

Management of Patients with SARI (Severe Acute Respiratory Infection) - Additional Information Guideline

This is additional guidance to supplement the **Management of Patients with SARI (Severe Acute Respiratory Infection) Protocol**

Personal Protective Equipment (PPE)

- Only **essential staff** should enter the isolation room wearing personal protective clothing (PPE).

To be worn by ALL staff and any visitors entering the room

Long-sleeved, fluid-repellent disposable gown.

- Non-sterile disposable gloves.
- An FFP3 respirator conforming to (EN149:2001): **Fit testing must be undertaken prior to using this equipment and fit checking must be performed each time a FFP3 respirator is worn.**
- Eye protection compatible with the FFP3 respirator. Eye protection (prescription glasses do not provide adequate protection against droplets, sprays and splashes).

It is vital that the PPE described above is worn for all airway management, including intubation.
NEED discussion about use of reusable PPE and confirmation of cleaning processes after use

Protective Clothing:

The following is the highest level of PPE available

Individual assessment of risk should be carried out with infection control team and senior clinicians

See link for PPE guidance

<http://www.documents.hps.scot.nhs.uk/respiratory/coronavirus/avian-influenza-mers-cov-ipcp-guidance-v7.1.pdf>

Put protective clothing on **in the following order** :

1. Theatre blues
2. Mask / respirator
3. Disposable visor / eye protection
4. Disposable cap
5. Water repellent long-sleeved gown
6. Disposable overshoes
7. Gloves
8. Second pair of gloves

Respiratory isolation packs containing gowns, notices, policies etc are kept in the main store room in Ward 116 and procedures room in 118.

Masks must be checked for secure fit after application and instructions for use, replacement and disposal followed carefully. **Staff must be fit tested in advance and health & safety records kept.**

After patient contact remove protective clothing **in the following order**:

1. Remove outer gloves and wash inner gloves at hand basin in patient's room
2. Remove gown, cap and overshoes and dispose of in clinical waste bag immediately before leaving patient's room
3. Use hand gel thoroughly before removing and disposing of mask and eye protection
4. Wash hands at nearest designated sink

- At the end of proposed period of contact e.g. break, end of shift staff should change out of scrubs in other evacuated room, shower and don own clothing or fresh uniform. Theatre blues should be placed in alginate bags then red linen bag.

- Jupiter respirators are to be used for staff performing procedures which put them at very high risk of contact with respiratory secretions e.g. intubation. Care must be taken to avoid contamination and hand washing/decontamination between stages of removal is required.

Equipment

- Single use disposable equipment should be used wherever possible.
- Fans and air circulating equipment (bear hugger) should not be used.

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Authors: Dr Murray Blackstock, Dr Mark Dunn, Dr Mike Gillies, Dr Stuart McLellan	
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Management of Contacts

See: <http://www.documents.hps.scot.nhs.uk/respiratory/coronavirus/mers-close-contact-algorithm-v14.pdf>

Specimens

All specimens must be treated as biohazard:

- Use biohazard label
- Mark lab Request form accordingly
- Double bag sample
- Please see lab guidance "[Information for Microbiologists and Virologists](http://www.documents.hps.scot.nhs.uk/respiratory/coronavirus/mers-information-microbiologists-and-virologists-v6.pdf)" for further details on transport and handling.
<http://www.documents.hps.scot.nhs.uk/respiratory/coronavirus/mers-information-microbiologists-and-virologists-v6.pdf>
- <http://www.documents.hps.scot.nhs.uk/respiratory/coronavirus/mers-laboratory-testing-algorithm-v9.pdf>
- Laboratory should be notified prior to sending specimens.
- **Do not use the air tube system**

Waste Disposal

- Dispose of all waste in the isolation room as healthcare waste (orange stream) and double bagged.
- Linen should be placed in a water-soluble bag, then a red linen bag
- Mop heads should remain in the room and be changed at daily. Mop heads should go in an alginate bag
- Particular care should be taken to ensure vernagel silicon solidifying agent is used when disposing of suction receptacles and other body fluids.

Cleaning

It is possible that the virus can survive in the environment for at least 48hrs, so environmental decontamination is vital.

- Domestic staff must wear protective clothing as indicated above when entering the isolation room, and they must be made aware of the need for additional precautions and be trained accordingly.
- The isolation area should be cleaned after the rest of the ward area.
- Decontaminate the isolation room at least daily using :
 - A combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine (ppm available chlorine (av.cl.)); or
 - A detergent clean followed by disinfection (1000ppm av.cl.)
- Frequently hand-touch surfaces require more regular decontamination
- Environmental cleaning equipment must be single use or dedicated to the affected area.
- Following transfer and/or discharge of patient(s):
 - Remove:
 - All healthcare waste and any other disposable items
 - Bedding/bed screens, treat as infectious linen
 - Patient care equipment following decontamination
 - The room/area should be decontaminated using:
 - A combined detergent disinfectant solution at a dilution (1000ppm av.cl.); **or**
 - A detergent clean followed by disinfection (1000ppm av.cl.).
- All surfaces and floors should be cleaned daily with a 1000 ppm Actichlor solution
- Mops & buckets should remain in the room and be changed every 24hrs at end of night shift.
- General cleaning will be done by nursing staff to minimise number of contacts

Food

- All trays and dishes leaving the room should be wiped or soaked in Actichlor solution, then washed in the dishwasher.
- Use disposable crockery & cutlery.

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Managing Body and Fluid Spills

See Appendix 3

Death

- The policy for patients carrying a risk of infection, viewing and handling deceased patients should be followed and advice sought from the Infection control team
- Staff washing/preparing the body should wear disposable long-sleeved gowns and gloves. Facial protection should be worn if there is anticipated/likely splashing of blood or body fluids.
- A body bag must be used: The act of moving a recently deceased body onto a hospital trolley for transportation to the morgue might be sufficient to expel small amounts of air from the lungs and thereby present a minor risk.
- Once in the hospital mortuary the body bag can be opened for viewing only.
- If a post mortem is required then safe working techniques (e.g. manual rather than power tools and wearing full PPE as per pandemic influenza in the event power tools are used).
- Mortuary staff and funeral directors must be advised of the biohazard risk.
- Embalming is not recommended because of the potential presence of virus in blood.

APPENDICES

Appendix 1

Enhanced Category B Transportation

Category B transportation is appropriate for sending samples from suspected coronavirus patients to local virology laboratories, the WoSSVC and Colindale.

The regulations for Category B transportation require an appropriately trained courier service (**Do not use Royal Mail or DX**) who provide full tracking of their items the appropriate Category B documentation; and UN 3373 labelling on the documentation and the outside of the packages.

As additional precaution for these samples it is required that the Category B packaging used is 'enhanced' as follows:

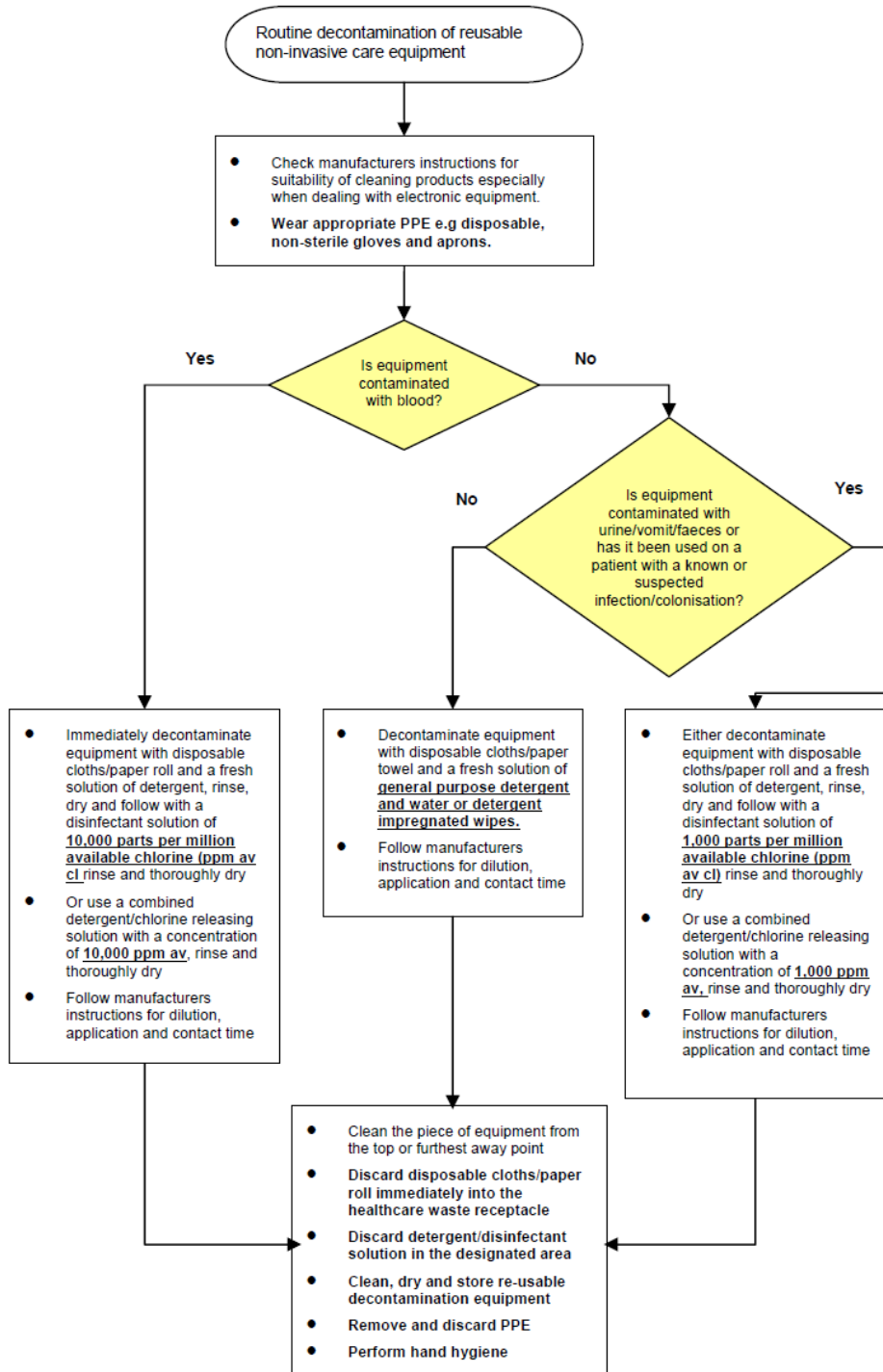
(a) The secondary packaging is of a robust nature and consists of a rigid container with a screw cap lid and 'O' ring (equivalent standard to category A packaging). (b) Enough absorbent material is included within the secondary packaging to absorb the total volume of the sample (c) Samples should be secure within the secondary packaging and separated with cushioning to prevent containers knocking together e.g. use of 'bubblewrap'. (d) Outer packaging must be appropriately labelled as per the regulations below (e) Paperwork must be located between the secondary and outer packaging i.e. not inside the secondary container

Soft packaging such as plastic bags must not be used as the secondary packaging material e.g. as in 'postal packs'. We will advise our couriers not to pick up such items so they will not be moved unless appropriately packaged.

This packaging requirement is similar to that described for safe transport of other higher risk diagnostic materials permitted under category B packaging, such as MTb cultures, as described in the Department of Health document: *Transport of infectious substances - best practice guidance for microbiology laboratories: Department of Health - Publications.*

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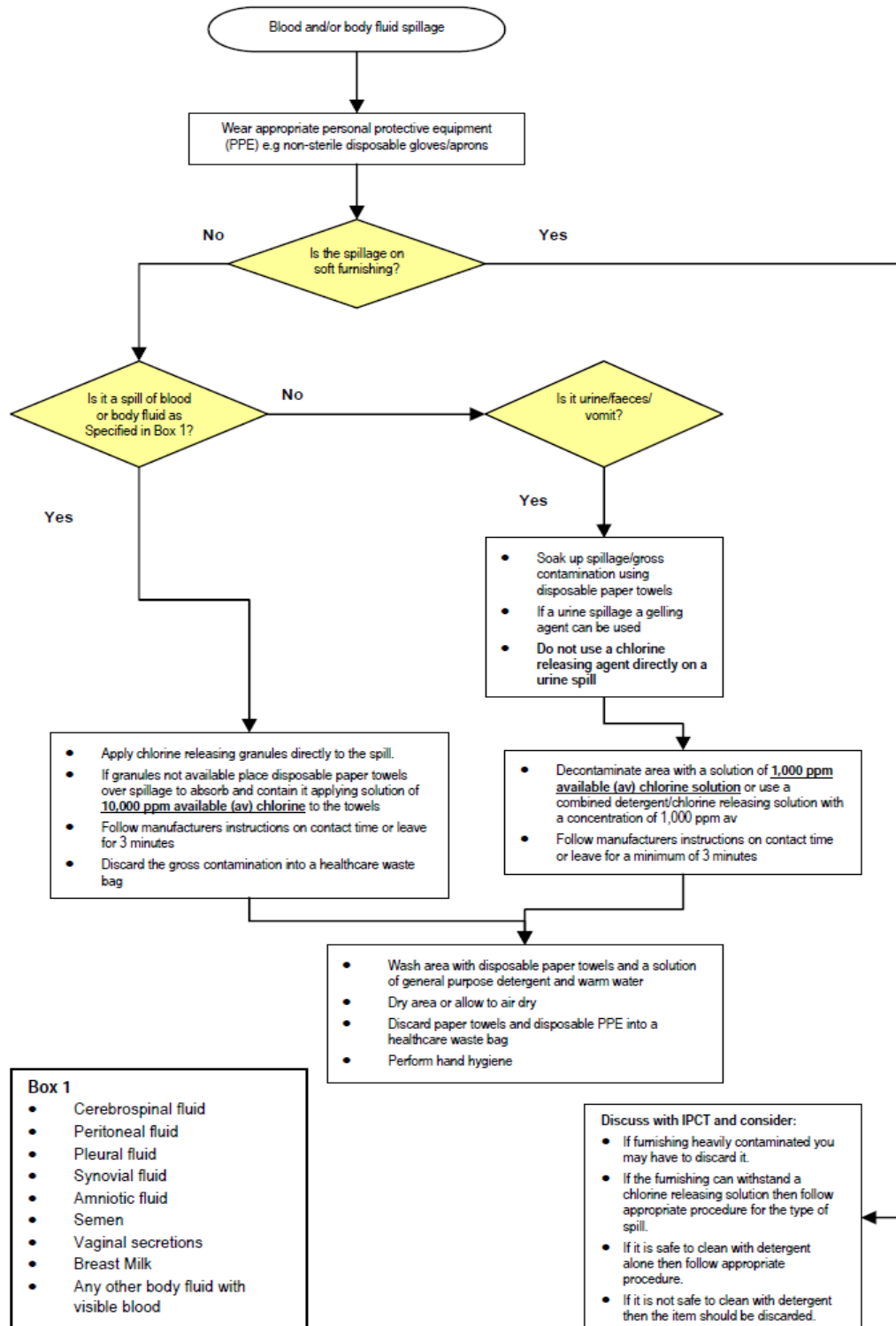
Appendix 2 - Routine decontamination of reusable non-invasive patient care equipment



From 'HPS Scotland Infection Control Advice MERS-CoV Feb 2015 v7.1 p9'

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Appendix 3 – Management of blood and body fluid spillages



From 'HPS Scotland Infection Control Advice MERS-CoV Feb 2015 v7.1 p10'