A) QEUH

QEUH ED triage

Patient identifies foreign travel to reception staff

Book in patient and note presenting complaint.
Inform triage nurse immediately

Move patient to Room A in reception. Ask them to put on a surgical mask and await triage

Inform Triage and CIC on phone 82828
QEUH ED triage

1. Keep a suspected patient case in the room they are in and keep the door closed.

   **Specific Examples**

   1. Triage Room A or B – isolate in room and quarantine both Triage Rooms A & B (this is to allow the unaffected ‘Clean’ Triage room to be used for staff changing)

   2. Ambulance queue move patient to Major Procedures Rooms 4 or 8 in Resus

   3. Ambulance remain in ambulance until move to Procedure room/HDU/ITU.

   If reception highlight a potential patient then move them to Room A in Reception for Triage (flow chart attached for Reception staff)

2. Ask patient to put on a surgical mask (as per flow chart for Reception staff) or once concern has been raised by assessing staff

3. Anyone assessing the patient must apply full respiratory PPE including FFP3 mask, eye protection, disposable gloves and fluid repellent surgical gown once concern has been raised

4. Inform Nurse-in-Charge and Consultant-in-Charge as soon as concern is raised.

**Emergency Department Dos and Don’ts**

- The patient should not be moved anywhere through the department without consultation with the ED consultant in charge in conjunction with the Infection Control Doctor (Consultant microbiologist on call).

- Unless the patient has an emergent airway issue ALL intubations should be performed in a respiratory isolation rooms in ITU. If intubation is required for an airway issue in-extremis in ED it should be performed in one of the Procedures Rooms.

- Under no circumstances should the Decontamination Room be used to assess and treat unwell patients with? MERS/Avian flu/NCOV2019 (or VHF).

- **CXR** if required should be done as a portable in HDU/ITU with radiographers who are PPE trained. A patient with possible MERS/ Avian flu/NCOV2019 should not be X-rayed in the radiology department

- If Infectious disease team decide the patient requires admission they will identify room. Once room is ready, the patient (in surgical mask) will be moved using the route with minimal patient contact up to HDU using core lifts G or C.

- Liaise with the clinical coordinator and facilities staff to ensure the corridors affected by the patient journey are closed to the public during transfer.
QEUH IAU triage

All Staff managing patient should be familiar with PPE and be FFP3 mask fitted
DO NOT MOVE patient into any other area in IAU

DO NOT DO A FLU POINT OF CARE TEST
DO NOT DO Blood gases
DO NOT do a BMT/Finger prick Glucose test

For guidance regarding testing, please go to testing guidelines in the IPC Manual (icon on desktop)
QEUH IAU triage

1. Keep the patient in the triage area they are in when the diagnosis is first suspected.
2. Put surgical mask on patient once concern has been raised by assessing staff.
3. Apply full PPE including FFP3 mask, eye protection and fluid repellent gown to anyone assessing the patient once concern has been raised.
4. Inform Nurse-in-Charge and Consultant-in-Charge as soon as concern is raised.

IAU Dos and Don'ts

- The patient should not be moved anywhere through the department without consultation with the IAU consultant in charge and in conjunction with the Infection Control Consultant on call and not until a bed has been identified and prepared in HDU.

- If no bed is available within a reasonable timeframe in HDU or onward ward (as agreed by Infection Control consultant) then the patient should be moved to a room in ARU1 as a temporary measure.

- Unless the patient has an emergent airway issue ALL intubations should be performed in a respiratory isolation rooms in ITU.

- CXR if required should be done as a portable with radiographers who are PPE trained. A patient with possible MERS/Avian flu/NCoV2019 should not be X-rayed in the radiology department.

- If Infectious disease team decide the patient requires admission they will identify the admission location, likely HDU or 5D. The ID on call team will ensure that the room has been cleared and prepared before the patient can be moved.

- Once a room is ready then the patient (wearing surgical mask) should be moved using the route with minimal patient contact and up to HDU using core lifts G or 5th floor using core lift C. Liaise with the clinical coordinator and facilities staff to ensure the corridors affected by the patient journey are closed to the public during transfer.

DO NOT DO A FLU POINT OF CARE TEST

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For guidance regarding testing, please go to testing guidelines in the IPC Manual (icon on desktop)