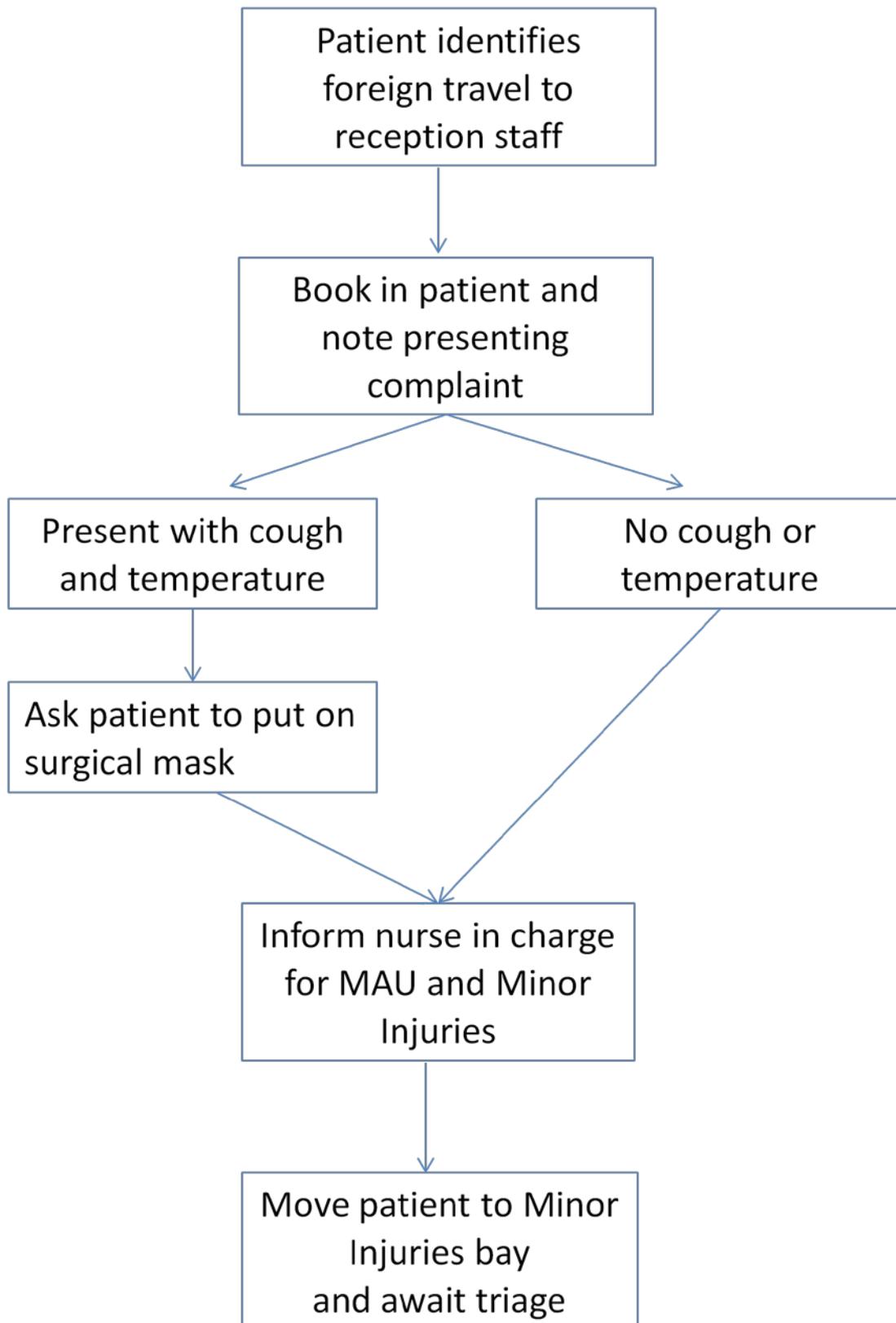


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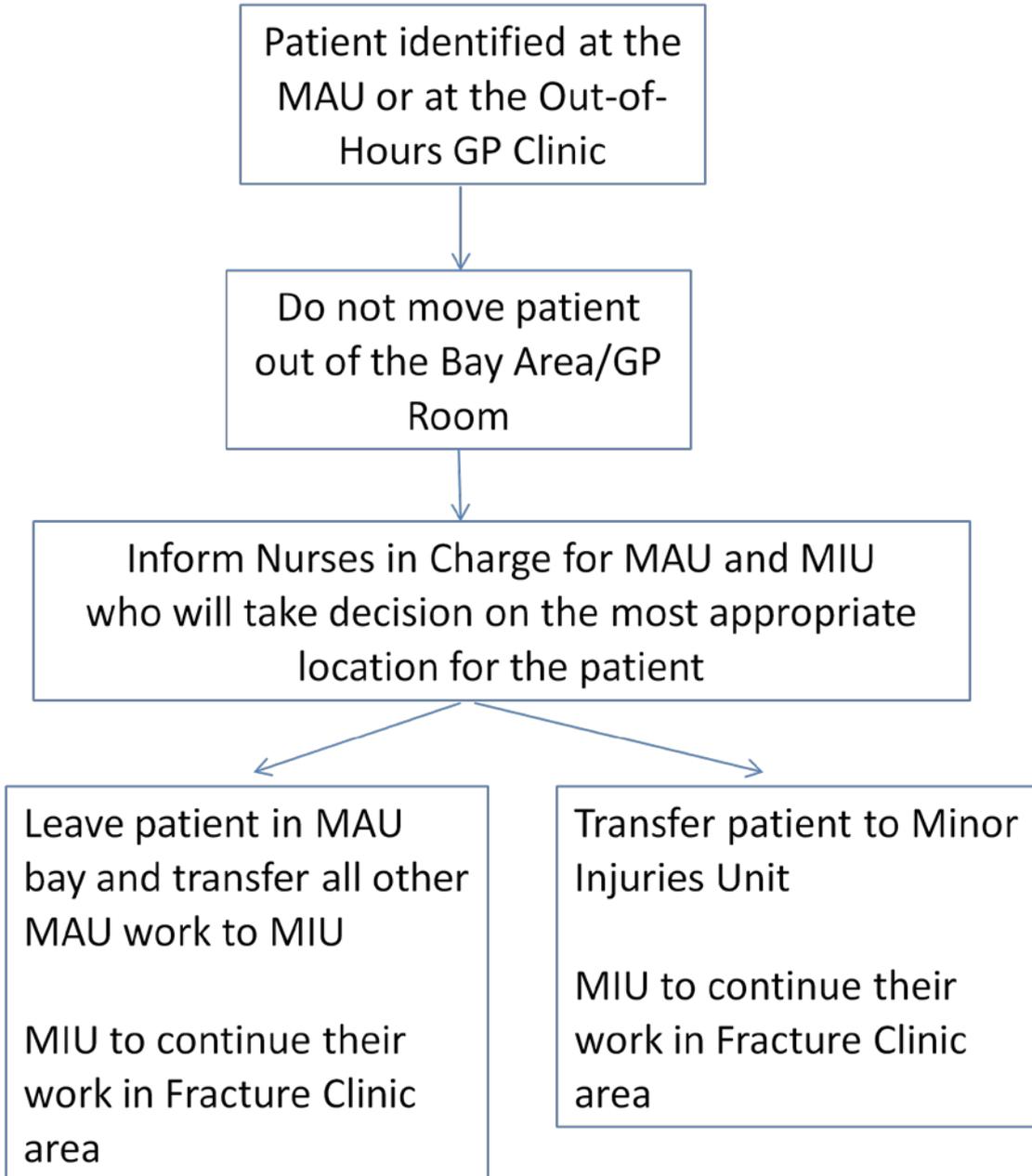
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## **Suspected MERS - Immediate MAU Actions**

Move patient to the designated room/bay area

### **Patient identified by Reception staff**

- Ask the patient to put on surgical mask if cough and temperature present
- Inform Nurse in Charge for Medical Assessment Unit (MAU) and Minor Injuries Unit (MIU). MAU Nurse in Charge to inform the Consultant in Charge for MAU
- Patient to be transferred to a bay in MIU
- Make sure all patients are transferred out of Minor Injury Unit and all non-essential equipment has been removed from the area
- MIU to move all work to the Fracture Clinic
- Transfer the patient to the MIU bay and await triage
- Use adjacent bay as “clean anteroom” for staff changing and for decontaminating the equipment
- Keep the MIU entrance doors closed

**Ambulance service** – inform the unit about possible MERS case in advance and move patient to MIU

### **Patient is identified during assessment in MAU and is in the bay area**

- Ask the patient to put on surgical mask
- Immediately inform Nurse in Charge and Consultant in Charge
- Do not move the patient out of the bay
- Nurse in Charge to discuss with senior management the most appropriate placement for the patient
  - Issues to consider will include:
    - i. occupancy of the MAU and MIU
    - ii. availability of domestic staff to carry out terminal clean of the unit
    - iii. predicted stay of the patient at the VoLH
    - iv. senior management will consider a divert of all SAS calls to another site
    - v. senior management will inform NHS24 during OOH period and consider diverting all OOH GP calls to other OOH centres

If it is possible within a reasonable timeframe to carry out terminal clean of MAU then the patient should be transferred to MIU (see actions above for the move of workload of

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MIU) and terminal clean of MAU should be carried out before normal work of MAU can be resumed.

In case it is not logistically feasible to carry out a terminal clean of MAU within reasonable timeframe then the patient should be cared for at the MAU bay and all the other MAU work should be transferred to MIU area.

### **Patient is identified at the Out-of-Hours GP Clinic**

Keep the patient in the GP clinic room if clinical situation allows this and follow the actions as for "Patient identified by Reception Staff" pathway

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 MAU Consultant in Charge in conjunction with the Infection Control Consultant
- **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 ward 3 (AMRU) they have to be taken by the shortest route, using the AMRU lift and placed in isolation room 6
- Close the corridors affected by the patient journey to the public until area has been appropriately cleaned

## **Actions if a suspected MERS patient is identified or admitted on ward 3 (AMRU)**

### **Suspected MERS patient is identified on ward 3**

- Immediately inform Nurse in Charge and Consultant in Charge
- Move patient to isolation room 6. Make sure room is prepared and all the non-essential equipment has been removed from the room
- Vacate the adjacent room 5 and use this as “clean anteroom” for staff changing and decontamination of the equipment

### **It has been decided to admit a suspected MERS patient from MAU/MIU**

- MAU Nurse in Charge has to inform the ward 3 Nurse in Charge in advance and coordinate transfer of the patient. Please follow the actions described above.