

MERS-CoV 2018 Guidance GG&C

C GRI

ED Triage

1. If patient reports history of travel to one of the affected countries move to 'clean prep room' from reception or triage. If patient has been in triage this room should be cleaned with 1000 ppm av.Cl by domestic staff wearing full PPE prior to being used(page 8).
- 2.If patient requires resus level care this can be provided in the clean prep room
3. Keep both doors closed.
4. Commode to be provided.
5. Place screens outside corridor door of clean prep room to create a bay for equipment storage and staff changing.
6. Put surgical mask on patient.
7. Apply full PPE(page 8) to anyone assessing the patient once the concern has been raised.
8. Inform nurse-in-charge and consultant-in-charge and IPCT (consultant microbiologist on call if out of hours) as soon as concern is raised.
9. If fulfils criteria as a POSSIBLE case patient should be transferred to a negative pressure 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 during this transfer.
10. Record the names of those who were in the waiting room with the patient

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GRI MAU triage

1. 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
2. If patient reports travel to one of the affected countries move from MAU triage to 'clean prep room' in ED.
3. Ongoing nursing care will be provided by ED staff.
4. Ongoing medical care will be provided by MAU staff.
5. 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 a respiratory isolation room in ITU.
- CXR should be done as portable, by radiographers who are PPE trained. A patient with MERS CO-V needing to visit the radiology department should be discussed with IPCT.