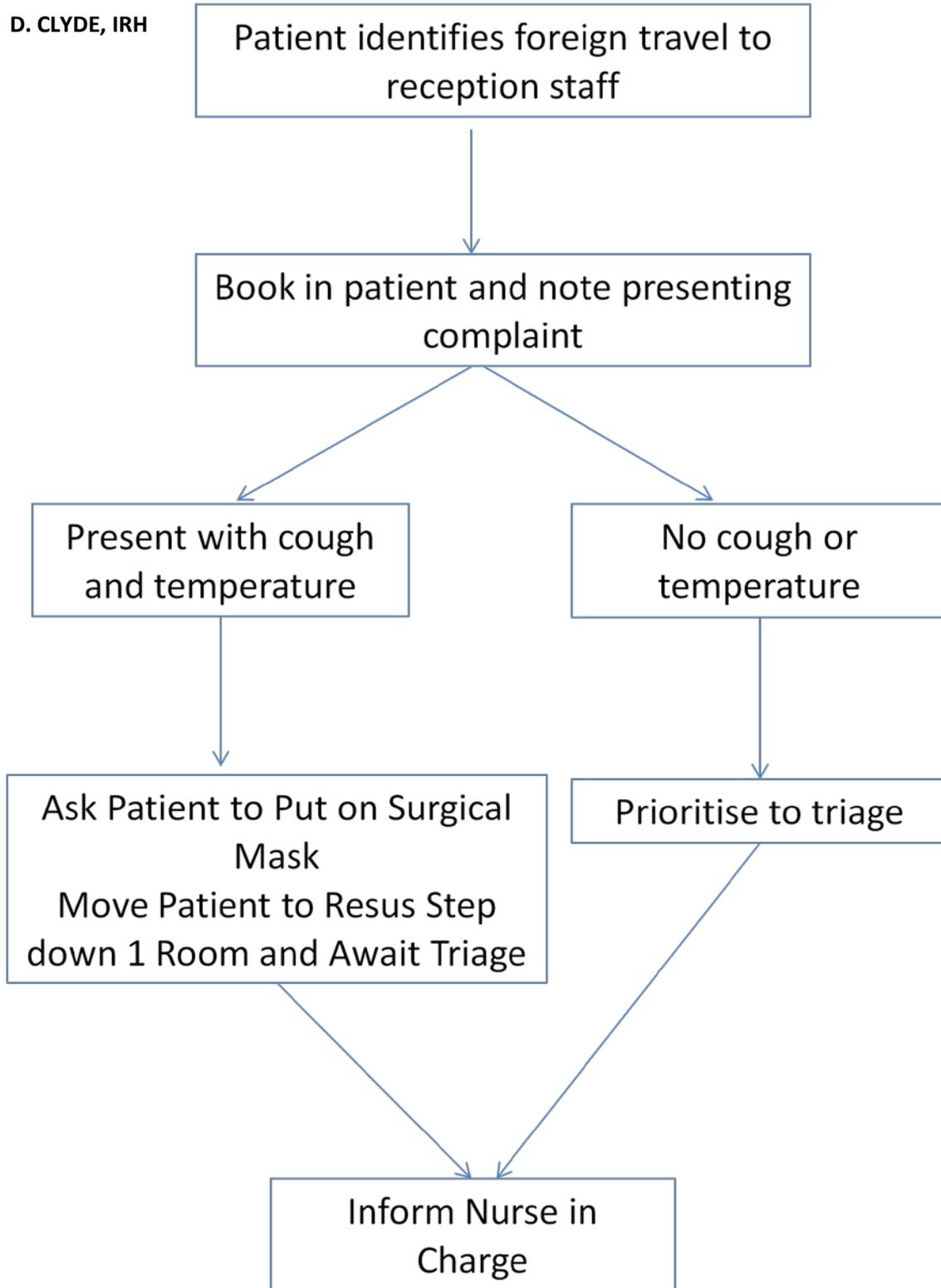


MERS-CoV 2018 Guidance GG&C

D. CLYDE, IRH



Suspected MERS - Immediate ED Actions

Move patient to the designated room

Patient identified by Reception staff

- Move patient to the Resus Step Down 1 room
- Quarantine **both** Resus Step Down 1 and Resus Step Down 2 (this is to allow the unaffected 'Clean' Resus Step Down 2 to be used for staff changing)

Ambulance service

- Move patient to the Resus Step Down 1 room
- Quarantine **both** Resus Step Down 1 and Resus Step Down 2 (this is to allow the unaffected 'Clean' Resus Step Down 2 to be used for staff changing)

Patient is identified during assessment in ED and is in the bay area

- Ask the patient to put on surgical mask and immediately inform Nurse in Charge and Consultant in Charge
- Move patient to the Resus Step Down 1 room, quarantine **both** Resus Step Down 1 and Resus Step Down 2 (this is to allow the unaffected 'Clean' Resus Step Down 2 to be used for staff changing)

Apply full PPE to anyone assessing the patient

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 Consultant
- If intubation is required for an airway issue in-extremis in ED it should be performed in Resus Step Down 1 room
- **CXR** should be done as a portable with radiographers who are PPE trained (a patient with suspected MERS-CoV should not be X-rayed in the radiology department)
- If Infectious disease team decide the patient requires admission the most appropriate option for admission has to be agreed by clinical team with ID specialists and ICT
- If the decision is to admit patient to IRH ITU they have to be taken by the shortest route, using theatre lift to ITU and placed in isolation room
- Close the corridors affected by the patient journey to the public until this area has been appropriately cleaned