## MSH Emergency Department Checklist: High Consequence Pathogens (eg., Viral Hemorrhagic Fever, Measles, MERS)

Identi	fy
	Triage RN identifies patient using triage questionnaire and provides patient with mask BA registers patient WITHOUT touching ID Patient DOES NOT get vitals in Triage Triage RN calls Charge RN notifying of patient with details Staff interacting with patient don appropriate PPE
Isolat	
	<ul> <li>Walk-in: Patient bathroom in waiting room</li> <li>EMS: Decon shower/bathroom</li> <li>Pediatric (EMS or Walk in): Zone G 703</li> <li>Family (parent+child with symptoms): Zone G 703</li> <li>Patient brought into Isolation Room and notified of concern and that staff will be with them shortly</li> </ul>
Inforn	1
	Triage RN notifies appropriate attending based on triage location/patient age of need for rapid assessment (eg., Acute 1 for EMS/Acute 2 for Walk in or Pediatrics)  • Treating Attending should be only provider to enter negative pressure room
	Treating Attending notifies Infection Prevention if clinical suspicion is high
	Charge RN notifies Assistant Nurse Manager (or Nurse Administrator if no ANM):
	<ul> <li>ANM notifies ED Leadership team (Nursing/Provider/Operations)</li> </ul>
	Operations team notifies

## **IMPORTANT CONTACTS:**

<b>Charge RN:</b> 646-537-8876 (x78876)	Assistant Nurse Manager: see schedule
Infection Prevention: (212) 659-9451	Admin on Call: see schedule on Qgenda
(x89451) or (212) 659-9451 (5p-8a)	
Emergency Management:	Operations Manager: see schedule or email
Don Cardone – 646-208-3311	#MSHEDOps
John Case – 347-859-5236	*EVS Leadership to be contacted by
	Operations team

o **Emergency Management** and/or **EVS leadership** as needed

**Attendings:** Please see separate **Measles Tip Sheet** in Epic Documents or use the **Firstline App** and search "measles" for information on diagnosis, management and testing