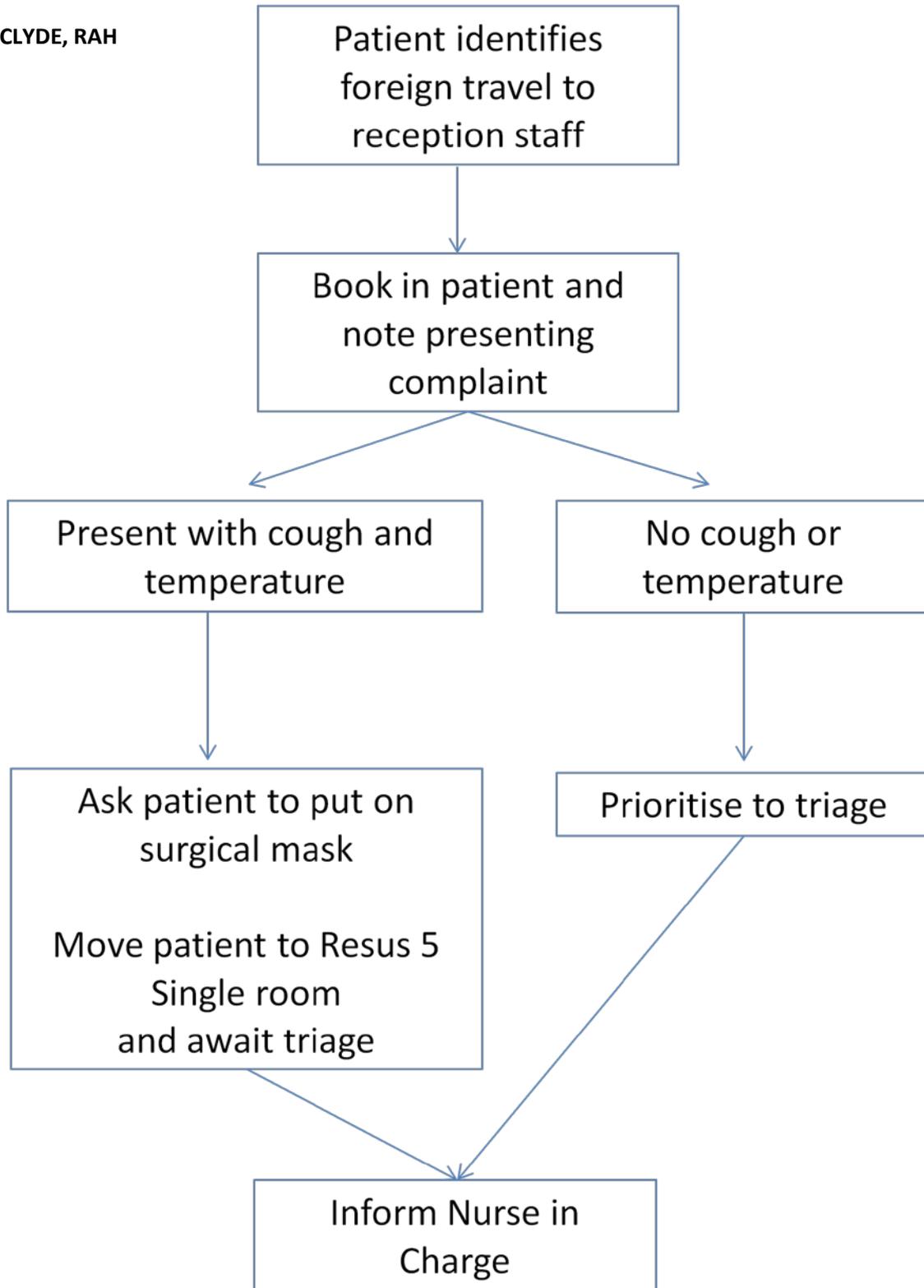


D. CLYDE, RAH



Suspected MERS - Immediate ED Actions

Move patient to the designated room

Patient identified by Reception staff

- Move patient to the Resus 5 single 1 room
- Quarantine **both** Resus 5 single room and Resus Bed 4 (this is to allow the unaffected 'Clean' Resus Bed 4 to be used for staff changing)

Ambulance service

- Move patient to the Resus 5 single room
- Quarantine **both** Resus 5 single room and Resus Bed 4 (this is to allow the unaffected 'Clean' Resus Bed 4 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
- Immediately inform Nurse in Charge and Consultant in Charge
- Move patient to the Resus 5 single room
- Quarantine **both** Resus 5 single room and Resus Bed 4 (this is to allow the unaffected 'Clean' Resus Bed 4 to be used for staff changing)

Apply full PPE including 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 on call
- If intubation is required for an airway issue in-extremis in ED it should be performed in Resus 5 single room
- **CXR** should be done as a portable with radiographers who are PPE trained (a patient with possible 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 ITU they have to be taken by the shortest route, using 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

Suspected MERS immediate actions in MAU

- Keep the patient in the room they are in when the diagnosis is first suspected
- Put surgical mask on patient once concern has been raised by assessing staff
- Inform Nurse in Charge and Consultant in Charge as soon as concern is raised
- Apply full PPE including FFP3 mask, goggles and fluid repellent gown to anyone assessing the patient once concern has been raised

MAU Dos and Don'ts

- The patient **should not be moved anywhere** through the department without consultation with the Consultant in Charge and in conjunction with the Infection Control Consultant on call
- Consultant in Charge should discuss the most appropriate option for admitting patient with ID consultant and Infection Control Doctor
- Unless the patient has an emergent airway issue **ALL** intubations should be performed in a respiratory isolation rooms in ITU
- **CXR** should be done as a portable with radiographers who are PPE trained (a patient with possible MERS-CoV should not be X-rayed in the radiology department)
- If the decision is to admit the patient to RAH they should be managed in a respiratory isolation room in ITU
- The Consultant in Charge must inform ITU about the patient transfer
- Once a room in ITU is ready then the patient (wearing surgical mask if possible) should be moved to ITU by the shortest route, using 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