TRIAGE RN

EMERGENCY DEPARTMENT CHECKLIST FOR EVALUATING POSSIBLE EBOLA

ROLE: To rapidly identify and isolate patient who answers positively to the travel questions and is a person under investigation. If there are family/friends with the patient they should also be isolated until screened.

COMMUNICATIONS: Direct communication should occur with the charge nurse in the Emergency Department.

Upon Arrival to Emergency Department setting:

☐ Triage RN or designee asks a travel screening question of all patients presenting for a variety of reasons
☐ If registration asks the question and it is yes, they will get a nurse who will triage the patient.
☐ If answer is “Yes,” the patient is asked where and when?
☐ If it is positive for those regions of Africa affected by outbreak, the nurse proceeds with the checklist below:

☐ Has the patient traveled to an Ebola-affected area in the month before illness onset or been in close contact with ill individuals or cases of Ebola during their travels? (Close contact is defined as household contact; being within 3 feet of an Ebola patient or within the patient’s room or care area for a prolonged period of time while not wearing PPE; or having direct brief contact (e.g. shaking hands) with and an Ebola patient while not wearing recommended PPE)
☐ Does patient have fever (subjective only)?
☐ Does patient have compatible Ebola symptoms such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage?

Suspect Ebola if fever or compatible Ebola symptoms and an exposure are present.

If patient is "Person under Investigation" (PUI) after Initial Triage Assessment:

☐ Triage RN or designee provides patient a procedure mask and has patient place on themselves.
☐ If patient presents with vomiting or uncontained body fluids, give patient emesis bag;
☐ Contact charge nurse or other designee to notify of PUI.
☐ Remove visitors from area as needed.
☐ Don PPE if within 3 feet of patient (see levels of PPE. Minimum is N95 mask, gown, face shield and two layers of gloves)
☐ If patient needs to sit place patient in wheelchair. After use ensure W/C is left in patient room.
☐ Escort patient and family/friend(s) to an isolated area of ED Triage or other designated area away from other persons. Remain in this area until room is ready.
☐ Transport patient to designated room after it has been prepared. Limit physical contact with patient.
☐ Instruct patient to not leave the room.
☐ Have patient remove clothing and put on gown.
☐ Have patient place personal clothing in red bag.
☐ Inform patient an estimated timeframe that an RN will be in to assess them. Explain that the RN and Provider will also be wearing Personal Protective Equipment (PPE).
☐ If family/friends present, place them in a room for screening and temperature (ED RN will wear N95 Mask, gown and gloves). Family/Friends will need to be cleared by provider and further directions will be given.
☐ Collaborate with Registration to complete Potential Exposure Log (Available on Inside St. Luke’s Ebola Site)
☐ If environment in common area or an area enroute to the patient room is visibly contaminated from exposure from patient’s body fluids, remove the visitors from that area, secure area and notify EVS/Infection Prevention.
CHARGE NURSE
EMERGENCY DEPARTMENT
CHECKLIST FOR EVALUATING POSSIBLE EBOLA PATIENT

ROLE: The Charge Nurse assumes overall management of the Emergency Department response to the incident. The Charge Nurse may assign another trained Charge Nurse to assume charge of other Emergency Department functions in order to effectively manage both the incident and the other Emergency Department patients.

COMMUNICATIONS: Upon notification from Registration or Triage that a “Person under Investigation - PUI” for Ebola or other type of disease that requires this response. Call or delegate the following contacts requesting closed loop communication to occur. Direct report is to Administrative Supervisor, Director or depending on site AOC.

☐ If call was received from registration of patient with positive travel history, assign an RN to perform patient screening.
☐ If screening done by triage nurse, obtain information and validate that patient is in isolated area.
☐ Designate registration or triage to complete the “Potential Exposure Log” (Form is available on Inside St. Luke’s Ebola site).
☐ Notify ED physician
☐ Make following assignments:
  - Lead RN
  - Buddy to perform pre-screening of persons going into HOT zone.
  - CAP or RN to set up Zone
  - Trained observer/safety officer – this is ideal to assist to observe safety from the cold zone and assist in reading the donning/doffing instruction while buddy assists RN and MD in donning/doffing.
  - Others as needed
  - If family/friends present, assign RN to obtain travel history and temperature while wearing N95, gown, gloves. Family/friends to be cleared by provider after consulting with IP and getting further direction.
☐ Have staff not involved in PUI care, move patients from designated area where PUI patient will be placed.
☐ Have group huddle with care team involved to review situation and plan
☐ Call the following: (as needed/available per site) if delegate ensure closed loop communication:
  - Administrative Supervisor
  - Building Services if needed to setup area if appropriate to site
  - Security as appropriate to site
  - Lab
  - Department Director/Manager
  - AOC (only if site does not have administrative Supervisor)
  - Negotiate with Administrative Supervisor who calls Infection prevention and Environmental Services (EVS)
  - Call in extra staff to cover department
☐ Continue ongoing communication with members of this team. Plan for replacement of team members as needed. (Team members in PAPR may only tolerate being in PAPR for 1 hour depending on room environment)
☐ ASL Critical Care Ground Transport team will need a screening RN assistance to do pre-screening and apply PPE upon arrival. (NA in Boise)
☐ Upon discharge: (NA in Boise)
  - Leave all items in room.
  - Infection Prevention/Environmental services will provide further direction and coordinate decontamination and terminal cleaning of room. A designated Environmental Services team will come to site for cleaning.
  - Keep HOT and WARM secured off until cleaning is done. This may require having a hospital employee stationed by the area to ensure it is secured.
ADDITIONAL RESPONSIBILITIES OF BOISE ED CHARGE:

If patient did not originate in Boise ED then the patient will be transferred to Boise Peds ED for inpatient care for up to 96 hours before being transferred to a treatment facility. Boise ED Peds area will become a secured barrier-enclosed unit.

☐ Participate in transfer center call if patient did not originate from Boise ED. Determine time frame that Pediatric ED could be clear of patients. (It will then take Building Services 2 hours to build the space)

☐ Relocate patients/visitors from Boise ED pediatric area to other areas in the Boise ED. Boise Peds ED will be used as the inpatient treatment area and will be closed for up to 96 hours.

☐ Station Security Officer outside ED access points. Access will be limited to unit. See Security Officer role description.

☐ In HMED “Gray Out” all the Pediatric rooms so they will be unavailable.

☐ Clear Pediatric ED section of all non-essential items that could be in the HOT or Warm Zone (See essential supplies/equipment list)

☐ Ensure adequate supply of Personal Protective Equipment (PPE) for Ebola care team for at least 96 hours. Call Distribution to have supplies delivered from off storage site.

☐ Notify Radiology of need to close usage of ED radiology rooms.

☐ If MD is at dictation area by Hazmat showers have them relocate

☐ Clear Hazmat Shower of item in it. Patient will come through the Hazmat shower upon transfer and then the ASL team will doff in that area.

☐ Collaborate with Administrative Supervisor on what else needs done before the Ebola Care team comes to ED to assume care.

☐ Inform ED staff and MD’s of this patient being placed in Peds and to stay out of that area.

☐ Provide a Buddy to assist the ASL Critical Care Ground Transport team with doffing of PPE after arrival.
PHYSICIAN
EMERGENCY DEPARTMENT PHYSICIAN
CHECKLIST FOR EVALUATING POSSIBLE EBOLA PATIENT

ROLE: To manage care of the patient under investigation of suspected Ebola. Will also oversee the screening and treatment of family and friends who may present with the patient.

COMMUNICATIONS: ED physician will call the transfer center and consult with the Boise Intensivist and Boise Infectious Disease MD’s before ordering any invasive procedures or ordering any tests on a patient under investigation of Ebola. Will have continual communication with the Room RN providing the care to the patient and the ED charge.

☐ Huddle with Charge RN and team to discuss patient presentation and plan.
☐ Consider consulting with another ED MD to have them take over all patients in the department. If only MD on, consider calling in back up.
☐ Follow ED MD guidelines to determine if visual assessment can be done or if in room assessment in PPE must be done.
☐ If PPE must be applied, Buddy will assist utilizing the donning/doffing checklist
☐ If performing MSE in “Warm Zone” apply “Warm Zone” PPE (Gown, two layers of gloves, shoe covering, face shield)
☐ If performing patient assessment in Hot Zone, Determine the Level 3 PPE (E) level based upon the risk:
  (Reference sheet under St. Luke’s Ebola website)
  ✓ Low Risk – Two layers of gloves, impermeable gown, N95 mask, face shield
  ✓ High Risk (non PAPR) – Two layers of glove, shoe/leg covers/ impermeable gown, N95 mask, protective hood, face shield, apron if available
  ✓ High Risk/Aerosolization (PAPR) – Two layers of gloves, shoe/leg covers, impermeable coveralls, apron, PAPR unit/hood
☐ After the screening and assessment, if there is a risk of Ebola, the Provider will call St. Luke’s Transfer Center at (1-877-785-8537). The transfer center will coordinate the call for Emergency Department Physician, Intensivist Physician and Infectious Disease Physician to consult together and in collaboration with other members of the health care team to make decisions regarding treatments and limitation in treatment, keeping in mind the need to mitigate exposure to staff and other areas of the hospital.
☐ Relay orders to Room RN, emphasizing limiting blood exposure.
☐ Participate in the 2nd transfer center call with the MD’s and the designated receiving hospital participants. Provide any updates on patient condition and obtain and estimated ETA arrival of ASL team. NOTE: if patient originates in Boise there will NOT be a 2nd transfer center call.
☐ Continue to oversee patient care in the ED until the ASL Critical Care Ground transport arrives.
☐ If patient presents with family/friends they will be placed in a different room. An RN will ask travel and symptom questions including obtaining temperature objectively to verify no fever. Provider will consult with ID physician to clear family/friends and obtain further instructions for them to follow.
☐ Patient will be given mask, if tolerated, to apply for the transport. Patient will be given an impermeable coverall to wear if tolerated and does not intervene with care. If coveralls not an option patient will be wrapped in impervious sheet or similar barrier to prevent environmental contamination.

7/21/2015
ZONE SET UP (RN or CAP)

EMERGENCY DEPARTMENT CHECKLIST FOR EVALUATING POSSIBLE EBOLA PATIENT

ROLE: To set up a defined Hot/Warm/Cold Zone. To ensure all non-necessary supplies and equipment are removed from area. Ensure items that are needed are left in room. After patient placement may be asked to obtain items to hand into Warm Zone. May also be asked to be trained “observer” in Cold Zone.

COMMUNICATIONS: Direct assignment is made with Charge Nurse. Communicate with review with Room/Lead RN and Buddy what is in the room and review zone set up.

☐ Assist with removal current patients in room that is designated for care of Ebola patient if not done
☐ Reassign patients in rooms surrounding the designated room as needed.
☐ Designate Hot/Warm/Cold Zone (consider taping areas if needed).
☐ Remove all non-essential equipment, supplies, and furniture (chairs, carts etc.) from patient care room.
☐ Use disposable equipment when possible. Any equipment brought into the room will remain in the room until the patient is discharged.
☐ Supplies for patient room HOT Zone (not all inclusive, adapt to sites as needed)
  ✓ Large Biohazard bags and waste receptacle
  ✓ Commode and toilet paper
  ✓ Disposable BP cuff, disposable O2 sat, thermometer
  ✓ Room phone
  ✓ Gloves
  ✓ Bleach wipes
  ✓ Other supplies as need according to patient condition
☐ Doffing area (Warm Zone)
  ✓ Large Red biohazard bags and extra waste receptacle
  ✓ Tray with 1” of OxyCide placed between HOT and WARM Zone for staff in PPE to step in when exit from HOT Zone
  ✓ Container to put PAPR unit and hose in for decontamination cleaning
  ✓ Chair at edge of WARM/COLD Zone to sit on during shoe covering removal
  ✓ Hand sanitizer
  ✓ Bleach wipes
  ✓ Gloves
  ✓ Consider doffing pad (i.e.: blue pads, trauma pads) to stand on while doffing (do not tape to floor)
☐ If available utilize a white board to assist in communication as needed.
☐ Implement Standard, Contact and Droplet Precautions. Use PAPRs if aerosolization is suspected.
☐ Post laminated instructions for donning and doffing PPE in the warm zone and cold zone.
☐ Post potential exposure log outside of the Ebola unit in COLD zone to record all authorized personnel entering into the unit and the WARM zone.
☐ Start “Room Admittance Log” sheet and post in Cold Zone (Form is available on Inside St. Luke’s Ebola site). Everyone must enter information upon entering and exiting.
☐ After zones and room is set up, stay in cold zone and assist with obtaining items as need to hand into Warm Zone.
☐ May assist with being the ‘designated observer’ in the cold zone to read doffing instruction to Buddy and Staff doffing after leaving ‘hot’ zone.

7/21/2015
BUDDY

EMERGENCY DEPARTMENT
CHECKLIST FOR EVALUATING POSSIBLE EBOLA PATIENT

**ROLE:** Perform pre-screening on RN/MD that will be donning/doffing PAPR units. While wearing appropriate PPE assist in the warm zone to transfer items that are given to you from the cold zone to the warm zone. Continue monitoring to ensure that Room RN and MD are safe in the HOT zone and notify them if contamination occurs. Following donning/doffing checklist in assisting RN and MD in donning/doffing PPE.

**COMMUNICATIONS:** Communicate directly with room RN. Direct report is the ED Charge.

- Perform medical screening of anyone that will don PAPR. If CAP, can do VS but rest of screening must be done by RN, licensed provider or MD.
- Obtain appropriate PPE (E) Kits/supplies if not already done.
- Assist staff in donning of PPE utilizing checklist
- Procedural pause before any person or item enters the Warm or Hot zone
- Do a visual check of staff to ensure PPE is properly applied before they enter HOT zone.
- Ensure appropriate and consistent use of PPE by all person entering and exiting the HOT zone.
- Visually monitor staff in Hot Zone for contamination risk as environment allows.
- Persons with breaches in PPE or known or suspected percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a patient with suspected EVD should:
  - Immediately stop working.
  - Wash the affected skin surfaces with soap and water.
  - Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution.
  - Immediately contact supervisor on duty and Employee Health.

- Assist staff in Doffing.
  - Have an observer in the Warm Zone or Cold Zone read the doffing instructions while Buddy assists.
  - Ensure each step is followed per the checklist.
  - Remind staff to not rush
  - Watch for any potential cross contamination during doffing
  - May need to physically assist with holding PAPR, removal of coverall and removal of hood.

- Clean the PAPR unit and hose with bleach wipes. Upon hand-off of PAPR unit to staff in COLD Zone, remove hose cover as being transferred. Staff in COLD Zone to place new cover over hose.
- Transfer of patient; during transfer of patient from Hot Zone to Warm to Cold Zone, make sure no items/personnel (ie: transport stretcher) cross into Warm/Hot zone from cold zone.
- Doff in WARM Zone with observer in COLD Zone watching.

**REMEMBER after discharge:**
- Leave all items in room.
- Infection Prevention/Environmental services will provide further direction and coordinate decontamination and terminal cleaning of room. If contract services used as a site, it will require the room to be cleaned by St. Luke’s EVS

7/21/2015
ROOM NURSE
EMERGENCY DEPARTMENT ROOM NURSE
CHECKLIST FOR EVALUATING POSSIBLE EBOLA PATIENT
Please see guideline sheet for more detailed information

ROLE: While wearing the appropriate PPE the RN room nurse will be in the Hot Zone and obtain screening VS and assessment for Ebola PUI. RN will provide the care for the Ebola PUI. The RN will have a buddy that assists in making sure RN providing the direct care dons and doffs PPE in order to maintain safety.

COMMUNICATIONS: The Room Nurse will communicate with the MD that is overseeing the care and with the buddy who will assist from the Warm Zone. Direct report is RN Charge.
- Determine the Level 3 PPE (E) level based upon the risk: *(Reference sheet under St. Luke’s Ebola website)*
  - Low Risk – Two layers of gloves, impermeable gown, N95 mask, face shield
  - High Risk (non PAPR) – Two layers of glove, shoe/leg covers/ impermeable gown, N95 mask, protective hood, face shield, apron if available
  - High Risk/Aerozolization (PAPR) – Two layers of gloves, shoe/leg covers, impermeable coveralls, apron, PAPR unit/hood
- Utilizing the donning/doffing checklist, have VS taken and medical screening done if PAPR is being used.
- Follow instructions on donning/doffing checklist to hydrate, change scrubs, etc.
- Before entering room, lab will come do just in time training on items in “Ebola Lab Kit”

PATIENT CARE:
- Have patient put clothing in red biohazard bag and apply gown.
- Inventory all patient items, enter into the patient chart, and keep in the patient room until discharge and decontamination
- After consulting with MD, RN in PPE enters patient room (HOT Zone) and performs assessment in appropriate PPE. RN will obtain screening VS, history and assessment. Buddy will remain in WARM Zone.
- Report findings to MD
- Do not initiate any invasive treatment until provider makes the call to the transfer center.
- If lab is to be drawn, follow the “Ebola Lab Guidelines” which are on Inside St. Luke’s Ebola site. This includes Lab being notified to deliver a specific “Bedside Laboratory Kit
- If obtaining blood sample, no not draw extra tubes of blood, draw only what is needed for the bedside test.
- Do not remove anything from the room. Infection Prevention will instruct on waste disposal, cleaning, and any other necessary steps.
- If items must be brought into Hot Zone (i.e.: meds, IV supplies etc.) request buddy to have items placed in a basin in the COLD Zone, passed into WARM Zone to Buddy and then pass to HOT Zone.
- If exposed to patients body fluids, with visual and verbal direction from buddy, wipe contaminate off PPE with bleach wipe, wash with soap and water and begin process of doffing contaminated PPE.
- Patient care equipment:
  - Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care. Any equipment brought into the room will remain in the room until the patient is discharged.
TRANSFER OF PATIENT (for non-Boise locations):

☐ Patient will remain in the ED until the ASL Critical Care Ground transport arrives.
☐ Patient will be given mask, if tolerated, to apply for the transport. Patient will be given an impermeable coverall to wear if tolerated and does not intervene with care. If coveralls not an option patient will be wrapped in impervious sheet or similar barrier to prevent environmental contamination.
☐ Procedural pause with ED team and ASL team before moving patient out of Hot Zone.
☐ If patient is able to walk, will walk to end of warm zone and then sit on the transport stretcher in the cold zone. If unable to walk, room stretcher will be taken to edge of warm/cold zone and patient will be transferred to stretcher in cold zone.
☐ Beside Ebola Lab Kit to be sent with patient.
☐ Patient belongings to be sent with patient.
☐ If patient records are not available electronically, then dictate record via phone to another RN in cold zone to create record that can be sent with patient.