ALBERTA CHILDREN'S HOSPITAL

Ebola/Viral Hemorrhagic Fever

Designated Receiving Facility

Action Plan

Version 21

June 2024

Table of Contents

Introduction and Background

Alberta Health Services

The Alberta Children's Hospital is the pediatric designated facility for anyone in the south sector that is suspected or confirmed patient for Ebola (EVD) or Viral Hemorrhagic Fever (VHF). This plan contributes to a greater overarching AHC Communicable Disease Emergency Response Plan (CDERP), which ensures an appropriate level of care is being provided to all clients during the event of a communicable disease breakout. This document is to provide guidance, information and resources to stakeholders at this site in the event of an activation. Although the risk of VHF remains very low, we need to be prepared for the unlikely event of a patient presenting in Alberta with Ebola or Viral Hemorrhagic Fever. As part of the planning process, designated facilities at which VHF cases would be admitted and treated have been identified. These sites are Alberta Children's Hospital (Calgary), Stollery Children's Hospital (Edmonton) for Pediatric Cases and South Health Campus (Calgary) and the University of Alberta Hospital (Edmonton) for adult VHF Inpatient care.

Significant work has been undertaken by many teams across AHS, focused on ensuring our health system is proactively prepared to manage VHF. Many guidance documents have been created and approved for VHF management by Alberta Health Services. Direct links are imbedded within this document to these guidelines to ensure consistency and reduce discrepancies. As our learning and understanding about VHF evolves, these guidelines will be adjusted. Thus, the planning is an iterative and evolving process. The AHS Insite Landing Page for VHF documents can be found here:

Ebola - Information for Health Professionals | Alberta Health Services

Note: numerous terms will be used interchangeably in the text below including Viral Hemorrhagic Fever (VHF), Ebola Virus Disease (EVD) and Ebola. While Viral Hemorrhagic disease is the most common term used in 2022 by AHS, other organizations use EVD and some of the historical links referenced below contain the original term Ebola.

Case Definitions: EVD

At the time of the publication of this document, the most recent Alberta Public Health Disease Management

Guidelines, including case definitions, can be found here:

Alberta Public Health Disease Management Guidelines

Public Health Agency of Canada Case Definitions can be found here:

Public Health Agency of Canada Case Definition: Ebola disease outbreak

ACH Activation Process

- Site Administration will be notified of all suspect or confirmed cases.
- The Site Command Post will be activated as deemed necessary by site leadership.
- Incident command process will be followed as per AHS EDM plans if required.
- Individual Departments involved in the care of an VHF patient will have individually developed communication plans.
- Communication of information on EVD/VHF admission (either ED or ICU) should include notification the following stakeholder departments:

	0700 to 1615 hours Monday to Friday	After 1615 hours Monday to Friday & Weekends
SITE ADMINISTRATION	**Site Director** Tel: 403-955-2439 Pager: 6136 **Site Manager (0700-1600hrs M-F)** Tel: 403-955-5836 Pager: 3980	Administrator On-Call Pager: 8888 Site Manager: Cell: 852-962-4352 Pager: 3980
PICU MANAGERS	**Patient Care Manager, PICU/NICU** Tel: 403-955-7929	Cell: 403-561-0995
	Unit Manager, PICU/NICU Tel: 403-955-7452 Pager: 4338	Pager 4338
NST MANAGER	**Unit Manager – Nursing Support Team** Tel: 403-955-7153	Pager 00070
ED TEAM MANAGERS AND PHYSICIAN LEAD	**ED Patient Care Manager** Tel: 403-955-7620 Pager 5202	Cell: 403-690-5336
	Pediatric Emergency Division Chief Pager 13136	Pager 13136
INFECTION PREVENTION AND CONTROL	**Infection Control Professional (ACH)** Pager 5114/ 2634	**After 1615 hours: M -Th:** Admin. On-Call pager: 08888 **Weekend (from Fri 1615 hours):** Infection Control Professional On-Call through Regional On-Call Application (ROCA)
RESPIRATORY THERAPY	**Patient Care Manager** Tel: 403-955-7009 **Unit Manager** Tel: 403-955-2572	Pager: 2147 Cell:587-224-3045
SUPPORT SERVICES	**Diagnostic Imaging** Tel: 403-955-7992	Tel: 403-955-7992
	Laboratory Services Microbiologist on call: 403-770-3757	Tel: 403-770-3757

	Housekeeping Tel: 403-955-7849 Pager: 05106 **Linen** Tel: 403-955-5072	Tel: 403-955-7849 Pager: 05106
	MDRD Tel: 403-955-7233	Cell: 403-471-7564
	FM&E Tel: 403-955-7914	Tel: 403-955-7914 Pager: 5417
	Patient Food Services Tel: 403-955-2425	Tel: 403-955-2425
	Protective Services Tel: 403-955-7266	1-888-999-3770 On-Call through Regional On-Call Application (ROCA)
	CPSM Supervisor Tel: 403-955-7213	Cell: 403-607-1246 CPSM Director: Jerry Lombardo (if supervisor not available) Cell: 403-669-8349
	Pharmacy Tel: 403-955-7935	Tel: 403-955-7935
WORKPLACE HEALTH AND SAFETY	**Workplace Health and Safety** Tel: 403-955-2900	Tel: 403-955-2900
PHYSICIAN LEADERSHIP	**Medical Officer of Health**	403-264-5615
	Infectious Disease On Call	Regional On Call Application

ACH Readiness Preparation

Site Preparation

- AHS **"STOP"** Posters to be posted in entrances, public spaces and staff spaces as appropriate. Appendix A: VHF/Ebola Signage
- Additional precaution signage for Contact & Droplet Precautions: Suspected/Confirmed Viral Hemorrhagic Fever will be posted as per AHS protocol.
- All children recognized as suspected EVD/VHF patients presenting to ACH will be admitted and treated in room 4 of the Pediatric Intensive Care Unit (PICU) (regardless of the primary care team) and will remain there until a negative blood result is confirmed.
- Should there be further admissions of suspected EVD/VHF patients, rooms 2 and 3 in PICU will be combined, room 3 as the patient room and room 2 as the anteroom. Should these rooms be unavailable, room C26 in the Emergency Department will be used.
- ED and PICU will review the Readiness Checklist to identify completion of key tasks. Appendix B: Site Checklist
- Ambulatory Clinics will follow established Active Screening and Routine Practices. See Ambulatory Care Visits section of this document.

- Home Care: Processes to be developed by the Zone/MOH

Equipment and Supplies

- PICU and ED Carts for Ebola/VHF are stored and maintained by CPSM which is routinely checked and restocked by the CPSM team. Information for restocking will be provided on each cart.
    - To access the PICU VHF Cart: Process for accessing cart/equipment
    - Vocera "Supply Management" or ACH Supply management email to request carts during work hours (M-F 0700-2300 M-F; 0700-2100 S, Sun, Holidays)
    - After hours- Protective Services would be responsible for accessing the cart an bring to PICU after hours (11pm-7am M-F and 9pm-7am SS Hol)
    - Please specify where PICU cart should be delivered (PICU Room 4)
    - ED Cart is stored in Triage 3
- Equipment and supplies brought into the patient's isolation room will remain there until patient is discharged or until decontamination and removal can be coordinated and overseen by IPC.
- Crash carts: Each site will ensure that crash cart contents are easily accessible/readily available adjacent to the room where the EVD/VHF patient is being treated.
- Disposables will be discarded, and reusable equipment will undergo terminal clean at patient discharge based on IPC direction.
    - Disposable supplies and instruments will be used wherever possible.
    - The reusable items will have gross contaminants removed with approved disinfectant (Accel wipes/PCS 1000).
- Bins for equipment/instruments that need to go to Medical Devise Reprocessing (MDR) will be kept separate from unit bins and are to be clearly labelled "EVD/VHF" prior to being sent directly to the MDR at each site. Items will be transferred from the "dirty bin" in the room to a "clean bin" in the anteroom prior to transport. The MDR bin will be disinfected with bleach solution or Accel wipes prior to being moved out of the room for transport to MDR. Consult with site IPC to confirm this process.
- Hospital Scrubs will be provided for staff that are providing direct patient care to the EVD/VHF patient to avoid staff having to launder contaminated clothing at home.
- Staff will don the scrubs in the PICU/ED staff locker room and can doff scrubs in the bathroom beside the PICU conference room at the end of the shift or prior to returning to general duty. Staff will change scrubs while in the patient room if the scrubs become contaminated – a privacy screen will be made available in the room for this purpose.
- WHS, IPC and the PICU CNE will provide education and reinforcement of PPE donning and doffing to unit staff.
- Given that contaminated linens will be incinerated, it is important to track available linens on impacted units to ensure quantities are available to support patient care. Adjustment in stock quotas may be required on these units.

Room and Equipment Maintenance

- Confirmed EVD/VHF will be admitted to PICU at ACH into Rooms 4 (+ anteroom), 2/3 and ED C26.
- These rooms are negative-pressure capable and have anterooms that will support contact and droplet isolation protocols.
- FM&E has verified these rooms for correct operation.
- With items requiring immediate maintenance, PICU will contact FM&E. These items may include but are not limited to electrical, lighting, medical gases, Tornado (Bed Pan Washer), room and isolation control.
- All FM&E Staff will follow strict PPE donning and doffing procedures.
- All FM&E staff who have to enter patient rooms for maintenance will participate in infection control education/training demonstrating correct use of PPE and hand hygiene and handling of contaminated wastes prior to entering the patient's room.
- A log will be kept of all education received.
- All tools and test equipment utilized within the room during a repair will require an IPC risk assessment prior to being determined if it must be left in the room or can be cleaned and wiped down using a bleach solution or Accel Wipes.

Facility Capacity Contingency

- Suspected, probable and confirmed cases of EVD/VHF requiring admission will be accommodated as quickly as possible.
- PICU Room 4, PICU Room 2/3, ED Room C26 at the ACH are the designated unit.
- Transfer within and out of PICU will be expedited to allow this to occur rapidly.
- Capacity within the units will be managed as per usual protocols.
- PICU capacity escalation plans include PACU as identified in the ACH Over Capacity Plan.

Evacuation Procedures (Code Green)

- Should the evacuation of an EVD/VHF patient in the ICU be required due to fire or other circumstances, the Code Green (ACH Evacuation Procedures) will be instituted.
- Contact and Droplet Isolation protocols will be maintained at all times.
- First level evacuation will be to the most adjacent, non-impacted isolation room.
- Supplies and equipment will not be transferred from the original patient room unless absolutely necessary.
- Second level evacuation will be directed by Site Command Post. Consider utilizing ED for EVD/VHF patient, ED room C26.

Emergency Department Activation Process

- This activation process is for patients presenting directly to the ACH ED. If a patient is being transported to the ACH PICU via EMS, there is a separate activation process entitled Delivery of Patients to the ACH via EMS.
- The guidelines for triage and health information management will be followed:
- The following algorithm will be used at ED triage**:**

IPC Rapid Assessment and Triage for Emergency Department/Urgent Care Patients Presenting with Potential Viral Hemorrhagic Fever (VHF) (albertahealthservices.ca)

- If patient identified as potential risk of EVD/VHF (travel risk + fever), ED will follow guidelines outlines in the **ACH EVD/VHF Action Plan** (this document)
- All documents related to ED processes can be found in Appendix D: ED Flow Diagrams and Checklists
- The triage nurse provides the following information to families while following the EVD/VHF notification process (Appendix E: Emergency Department Notification List)

"Please wait here while we get ready to take you down the hall to a patient care room. Currently we have been instructed to use special precautions when we have patients returning from "Country X" because of ongoing Ebola risk in that country. Please be patient and we will take you to your room shortly."

- Initiate Ebola Room Entry Log for any person in contact with the patient.
- Suspected EVD/VHF Patient Presents to ED Algorithm is initiated and followed.
- The ED Unit Clerk uses the "Emergency Department – Unit Clerk: Suspect EVD Case" to initiate ACH EVD/VHF Action Plan notifications. Appendix E: Emergency Department Notification List and Case Roles (Unit Clerk)
- Once ACH EVD/VHF Action Plan has been initiated, patient to be transported to designated room in PICU using Suspected EVD/VHF Patient – ED to PICU Transfer Algorithm along the approved ACH EVD/VHF Designated Care Spaces route.
- After transport of a suspected patient from Triage to PICU, the room is secured using "restricted access" signage until cleaning of the space is complete by Environmental Services as per Environmental Services Cleaning Protocol Standards.

Delivery of Patients to the ACH via EMS

- After EMS has consulted with the MOH, if the decision is made to transport to the ACH, RAAPID will initiate a conference call with the ACH PICU attending physician on call, ACH ED Trauma physician, Site Admin (on call) and the MOH.

- If the patient is stable, EMS will hold the patient until the site has had the opportunity to prepare. It can take 1.5-2 hours minimal to prepare the patient for transport from point of care to ACH receiving site.
- ***GROUND:*** The ambulance will park outside of **ambulance bay #4** wherever possible to limit exposure within the bay. In inclement weather, the ambulance can back up to the bay to limit the patient's exposure to the elements.
- ***AIR:*** In the case of Air Ambulance arrival, the patient and EMS crew would enter the facility using **ambulance bay #1**
- Patient must remain in the ambulance until contact is made with receiving facility staff.
- All Aerosol Generating Medical Procedures will be discontinued prior to opening the ambulance doors.
- **Admit direct to PICU:** If a patient is being transferred from another site or identified *as probable/confirmed* at point of care by EMS, the patient will be admitted directly to the PICU. The clean ACH PICU team will come to meet the ambulance to offload the patient to a prepared hospital stretcher, bed, crib or wheelchair based on patient age and status according to the following algorithm: EMS Notification of Suspected EVD/VHF Case – Transfer from Other Site or Identified at Point of Care by EMS.
- **Admit to ED:** If a patient is identified as at risk for EVD/VHF by EMS at point of care *but is not being treated as probable/confirmed at the time of transport or arrival,* the patient will stop in the ED for further assessment. The ACH Emergency Department Team will come to meet the ambulance to offload the patient to a prepared hospital stretcher, bed, crib or wheelchair based on patient age and status according to the following algorithms: EMS Notification of Potential Risk of EVD/VHF Case – Identified at Point of Care (not confirmed/probable).
- This will limit the movement of the EMS crew throughout the facility.
- All patients transported by EMS with suspected, probable or confirmed EVD/VHF should be transported directly to the designated room (PICU Room 4, PICU Room 2/3, ED Room C26) without stopping at ED. Refer to: Suspected EVD/VHF Patient – ED to PICU Transfer
- The ambulance will park outside of the ambulance bays and will be decontaminated as per IPC and EMS guidelines.
- For the most up to date EMS guidelines, please see CDERP or the Ebola Information for Health Professionals page on Insite

PICU Activation Process

- Please refer to Appendix F: PICU Flow Diagrams and Checklist for details on PICU processes.
- Patients with suspected, probable and confirmed EVD/VHF will be admitted directly to the ACH EVD/VHF Designated Care Spaces (Appendix C).
    1. Primary room to be used is PICU Room 4 (palliative suite), with the family space identified as the anteroom.

2. Secondary room to be used is PICU Room 2 and 3, with PICU Room 3 identified as the patient room, and PICU Room 2 identified as the anteroom.
3. If neither of these rooms is available, assessment will occur in Emergency Department room C26.

- These rooms are negative-pressure capable that will support contact and droplet isolation protocols.
- They are positioned at the end of the unit and can be accessed directly from the hallway without the need to transport patients past other occupied rooms.
- When possible, X-ray and Ultrasound will occur in the PICU via the portable machines. Access to the DI department is also possible with minimal transport through other patient care areas from PICU. Please see more details in the Diagnostic Imaging section of this document.
- The PICU has restricted access therefore it is possible to closely monitor and control public access to the patient room.
- The Critical Care Strategic Clinical Network has developed the following document for the clinical management of Suspected EVD/VHF patients in the ICU:

Care of the Adult Critically Ill Patient with Confirmed, Probable or Suspected Ebola Virus Disease (EVD)

Notification of Suspect or Confirmed EVD/VHF Patient

- Upon notification of a suspect or confirmed EVD/VHF patient from EMS or ED, the PICU Charge Nurse initiates PICU Preparation – Suspected or Confirmed EVD Patient Algorithm.
- Upon admission of a suspect or confirmed EVD/VHF patient, the PICU Unit Clerk initiates notification of admission process using Appendix G: PICU Unit Clerk: Confirmed or Suspect EVD/VHF Case Being Admitted.
- Guidelines for transportation within the facility must be followed when admitting a patient to the unit. Refer to Transportation within the ACH Facility section of this document.

PICU Room Set Up:

- PICU has two designated care spaces. The primary choice is room 4, if a second patient requires admission, rooms 2/3 will be utilized.
- An overview of the ACH PICU Room 4 Set Up is provided.
- PICU Designated Care Spaces are to be set to negative pressure at all times. Room 4 key is located in monitor outside room. If using rooms 2 and 3, PICU will have to contact maintenance to initiate negative pressure and IPC to complete testing to measure negative pressure.
- Everything entering room must remain in room until directed by IPC for cleaning and removal.
- All exiting of room must occur through anteroom.
- See room supply lists:

  - Supply List A: Site Preparation for EVD/VHF Patient
  - Supply List B: Activation of Code EVD/VHF
  - Supply List C: Admission of Suspected or Confirmed EVD/VHF Patient
- 5 biohazard containers will be provided. Three biohazard containers will be provided within the patient care space - two will be designated for sharps and medications with protective cover and small opening, a third separate container for linens and waste will be provided. Two containers will be provided within the anteroom. Additional containers will be provided as required.
- Decrease room temperature to support staff comfort while donned in PPE. Reassess patient tolerance as needed.

Donning and Doffing Area:

Areas must be set up according to the checklist: Viral Hemorrhagic Fever VHF (Ebola) Donning and Doffing Area Set-up
Donning and doffing of PPE should be performed in areas that are physically separated and designated as clean (donning) and contaminated (doffing). Donning should always be done outside the patient's room and anteroom (if present). Doffing may take place in a large anteroom or outside the room. The doffing area should be frequently cleaned. Please refer to PICU Donning/Doffing layout.

Ambulatory Care Visits

Enhanced Screening Practices will be used in all Ambulatory Clinics settings in order to minimize the risk of exposure and ensure appropriate precautions are taken by staff and patients. This will involve additional screening practices for patients and families when an outbreak has been declared by AHS Leadership. See Appendix M: Ambulatory Care Screening Tools.

ACH Response to Suspected VHF Patient Presenting to Ambulatory Area

If an outbreak has been declared, and signage has been approved by AHS Leadership, entrances to the hospital will post signage in an effort to prevent patients who are febrile and have travelled to high-risk regions from entering the building (refer to Site Preparation section). However, despite these precautions, it is still possible that a patient may present to an outpatient area. In the event that a patient presents to an ambulatory area of the ACH, and it is deemed the patient is suspected to have VHF, the process is as follows:

- The patient should be given a mask, placed in a private exam room (preferably with a dedicated bathroom or commode and phone if possible), and droplet and contact isolation should be employed. Place appropriate signage on the room door.

- If PPE is not readily available and the patient appears stable, the physician/clinician should conduct a risk assessment by other means (e.g., phoning the patient) without making direct patient contact.
- It is recommended that the clinic staff do not provide any care requiring physical contact with the patient.
- The physician/clinician will contact the MOH (403-264-5615). After discussion with the MOH, if the patient is still suspected of having VHF, the physician/clinician will contact the ACH PICU Attending Physician on call to activate ACH VHF/Ebola processes.
- **If advised by MOH, proceed as suspect/probable VHF/Ebola:**
- Call STEP team to facilitate patient movement and transfer to the PICU.
- The PICU team will don PPE in the PICU and then will go to the clinical area and bring the patient back to the PICU using the most direct back-of-house route possible. The same precautions described elsewhere for the transportation of an VHF patient within the facility should be utilized.
- The Ambulatory Clinic Manager or designate should call IPC (see notification algorithm under Infection Control Measures section), so that IPC can determine the cleaning requirements that will be necessary for the clinic room the patient has been in. If the patient is unstable and requires immediate care, assuming PPE is not readily available, the ACH PICU should be consulted immediately.
- It is recommended that the clinic staff do not provide any care requiring physical contact with the patient.

Receiving and Admitting Processes and Patient Belongings

Admission Process

- If possible and reasonable, the patient or caregiver will call admitting (phone #) to provide information required in order to complete the admission process.
- If the patient or caregiver is not able to complete the admission via phone, the ED Triage Nurse or ED Charge Nurse will collect patient demographics and complete admission forms without entering the patient's room or making direct contact with the suspected EVD/VHF patient.
- Pt demographic information will be relayed from the patient's nurse to the admitting clerk through the use of a remote admission form in Appendix I: EVD/VHF Bed side Registration for Nurses.
- If patient demographics are not available, patients will be registered in Connect Care using the unknown patient process.

Patient Belongings

- Patient belongings will be placed in a sealable Patient Belongings bag and kept with the patient throughout the inpatient stay.
- Disposition of items will be determined on a case-by-case basis in consultation with IPC.

- Clothing that is clearly contaminated with blood or other body fluids will be discarded in the patient room in the Biohazard waste container.

Patient Discharge

- Routine patient discharge processes would be followed in relation to electronic documentation in Connect Care.
- The release of patient belongings to the patient will require a risk assessment by IPC, prior to releasing to the patient.

Communication Once Admitted

- All media queries will be directed to AHS Communications.
- Bed Placement notified by PICU Charge Nurse of pending suspect or confirmed admission and activates admission plan and coordinates bed assignment in Connect Care.
- MD to MD communication is required. The attending physician will be informed that patient is suspected, probable EVD/VHF when consult is made.
- **If not already done, Site Administration will be notified via Site Manager (pager 3980 between 0700-1600 M-F) or Administrator on Call (pager 8888).**
- Site Incident command process will be followed as per ACH EDM plans if necessary.

Infection Control Measures and PPE Guidelines

Infection Prevention and Control (IPC) recommendations are made provincially and can be found on the AHS VHF Designated Sites webpage:
Viral Hemorrhagic Fever (VHF) / Ebola Guidance for Acute Care Settings IPC & WHS

Specific IPC recommendations for VHF can be found at the following link:
Recommendations for Suspect/Confirmed Viral Hemorrhagic Fever (VHF) / Ebola in addition to Contact & Droplet Precautions Infection Prevention and Control (IPC) & Workplace Health and Safety (WHS)

Infection Control Practitioners (ICPs) are physically located on site Monday through Friday, 0800-1615. Please see ACH Activation Process for contact information.

General Guidelines:

- Privacy screens with “Restricted Access” signage to be put in place to isolate area from other PICU patients, family and staff.
- A log must be completed for all entries into the room using the Ebola Room Entry Log.
- Ensure canisters of disinfectant wipes inside and outside the patient room are adequately full. AHS approved disinfectants containing sodium hypochlorite (bleach) or enhanced hydrogen peroxide must be used (i.e., Microsan and Accel wipes).
- Ensure products for cleaning blood and body fluid spills and solidifying waste are in room.

- Visibly soiled hospital scrubs will be discarded as biohazardous waste.

Appropriate PPE:

For specifics related to PPE Sequences and Checklists, please refer to the following link:
VHF PPE Checklists

Details regarding specific PPE recommendations can be found via the following links:

PPE Requirements for Suspect/Confirmed Viral Hemorrhagic Fever (VHF) (Ebola)
Viral Hemorrhagic Fever VHF (Ebola) Donning and Doffing Area Set-up

PPE Area Set Up:

Viral Hemorrhagic Fever VHF (Ebola) Donning and Doffing Area Set-up

There are two sets of personal protective equipment (PPE) donning and doffing sequences based the choice of gown or coveralls. Prior to each patient interaction a point-of-care risk assessment will be performed. Healthcare provider (HCP) VHF PPE shall be used when caring for a suspect or confirmed VHF case. Buddy PPE is only be utilized for assisting HCP and not to perform patient care. All staff will wear hospital supplied scrubs under the PPE. Scrubs that are not visibly soiled or contaminated after PPE removal will be laundered through hospital laundry services. Visibly soiled or contaminated scrubs will be discarded in biomedical waste container.

Order of Donning:

Donning of PPE is a 8-10 min process so it is important that the order of who is donning PPE first is thought out and supports patient care and movement. The following is the recommended order of who don's PPE first and last and links to the PPE that role is required to wear. ***The colour coding below is associated with the linked checklists for easier reference.***

Role	Donning Sequence and Checklist
1. Donning Buddy x 1	Buddy Donning Sequence Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Buddy Donning Checklist Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca)
2. Protective Services x 1 Wear: Coveralls OR Gown	Coverall Donning Sequence Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Coverall Donning Checklist Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Gown Donning Sequence Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Gown Donning Checklist Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca)
3. Doffing Buddy x 1	See above

4. RN x 2 Wear: Coveralls OR Gown	See above
5. EVS x 2 Wear: Coveralls OR Gown	See above
6. Lab x 2 Wear: Coveralls OR Gown	See above

Doffing

Will occur as healthcare providers exit the room.

Buddy	Buddy Doffing Sequence Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Buddy Doffing Checklist Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca)
Healthcare provider Wears: Coveralls OR Gown	Coverall Doffing Sequence Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Coverall Doffing Sequence Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Gown Doffing Sequence Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca) Gown Doffing Checklist Viral Hemorrhagic Fever (Ebola) (albertahealthservices.ca)

Additional Considerations:

- All staff entering room are to change into hospital scrubs provided (currently located in spare lockers in PICU) at beginning of shift and remove at end of shift or if they become visibly soiled during care or doffing. Changing into scrubs is to occur in bathroom located next to PICU conference room. Staff clothing including all jewelry is to be kept in staff lockers.
- Hair is to be pinned back tightly. Hair elastics/pins to be provided for staff members if required in the donning station. Staff are encouraged to keep a personal supply available at work.

- EVD/VHF PPE cart located outside of PICU Room 4 in the designated donning area to be restocked by Supplies management. Daily inventory and recording of supplies will occur. Stock isolation cart with adequate supply of all PPE requirements, ensuring all types of N95 masks and all sizes of PPE are available.

For all Cleaning Protocols, please see the Cleaning and Waste Management section of this document.

Laboratory Services

Links to the most up to date Laboratory recommendations is provided below:

Laboratory testing in a patient with suspected viral haemorrhagic fever - CGY Zone
Viral Haemorrhagic Fever Testing and Outbreaks

- Direction of MOH to determine blood draws:
    - Malaria PCR and Smear
    - EVD/VHF PCR and Serology
    - Lassa Fever PCR
    - Blood Culture
- All blood samples are to be collected via Venous Puncture by lab personnel only or via CVC or arterial line by RN.
- The RN will not draw bloodwork from the CVC or arterial line until the lab personnel are present.
- No blood draws from IV starts.
- Capillary samples are not to be collected. Arterial and venous blood gases should be ordered as 'lab to collect' and transferred to the lab to be analyzed.
- No glass tubes are to be used.
- All blood samples are to be transferred to the lab via lab personnel ONLY.
- After initial blood work only, limited testing will be performed:
- Current tests available include:
    - CG4+ - lactate, pH, pCO2, pO2, TCO2, Bicarbonate, Base Excess, sO2 CHEM8+ - Na, K, Chloride, TCO2, Anion Gap, Ionized Ca General Chemistry 13 panel -Glucose, Urea, Creatine, ALP, ALT, AST, AMY, GGT, TBIL, TP, Ca,Troponin I.
- Attending physician in PICU should be consulted immediately if patient is agitated or combative. Sedation should be considered early in this whole process to enhance the safety of all HCWs.
- PICU physicians should also be consulted as soon as possible if lab staff are experiencing difficulties in venipuncture. Tools such as ultrasound may be required to facilitate successful venipuncture.

For more details, please see Appendix J: Laboratory Services Processes

Direct Patient Care

For recommendations regarding patient care, please refer to: Care of the Seriously or Critically Ill Patient with possible or proven EVD.

Pediatric and ACH Site specific care guidelines can be found in Appendix K: ACH Patient Care Guidelines

Guidelines for Personal Care

- Commodes will be provided in the patient room, as patients will not have access to a toilet.
- Please refer to Appendix N: Recommended Practices for Use of Commode for details related to use.
- Urinals will be provided for age and mental status appropriate patients.
- If a patient is too unwell to use a commode or urinal, diapers will be used due to the increased risk of splash and spills associated with bedpans.
- All human waste will be solidified prior to disposal in the provided biohazard containers.
- Absolutely no patient waste will be disposed of in sinks or toilets.
- Solidifiers will be kept on the EVD/VHF cart and within the patient room supply cart.

Guideline for Passing Supplies into Patient Room

- Bedside RN will send secure chat message in Connect Care to buddy RN with request for supplies.
- Bedside RN will ensure table placed next to the entry door is clear of items and clean/disinfected using appropriate cleaning products such as accel wipes (see Ready-to-Use (RTU) Disinfectant Wipes)
- Bedside RN will step away from door/table.
- Buddy RN (outside the room) will prepare the requested items and place in a clean bucket.
- Buddy RN (without PPE) will slide open entry door and place the bucket with the supplies on the provided table.
- Larger items will be pushed through without RN crossing the entry doorframe.

Visitor Guidelines, Monitoring, Management and Training

- Access to patients with suspected or proven EVD is strictly restricted. Visitation to patients hospitalized with Ebola should be discouraged.
- Other strategies to maintain contact should be considered including:
    - Videoconferencing
    - iPad – CHIMP program
    - Telephone (on speakerphone)
- Visitation will be limited to:

  - Visitors should be limited to one well patient/caregiver who must be trained in the donning and doffing of PPE with assigned buddy (no other visitors). Symptomatic parents will be cared for at the South Health Campus.
  - Patient and parent/caregiver will be able to use phone in room on speakerphone to communicate with other family members.
- The visitor will be informed that by visiting a patient with suspected or confirmed Ebola, they will become an exposed contact requiring surveillance for 21 days after the last visit.
- Visitors will not be present during aerosol generating procedures as fit testing for an N95 mask will not have occurred.
- Visitors will be provided with information about Ebola and the types of precautions required to minimize the risk of exposure.
- Visitors will be required to don full Fluid Impervious Gown PPE prior to entering the room. A healthcare worker should assist the parent in donning. The family members name and relationship to the patient should be written on the outside apron (e.g., Mike, Father)
- Upon initial transfer from ED to the PICU, the accompanying family member will be brought into the room in street clothes. Once the assessment is complete and the patient is settled, the family member will be taken outside of the room to don PPE. If any of the family members clothes are soiled, they should be removed and placed in a biohazard container and the family member should be provided with hospital scrubs.
- Visitors are to use the bathroom outside in the hallway of PICU.
- Visitors cannot eat or drink inside the patient room, this must be done outside the room after removing all PPE.
- Visitors are to have their temperature monitored twice daily via PICU staff.

General Recommendations for Staff/Physician Coverage and Monitoring

- An effort will be made to reduce the number of staff that come in contact with patients and the environment.
- Medical Students, Residents, Nursing Students, Respiratory Therapy students and other learners will not be permitted to enter Ebola patient rooms.
- A logbook will be maintained of staff entering patient room: VHF Room Entry Log.
- In the PICU, staff caring for the patient should not be caring for any other non-VHF infected patients. Should a care provider be needed to care for other patients (i.e., Attending) they must doff appropriately and change hospital scrubs before caring for other patients.
- The amount of time that staff members will be wearing PPE will be monitored to observe staff for fatigue, overheating and dehydration. See Heat Strain While Wearing PPE.
- Staff will receive education about self-monitoring and grouping care activities within patient room to reduce number of incidences of entering and exiting patient's room
- There will undoubtedly be a need for the charge RN and RRT to augment staff at this time.
  - Nurse to patient ratios will be determined on a case-by-case basis.

  - If patient requires frequent (> once every 2 hours) assessment and care by Respiratory Therapy, 1:1 RRT coverage will be provided.

- All Staff must be N95 Fit tested and appropriately trained in donning and doffing of PPE.
- All persons entering room must have designated "buddy" to help doff PPE.
- Trauma MD to make decision for appropriate care team for patient (i.e., Hospitalist or Intensivists). Nursing resources may be collected from PICU, ED and NST regardless of MD care provider.
- See Appendix L: Staff Roles Assignment to Room
- Ebola Work Restriction Guidelines are to be followed:
  - Work Restriction Guidelines
  - Ebola - Information for Health Professionals | Alberta Health Services

Education and Training

- Refresh and review PPE Donning and Doffing procedures with all staff. Mobilization of additional staff beyond those caring for the patient may be required to support the role of PPE buddy and PPE monitor, the more staffed trained to help the better. PPE Sequences and Checklists And Ebola Contact and Droplet PPE.
- Staff must review VHF Modules 1-5: Personal Protective Equipment and You
- Ensure N95 Testing is current.
- Review coverall sizing with staff.

Workplace Health and Safety Quick Reference Documents

For guidance on workplace health and safety issues, refer to:

- What Do I Do Now? (Post exposure quick reference document)
- What Do I Do Know? (Caring for a patient with suspect Ebola)
- What Do I Do Now? (Developing symptoms after exposure to Ebola)

The site Critical Incident and Stress Management Team (CISM) will be activated during and following an VHF/EVD incident to ensure the staff are provided appropriate support and resources.

ACH Role of Protective Services

In addition to regular duties, Protective Services will assist the team in preparation of transport routes (ensuring routes are clear of people and objects, placing signage when required, etc.) as well as accompanying the patient and team during transfers within the ACH.

- A Protective Services Member (not in PPE unless deemed required) will clear hallways of all people and close doors in advance of patient movement through the halls.

- Protective Services will also access all doors required to move the patient. The member will remain a minimum of 2 metres in front of the transport group to avoid any risk of contamination. The member will lead all the way into the unit and past the room in which the patient will be placed.
- Protective Services may be asked to attend the PICU or ED to assist with crowd control or to manage conflicts that may arise. No member will enter the patient room under any circumstances without full required PPE.
- Protective Services will expect full communication from the involved clinical staff about any risk that exists with anyone they are asked to interact with.

Transportation within the ACH Facility

- EVD/VHF patients will not leave their isolation rooms except under very rare circumstances for potentially lifesaving diagnostic and therapeutic procedures that cannot be performed in the patient room or until patient is deemed virus free.
- PICU Charge Nurse will notify receiving department about the patient transport and precautions required to prevent transmission.
- Contact with patient and patient care environment should be limited to assigned personnel. Assigned personnel should not also care for other patients.
- Prepare the patient for movement:
    - The PICU bedside nursing team will ready the patient for movement.
    - PPE: The patient should mask (if able) and be draped with a clean sheet/bedding.
    - Patient will be moved to a clean stretcher (or clean wheelchair) and draped with clean bedding immediately prior to movement. Ensure appropriate absorption or impervious dressings applied if draining present to minimize spills.
    - Immediately prior to transport team handover, PICU nurse will wipe any surfaces that may have become soiled while transferring the patient onto the transport surface (i.e.: stretcher rails or wheelchair handles)
- Patient transport will require coordinator of three teams: Protective Services, Nursing, and Environmental Services:
    - Protective Services will clear hallways and be responsible for touching clean surface (i.e. open and close doors, push elevator buttons etc.) in advance of patient movement through the halls.
    - Transport team will be responsible for patient handling, such as moving the patient from the PICU to the destination.
    - Environmental Services will follow behind the patient being transported and monitor and clean any body fluid spills that occur as well as disinfect any touched surfaces required during the journey.
- PPE Requirements:
    - Healthcare providers (HCP) who are directly interacting with and caring for the patients will require full PPE (coveralls or fluid impervious gown)
    - Individuals assisting the HCP but not performing patient care may don buddy PPE
    - Refer to PPE Guidelines section of this document for details.

- Transportation process:
    - The transport team will don clean PPE prior to entering the patient room. The patient will have been made ready for transport by the PICU bedside nurse. The transport team will avoid touching any surfaces in the patient room outside of the "clean" transport surface. Their sole responsibility will be to move the patient.
    - EVS will don appropriate PPE and wait outside of the patient room.
    - Protective services will only don PPS if deemed necessary and will not enter the patient room nor come in contact with the patient (use Point of Care assessment or consult with IPC if required).
- Use of the Elevator:
    - If elevator transport is required, the trauma elevator will be used.
    - Arrange transport to consider operation of the elevator to avoid contamination of the inside the elevator or the elevator panel (clean assist).
    - Environmental services will clean the elevator should it be contaminated with body fluids prior to the elevator being put back into regular service.

Diagnostic Imaging

- Portable X-rays are to be absolutely minimized. X-ray will need to stay in room until decontamination process is directed by IPC.
- Ultrasounds are to be used when possible as they can be brought to the patient room
- Other tests requiring patient to be transfer to DI must minimized and will be decided with appropriate care team (Most Responsible Physician, Radiologist on Call) and departments impacted following the Transportation within the ACH Facility protocol.
- Guidelines on equipment decontamination can be found via these links:

Equipment Decontamination

VHF Waste Management
Cleaning Protocol Standards for Occupied Patient Space (Isolation)
Cleaning Protocol for Standards for Discharge/Transfer (Isolation)

X-ray/US Requests

- Mobile X-ray unit will stay in the PICU for use with possible EVD/VHF patients.
- If a piece of mobile DI equipment is to enter an EVD/VHF patient's room, and IPC risk assessment should be conducted to determine whether the equipment can be removed from the room after being cleaned.
- The X ray detector cassette will be kept in the basket at the back of the room supply cart to minimize the risk of damage to this expensive piece of equipment.

In Department Imaging - Computerized Tomography / Magnetic Resonance Imaging / Nuclear Medicine / Fluoroscopy

Given the risk of EVD/VHF virus transmission, transferring a patient to the Diagnostic Imaging Department at the ACH is generally discouraged. In the event an imaging study is required, an IPC risk assessment should be conducted prior to removing the patient from their isolation room. These general principles will be followed in the event that a patient needs to be transferred to the DI Department:

- Patients to be booked at a specific time, unless critically indicated, should be booked at end of day to ensure room cleaning and settle time minimize room downtime. Rooms will be held open to ensure patients come from unit directly into the DI room.
- Follow transportation within the ACH facility guidelines as per ACH Site Preparation guide (settle times is 2 hours).
- The patient will not be transported to DI until the room is empty and ready to accept the patient. Having the patient wait will be avoided at all costs. The IP suite will have an isolation cart adjacent to it.
- Any mobile accessory equipment or carts shall be removed from the DI procedure room prior to the patient arriving to reduce exposure.
- Donning will occur outside the procedure room (control room), doffing will occur inside the procedure room (includes DI staff and Porters).
- All linen to be disposed of in biohazard bins.

Interventional Radiography

- To minimize travel and potential exposure to Surgical patients, whenever possible Interventional procedures to take place in the current patient care space.
- Use disposable instruments if possible.
- IR suite imaging will follow OR standards as per Operating Room guidelines and this document.
- Gross contamination on non-disposable items to be wiped within the procedure room at point of use prior to sending to MDRD.
- Donning will occur outside the procedure room. Doffing will occur inside the procedure room (includes DI staff and Porters). Control rooms should be kept “clean” wherever possible.
- All linen to be disposed of in biohazard bins.

Patient travel within or through DI

- Ensure direct pathways occur to exam room, close doors to adjourning rooms and avoid areas with OP’s/staff (may need to move patient in the US waiting room). All other modalities have direct access to modalities without passing through common areas.

Operating Room

For recommendations regarding Operative interventions for EVD/VHF patients, please refer to: Care of the Seriously or Critically Ill Patient with possible or proven EVD/VHF

- There are limited recommendations for operating room use in this patient population.
- Currently there is no in OR capability for patients with EVD/VHF.
- Procedures will be performed in the PICU.
- Single use disposable items will be used whenever possible.
- Adherence to approved procedures for quarantine and decontamination of instruments and equipment used for patients with positive EVD/VHF.
- Procedures for quarantine and decontamination of instruments and equipment used for patients with positive EVD/VHF will be used. CJD guidelines should be followed only after discussion with IPC.
- All staff involved in surgery/investigations/procedures should be educated and trained regarding Contact and Droplet isolation and blood born disease precautions. All staff will comply with PPE donning and doffing protocols.
- Unnecessary equipment will not be taken into the patient room.
- Procedures will be performed by staff grade surgeons and anesthesiologists. Residents will not take part in any surgical procedures.
- Two scrub nurses will be required. One will be outside the patient room with a sterile setup and will pass instruments into the patient room as required.
- The second scrub nurse will be in the patient room in full Fluid Impervious Gown PPE. They will assist the surgical team as required.
- Instruments will be passed onto a sterile tray in the patient room. Once in the patient room all instruments will remain in the room until directed otherwise by IP&C.
- Anesthesia will be via total intravenous anesthesia (TIVA) based techniques; an anesthesia machine will not be taken into the patient room.

Medication Management

- For recommendations regarding patient care, please refer to: Care of the Seriously or Critically Ill Patient with possible or proven EVD
- Intubation and emergency resuscitation meds will be stored in the narcotics cupboard outside of Room 3 and 4 if requested by physician based on patient condition. Key stored as per existing protocol, see PICU Charge Nurse to obtain key code.
- Routine medications should be checked per policy and brought into the room at beginning of shift for 4–6-hour duration.
- Co-signing of medications to occur outside of the room prior to entering the space when possible.
- Fridge meds are to be kept in Fridge located outside of PICU Rm 4.

- Other required medications will be delivered into the room using the procedure once requested from inside the room using a telephone (See Guideline for Passing Supplies into Patient Room).
- Nebulization of medication will not be performed.
- MDI and spacer are appropriate for use.

Medical Device Reprocessing (MDR)

Information on the Survivability of the Ebola Virus in Medical Waste | Cleaning and Disinfecting | Clinicians | Ebola (Ebola Virus Disease) | CDC

- Units must use Single use disposable items whenever possible. Consult updated service agreement for disposable equivalents.
- All reusable instrumentation used during the care of a patient with EVD/VHF like symptoms will be isolated and quarantined on the unit before sending to MDRD.
- Any Instrumentation should be delivered to MDR will be in a clearly labeled biohazard container with “Quarantine – EVD/VHF”.
- Medical Device Reprocessing should be notified prior to arrival of quarantined Instrumentation with clear communication around isolation expectations.
- All staff involved in surgery/investigations/procedures educated and trained regarding Contact and Droplet isolation and blood born disease precautions, occupational risk involved and procedures and processes to be followed.
- MDR processors will be required to have donning and doffing education provided by the MDR Educator. This education should also include the practice of coaching another staff member through the process.
- The disposable supplies used will be disposed according to developed policies and processes.
- All reusable instrumentation used during the care of a patient with EVD/VHF like symptoms will be transported in bins using the enclosed case cart to minimize the risk of spills. The exterior of the case cart be wiped down with ready-to-use disinfectant wipes upon leaving the patient room. The enclosed cart will also be cleaned after each use.
- Soiled equipment will be transported to MDR from the PICU following use by using the service elevator.
- Two staff members will be required to transport soiled equipment. One staff member will be responsible for moving the equipment cart and shall be the only person to come in contact with the soiled equipment. The second staff member will remain “clean “and be responsible for opening doors and operating the elevator buttons.
- Environmental services will be on standby to clean elevators used during the transport of quarantined items should it be contaminated with body fluids (i.e., a spill) prior to the elevator being put back into regular service.
- All areas used during the cleaning of instrumentation and high-level disinfection will be wiped by the surgical processor after use with Accel wipes.

- There will be a designated area for doffing of potentially contaminated PPE within the decontamination area of MDR. Another 'Clean' Surgical Processor will provide assistance and guidance for the removal of PPE without contamination. As per the Equipment and Supplies section, the linen/scrubs/PPE should be bagged and sent for incineration.
- Both the Case Cart washer and Cube Washers have been determined to meet the requirements to inactivate the EVD/VHF virus, and instrumentation after this point will be treated as per usual practice.

Cleaning and Waste Management

- Trained environmental service staff to clean room twice per day and as required.
- Environmental Services staff must wear Fluid Impervious Gown PPE.
- Equipment will not leave the room, unless directed by IPC.
- Cleaning of equipment will be guided by IPC.
- No linen is to leave room. All to be disposed of in biohazard containers for waste.
- All waste will be disposed of in biohazard containers. These containers must be no more than ¾ full when sealed for pick up. Overfilled containers pose a risk of leaking/breaking.
- Environmental Services will remove containers on a daily basis (or more frequently if required) following IPC guidelines.
- Waste is to be incinerated.
- PPE Monitor will supervise cleaning, waste removal, and doffing of ES staff to ensure staff safety.
- Site Environmental Services will notify the waste carrier that waste is Ebola infected prior to pick up.

The most up to date EVD/VHF Waste Management guidelines can be found here:

Ebola Waste Removal Poster
VHF Waste Management
Cleaning Protocol Standards for Occupied Patient Space (Isolation)
Cleaning Protocol for Standards for Discharge/Transfer (Isolation)

Decontamination

Please refer to the following link for the most up to date recommendations:

Viral Hemorrhagic Fever VHF (Ebola) Guidance for Acute Care Settings Infection Prevention and Control (IPC Workplace Health and Safety (WHS)

Spills

- Cleaning of walls that are not visibly soiled would only be necessary if the spill is close to the wall. As the Environmental Services staff member completes the perimeter clean with

bleach after the solidified body fluids have been removed, Environmental Services will also clean about 4 feet up the wall if the spill was close to the wall.
- Environmental Services staff will take their outer gloves off and be given a new pair of gloves by the buddy after cleaning up all the body fluid debris, and before moving to cleaning with the mop and bleach.
- The chair will be disinfected after the cleaner has used it to take off their PPE, before the Buddy uses it to take off their PPE. The cleaner can be the staff member who supports the PPE Buddy in removing their PPE after completing hand hygiene and donning a new pair of gloves. The chair should be disinfected one more time after the buddy removes the buddy PPE.

Equipment

- Equipment will be dedicated to the patient or, preferably, should be disposable, single use. Any reusable equipment will be dedicated to the room for the duration of the patient stay.
- No equipment will be removed from the room until approved by IPC.
- Cleaning and disinfection using bleach or Accel wipes will occur.
- The care nurse will remove any gross contamination from equipment that needs to go to MDR prior to putting the item into the MDR bin. Accel wipes will be used.

Commodes

- Commodes will be provided for single patient use and labelled appropriately.

Laundry

- Handle soiled or used linens with minimal agitation and place directly in biohazard bags/containers.
- All soiled linens will be disposed of as biohazardous waste.
- Staff will be provided with AHS issued scrubs. These will be removed in the staff locker room and cleaned by laundry services. If the scrubs become contaminated with patient fluids, the health care worker will change immediately in the anteroom and the scrubs will be discarded in the biohazardous waste container in the room.

Spill Kits

- Spill kits with an absorbent should be in the room and appropriate disposable PPE located inside the kit.

Care of the Deceased

Summary Sheet Types of Body Preparation (albertahealthservices.ca)

Refer to established guidelines:

Deceased Body: Acute Care Setting Algorithm (DB-AC)

Body Handling Protocol (BHP)
Care of the Deceased Patient with Potential / Proven Viral Hemorrhagic Fever

Obtaining a hermetically sealed container

There are two sizes of hermetically sealed containers available (standard and bariatric). Standard 72" long, 22" wide, 13"deep. Bariatric 76" long, 28" wide, 36" deep, 350 lbs. Bariatric container may be required due to height restriction. Contact CPSM if a bariatric container is required. Bariatric containers are custom built and stocked at CPSM in disaster stock pile only. Capital Transfer Services does not have access to them. In the event that this is needed out side of Capital Transfers regular business hours, call Jerry Lombardo – Director CPSM Calgary Zone at 403-669-8349.

References:

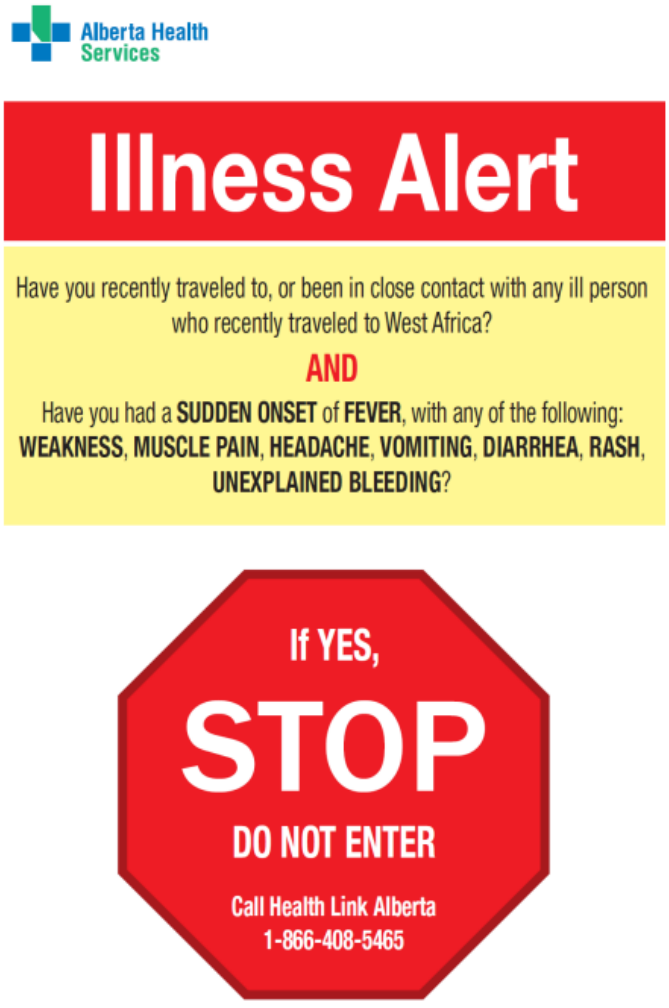
References have been embedded within the document. Additional information can be found below:

- Public Health Agency of Canada
- World Health Organization Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Hemorrhagic Fever in Health Care Settings, with Focus on Ebola. August 2014
- Department of Health United Kingdom, Advisory Committee on Dangerous Pathogens (2015). Management of Hazard Group 4 viral hemorrhagic fevers and similar human infectious diseases of high consequence
- Canadian Critical Care Society, Ebola Clinical Care Guidelines: A guide for clinicians in Canada (2014)
- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) (cdc.gov)

Appendix A: VHF/Ebola Signage

Please note this is an example only

If an outbreak has been declared, and signage has been approved by AHS Leadership, entrances to the hospital will post signage in an effort to prevent patients who are febrile and have travelled to high-risk regions from entering the building. A sample of the 2014 signage is below. Note, signage will need to be updated regularly to include current outbreak regions.



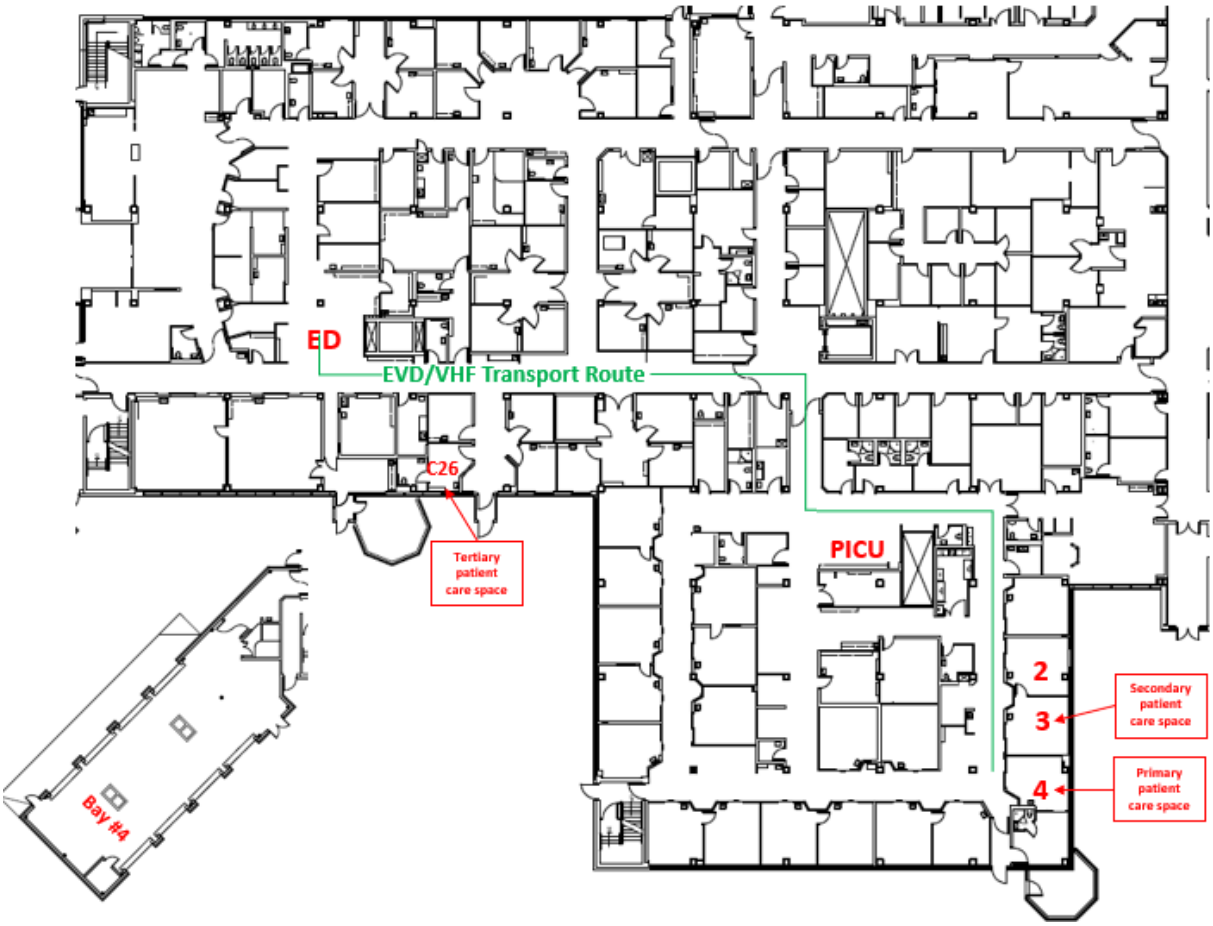
Appendix B: Site Preparation Checklist

	ED Complete (Y/N)	PICU Complete (Y/N)
IMMEDIATE		
Staff PPE education		
Staff AED education		
IPC VHF documents accessible in unit		
ADMISSION IMINENT		
Site Administration and Support Departments notified		
Log for entry to the patient area located in donning area		
PPE supplies available	Stock VHF Cupboard	Cart placed in anteroom
Resuscitation equipment, drugs and supplies	Available	Placed in room

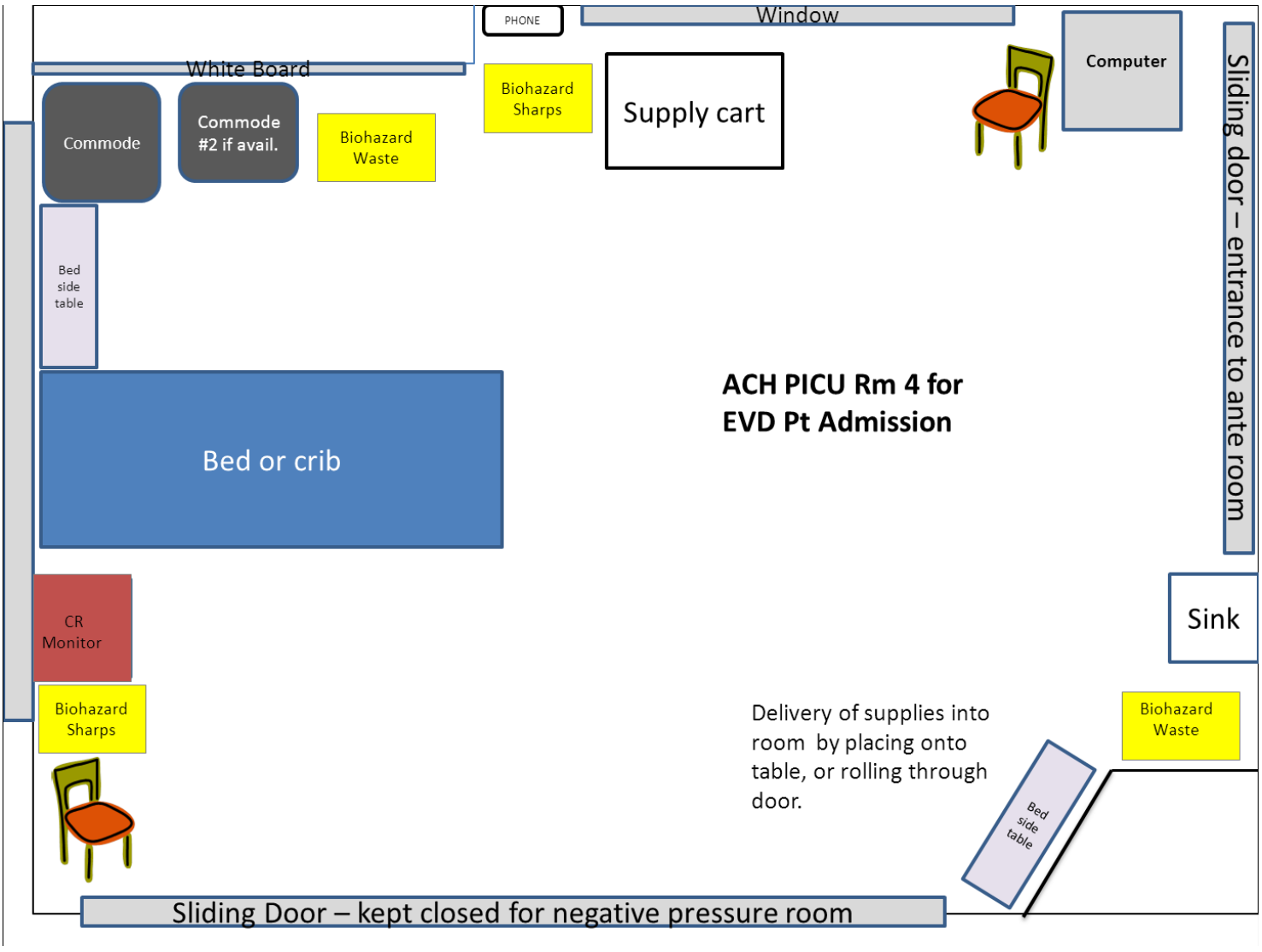
Just –in-time review of care processes with staff taking patient (reviewed at shift change and when new staff assigned, establish a buddy).		
Biohazard bins	Available	Placed in room and anteroom

Appendix C: ACH EVD/VHF Designated Care Spaces Maps

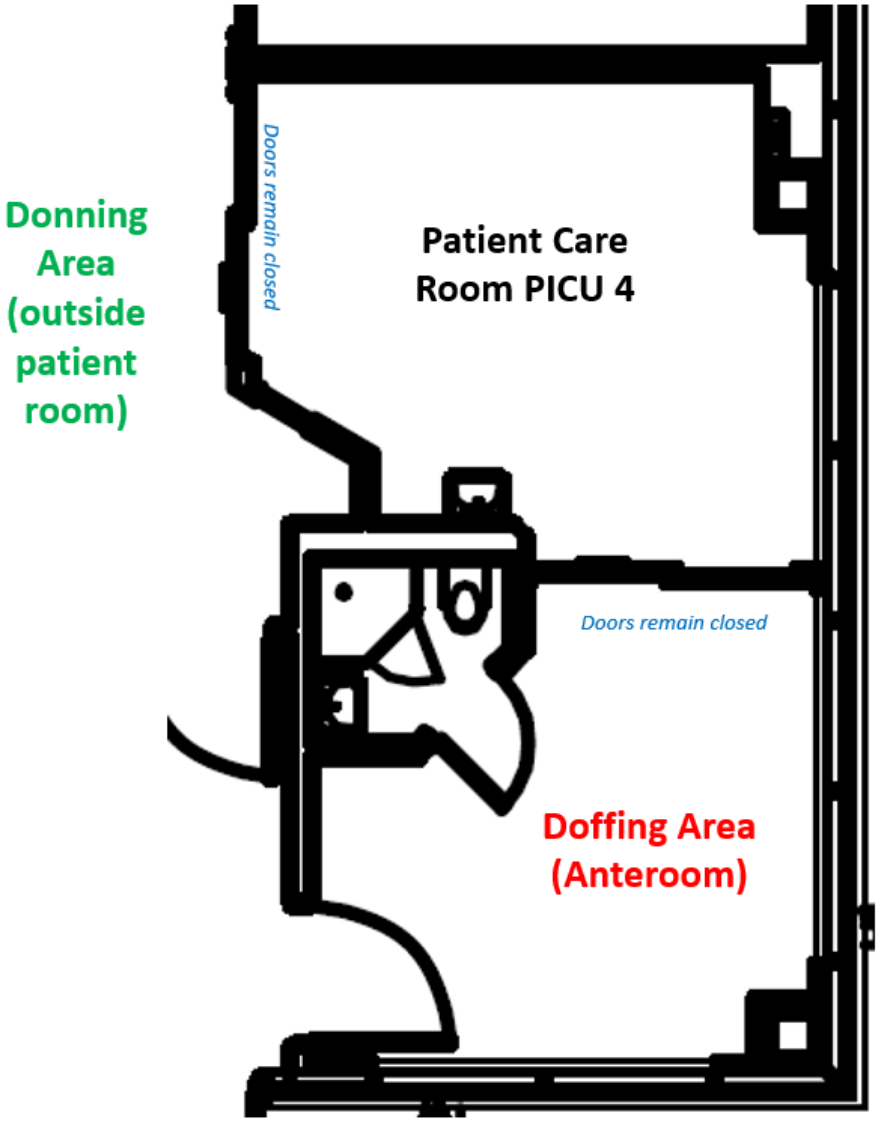
1. ED/PICU Patient Care Locations and Transport Route



2. ACH PICU Room 4 Set Up

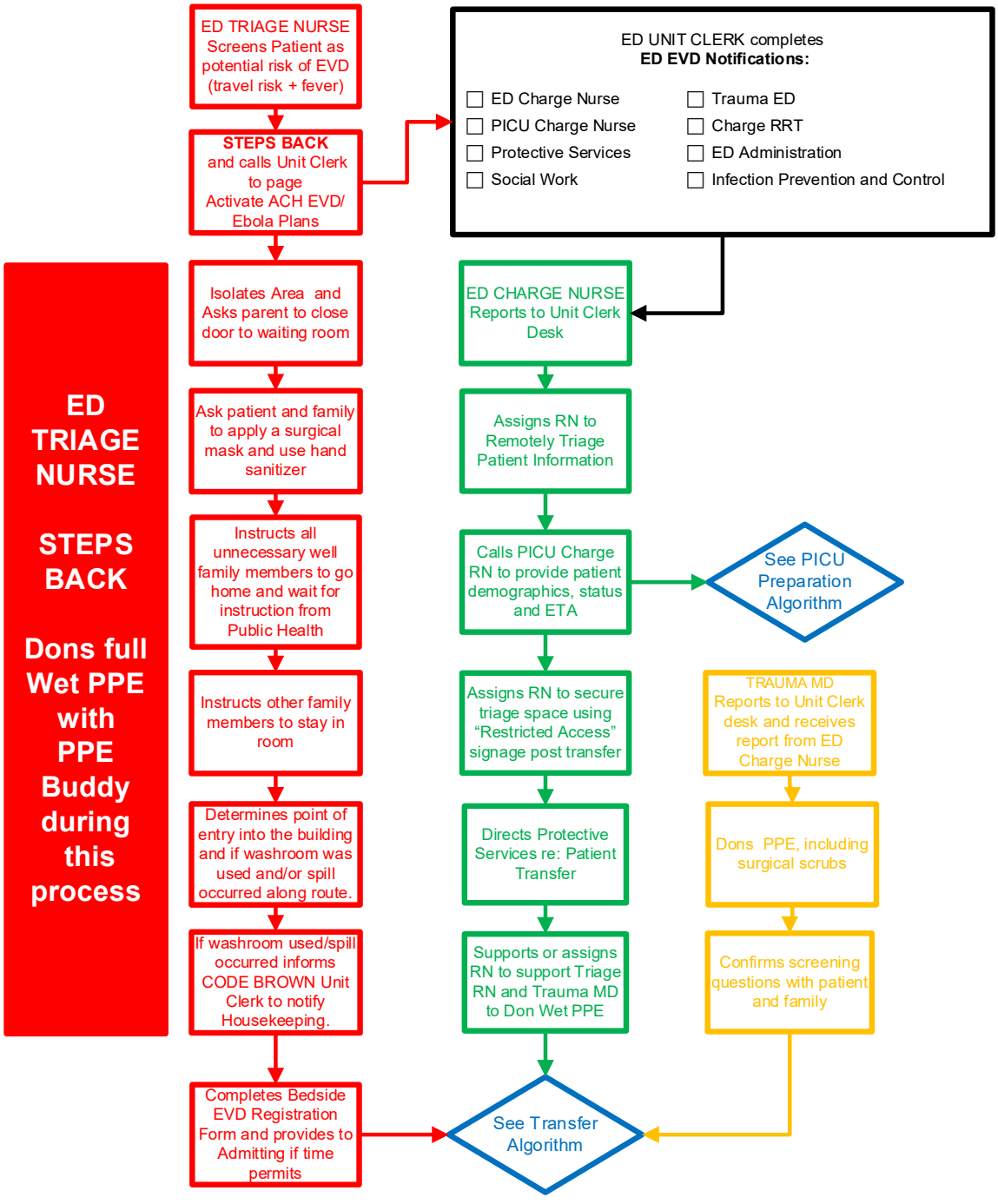


3. PICU Donning/Doffing layout

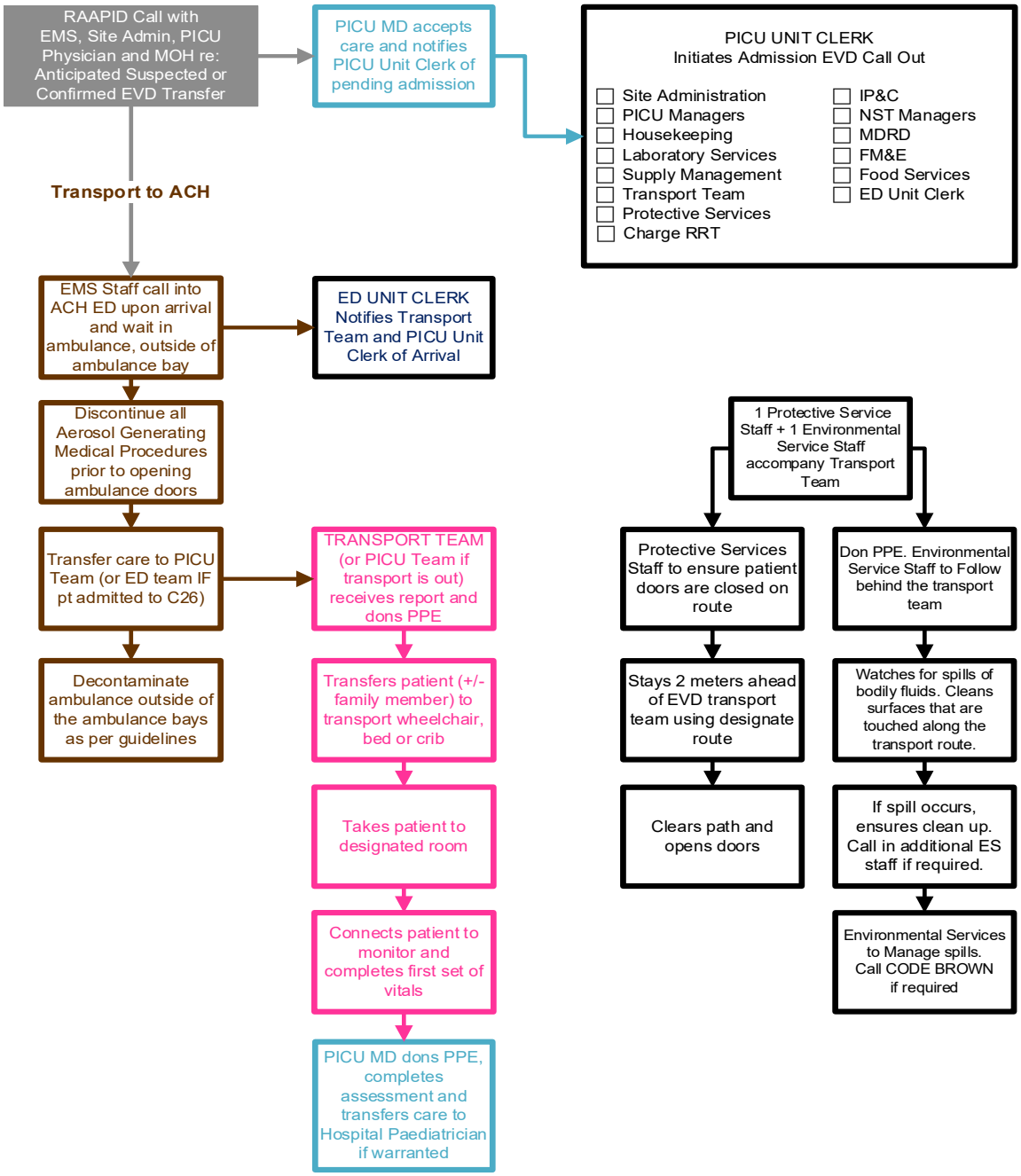


Appendix D: ED Flow Diagrams and Checklists

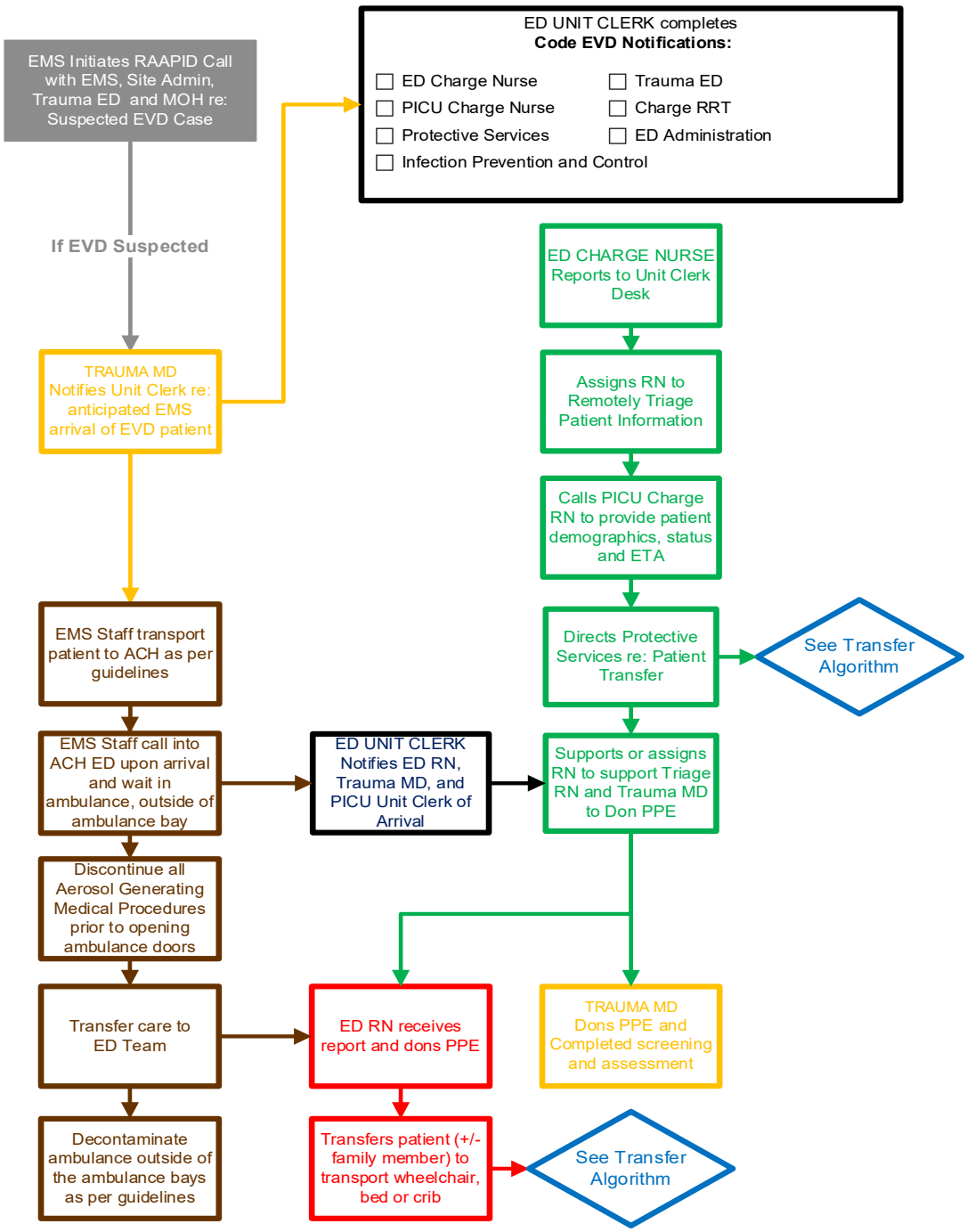
1. Suspect EVD/VHF Patient Presents to ED



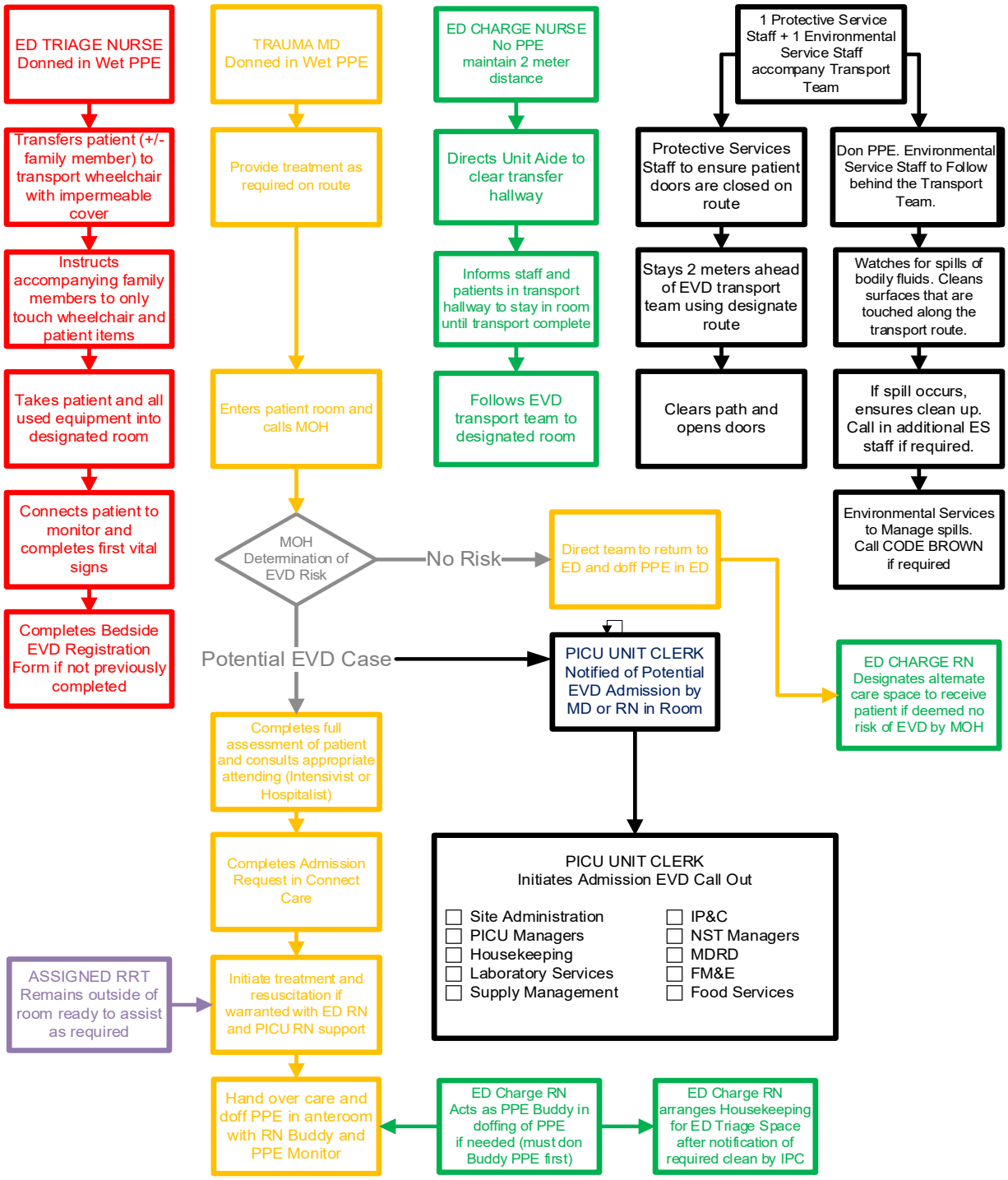
2. EMS Notification of Suspected EVD/VHF Case – Transfer from Other Site or Identified at Point of Care by EMS



3. EMS Notification of Potential Risk of EVD/VHF Case – Identified at Point of Care (not confirmed/probable)



4. Suspected EVD/VHF Patient – ED to PICU Transfer



Appendix E: Emergency Department Notification List and Case Roles (Unit Clerk)

Emergency Department – Unit Clerk: Suspect EVD/VHF Case

If Suspect VHF/EVD patient present, please notify the following staff members according to the following:

If the page is for an **in house** staff member, please use message:

"ACH EVD/VHF Suspect Admission – Please contact 57070 or present to ED Unit Clerk Desk"

If the page is for an **off site** staff member, please use message:

"Potential EVD/VHF Case in ACH, please call ACH ED 403-955-7070"

Please Notify	Contact Information	Time Notified	Arrival Time	Re-page Time
ED CHARGE NURSE	**ED Charge Nurse** Pager: 11840			
ED TRAUMA MD	**On White Board in ED**			
ED UNIT AIDE	**Overhead page Unit Aide to present to Unit Clerk Desk** Call Bell System			
ED STAFF	**Page all ED Staff to return to the Emergency Department** Switchboard (403-955-7211)			
ED ADMINISTRATION	**ED Patient Care Manager** Pager 5202 Cell: 403-690-5336			
	Pediatric Emergency Division Chief Pager 13136			
PICU CHARGE NURSE	**PICU Charge Nurse** Pager: 11322 Tel: 403-955-7074			
PICU ADMINISTRATION	**PICU Patient Care Manager** Cell: 403-561-0995			
CHARGE RRT	**Charge RRT** Pager: 3825			
PROTECTIVE SERVICES	**Protective Services** Tel: 403-955-7600			

Please Notify	Contact Information	Time Notified	Arrival Time	Re-page Time
SOCIAL WORK	**Social Work** Pager: 1723			
LABORATORY	**Laboratory Services** Tel: 403-770-3757 **Microbiologist on call:** 403-770-3757			
INFECTION PREVENTION AND CONTROL	**Infection Control Practitioner** Pager 5114 and 2634			
	After 1615 hours Monday to Thursday: Admin. On-Call through Regional On-Call Application (ROCA) **Weekend (from Friday 1615 hours):** Infection Control Practitioner On-Call through Regional On-Call Application			
SITE ADMINISTRATION	**Site Director** Tel: 403-955-2439 **Site Manager (0700-1600 hrs M-F)** Tel: 403-955-5836 Pager: 3980 **After Hours:** Administrator On-Call Pager: 8888			

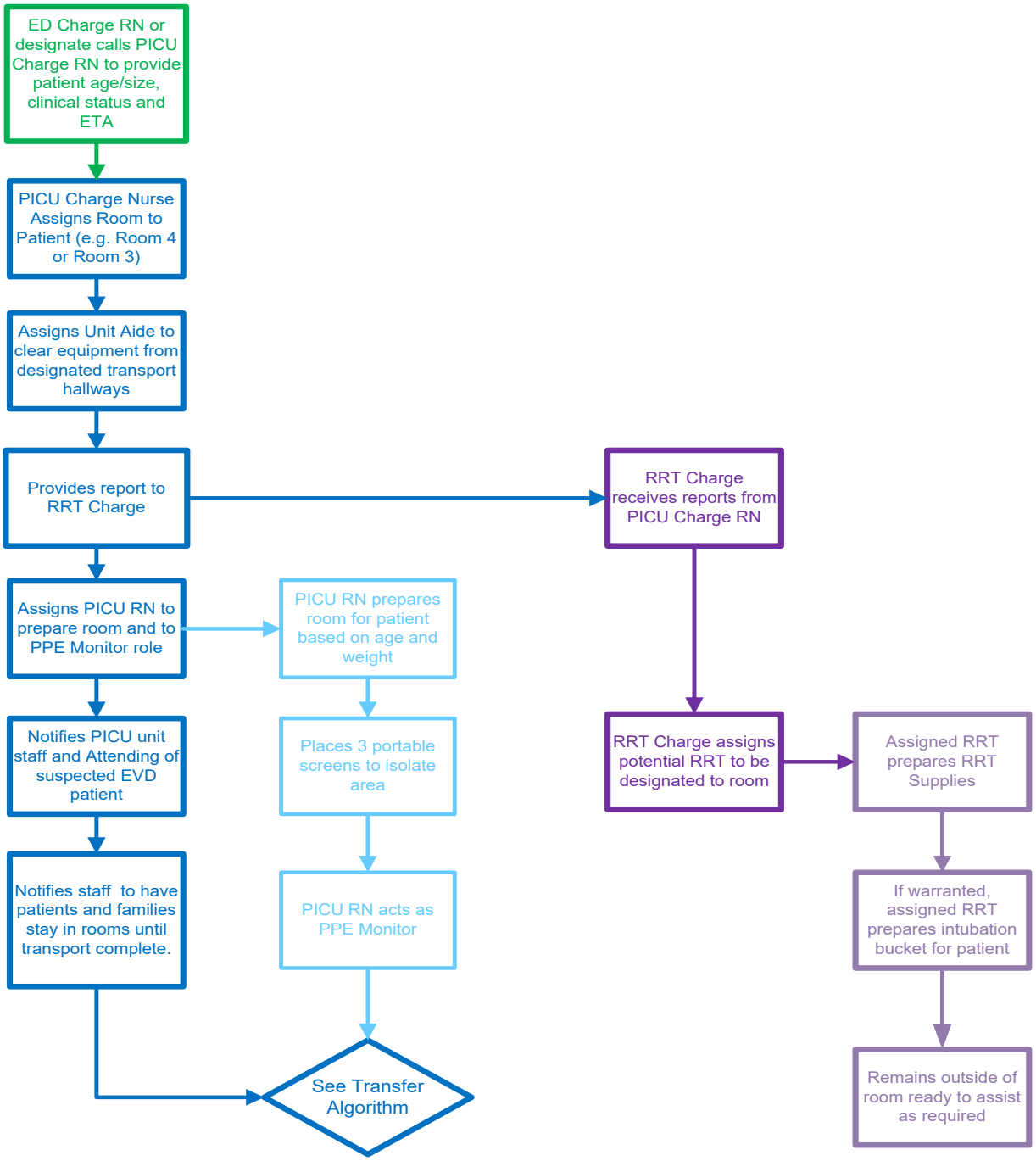
Emergency Department – Unit Clerk: Suspect EVD/VHF Case Role Listing

Role	Name
ED CHARGE NURSE	
ED TRAUMA MD	
ED UNIT AIDE	
ED Patient Care Manager	
ED Unit Manager	
Pediatric Emergency Division Chief	
PICU CHARGE NURSE	
CHARGE RRT	
PROTECTIVE SERVICES #1	
PROTECTIVE SERVICES #2	
SOCIAL WORKER	
INFECTION CONTROL PROFESSIONAL	
ACH SENIOR OPERATING OFFICER	
EXECUTIVE DIRECTOR, AMBULATORY AND SITE DIRECTOR	
EXECUTIVE DIRECTOR, INPATIENTS	
ACH SITE MANAGER	
ADMINISTRATOR ON CALL	
OTHER	

Once completed, forward copy to PICU to be added to Health Care Worker Log.

Appendix F: PICU Flow Diagrams and Checklist

PICU Preparation – Suspected or Confirmed EVD/VHF Patient



Appendix G: PICU Unit Clerk: Confirmed or Suspect EVD/VHF Case Being Admitted

After the Physician consults with the Medical Officer of Health (MOH) and **when the MOH decides to treat the patient as a suspect EVD/VHF case**, please notify the following people immediately:

If the page is for an **in house** staff member, please use message:

"ACH EVD/VHF Suspect Admission – Please contact PICU for details at 57074"

If the page is for an **off site** staff member, please use message:

"Potential EVD/VHF Case in ACH PICU, please call 403-955-7074"

Please Notify		0800 to 1615 hours Monday to Friday	After 1615 hours Monday to Friday and Weekends
☼	**NOTIFY SITE ADMINISTRATION**	**Site Director** Tel: 403-955-2429	Administrator On-Call Pager: 8888
		Site Manager (0700-2000 hrs M-F) Tel: 403-955-5836 Pager: 3980	Site Manager coverage provided Weekdays 0700 – 1600
☼	**NOTIFY PICU MANAGERS**	**Marlene Franklin** Patient Care Manager, PICU Tel: 403-955-7929	403-561-0995
		Unit Manager-PICU/NICU Tel: 403-955-7452 Pager: 4338	Pager 4338
☼	**NOTIFY NURSING SUPPORT TEAM MANAGER**	**Carol Yung** Unit Manager – NST Tel: 403-955-7153	Pager 00070
☼	**NOTIFY INFECTION PREVENTION AND CONTROL**	**Infection Control Professional (ACH)** Pager 5114/ 2634	After 1615 hours: M -Th: Admin. On-Call pager: 08888 Weekend (from Fri 1615 hours): Infection Control Professional On-Call through ROCA
☼	**NOTIFY RESPIRATORY THERAPY**	**Patient Care Manager** Megan Mill Tel: 403-955-7009 Pager: 2147	Cell: 587-224-3045
☼	**NOTIFY SUPPORT SERVICES**	**Laboratory Services** Tel- 955-7244	Tel- 955-7244
		Housekeeping Tel: 955-7849 Pager: 05106	Tel: 955-7849 Pager: 05106
		MDRD Tel: 955-2764	Tel: 955-2764
		FM&E Tel: 955-7914	Tel: 955-7914

Please Notify		0800 to 1615 hours Monday to Friday	After 1615 hours Monday to Friday and Weekends
		Food Services Tel: 955-2425	Tel: 955-2425
		Supervisor Supply Management Tel: 403-955-7213	
		Charge RRT	Pager 3825
		Transport Team	Pager 11857
☼	**NOTIFY WORKPLACE HEALTH AND SAFETY**	**Workplace Health and Safety** Tel: 955-2900	Tel: 955-2900

Appendix H: PICU Supply Lists

Supply List A: Site Preparation for EVD/VHF Patient

Set up of patient care area for POTENTIAL EVD/VHF patient

- ☐ Linen as deemed appropriate for patient age & condition - minimize if able.
- ☐ Bed or crib based on patient need
- ☐ 2 Plastic washable chairs in room (one for family, one for staff)
- ☐ Logbook for Staff – Outside of room
- ☐ Marker for white board
- ☐ Commode with disposable commode bags, disposable urinals, bedpans, diapers, disposable kidney basins and disposable emesis bags as deemed appropriate for patient age & condition.
- ☐ Biohazard bucket (X 3) (2 with protective cover and small opening)
- ☐ Telephone
- ☐ Thermometer and box of covers (x1)
- ☐ Accel Wipes (x 2 containers)
- ☐ Solidifiers (x 6)
- ☐ Stethoscope – Ped (X1)
- ☐ Modified Contact and Droplet sign on outside of room including restricted access wording
- ☐ Suction regulator, canister and tubing (X2)
- ☐ Yaunkauer Suction tips straight and bulb end
- ☐ Bedside table X 2 – one at entrance for receiving supplies, one on far side of bed to support patient care

Premade "EVD/VHF" Baskets

- ☐ Saline Flushes (x10)
- ☐ Chlorehexidine Swabs
- ☐ Syringes – All sizes (x2)
- ☐ Blue IV Connectors (x6)
- ☐ Y Connector (x2)
- ☐ Blunt cannula (X12)
- ☐ Blunt needle (X6)
- ☐ Filter needle (X6)
- ☐ STATlock (X1)
- ☐ Insyte Autoguard – (each size x2)
- ☐ Tourniquet (x1)
- ☐ Tegaderm (2 of each size)
- ☐ Lacrilube X2
- ☐ NG adaptor (Blue) (x2)
- ☐ Medline (x 2)

- ☐ Baxter Pump straight tubing (x1)
- ☐ Push-Pull System (x1)
- ☐ 1 LRingers lactate bag (x1)
- ☐ Sat Probe (x1)
- ☐ ECG stickers- adult/Peds
- ☐ Gauze- 4x4 (X3), 2x2 (x5)
- ☐ Green Clamp (x1)
- ☐ Disposable Scissors (x2)
- ☐ Clear Tape

Anteroom:

- ☐ Biohazard Buckets – For Doffing and for supplies
- ☐ Extra gloves- to be placed on "clean" side, PPE monitor to hand to Doffer
- ☐ Microsan – 4 Bottles at all times
- ☐ Accel Wipes
- ☐ Large Doffing signs
- ☐ Plastic chair x2. one on dirty side & one on clean side.
- ☐ Bedside table x1 on clean side for lab use with blood

Supply List B: Activation of Code EVD/VHF

Supply List for PICU Bed 4 when Code EVD/VHF Activated – RN Responsibility

- ☐ Confirms room set up based on Supply List A
- ☐ Age/weight appropriate blood pressure cuff
- ☐ Appropriate Code Sheet for weight
- ☐ 3 privacy screens in hallways
- ☐ Ensure room set to negative pressure

Supply List for PICU Bed 4 when Code EVD/VHF Activated – RRT Responsibility

- ☐ Bagging unit and mask
- ☐ OPA
- ☐ NPA x 2
- ☐ LMA and syringe

If intubation required:

- ☐ Ventilator
- ☐ In-line Suction
- ☐ EtCO2 Module for Philips monitor
- ☐ CMAC video-laryngoscope and blade
- ☐ Filterline for EtCO2 monitor
- ☐ PICU Airway Cart – to be stored outside the room

Supply List C: Admission of Suspected or Confirmed EVD/VHF Patient

Rapid Sequence Intubation Medications

- To be collected if patient condition is unstable and requested by physician and stored in the narcotic cupboard outside of Room 3.
  - ☐ Atropine vials (x2)
  - ☐ Rocuronium vials (x2)
  - ☐ Ketamine ampoule (x1)
  - ☐ Midazolam ampoule (x1)

Initial Resuscitation Bucket

- To be kept on counter outside of Room 4, labelled and sealed.
  - ☐ Preloaded Epinephrine
  - ☐ Sodium Bicarbonate
  - ☐ Calcium Chloride
  - ☐ High Concentration Potassium
  - ☐ 1 L Ringers Lactate
  - ☐ 1 L Normal Saline
  - ☐ Push Pull
  - ☐ Pressure Bag

Appendix I: EVD/VHF Bed-side Registration for Nurses

Child's Legal Name:

- **Last Name:** _____
- **First Name:** _____
- **Provincial Healthcare Number:** _____**Expiry date:** _____
- **DOB:** _____/_____/_____
  (year) (month) (day)
- **Gender: Male / Female**
- **Mother's Name:** _____
- **Father's Name:** _____
- **Who brought the child in:** _____
- **Home address:**

  _____
- **Home phone number:** (_____) _____-_____
- **Family Physician:** _____

Nurses please give this form to Admitting to enter into Connect Care.

Appendix J: Laboratory Services Processes

ACH EVD/VHF Blood Collection Process

- From the time of lab draw APL only has 30 minutes to run the samples on the instruments.
- Laboratory specimens are collected according to the guidelines for either:
    - APL Laboratory Specimen Draw
    - PICU Laboratory Specimen Draw
- Attending physician in PICU should be consulted immediately if patient is agitated or combative. Sedation should be considered early in this whole process to enhance the safety of all HCWs.
- PICU physicians should also be consulted as soon as possible if lab staff are experiencing difficulties in venipuncture. Tools such as ultrasound may be required to facilitate successful venipuncture.
- All blood samples are to be collected via Venous Puncture from lab personnel only or via CVC or arterial line by RN.
- The RN will not draw bloodwork from the CVC or arterial line until the lab personnel are present.
- All blood gases that are collected are sent to lab for analysis.

APL or PICU Laboratory Specimen Draw:

- Unit notifies APL Lab (i.e., Accession Department) at 403-955-7390 with as much notice as possible to let them know that LAB needs to draw blood in PICU on suspect/known EVD/VHF patient. Lab needs time to secure additional resources for both the collection and for internal lab processes required once specimens received in lab.
- PICU to specify which collection kit for the lab to bring: “Ruling Out” (i.e., initial diagnostic bloodwork as initiated by MOH) or “Monitoring’ (i.e., i-Stat testing only). Age of patient required for appropriate blood culture tube selection. Collection kits include manual requisitions with required tests listed. **Do not order tests in Connect Care**.
- Accession will ask for RHRN, patient name, and then calls Microbiologist On Call at 403-770-3757 to notify of blood collection. Accession notifies Lab Technologists of upcoming collection.
- 20 patient demographic labels to be printed in PICU and given to Accession staff upon their arrival.
- Accession will take collection kit requested, phlebotomy tray (including Accel wipes and durable, leakproof specimen transport canister) to PICU.
- Accession will provide requisitions and malaria history form to nursing staff. Nursing staff to apply demographic labels on requisitions and history form, document ordering physician information, complete history form, and check off the tests that appear on labels already

affixed to the requisitions. Nursing staff should make photocopies of completed requisitions and history form for chart retention purposes.

- All blood draws will require 3 team members:
    1. **APL Phlebotomist or PICU RN-** responsible for collection of blood sample
    2. **Lab buddy**- responsibly for transporting the blood sample.
    3. **PPE Buddy**- assists Phlebotomist/RN and lab buddy with process of donning and doffing PPE.
- Phlebotomist/RN will don appropriate PPE. Lab buddy will help prepare all collection materials for phlebotomist or RN while they are still donning PPE, including one pack of Accel wipes from kit.
- Phlebotomists or RN will draw specimens, immediately dispose of used sharps, transfer specimen to appropriate tube.
- Wipe each tube with Accel wipes and allow to Coverall on an Accel wipe laid out on a working surface.
- Phlebotomist or RN will affix patient label and "Level IV" label to the tubes. Place Level IV sticker on PathNet label on tube so that it won't come off easily.
- Phlebotomist or RN will re-wipe tubes with Accel wipes and allow to Coverall.
- Phlebotomist or RN (on dirty side of anteroom) will work with lab buddy (stays on clean side of anteroom) to drop each tube into its own biohazard bag containing Dri-mops.
- Ensure as much air is removed from each bag before sealing. Lab buddy to wipe each bag with Accel wipes and allow to Coverall prior to being deposited into canister located on clean side of anteroom.
- Lab buddy wipes entire canister with Accel wipes and allow to Coverall.
- Lab buddy wraps requisitions and spare labels around the canister.
- Lab buddy doffs PPE, disposing of PPE in biohazard waste bin.
- Lab buddy Immediately transport canister with requisitions to the lab while wearing fresh gloves.
- RN PPE buddy to assist phlebotomist/RN with doffing of PPE.

Appendix K: ACH Patient Care Guidelines

Vascular Access / Injection Safety

- Use of sharps to be minimized.
- Sharps are disposed of in the designated biohazard container (with protective cover and small opening) within the room.
- Do not place hands within these containers due to increased risk of injury.
- PIVS, CVCs and Arterial lines should only be inserted if absolutely required and will be initiated by the most experienced caregiver.
- Insyte autoguards are the only IVs to be used on patient, however depending on the gauge, the 24G's are not power compatible.

- No blood draws from IV starts.
- If an arterial line is required, it is preferable to insert into the radial artery.
- All access devices should be secured with non-suture devices (ex. Statlock).

Blood Products

- Standard testing for platelets, type and screen and coagulation will not be available.
- The use of platelets, FFP and cryoprecipitate will be limited to patients with active bleeding if possible.
- All patients under investigation for EVD/VHF either suspected or proven will receive unmatched O negative red cells, Group AB plasma and low titre or AB platelet products.

Antimalarial Therapy

- Malaria is the most likely diagnosis in febrile patients with recent travel from regions with EVD/VHF outbreaks.
- Available medications are:
    - Malarone – given PO, available in ED.
    - Artesunate- given IV, available in pharmacy.
- Therapy will be guided by Infectious Disease Physicians

Antibiotic Treatment

- Treatment for severe sepsis/septic patients based on clinical presentation and advice from Infectious Diseases Consultant.
- Gram negative bacteremia can occur during the course of EVD/VHF and may be multi-drug resistant. Consider the use of Meropenem.

Fluid Replacement Therapy

- Diarrhea can be a significant concern with EVD/VHF leading to associated electrolyte abnormalities.
- For patients with mild-moderate dehydration, oral rehydration should be considered.
- If unable to swallow, placement of nasogastric tube is appropriate.
- Placement of NG tube should be confirmed with the pop test or aspiration of contents.
- Severe paralytic ileus is a possibility, TPN may be required.
- If IV fluid replacement is required, it is preferable to use Ringers Lactate or Plasmalyte to minimize the need for electrolyte testing.
- Severe hypokalemia can occur and should be managed with enteral and IV replacement of potassium chloride is recommended.
- Maintenance fluids should be ordered as per usual protocols.

Hemodynamic instability and resuscitation

- In the event of an acute deterioration of a patient, complete attention to donning of Fluid Impervious Gown PPE is required prior to entering the room.

- Appropriate goals of care must be established upon admission to the PICU and will be revisited as necessary during the course of care.
- Patients with late stage proven EVD/VHF and progressive multi-organ failure have minimal expectation of survival and withholding CPR is appropriate to avoid unnecessary risk to health professionals.
- If deemed medically appropriate, CPR will be initiated.
- If a code blue occurs, the code cart will be taken into the room. It will remain in the room until directed by IPC.
- ELSO has proclaimed that ECMO will not be offered for confirmed EVD/VHF patients

Renal Replacement Therapy

- Only to occur after extensive discussion with the unit and zone medical and administrative leadership team.
- Default is Prismaflex. Note: Fresenius requires specific rooms, due to the plumbing.
- If a decision is made to pursue renal therapy, PrismaFlex and trained staff will be required.

Respiratory

Non-Intubated Patients

- Respiratory care for the non-intubated patient will be provided by the care nurse.
- Absolutely no nebulized medications.
- MDI and spacer can be used to deliver aerosolized medications.
- Non- invasive ventilation will not be used.
- Heated or high flow oxygen therapy will not be used.
- Humidification will not be used with oxygen therapy.
- ***Capillary blood gases will not be performed. All arterial and venous blood gases will be analyzed in the lab.***
- Bronchoscopy will not be performed.

Intubated Patients

- Full Fluid Impervious Gown PPE, including N95 must be worn during intubation and for care thereafter.
- If at all possible, Rapid Sequence Intubation should be used for intubation to reduce the need for bagging.
- Intubation should be performed by the most experienced physician using video laryngoscopy.
- Minimize the number of people in the patient room.
- Students will not care for EVD/VHF patients.
- Negative Pressure must be maintained.
- For intubation, a PICU Airway Cart will be brought outside of the patient room. The intubation cart should not be brought into the room. All required intubation supplies will be

passed into the room as required and the room door closed immediately after to maintain negative pressure.

- An additional RRT buddy should be assigned and remain outside the room during intubation to hand in required supplies. This staff member will stay outside the room to support the designated RRT until the patient is stabilized on the ventilator. The RRT buddy will then provide relief for the designated RRT.
- Heated humidification will be used for ventilated pediatric patients. For older patients, use of an HME should be considered.
- Disconnections of the ventilator circuit should be avoided.
- The aero-neb should not be used to deliver aerosolized medications. Patients on adult circuits can have nebulized medications delivered via an MDI and collapsible spacer device that can be left in the patient circuit.
- Patients can have inhaled medications delivered via MDI using an adaptor placed inline in the patient ventilator circuit. Alternatively consider direct instilling of medication via inline instill port on the inline suction setup or consider IV therapy.
- There will be no delivery of an MDI using a spacer and manual bagger to intubated patients.
- Only closed in-line suction will be used. Absolutely no open suctioning of the endotracheal tube.
- No Bronchoscopy will be performed.
- High frequency oscillatory ventilation will not be performed.

Contents of solutions

	Normal Saline	Ringer's Lactate	Hartman n's Solution	Plasmalyt e 148/A	Normosol	Plasma
Na	154	130	131	140	140	134-146
Cl	154	109	111	98	98	98-108
K		4	5	5	4	3.4-5
Ca		1.5	2	(R/M)		2.25-2.65
Mg				3	3	0.7-1.1
Dextrose				(±)		3.4-5
HCO_3				(B)		22-32
Lactate		28	29	(L/R/M)		
Acetate				27	27	
Gluconate				23 (148/A)	23	
Osmolality	308	274	276	294		
pH	5.4	6.5	6.0	5.5(148)-7.4(A)	6.6	7.4
Cost	1.17/1.10	1.27/1.25		2.93		

Appendix L: Staff Roles Assigned to Room:

PPE Monitor (1 Staff member)

- Once EVD/VHF code is first activated, PICU charge RN will assign this role to a PICU RN.
- May be an RN from PICU, ED or NST, an LPN, NP, or other health care worker who is trained in proper donning and doffing of PPE once MOH has deemed positive risk.

PPE Buddy (1-2 Staff Member)

- Can be any member of the care team (PICU, ED or NST nurse, IPC professional, Respiratory Therapist, Unit Aide) that is able to be designated for doffing of PPE, typically 2nd RN.
- Helps care provider don PPE then monitors through glass of room for possible contamination of care provider.
- Can assist with handing supplies into room.
- When any care provider or support staff exits the room, the PPE buddy must assist in doffing of PPE.
- May need 1 buddy for donning and 1 buddy for donning depending on what is going on with the patient

Nursing (2 to 3 Staff Members)

- PICU, ED, NST or combination to be determined based on site wide resources.
- One will act as a care provider and other as PPE buddy, recognizing that these roles can be dynamic.
- If patient status deteriorates an extra RN may need to be assigned as a patient care helper.
- RNs not to come into contact with other patients.

Registered Respiratory Therapist (1 to 2 Staff Members)

- Only to be designated in initial code EVD/VHF until the patient is deemed to not required intubation and when a patient is to be intubated and for care following intubation.
- 2nd RRT will be assigned in patient status deteriorates and intubation is anticipated. RRT buddy will assist by gathering intubation supplies, and remain outside of the room with the airway cart to hand in necessary equipment and then must be available for relief of assigned RRT caring for an intubated patient.
- PPE buddy same as RN PPE buddy.

Attending Physician (1 Staff Member)

- Intensivist or Hospital Pediatrician.
- Assigned only to EVD/VHF suspected patient
- No residents are to care for EVD/VHF suspected patient
- PPE buddy same as RN PPE buddy

Appendix M: Ambulatory Care Screening Tools:

1. Phone Screening to Schedule/Confirm Home Care/Ambulatory Appointment:

Telephone Appointment Booking / Confirmation Script
(To be used only when Ebola/VHF Outbreak has been declared by AHS Leadership)

Hello. I'm _____, the booking clerk (or HCP) for _____Clinic/Unit at ACH.

(Verify/Validate the person you need to speak to)

I am calling to schedule/confirm an appointment for (patient's name) with (insert name of Health Provider or clinic).

(Book Appointment per usual approach using clinic specific protocols)

I need to complete a few screening questions with you in order to proceed.

Within the last 7 days, has your child or any accompanying adults experienced a fever?

Has your child, yourself or anyone you have had contact with travelled to (country of concern) within the last 21 days?

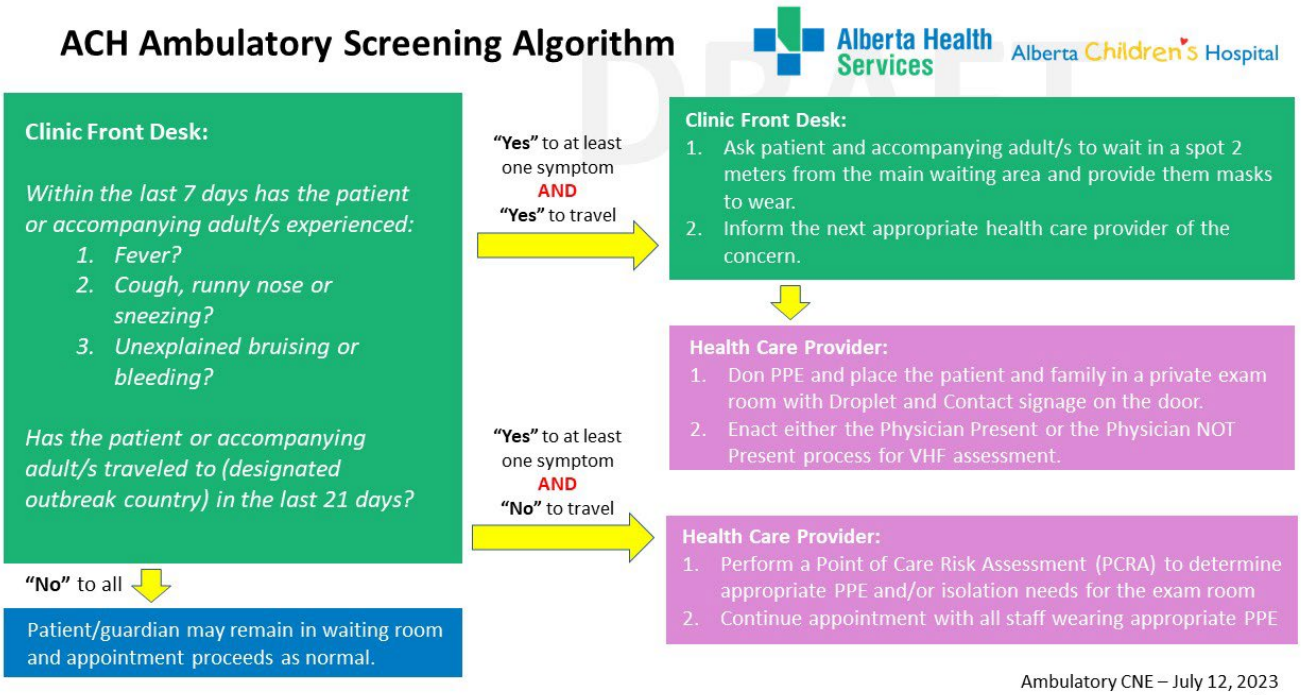
If your child (or the accompanying adult) is feeling unwell or develops any of the above symptoms between now and the time of the appointment, please call the clinic and leave a message so one of our clinical staff can call you back. The clinical team will work with you better understand if the in-person appointment can continue or whether alternate arrangements need to be made, such as a virtual appointment or rescheduling as soon as possible. This helps us keep everyone safe.

I also need to let you know what to expect when you come to the hospital for your appointment:

- Please arrive **no earlier than 15 minutes before** your appointment.
    - If you arrive late for your appointment it may need to be rescheduled.
- Parking fees are currently in effect at the hospital. Download the AHS parking app for touchless parking. The ACH parking code is on signs in the Parkade and outdoor parking lots.

If any of these restrictions make it difficult for you to attend your appointment, please let me know.
We look forward to seeing you on (Date) at (Time) in (Name of Clinic/Unit)

2. Ambulatory Screening Algorithm



If an outbreak has been declared, and signage has been approved by AHS Leadership, entrances to the hospital will post signage to prevent patients who are febrile and have travelled to high-risk regions from entering the building (refer to Site Preparation section). However, if a patient presents to an ambulatory area and is suspected to have VHF:

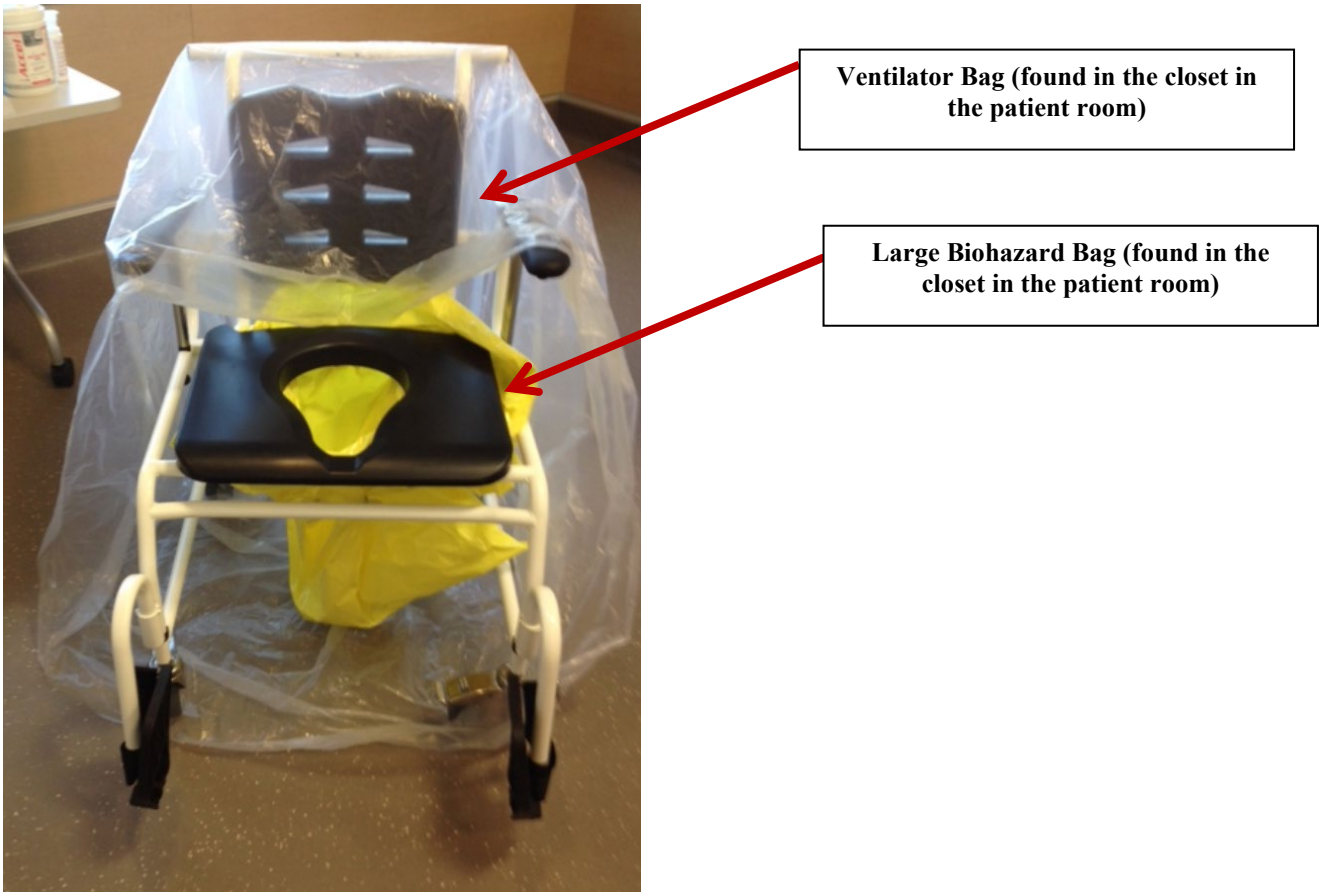
- The patient should be given a mask, placed in a private exam room (preferably with a dedicated bathroom or commode and phone if possible), and droplet and contact isolation should be employed. Place appropriate signage on the room door.
- If PPE is not readily available and the patient appears stable, the physician should conduct a risk assessment by other means (e.g., phoning the patient) without making direct patient contact.
- It is recommended that the clinic staff do not provide any care requiring physical contact with the patient.

The clinician/physician will contact the MOH (403-264-5615). After discussion with the MOH, if the patient is still suspected of having VHF, the clinic physician will contact the ACH PICU Attending Physician on call to activate ACH VHF/Ebola processes.

- Activate STEP team to facilitate patient movement and transfer to the PICU by paging 11024
- The transfer team will don PPE in the PICU before going to the clinical area to transport the patient back to the PICU using the most direct back-of-house route possible. The same precautions described elsewhere for the transportation of an VHF patient within the facility should be utilized.
- The Ambulatory Clinic Manager or designate will consult IPC (see notification algorithm under Infection Control Measures section) to determine the cleaning requirements of the areas that the patient had been in contact with.

Appendix N: Recommended Practices for Use of Commode

- EVD/VHF patients can have a significant amount of diarrhea and it can be violent so protection of all is essential.
- It is recommended to change the yellow biohazard bag with each episode of large amounts of diarrhea.
- Equipment:
    - Clear plastic bags: on EVD/VHF cart.
    - Yellow biohazard bags: on EVD/VHF cart.
- Ideally there will be two commodes in the room set up and ready to go. This is what it will look like:

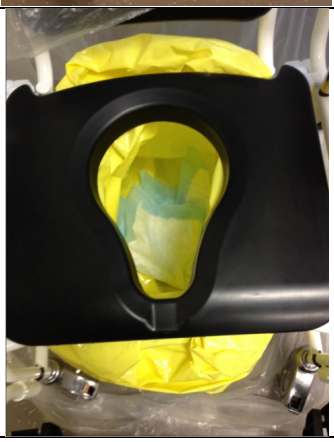


Commode Set Up Procedure

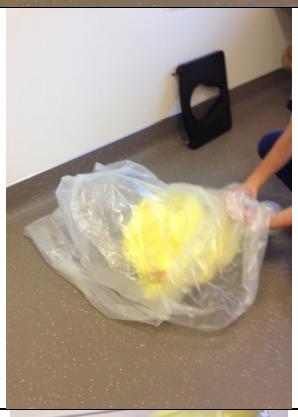
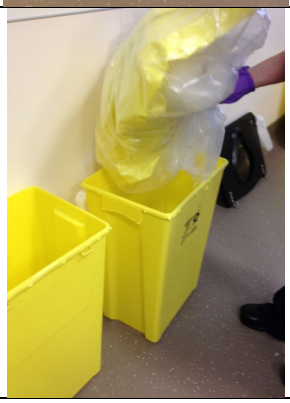
1. Roll commode over large clear plastic bag. Ensure 4 wheels are on the plastic bag. Secure brakes.	
2. Fold plastic bag over commode, ensuring entire top and back of commode is covered by clear plastic bag.	
3. Fold over the top of the biohazard bag and place into commode 'hole'. Spread bag out at base to avoid wrinkles.	
4. Add solidifier into yellow biohazard bag (use multiple solidifiers if patient has significant amount of diarrhea). **proper PPE to be worn whenever in the patient room**	

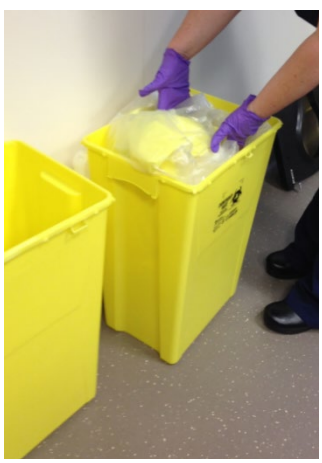
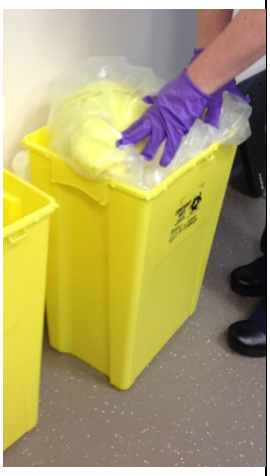
5. Place commode seat on top	

Commode Waste Disposal Procedure

1. Ensure brakes are on at all times.	
2. Position patient and have them 'go'.	
3. Assist patient back to bed, cover commode seat with blue pad (blue pad is just to cover stool.)	
4. Add more solidifier to yellow biohazard bag if required. Add blue pad to yellow biohazard bag.	

5. Wipe commode seat with Accel wipe. **proper PPE to be worn whenever in the patient room**	
6. Wipe underside of seat with Accel wipe. **proper PPE to be worn whenever in the patient room**	
7. Gently fold yellow biohazard bag with stool down into a loose ball. **proper PPE to be worn whenever in the patient room**	
8. With visible soiling, wipe back and sides of clear plastic bag with Accel wipes. **proper PPE to be worn whenever in the patient room**	

9. Gently remove clear plastic bag and lay the bag on the floor around yellow biohazard bag. **proper PPE to be worn whenever in the patient room**	
10. Wheel commode off of clear plastic bag.	
11. Carefully wrap yellow biohazard bag into ball within clear plastic bag. **proper PPE to be worn whenever in the patient room**	
12. Dispose of waste 'ball' into dedicated biohazard container.	

13. Gently push waste 'ball' into biohazard bin. **proper PPE to be worn whenever in the patient room**	 
14. Wipe commode clean with Accel wipes.	
15. Proceed with setup instructions.	