

# GRI High Consequence Infectious Disease Guidance (HCID)

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## GRI HCID Pathway

### ED Triage

If patient reports history of travel to one of the affected countries move to Decontamination Room from reception or triage. If the patient has been in triage this room should be cleaned with 1000 ppm available sodium hypochlorite by domestic staff wearing full PPE prior to being used (page 8).

If patient is clinically stable, patient to put on an FRSM and wait outside away from other patients, staff and members of the public.

Staff member to don FFP3 mask, visor fluid repellent gown and gloves prior to going outside to escort the patient to the Decontamination Room.

Staff member to escort patient to the Decontamination Room via the outside of the ED building to the external decontamination room door. If patient is clinically stable, leave the patient in the Decontamination Room with the door closed until review carried out by medical staff and ID Consultant.

If the patient requires resus level care this can be provided in the Decontamination Room.

Keep both doors closed.

Commode or bed pan/urinals to be provided.

Place screens outside door of Decontamination Room to create a bay for equipment storage and PPE donning area.

Apply full PPE (page 8) to anyone assessing the patient once the concern has been raised.

Inform nurse-in-charge, consultant- in-charge, on call ID consultant and IPCT (consultant microbiologist on-call if out of hours) as soon as concern is raised.

If the patient fulfils the criteria as a POSSIBLE case and they are not being transferred to ID at QEUH, patient should be transferred to a negative pressure single room in ITU or respiratory. Once a room is ready patient should be moved using a route to minimise contact with other patients. Close corridors to the public during transfer. Patient should wear a surgical mask (FRSM) during this transfer.

Record the names and contact numbers of those who were in the waiting room with the patient.

PPE doffing area is outside at the external decontamination room doors. In inclement weather the external decontamination unit can be used.

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## **GRI MAU triage**

If GP requests on the phone review of a patient and reports travel to one of the affected countries, request that they direct telephone query to ID consultant on call for consideration of direct admission to QEUH.

If patient reports travel to one of the affected countries move from MAU triage to Decontamination Room in ED.

Ongoing nursing care will be provided by ED staff.

Ongoing medical care will be provided by MAU staff.

For further detail see ED triage notes.

## **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 consultant on call for infection control.

Unless the patient has an emergent airway issue all intubations should be performed in decontamination room in ED.

CXR should be done as portable, by radiographers who are PPE trained. A patient with suspected or confirmed HCID needing to visit the radiology department should be discussed with IPCT or on call Microbiology .