

RIE MERS- CoV ED Protocol

Identification of patients at risk:

- Patients with respiratory symptoms or any acute severe illness requiring hospital admission.

AND EITHER:

- Travel to an At-Risk area (see map below: Bahrain, Iraq, Iran, Jordan, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, UAE and Yemen)

OR

- Contact during previous 14 Days prior to onset of illness with a confirmed case of MERS-CoV infection while the case was symptomatic.

If possible check patient temperature prior to isolation



Once identified patients should be moved to the Isolation room next to triage, wearing surgical face masks and discussed with the Nurse in Charge and responsible Consultant. Any accompanying relatives should also wear face masks and be isolated.

If possible check patient temperature prior to isolation

Follow Step by step guide below. Note that a brief assessment should occur in the first 30 mins as patient may be clearly not at risk or may be very ill.

Steps to Managing ?MERS-CoV

- 1: Print off algorithm and MERS protocol from Emibank (In ID at the Front Door section)
- 2: Gather as much info as possible prior to assessing patient and go through algorithm. You may be able to rule out MERS on available history alone.
- 3: If patient doesn't meet criteria they can be returned to the Majors Triage Queue and worked up as normal.
- 4: If patient meets criteria and they don't look unwell discuss the case with ID and Virology Consultant available via Switchboard. They can advise re samples required.
- 5: If the patient requires further assessment (temp for instance) to establish risk, don the PPE as below.
- 6: Get as much travel history as possible. Assess the patient and check obs using portable obs machine which then stays in the room with patient.
- 7: Administer simple early treatment such as O2. Aim to delay IV access until after discussion with ID so correct samples can be taken first time.
- 8: If not already done, discuss with ID and Virology Consultant available via Switchboard to discuss further management including what specimens are recommended.
- 9: Samples should be labelled as biohazard, placed in specific transport container (plastic bottle in a box) and sent to lab via Porters – NOT FOR POD.
- 10: With the help of the buddy reading from the guide below remove PPE. The facemask comes off last once you have left the patient's room and the door is shut.

Involve ID, Virology Consultant, Respiratory and Critical Care (if required) at an early stage who will inform further management.

As a rule patients should have MERS ruled in/out by virology prior to leaving the ED. This is because ideally MERS Patients will need to go to a negative pressure room and movement through the hospital should be kept to a minimum.

This would include testing overnight unless ID and Virology feel the patient is low enough risk to wait until the morning. In that case ?MERS patient's admitted to AMU should be flagged up to the Med Reg.

Consider non MERS-CoV diagnosis early and ensure risk of MERS does not delay treatment such as antibiotics and fluids.

Check patient regularly.

Minimise number of staff involved.

If the patient is likely to be in the ED for a prolonged period consider moving to surgical procedure room in surgical obs.

Personal Protective Equipment for all MERS CoV Patients in the ED:

Long-sleeved, fluid-repellent disposable gown.

X 2 Non-sterile disposable gloves (double glove)

An FFP3 Mask and Full face visor **OR** Jupiter Hood – with power pack **under** the gown.

Further treatment should be provided using wearing the above PPE.

Removal of PPE:

PPE should be removed in an order that minimises the potential for cross-contamination. Before leaving the ante-room gloves, gown and eye/face protection should be removed and disposed of as clinical waste. Do not touch face or hair until hands washed. **You need a buddy who should wear a standard apron and gloves, plus a standard surgical facemask, to guide you through the steps from just outside the anteroom.**

Guidance on the order of removal of PPE is as follows:

Just before leaving the patient's room:

1. Gloves

Grasp the outside of the outer glove with the opposite gloved hand; peel off.

Hold the removed glove in gloved hand.

Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the second glove off over the first glove and discard appropriately.

2. Gown

Unfasten or break ties. Pull gown away from the neck and shoulders, touching the inside of the gown only. Turn the gown inside out, fold or roll into a bundle and discard.

3. Eye protection – if wearing Jupiter hood see point 4.

To remove, handle by headband or earpieces and discard appropriately.

Leave the patient's room and shut the door. Stay in the anteroom (if available).

4. Mask/Jupiter Hood

Mask: Untie or break bottom ties, followed by top ties or elastic, and remove by handling ties only and discard appropriately.

Hood: Disconnect hose. Using clean gloves, reach under the Jupiter hood, lift it off forwards and place in waste. Remove gloves and perform hand hygiene.

5. Remove inner gloves as per point 1.

Leave anteroom.

6. Perform hand hygiene immediately after removing all PPE.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

For more details including room decontamination see the RIDU Guidelines for MERS on intranet.