

SOUTH HEALTH CAMPUS

Viral Hemorrhagic Fever Designated Receiving Facility Action Plan November 2022 Updated Plan

TABLE OF CONTENTS

Introduction and Background.....	3
Directory of Key Contacts.....	4
SHC Emergency Department Activation Process and Readiness Prep.....	5
SHC ED General Principles (Guidelines, Monitoring, Mgmt, and Training).....	5
SHC ED Capacity Contingency.....	6
SHC ICU General Principles.....	6
SHC ICU Capacity Contingency.....	6
SHC Critical Care/ICU Activation Process and Readiness Preparation.....	7
SHC Facility Capacity Contingency.....	7
SHC Admin On Call Notification/Activation Process and Readiness Prep	7
South Health Campus CPSM Escalation Pathway.....	8
Calgary Zone Women’s Health Plan.....	8
Site Response to Suspected VHF Patient Presenting to Outpatient Area.....	9
Delivery of Patients to the SHC via EMS.....	10
SHC Evacuation Procedures (Code Green).....	11
SHC Role of Protective Services.....	11
SHC Receiving and Admitting Processes: Patient Belongings.....	12
Patients Choosing to Leave Against Medical Advice.....	12
Patient Discharge.....	12
Equipment and Supplies.....	13
Room and Equipment Maintenance.....	13
Waste Management.....	14
Direct Patient Care.....	14
General Recommendations for Staff/Physician Coverage and Monitoring.....	14
Workplace Health and Safety Quick Reference Documents.....	15
Communications Process.....	15
Infection Control Measures and PPE Guidelines.....	15
Laboratory.....	17
Diagnostics Imaging	17
Medication Management.....	18
Transport within the SHC Facility.....	19
Operating Room.....	19
Medical Device Reprocessing (MDR).....	20
Visitor Guidelines, Monitoring, Management and Training.....	21
Decontamination of Patient Care Spaces.....	22
Care of the Deceased.....	22

Introduction and Background

Alberta Health Services

Although the risk of Viral Hemorrhagic Fever (VHF) remains very low, we need to be prepared for the unlikely event of a patient or patients presenting in Alberta with VHF. As part of the planning process, designated facilities for admission of VHF patients have been identified. These sites are the Alberta Children's Hospital (Calgary), Stollery Children's Hospital (Edmonton) for pediatric cases and the 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. This work exemplifies the commitment we all share to protecting the health of our staff and all Albertans.

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](#)

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:

[PHAC Case Definitions: Ebola Virus Disease Outbreak](#)

Designated Site Preparation

Activation Process and Readiness Preparation

- Each Department involved in the care of an VHF patient will have individually developed communication plans, however, this is a list of key SHC contacts.

<i>Directory of SHC Key Contacts</i>	
Diagnostic Imaging	403-956-2774
Environmental Services <ul style="list-style-type: none"> Housekeeping Portering 	403-956-1051 403-956-1055
FME	403-617-2539
IPC – please refer to the notification table in the Infection Prevention Measures and PPE Guidelines sections	
Lab <ul style="list-style-type: none"> Microbiologist On-call 	403-770-3757
Linen	403-956-1070; Alternate: 403-473-0818
MDR	403-956-1911
MOH <ul style="list-style-type: none"> Calgary Zone 	403-264-5615
Protective Services	403-956-1000
Site Supply Line <ul style="list-style-type: none"> Daytime Evenings/Nights/Weekends 	403-956-1210 (SHC) 403 955 9800 (East Lake)

SHC Emergency Department Activation Process and Readiness Preparation

- This activation process is for patients presenting directly to the SHC ED. If a patient is being transported to the SHC ICU via EMS, there is a separate activation process entitled SHC ICU Activation Process and Readiness Preparation.
- The following algorithm will be used at ED triage:

[IPC Rapid Assessment and Triage for Patients Presenting with Fever](#)

SHC ED General Principles (Guidelines, Monitoring and Management)

Suspected VHF patients who present to the ED will be rapidly transferred from triage to the pandemic room. This room is currently located next to the trauma elevator. Contact and Droplet Precautions will be immediately employed. A detailed plan and description of assigned roles is included in the ED checklists, however a brief review is provided here:

- The patient will be masked at triage and the triage nurse will don PPE.
- The ED triage nurse will become the primary nurse for the VHF patient and arrangements will be made for another nurse to cover triage. A PPE buddy will monitor for proper donning of PPE.
- The Emergency Physician will not assess the patient until donning proper PPE under the guidance of a PPE Buddy and then will assess the patient in the isolation room.
- The Emergency Physician will use the following guideline to assess the risk of VHF:

[EVD Clinical Assessment Tool for ED and UC Physicians and NPs](#)

- After assessing the patient, the ED physician will consult the MOH.
- If it is confirmed that the patient is a possible EVD case by the MOH, the MOH will contact RAAPID to arrange the initial tele-conference including the MOH, ED Physician, ICU attending, Microbiologist on call, ID physician on call.
- If the confirmation from the MOH occurs that the patient is at risk for EVD, the ED Charge Nurse will contact Site Administration to inform them of this and will request an EMS diversion for two hours.
- Labs will not be drawn in the ED unless transfer to the ICU is delayed.

SHC Emergency Department Checklists

ED Checklists are available from the ED Management team upon request. Please call 403 956 3046 for more information.

SHC ED Capacity Contingency

- The SHC ED is funded as a 30-bed Emergency Department.
- The impact of this patient on the rest of the ED is unknown and will depend on how busy the Department is at that day and time and also on the number of patients that present to the ED with a possible exposure.
- Additional ED Capacity management strategies maybe required to manage ED capacity.

SHC ICU General Principles

- In the event of an outbreak, the SHC ICU may block room 12 thus leaving it available at all times for the admission of a possible VHF patient. Rooms 9 through 11 have also been designated for VHF patients if required.
- These rooms are negative-pressure capable and have ante rooms that will support contact and droplet isolation protocols. These negative pressure rooms can also be used for Aerosol Generating Medical Procedures (AGMP).
- The rooms are positioned at the end of the unit and can be accessed directly from the ED without the need to transport patients past other occupied rooms.
- The rooms can also be accessed by EMS for direct admission to the SHC ICU.
- Access to the DI department is also possible with minimal transport through other patient care areas within the ICU.
- The unit has restricted access therefore it is possible to closely monitor and control public access to the patient room.

SHC ICU Capacity Contingency

ICU capacity escalation plans will be utilized if required. These include Site specific plans such as using the SHC PACU if needed and the Calgary Zone-Capacity Management Guidelines that outline the process to transfer ICU patients to another other ICU if required.

SHC Critical Care/ICU Activation Process and Readiness Preparation

The Critical Care Strategic Clinical Network has developed the following document for the clinical management of Suspected VHF patients in the ICU:

[Care of the Seriously or Critically Ill Patient with Confirmed, Probable or Suspected EVD](#)

SHC ICU Checklist

ICU checklists are available upon request from the SHC ICU Management team. Please call 403 956 2116 for more information.

SHC Facility Capacity Contingency

The impact on overall SHC site capacity for the admission of one or multiple VHF patients to the SHC is unknown at this time. The decision to enact existing over-capacity plans (Over-Capacity protocol, Load-Levelling protocol, EMS diversion, RAAPID diversion) will be made on a case by case basis by SHC Site Administration.

SHC Admin on Call Notification/Activation Process and Readiness Preparation

Administration Notification Checklist

- Daytime (Monday to Friday: 0800hr – 1700hr):
 - Site Director or Designate to advise SHC Senior Leadership Team (SOO, Facility Medical Director, Executive Directors).
 - Site Director or Designate to advise Communications on Call: 403-804-6469.
 - SHC Admin or Designate to advise CPSM as per the escalation pathway protocol.
 - Site Director or Designate to complete Urgent Notification to an Emerging Issue to advise Executive Leadership – Copy to Calgary Zone Admin On Call.
 - SHC Admin should be included in the RAAPID/ MOH /ED/ICU conference call. If not, please call RAAPID to obtain call details.

- After Hours Calgary Zone Admin On Call (Monday to Friday 1700hr – 0800hr. Saturday/Sunday & Statutory Holidays 0800hr – 0800hr):
 - Admin On Call to advise Senior Leader – Calgary Zone directly.
 - Admin On Call to advise Communications on Call: 403-804-6469.
 - SHC Admin or Designate to advise CPSM as per the escalation pathway protocol.
 - Admin On Call to complete Urgent Notification to an Emerging Issue to advise Executive Leadership – Copy SHC SOO, Acting Facility Medical Director, Executive Directors & Site Director.
 - After-hours, Admin on call should be included in the RAAPID/ MOH /ED/ICU conference call. If not, please call RAAPID to obtain call details.

South Health Campus CPSM Escalation Pathway

Site Services Supervisor, SHC
Office: 403-956-1239
Cell: 403-630-3856

If unavailable, please contact:

Site Services Manager, Calgary Zone
Office: 403-944-3897

If unavailable, please contact:

Director of Operations, CPSM, Calgary Zone
Office: 403-944-3897
Cell: 403-669-8349

If unavailable, please contact:

Senior Provincial Director, CPSM
Office: 780-951-1744

Calgary Zone Women's Health Plan

The Calgary Zone Women's Health Plan is currently being updated. Please check CDERP or the Ebola Information for Health Professionals page on AHS Insite.

Site Response to Suspected VHF Patient Presenting to Outpatient 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. A sample of the 2014 signage is below. Note, signage will need to be updated regularly to include current outbreak regions.



Illness Alert

Have you recently traveled to, or been in close contact with any ill person who recently traveled to West Africa?

AND

Have you had a **SUDDEN ONSET** of **FEVER**, with any of the following:
WEAKNESS, MUSCLE PAIN, HEADACHE, VOMITING, DIARRHEA, RASH, UNEXPLAINED BLEEDING?



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 outpatient area of the SHC, and it is deemed the patient is suspected to have VHF, the process followed will be determined by the location of the patient presentation and whether or not a physician is present to conduct an assessment. Either way, 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. 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. The physician will then 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 SHC ICU Attending Physician on call. The ICU team will don PPE in the ICU and then will go to the clinical area and bring the patient back to the ICU 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 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 SHC ICU should be consulted immediately. It is recommended that the clinic staff do not provide any care requiring physical contact with the patient.

If the area does not have a readily available physician to assess the patient (e.g. lab) the clinical area staff will transfer the patient to the SHC Emergency Department for further risk assessment. The clinic staff will first call the SHC ED triage (63000) to inform them that there is a patient in their area with possible VHF. The patient will be masked and placed in a private room as per the above recommendations. The SHC ED staff will don PPE in the ED and will then travel to the clinical area to bring the patient back to the SHC ED (pandemic room or room A1) for further assessment and discussion with the MOH. IPC will again be consulted to determine the cleaning requirements of the areas that the patient has been in contact with.

Delivery of Patients to the SHC via EMS

- After EMS has consulted with the MOH, if the decision is made to transport to the SHC ICU, RAAPID will initiate a conference call with the SHC ICU attending physician on call, SHC ID on call, the Microbiologist on call, Site Admin on call and the MOH.
- All patients transported by EMS with suspected, probable or confirmed VHF should be transported directly to the SHC ICU without stopping at SHC ED, unless the ICU has no capacity. The decision to transport to the SHC ED instead of the SHC ICU will be made via the conference call described above.
- Upon arrival to the SHC, the EMS crew will wait in the parking lot just west of the SHC Ambulance Bay. The ambulance will not enter the SHC Ambulance Bay.

- The EMS crew will remain with the suspected VHF patient in the ambulance until instructed by the SHC staff to enter the SHC via the external entry to corridor “C-160099” midway between ICU and the Emergency Department.
- EMS will doff PPE in the ICU patient room. If the EMS uniform has been contaminated, AHS scrubs will be provided.
- EMS linen and disposables that accompany the patient into the ICU will be discarded in the Biohazard container in the patient room.
- The contaminated ambulance will remain in the parking lot to the west of the Ambulance and will be decontaminated outside of the ambulance bay 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 AHS Insite.

SHC Evacuation Procedures (Code Green)

- Should the evacuation of an VHF patient in the ICU be required due to fire or other circumstances, the Code Green (SHC Evacuation Procedures) will be instituted.
- Contact and Droplet Isolation protocols will be maintained at all times.
- First level evacuation from the ICU will be to an isolation room in the ED A-Pod, preferably Room A-1 (160121).
- Supplies and equipment will not be transferred from the ICU patient room unless absolutely necessary.
- Second level evacuation (or if ED is evacuated as well) will be to the location designated in the SHC Code Green Plan.

SHC Role of Protective Services

- Upon receiving notification of an incoming, or on site suspected VHF patient, Protective Services will immediately begin to prepare the transport corridors by placing signage and caution tape as required to help prevent accidental entry into the area by non-prepared individuals.
- If the patient has arrived by ambulance, Protective Services will prepare ambulance bay 6 for the parking and decontamination of the transport ambulance. This process will include taping off an appropriate parking area, clearing people from the rooms in the north area of the bay and removing locks from the entrance and exit power boxes to allow the doors to be disabled once the ambulance is inside.

When the patient has been prepared to be moved:

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

Member 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.

- A Protective Services Member in full PPE will accompany the patient transport team, staying at least 2 metres behind to monitor for spills of body fluids so that immediate notifications can occur (Code Brown) and to stay at site of spill to control access to spill area.
- Protective Services may be asked to attend the ICU 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.

SHC Receiving and Admitting Processes: Patient Belongings

- SHC Registration Staff will collect patient demographics and complete admission forms without entering the patient's room or making direct contact with the suspected VHF patient.
- Patient demographic information will be relayed from the patient's nurse to the admitting clerk.
- Until this information is available, patients may be registered in Clinibase using the unknown patient process.
- 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.

Patients Choosing to Leave Against Medical Advice

- If an admitted patient with VHF threatens to leave against medical advice and it is deemed this will pose a risk to the general public, a form 44 (Isolation Order) can be placed on the patient by the Attending Physician. This order is issued under the Public Health Act and requires consultation with and support of the MOH.

[Alberta Public Health Act and Medical Officer of Health Forms \(albertahealthservices.ca\)](https://www.albertahealthservices.ca)

Patient Discharge

- Routine patient discharge processes would be followed in relation to electronic documentation in Clinibase, SCM/Connect Care and e-Critical if the patient is deemed to be virus free and can be discharged.
- The release of patient belongings to the patient will require a risk assessment by IPC, prior to releasing them to the patient or family.

Equipment and Supplies

- Adequate supplies for site use will be maintained by CPSM.
- Equipment and supplies brought into the patient's isolation room will remain there until patient is discharged.
- Crash carts: Crash Carts will be easily accessible/readily available adjacent to the room where the VHF patient is being treated.
- Disposables will be discarded and reusable equipment will undergo terminal clean at patient discharge.
 - 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 MDR will be kept separate from unit bins and are to be clearly labelled "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 ante room 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 staffs that are providing direct patient care to the VHF patient to avoid staff having to launder contaminated clothing at home.
 - Staff will don the scrubs in the staff locker room and can doff scrubs in the locker room at the end of the shift. 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.

Room and Equipment Maintenance

SHC: ICU

- Confirmed cases will be admitted into Room 12 of the SHC ICU. If additional rooms are required, rooms 9-11 can be used for this purpose.
- These rooms are negative-pressure capable and have ante rooms that will support contact and droplet isolation protocols.
- With items requiring immediate maintenance attention ICU will contact FME. These items may include, but are not limited to electrical, lighting, medical gases, Tornado (Bed Pan Washer) room and isolation control.



- All FME staff will follow strict PPE donning and doffing procedures.
- All FME staff that 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.
- 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.

References:

- Ebola Virus Disease, CDNA Guidelines for Public Health units – Australia: WHO Interim Prevention and Control Guidance For Care of Patients with Suspected or Confirmed Filovirus Hemorrhagic Fever.
- [Infection Prevention and Control \(IPC\) & Workplace Health and Safety \(WHS\) Ebola Virus Disease \(Ebola\) Guidance for Acute Care Settings](#)
- [AHS Ebola Information for Health Professionals](#)

Waste Management

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

[VHF Waste Management Recommendations](#)

Direct Patient Care

For recommendations regarding patient care, please refer to this document:

[Care of the Seriously or Critically Ill Patient with Confirmed, Probable or Suspected EVD](#)

General Recommendations for Staff/Physician Coverage and Monitoring

- An effort will be made to reduce the number of staff that comes in contact with patient and environment.
- Medical Students, Residents, Nursing 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 ICU, staff caring for the patient should not be caring for any other non-VHF infected patients.
- The amount of time that staff members will be wearing PPE will be monitored to observe staff for fatigue, overheating and dehydration.
- 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
- 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.

References:

- Department of Health United Kingdom, Advisory Committee on Dangerous Pathogens (2012). Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence.
- AHS Ebola Response Planning Aug 2014

Workplace Health and Safety Quick Reference Documents

- [What Do I Do Now? \(Post-exposure quick reference document\)](#)
- [What Happens Now? \(Caring for a patient with suspect VHF\)](#)
- [What Do I Do Now? \(Developing symptoms after exposure to VHF\)](#)

Communications Process

- All media queries will be directed to AHS Communications.

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:

[Infection Prevention and Control \(IPC\) & Workplace Health and Safety \(WHS\) Ebola Virus Disease \(Ebola\) Guidance for Acute Care Settings](#)

Infection Control Practitioners (ICPs) are physically located on site Monday through Friday, 0800-1615. Use the contact table below to notify IPC of VHF cases or issues. During the care of a suspect or confirmed VHF case, IPC will provide an on-site presence as needed (to be determined with IPC Leadership on a case-by-case basis). Tasks will include internal IPC reporting, assistance with interpreting and applying the provincial IPC VHF recommendations, and consultation for any other IPC-related issues that arise. Additional Calgary Zone IPC support may be utilized to maintain routine IPC service for non-VHF related issues.

Notifying IPC:

	Pt is in SHC ED	Pt is in or coming to SHC ICU	If no response:
Weekday (Mon-Fri: 0800-1615)	Text page all 3 IPC pagers: 12332, 01100,14729 "VHF pt in SHC ED" IPC will come directly to the ED.	Text page all 3 IPC pagers: 12332, 01100,14729 "VHF pt to/in SHC ICU" IPC will come directly to the ICU.	If no response to pagers call: IPC Office: 403-956-2888 <i>[indicate it concerns an VHF patient]</i>
Weekday After Hours (Mon-Thu: 1615-0800)	Using ROCA, call ED/Senior IPC consultant on call: "VHF pt in SHC ED"	Using ROCA, call ED/Senior IPC consultant on call: "VHF pt to/in SHC ICU"	Admin on Call
Weekend: (Fri :1615 – Mon:0800) <i>Includes Stat. Holidays</i>	Using ROCA, text page IPC On-Call: "VHF pt in SHC ED – 956-####" IPC On call will phone ED.	Using ROCA, text page IPC On-Call: "VHF pt to/in SHC ICU – 956-####" IPC On call will phone ICU.	Admin on Call

Laboratory

A link to the most up to date Lab recommendations is provided below:

[EVD Lab Testing Calgary Zone](#)

Diagnostic Imaging

Guidelines on equipment decontamination can be found via these links:

Equipment Decontamination

[VHF Waste Recommendations](#)

[Cleaning Protocol Standards for Occupied Patient Cubicle \(Isolation\)](#)

[Cleaning Protocol Standards for Discharge/Transfer \(Isolation\)](#)

X-ray/US Requests

- Mobile X-ray unit # 2 and US unit # 6 will stay in the SHC ICU for use with possible VHF patients.
- If a piece of mobile DI equipment is to enter an VHF patient's room, an IPC risk assessment should be conducted to determine whether or not the equipment can be removed from the room after being cleaned.

In Department Imaging – CT/MR/NM/Fluoro

Given the risk of VHF virus transmission, transferring a patient to the Diagnostic Imaging Department at the SHC 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 is going 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 AHS patient transport guidelines as per SHC Site Preparation guide 1. (settle times – 2 hrs).

- In the event a patient must wait in DI – then the patient shall be transferred to the IP suite negative pressure isolation room. Having the patient wait will be avoided at all costs. The patient will not be called to DI until the room is empty and ready to accept the patient. 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 multipurpose room.
- Use disposable instruments if possible.
- IR suite imaging – follow OR standards – TBD as per SHC Site preparation guide.
- Gross contamination on non-disposable items to be wiped within the procedure room – at point of use prior to sending to MDR.
- 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 rooms, close doors to adjoining rooms and avoid areas with OP's/staff

Medication Management

For recommendations regarding patient care, please refer to this document:

[Care of the Seriously or Critically Ill Patient with Confirmed, Probable or Suspected EVD](#)

Transportation within the SHC Facility

- VHF patients will not leave their isolation rooms except under very rare circumstances for potentially life saving therapies that are not available in their room or until they are deemed to be virus free.

- When necessary, use appropriate barrier coverings on the patient (mask, gown, wrapped in sheets or impervious dressings if draining present).
- Notify personnel in receiving area of the impending arrival and precautions necessary 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.
- Depending on the patient's location, ICU Nurse Clinician or ED Charge Nurse will notify receiving department about the patient transport and precautions required – this includes porters who may be assisting with the transport.
- As per the above section on the role of Protective Services described above, Protective Services will accompany the patient transport team to clear hallways and open/close doors. A member of the Environmental Services team will also accompany the transport team to monitor for spills of body fluids so that immediate notifications can occur (Code Brown) and to they will stay at site of spill to control access to spill area and to initiate the clean up.
- If elevator transport is required, the Medical Priority elevator will be used. An IPC risk assessment will be completed prior to assessing if the elevator can be used for regular service.

Operating Room

For recommendations regarding Operative interventions for VHF patients, please refer to this document:

[Care of the Seriously or Critically Ill Patient with Confirmed, Probable or Suspected EVD](#)

The OR should be notified well in advance to patient arrival of patient's status. There should be clear communication around isolation expectations. When possible, case should be scheduled for end of OR day.

Surgical Suite Staff will contact either the Unit Manager or Manager to assist in managing a surgical case, prior to taking the patient to the Surgical Suite.

- Limited recommendations for operating room use in this patient population.
- Practice recommendation to conduct interventions and diagnostics in patient room when possible.
- If elevator transportation is required, the Medical Priority Elevator is to be used.
- Environmental services will be on standby to clean the elevator – should it be contaminated with body fluids – prior to the elevator being put back into regular service.
- Single use disposable items whenever possible. Items not needed for case should be removed from room if possible.
- Traffic in and out of the OR theatre will be limited. 'Restricted Access' signage will be placed on the door to theater.

- Adherence to approved procedures for quarantine and decontamination of instruments and equipment used for patients with positive VHF.
- Procedures for quarantine and decontamination of instruments and equipment used for patients with positive VHF will be used – CJD guidelines should be followed only after discussion with IPC.
- 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.
- Assign 1 staff member to act as a runner for the room.
- The surgery will be performed in Surgical Suite #4 if possible.
- All instruments will be quarantined in the closed case cart labelled with a sign “VHF Precautions”. This cart and wheels must be wiped down with Accel wipes (form MDR) before leaving room. Call MDR @ 61911 before sending the contaminated cart down the lift. MDR must be ready to receive the cart.
- All disposable items and linens are placed in biohazard containers which must be labelled “VHF Precautions”. Anaesthesia monitoring equipment including BP cuff and cables, ECG cables, O2 Sat cables shall be discarded.
- Post Surgical Recovery by the PACU team will occur in the Surgical Suite, minimizing the transfer of the patient to other care areas. The patient will be returned to their ICU room as soon as possible.

Medical Device Reprocessing (MDR)

- Units must use Single use disposable items whenever possible. Please consult updated SHC Service Agreement for disposable equivalents.
- All reusable instrumentation used during the care of a patient with VHF like symptoms will be isolated and quarantined.
- Any instrumentation should be delivered to MDR will be in a clearly labeled biohazard container with “Quarantine – VHF”.
- Medical Device Reprocessing should be notified prior to arrival of quarantined Instrumentation with clear communication around isolation expectations.
- Traffic in and out of the MDR Decontamination area will be limited. ‘Restricted Access’ signage will be placed on the MDR Decontamination door.
- Adherence to approved procedures for quarantine and decontamination of instruments and equipment used for patients with positive CJD.
- All staff involved in surgery/investigations/procedures will be 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 further donning and doffing education provided by the MDR Educator. This education should also include the practice of coaching another staff member through the process.



- MDR will be notified well in advance prior to instrumentation arrival to the department.
- The disposable supplies noted on the revised service agreements will be required to implement this plan.
- The outside of closed case carts or quarantine bins will be cleaned with Accel wipes, prior to transport.
- Environmental services will be on standby to clean elevators used during the transport of quarantined items – should it be contaminated with body fluids – 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. Procedures for quarantine and decontamination of instruments and equipment used for patients with positive CJD will be used – CJD guidelines should be followed.
- Both the Case Cart washer and Cube Washers have been determined to meet the requirements to inactivate the VHF virus, and instrumentation after this point will be treated as per usual practice.

Visitor Guidelines, Monitoring, Management and Training

For recommendations regarding patient care, please refer to this document:

[Care of the Seriously or Critically Ill Patient with Confirmed, Probable or Suspected EVD](#)

References:

- [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 (2012). Management of Hazard Group 4 viral hemorrhagic fevers and similar human infectious diseases of high consequence

Decontamination of Patient Care Spaces

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

[Infection Prevention and Control \(IPC\) & Workplace Health and Safety \(WHS\) Ebola Virus Disease \(Ebola\) Guidance for Acute Care Settings](#)

Care of the Deceased

Please refer to the following:

[Body Handling Protocol \(BHP\)](#)

[Deceased Body: Acute Care Setting Algorithm \(DB-AC\)](#)

[Care of the Deceased Patient with Potential / Proven Viral Hemorrhagic Fever: Calgary Department of Critical Care Medicine](#)