

VHF ACTION PLAN

DETAILED ACTION PLAN

1 RISK ASSESSMENT

A patient with the **appropriate symptom complex** (see above) where the onset and course of the fever are consistent with VHF:

Minimum risk

- Not from an area known to be endemic for VHF
- From an endemic area >21 days ago
- A patient who has left tropical Africa in the previous 3 weeks, but from a major city where the risk of VHF is considered negligible.

Moderate risk

- From an known endemic area (eg certain parts of tropical Africa) within 21 days
- From an area adjacent to known areas for VHF (ie from rural areas or small towns not generally considered endemic)

High risk

- as “moderate” categories plus
- **Organ failure and haemorrhage**
- Contact with a febrile person for >4h
- Nursed a febrile person or had contact with body fluids from such a person (particularly health-care staff from rural hospitals) or contact with dead bodies.
- Any contact of confirmed cases
- Laboratory worker with contact with samples from a febrile person
- Laboratory worker who handles VHF viruses

The first step is to establish within which band of risk the patient lies.

To start this process, complete a Rural African Risk (RAR) Assessment Form (available at www.infectioncontrolservices.co.uk/forms.htm)

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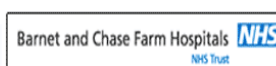
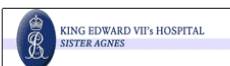
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Issue Date: September 2006

page 1 of 5

Review Date: September 2007



If RAR shows no risk of VHF, unless there are other compelling clinical reasons to suspect VHF, no special procedures are necessary and the patient should be managed in the usual way. The majority of patients identified in this way will have malaria or another non-VHF diagnosis.

If RAR indicates VHF is a possibility, then:

2 CALL

- Explain the need for isolation to the patient
- Remove all unnecessary equipment from the room
- Ensure that all equipment and surfaces in the room are clean
- Contact housekeeping/domestic department for special cleaning of cubicle if required
- Place “Protective Isolation” (white) notice on the door
- Record action in nursing care plan (include reason for isolation, date started and any special precautions thought necessary)
- Inform Infection Control Nurse

3 LOCAL ACTION

1 Management of the patient

For **moderate risk** patients, immediately take blood for a malaria screen. If this test is positive, manage the patient accordingly. If negative, discuss the case with the Consultant-in-charge (Tropical Medicine/Infectious Diseases).

Decide on

- **Source Isolation:** remove the patient in a single room, if possible with negative pressure ventilation.
- **Investigate** according to the agreed level of **suspicion**.

Approved tests on patients with moderate risk include

- Chest X-ray (on the way to the ward)
- EDTA (four tubes, one to parasitology for second malaria screen, one to haematology for full blood count, two to virology for PCR)
- Biochemistry
- Blood cultures
- Serum to be saved in virology

In the first instance do not ask for ESR or clotting

- Decisions as to whether to send serum/EDTA for VHF investigations

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		Review Date: September 2007	
			
			
			

will be made in consultation with the Consultant Virologist.

As soon as the diagnosis is entertained, specimens must be taken from patients only by experienced medical or nursing staff and not by phlebotomists or students. Care must be taken not to contaminate the external surfaces of any container. Samples must be labelled "Danger of infection" and placed in plastic bags that are sealed, then placed and transported in leakproof containers (UN602), clearly labelled "Danger of Infection". Specimens must be transported to laboratories in approved sealed containers by medical staff who will hand them over to the most senior technician available in the specimen handling areas of the laboratory with a clear description of the risk. Laboratories have a right not to process these specimens but have procedures in place for dealing with high-risk specimens. Do not send the specimens via the vacuum tube system or via the portering service.

Specimens in clinical laboratories should be handled in a class I biological safety cabinet in a Category III suite if possible. A blood film/dipstick malaria antigen screen will be done. Blood smears (e.g. for malaria) are not infectious after fixation in solvents. Routine procedures can be used for automated analyzers which will be disinfected as routine.

High risk (high suspicion) patients

Immediately call Consultant in Tropical Medicine/Infectious Diseases to decide on action. Isolate the patient. Use full protective clothing. Take great care if resuscitating a patient and do not perform mouth-to-mouth respiration.

2 Management of contacts (control of infection)

For moderate and **high risk** cases

- Restrict the number of staff attending the patient
- Record the names of ALL contacts (See website for Contact Tracing Sheet www.infectioncontrolservices.co.uk/forms.htm)
- One visitor who accompanied the patient to hospital may be allowed in the isolation room.
- Contact Infection Control Team

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		Review Date: September 2007	
			
			
			

In the Outpatient department

Ill persons undergoing Outpatient evaluation are usually in the early stages of disease and are unlikely to have vomiting, diarrhoea, coughing or haemorrhage. These symptoms/signs would increase the likelihood infectivity so patients with these symptoms should be removed to an isolation room immediately. Otherwise, universal precautions (particularly avoiding the risk of Sharps injury) are sufficient⁴.

Spillages of blood, urine, faeces, or vomitus, should be treated according to the spillage policy with chlorine releasing agents in granular or liquid form (See Spillage Policy).

In the A/E Department

Tropical patients with PUO in A/E should be put in a side area. A negative pressure room is not required during the early stages of illness but should be used whenever there is bleeding or other risk of aerosol.

Inpatients

Transfer to a properly ventilated side room in an isolation unit should be considered at the time of hospitalisation to avoid the need for subsequent transfer of the patient. Patients with a (moderate or high risk) diagnosis of suspected VHF must be nursed in Source Isolation by trained staff who are properly dressed

PROTECTIVE CLOTHING TO BE WORN

Moderate risk VHF

When handling the patient or collecting specimens or disposing of waste, WEAR

- Theatre clothes
- Plastic apron
- Gloves
- Dust-Mist mask (eg Technol), properly fitting
- Visor (for procedures such as collecting blood or doing suction)

High risk VHF (bleeding), in addition:

- Paper theatre gown over the plastic apron

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		Review Date: September 2007	
			
			
			



- Theatre hat
- Theatre clothes will be changed before leaving the isolation area and discarded in a suitable waste bin kept in the anteroom (for incineration). A chain of evidence form will be used to check that all waste is incinerated.
- Protective clothing will be available in A/E

Other Infection Control Issues Guidance can be provided by Infection Control Team

SpR microbiology will inform consultants and Infection Control Nurse as soon as practicable. The infection control nurse/doctor will provide infection control support and advice to staff in all areas where the patient the patient has visited

Spillage/contamination

Environmental surfaces or inanimate objects contaminated with blood, other body fluids, secretions or excretions should be disinfected using dichloroisocyanurate granules (for spillages) or fresh 10,000ppm free chlorine solution.

REFERENCES

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