and follow any additional IPC instructions relating to HCID Isolation**

**After patient left department**

- **Debrief staff and review issues raised**. These can be flagged to ED Incident Lead

*QR Link - HCID Doffing Video*

*QR Link - HCID Doffing Video*

*QR Link - HCID Sample Taking*

**The following links are included to aid assessment – it is up to you use in conjunction with new outbreak guidance and local trust guidelines as changes may be rapid and these links outdates. If concerns – discuss with On-call Microbiologist**

UKHSA

Viral Haemorrhagic Fevers Algorithm

**NOT JUST EBOLA**

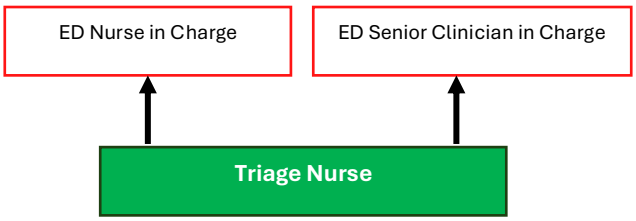
Use links at top of assessment for countries and outbreaks

All continents

UKHSA MERS Assessment Criteria

UKHSAA Avian Influenza Initial Guidelines

# HCID – 3 – Triage Nurse



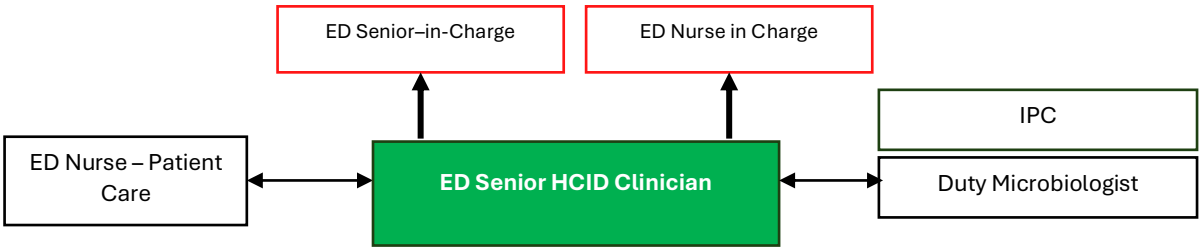

**You escalate information to:**

**You are responsible for : Initially identifying suspected patient of a suspected HCID, alerting seniors and preventing patient interacting with other staff and patients.**

***Actions:***

- **Put facemask on and facemask on patient**
- **Isolate the patient**:
  - If the patient is able and clinically safe to do so, request that they remain outside in their car or fresh air away from patients..
  - If they are in the department, assess the risks to other patients. Ask them to remain in the room they are in,
  - DO NOT PUT BACK IN WAITING ROOM.
- **Leave the room and wash hands with soap and water.**
- **Escalate immediately to ED Nurse in Charge and ED Senior Clinician in charge** – stating possible High Consequence infectious. Provide all information gained to seniors regarding symptoms or history. Do not remain in room to gain additional history.

# HCID – 4 – ED Senior HCID Clinican




**You will be contacted by:** ED Consultant/Senior Clinician in Charge

**You escalate information to:** ED Consultant/Senior Clinician in Charge

**You are responsible for: History gathering and examination of patient, relaying history to Duty Microbiologist, collection of blood samples from patient, clinician interventions of patient**

**MUST BE FFP3 FIT TESTED WITH FACEMASK – CANNOT USE Respirator HOOD**

***Works with: ED HCID Nurse, Donning/Doffing Buddy***

***Equipment required: HCID Box from MAJAX Store (Face visor, FFP3 mask,fluid resistant hood, Rubber boots, surgical tape, fluid resistant surgical gown, long apron, long gloves, normal gloves)***

**Assessing history**

**First review triage for to identify the potential HCID risk assessment required and questions to be asked –** eg, MERS risk assessment or Viral haemorrhagic fever or avian influenza (intranet or .gov)

**If possible**

Speak Outside – in a FFP3 mask at a >2m distance OR call patient on mobile phone/intercom to gather information and history.

**If unable to use above methods or patient clinically unstable**

Don HCID PPE as per Donning/Doffing Buddy and PPE instructions, gather information and perform appropriate initial stabilising clinical interventions (Oxygen/Fluid etc). Inform ED Consultant/Senior-in-Charge via runner of need for ICU early

**Do NOT take blood samples or perform investigations until after discussion with microbiology**. Blood gases will result in the machine being contaminated. Special protocols required to take specimens.

**Identify Red zones (direct patient area), Amber zone – (donning doffing area), Green Zone – (clean area).**

**HRI**
RED Zone – Patient room - After patient inside room – Tape external doors closed and place signs on door.
AMBER Zone – connecting room. Keep doors closed.
GREEN Zone – outside Amber zone.

**CRH**
RED Zone HCA Room – place signs on door
AMBER Zone – Donning/Doffing Room & 1 METER area outside of Red Zone + Donning Doffing rooms.
GREEN Zone – behind Ambulance corridor doors and cordon.

**After gathering information**

**Use appropriate risk criteria for suspected HCID** – e.g MERS algorithm to see if meets possible case criteria, or Viral Haemorrhagic Fever.

**Discuss with ED Consultant/Senior-in-Charge, THEY will decide if;**

**A) CLEARLY does NOT meet HCID criteria –THEY WILL MAKE THE DECISION to Stand down isolation precautions (**document time and name in notes)

**OR**

**B) IF POSSIBLE or INSUFFICIENT INFORMATION THEN –** Maintain isolation and perform the following actions.

**POSSIBLE/UNCERTAIN HCID RISK ASSESSMENT ACTIONS**

1) **Speak to Duty Microbiologist for further advice**. **THEY** can decide stand down HCID Isolation Protocol. If not stood down at this point then ask them what further information they require and what investigations are required.
2) **Inform ED Consultant/Senior-in-Charge of Duty Microbiologist decision.**
3) **Investigations**
    - **Any X-ray must be portable to the patient room** (this has been agreed with Radiology), Radiographers to wear HCID PPE and machine quarantined in patient room /moved to special area guided by IPC until HCID Isolation Protocol stood down).
    - **Body Fluid Samples**
        - **Inform lab in advance to prepare for samples –** these must be Hand delivered in special container. **Do not vacuum pod samples**
        - **Watch HCID Sample Taking video – see QR Code.** Follow method for taking samples.
        - **Prepare and PRELABEL specimen tubes and set equipment up as per HCID video,**
4) **Leave all unnecessary items outside room –** e.g. phone, stethoscope, badges pens, etc

5) **Don HCID PPE in Donning Area– Strictly follow Donning/Doffing Buddy instructions using HCID PPE Cards. Do not deviate from their instructions.**

6) **No Items or waste to leave room -** (Cat A Biohazard Waste)
   - **CRH – A dedicated commode to stay in room,** body waste to be solidified by Vernagel, and placed in bags and kept in room
   - **Further waster/or bins emptying – see HCID policy and contact Estates.**

7) **If needing something in room – shout to donning/doffing buddy who will get a runner to obtain item.**

8) **Doff HCID PPE in Amber area. Strictly follow Donning/Doffing Buddy instructions using HCID PPE Cards. Do not deviate from their instructions.**
9) **Log entry and Exit time**
10) **Seek advice and follow any additional IPC instructions relating to HCID Isolation**
11) **After Stand down / Patient left – inform ED Incident Lead of issues found**

*QR Link - HCID Doffing Video*

*QR Link - HCID Doffing Video*

*QR Link - HCID Sample Taking*

**The following links are included to aid assessment – it is up to you use in conjunction with new outbreak guidance and local trust guidelines as changes may be rapid and these links outdates. If concerns – discuss with On-call Microbiologist**

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Viral Haemorrhagic Fevers Algorithm

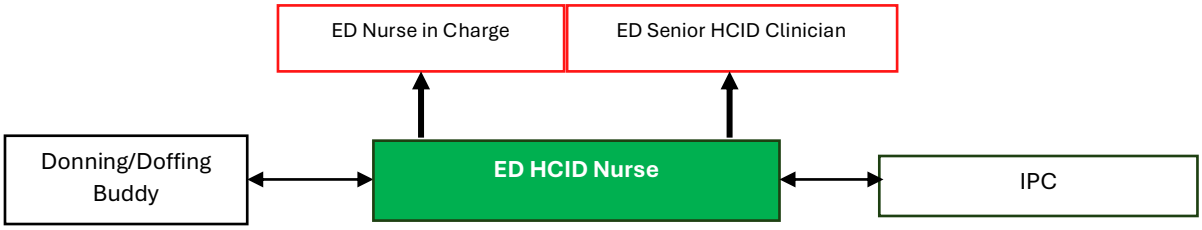
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# HCID– 5 – ED HCID Nurse Staff




*You will be contacted by; ED Nurse in Charge*

You escalate information to ED Nurse-in-charge / ED Senior HCID Clinican

**You are responsible for: Isolated patient care within Red Zone, ensuring isolation protocol is maintained for staff, patient, equipment.**

***Works with: ED Senior HCID Clinician, Donning/Doffing Buddy***

**MUST BE FFP3 FIT TESTED WITH FACEMASK – CANNOT USE FFP3 HOOD.**

***Equipment required: HCID Box from MAJAX Store*** *(Face visor, FFP3 mask, fluid resistant hood, Rubber boots, surgical tape, fluid resistant surgical gown, long apron, long gloves, normal gloves)*

***Actions:***

**Identify Red zones (direct patient area), Amber zone – (areas adjacent to red zone and doffing area), Green Zone – (clean area).**

**HRI**
RED Zone – Patient room - After patient inside room – Tape external doors closed and place signs on door.
AMBER Zone – connecting room. Keep doors closed.
GREEN Zone – outside Amber zone.

**CRH**
RED Zone HCA Room – place signs on door
AMBER Zone – Donning/Doffing Room & 1 METER area outside of Red Zone + Donning Doffing rooms.
GREEN Zone – behind Ambulance corridor doors and cordon.

***Await ED Senior HCID Clinician information gathering prior to entry if clinical need allows.***

***If unstable or clinical need required then;***

1) **Leave all unnecessary items outside room –** e.g. phone, stethoscope, badges pens, etc
2) **Don HCID PPE in Donning Area– Strictly follow Donning/Doffing Buddy instructions using HCID PPE Cards. Do not deviate from their instructions.**
3) **No Items or waste to leave room.**
    - **CRH – A dedicated commode to stay in room,** body waste to be solidified by Vernagel, and placed in bags and kept in room (Cat A Biohazard Waste)
    - **Further waster/or bins emptying – see HCID policy and contact Estates.**
4) **Investigations**
    - **Do not take until a discussion has been had with Duty Microbiologist**
    - **Any X-ray must be portable to the patient room** (this has been agreed with Radiology), Radiographers to wear HCID PPE and machine quarantined in patient room /moved to special area guided by IPC until HCID Isolation Protocol stood down).
    - **Body Fluid Samples**
        - **Inform lab in advance to prepare for samples –** these must be Hand delivered in special container. **Do not vacuum pod samples**
        - **Watch HCID Sample Taking video – see QR Code.** Follow method for taking samples.
        - **Prepare and PRELABEL specimen tubes and set equipment up as per HCID video,**
5) **If needing something in room – shout to donning/doffing buddy who will get a runner to obtain item.**
6) **Doff HCID PPE in Amber area. Strictly follow Donning/Doffing Buddy instructions using HCID PPE Cards. Do not deviate from their instructions**
7) **Restrict access to patient and keep to minimum number of staff**
    - **Ideally only assigned HCID Nurse, clinician and Donning/Doffing Buddy only.**
    - **No visitors unless <16** and then only 1 allowed, ideally pre-exposed, they should wear PPE and remain in the room with the patient. They cannot enter/exit.
8) **Seek advice and follow any additional IPC instructions relating to HCID Isolation**
9) **Log entry and Exit time**

*QR Link - HCID Doffing Video*

*QR Link - HCID Doffing Video*

*QR Link - HCID Sample Taking*

# HCID – 6 – ED Donning/Doffing Buddy

You escalate information to ED Nurse-in-Charge

**You are responsible for: Correct donning/Doffing of HCID PPE for staff in Amber/RED zone. Monitor and prevent staff /, patients or relatives breaching isolation protocol, escalate if patient in room requests or ask for attention**

**<u>IF AT CRH</u> - MUST BE FFP3 FIT TESTED WITH FACEMASK – CANNOT USE FFP3 HOOD.**

**If at HRI – not needed as has Amber Zone Room between patient and outside**

***Equipment required: HCID Box from MAJAX Store (Face visor, FFP3 mask, fluid resistant hood, Rubber boots, surgical tape, fluid resistant surgical gown, long apron, long gloves, normal gloves)***

***BUDDY PPE – FULL HCID IF ENTERING AMBER ZONE. SHOULD NOT ENTER RED ZONE.***

***Actions:***

1. **Identify Red zones (direct patient area), Amber zone – (areas adjacent to red zone and doffing area), Green Zone – (clean area).**

**HRI**
RED Zone – Patient room - After patient inside room – Tape external doors closed and place signs on door.
AMBER Zone – connecting room. Keep doors closed.
GREEN Zone – outside Amber zone.

**CRH**
RED Zone HCA Room – place signs on door
AMBER Zone – Donning/Doffing Room & 1 METER area outside of Red Zone + Donning Doffing rooms.
GREEN Zone – behind Ambulance corridor doors and cordon.

2. **Give Donning/Doffing instructions** to the ED Senior HCID Clinician ED HCID Nurse, Radiographer, single permitted family relative on how to don/doff as per HCID PPE instructions. **They must follow your instructions.**
3. **Restrict access to patient and keep to minimum number of staff**
    - **Ideally only assigned HCID Nurse, clinician and Donning/Doffing Buddy only.**
    - **No visitors unless <16** and then only 1 allowed, ideally pre-exposed, they should wear PPE and remain in the room with the patient. They cannot enter/exit.
4. **If needed – request runner to obtain equipment for staff inside Amber/Red zone**
5. **Ensure no items removed from Isolation** (with exception of Microbiology specimens – in correct way). Follow HCID waste policy section for removal of other items.
6. **Log entry and Exit time of all individuals entering and exiting (include any visitors).**
7. **Ensure no staff/relatives or patient breach Isolation zones. Document names of those exposed if this happens.**
8. **Remain outside listen for patient requesting for attention, escalate to ED Nurse-in-charge or ED HCID Nurse if this occurs.**



*QR Link - HCID Doffing Video*



*QR Link - HCID Doffing Video*



*QR Link - HCID Sample Taking*