

Viral Haemorrhagic Fever & Dangerous Exotic Infections including Ebola Plan



Type of document

Please tick the relevant box:

Policy (must do) ☐

Guidance (should do) ☐

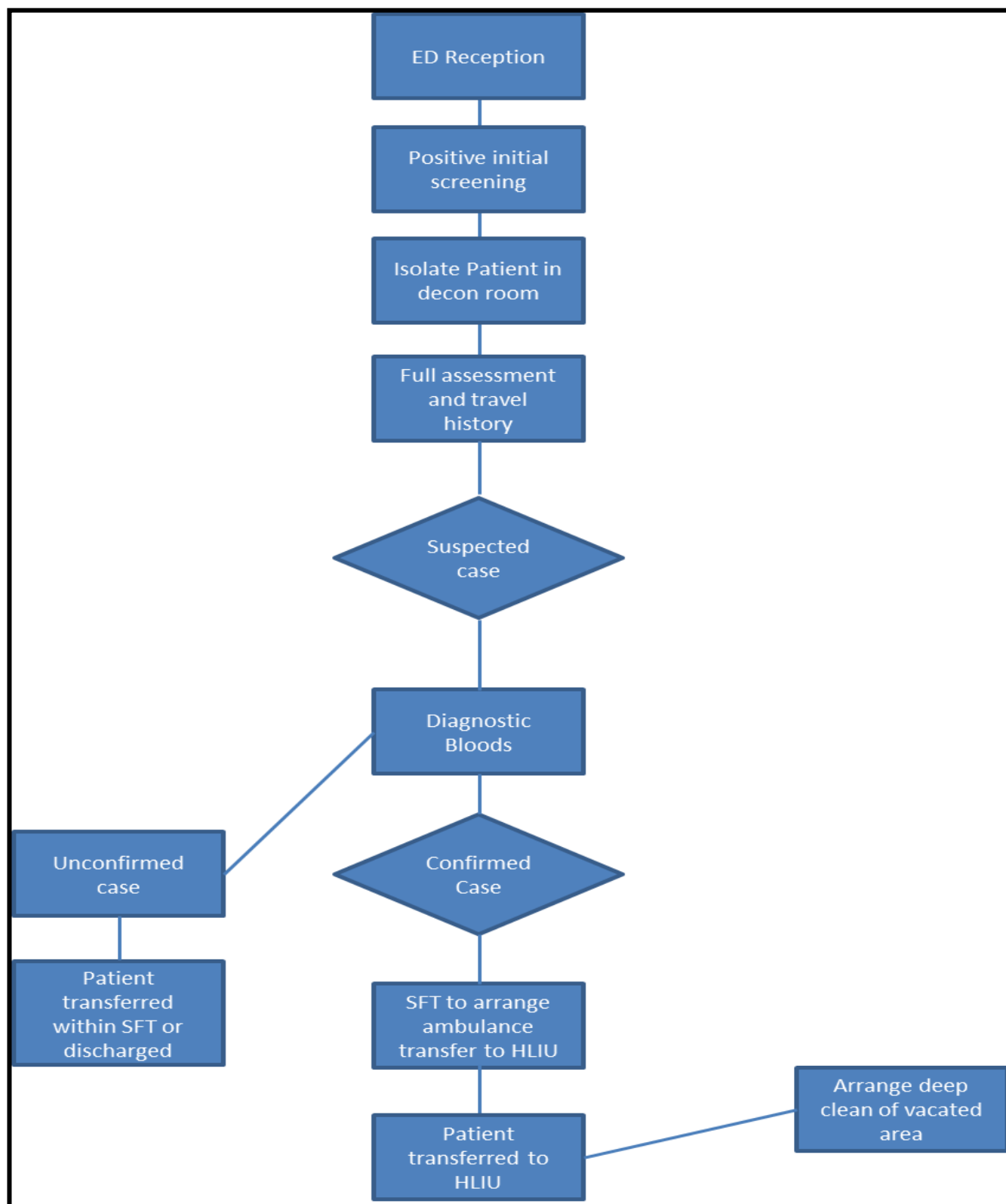
Protocol/procedure (must do) ☒

Responsible for guidance:	EPRR Steering Group/ Ebola Preparedness Group
Name of responsible board/committee:	EPRR Steering Group
Date Approved:	15/11/2021 Chairs Action
Name of responsible board/committee:	Clinical Management Board
Date ratified:	Zoe Cole via Chairs email action Dec 2021
Contact Details:	EPRR Manager: Ext 5699
iRespond cards:	03.059 – 03.092 05.031 – 05.034

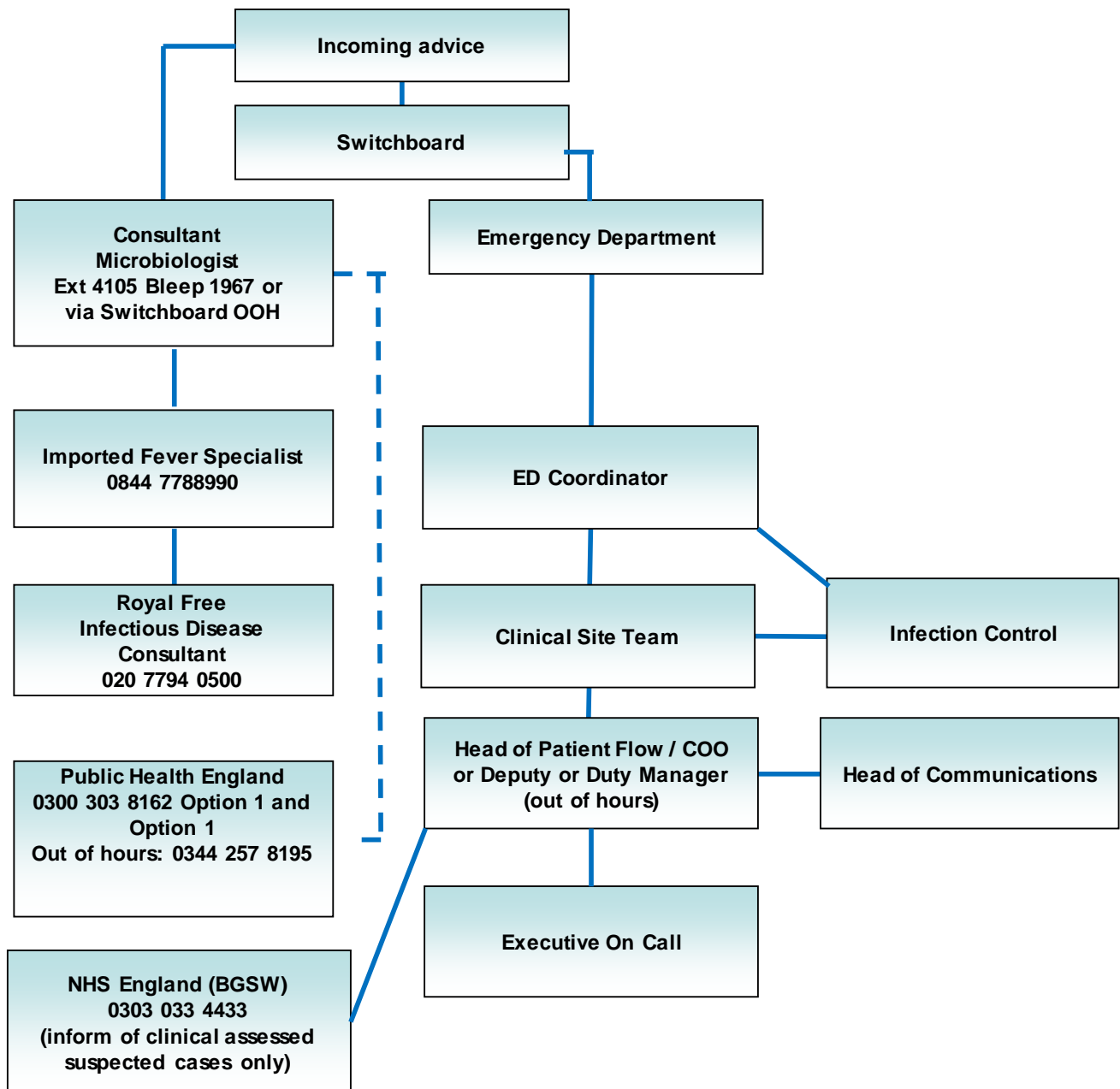
Title:	VHF Plan Index of cards	Serial Number: n/a	
Owner:	EPRR Manager		
Version:	1.0	Date: Nov 2021	Review: Nov 2023

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Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Overview of Patient Pathway	Serial Number: 03.059	
Owner:	Consultant Microbiologist		
Version:	2.0	Date: Nov 2021	Review: Nov 2023



Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Channels of Communication (who tells who)	Serial Number: 03.060	
Owner:	EPRR Manager		
Version:	2.0	Date: Nov 2021	Review: Nov 2023



Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – ED Reception (Screening)	Serial Number: 03.062	
Owner:	Nicola Heydon		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for ED Receptionist in relation to the response to a suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Screening	<p>Ask each patient that presents to ED:</p> <ol style="list-style-type: none"> 1. Have you been out of the country in the last 21 days? If yes go to question 2. 2. Have you been to known area with a VHF outbreak in the last 21 days and have symptoms such as: <ul style="list-style-type: none"> • Fever • Headache • Body aches • Diarrhoea • Vomiting 3. Have you cared for or come into contact with anyone known or suspected to have the Ebola virus?
If yes and patient is <u>NOT</u> vomiting, bleeding, diarrhoea	<p>4. If the patient has answered YES to 2 or 3 above:</p> <p>Hand the patient a clipboard asking them to complete their Date of birth, full name, address with postcode, GP and next of kin details. They must keep the clipboard with them and pass it to the nurse when requested.</p> <ul style="list-style-type: none"> • Ask the patient to immediately leave the Emergency Department through the sliding doors • Walk forward and wait in the yellow chevrons on the ramp • Inform the patients that an Emergency Department nurse will meet you. • Please wait to be collected by the nurse, do not enter the building. <p>5. Call 320424 (this is the red phone in majors NB. Need 9 for outside line) and notify the senior nurse that a query Ebola case is waiting in the yellow chevrons on the ramp.</p> <p>6. Do not book the patient in until the nurse telephones the information to you.</p> <p>7. If the patient has made contact with the reception desk inform the nurse in charge who will arrange for it to be cleaned in accordance with Action card 03.074.</p> <p>8. Take the hand free navigator phone and plug into the telephone point in the relatives room. This is extension 2554. Hand phone to Nurse in Charge.</p>
If patient <u>IS</u> vomiting, bleeding, diarrhoea	<p>9. As above but nurse in full PPE to clean reception area with:</p> <p>10,000ppm is equal to:</p> <ul style="list-style-type: none"> • 1:100 or 10:1000 <p>10 tablets in 1000ml of water using (1.7g SoClor DST tablet. See Action Card 03.074</p> <p>10. Request ED coordinator to arrange nurse to attend to other patients in ED reception while cleaning is undertaken.</p>
Ebola transmission	<p>Ebola virus is not spread through routine social contact (such as shaking hands or sitting next to someone) with asymptomatic individuals.</p> <p>Unlike infections like 'flu or measles, which can be spread by virus particles that remain in the air after an infected person coughs or sneezes, transmission of Ebola from person to person is by direct contact with the blood or body fluids (e.g. saliva, vomitus, urine, stool and semen) of a symptomatic infected person. This means that the body fluids from an infected person (alive or dead) have touched someone's eyes,</p>

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	<p>nose or mouth, or an open cut, wound or abrasion. There is no evidence of transmission of Ebola virus through intact skin or through small droplet spread, such as coughing or sneezing.</p> <p>Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen, or used needles.</p>		
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Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Clinical Site Manager response	Serial Number: 03.063	
Owner:	Head of Patient Flow		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for Clinical Site Manager to coordinate the site response in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Actions	<ul style="list-style-type: none"> • You will be informed of suspected case as per the channels of communication • On receiving the alert, you will link with the Head of Patient Flow / Deputy COO/ COO or DM/ On call Exec OOH ensure ED Coordinator has been informed and if appropriate SWAST. • Assess the current hospital bed state and inform Head of Flow / Deputy COO/ COO or DM/ On call Exec OOH • Support ED with the decant of SSEU if/when required. Do not decant SSEU until instructed by Head of Patient Flow / Deputy COO/ COO or DM/ On call Exec OOH • Identify appropriate side room availability • Continue to support ED to ensure the smooth running of department and ensure patient flow through the Trust is maintained • Retain confidentiality regarding the situation and conversations which take place where possible should be in a non-public facing area, ensuring clear communication to the key players involved in the incident

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Tactical Command (Patient Flow/Deputy COO or COO)	Serial Number: 03.064	
Owner:	Deputy COO		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	<p>To provide a checklist for Tactical Command to coordinate the Trust response in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola.</p> <p>Note: This role may initially be undertaken by the Patient Flow Manager and handed over to the COO or Deputy COO.</p>
Actions	<ol style="list-style-type: none"> 1. Confirm ED, Site and Micro have been alerted to the situation 2. COO to make necessary arrangements to attend site if not in the locality 3. Brief the Strategic Command (Gold) and or Executive on call and Head of Communication on the known situation and agree coordinated response 4. Proceed to the ED department to assess the current situation 5. Risk assess the situation based on the internal incident plan 6. Consider calling a critical incident to ensure partners participate in a gold call to assess the situation, and we have the partners preparing to assist as per LHRP Incident plan 7. Notify Wiltshire CCG of situation on 0333 016 2091 (SPOC Incident number), and CCG will notify NHSE and start the Critical Incident cascade 8. Consider request to set up incident control centre (ICC) and if appropriate request attendance of Loggist 9. Receive hospital capacity information from Clinical Site Team 10. Consider Microbiologist on call situation in relation to response, is the microbiologist on call from SFT or Dorchester Hospital 11. If suspected case is in any other location than ED, ensure the equipment from ED has been transferred to the new location and appropriately trained staff deployed to the area and consider the management of waste in the new area 12. Ensure you maintain a log of decisions which are logged contemporaneously in personal log books if the Loggist pool has not been activated 13. Cascade to Senior Managers information on the incident for awareness purposes 14. Link with ED to ensure PPE trained staff (from other areas) are identified from the list who can relieve the ED staff to ensure the smooth handover and ability to continue to provide care across the Emergency Department 15. Consider prioritising staff to ensure able to staff a protracted incident 16. Carry out staff assessment in conjunction with ED Coordinator, to ensure continuity of services and the ability to staff the Ebola response area 17. Ensure links have been made with SWAST regarding patient transfer if required

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Tactical Command (Patient Flow/Deputy COO or COO)	Serial Number: 03.064	
Owner:	Deputy COO		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

	<p>18. Consider whether there is a need to close the ED ramp and instigate action card 03.081 (Security / Portering)</p> <p>19. Results from PHE will be communicated to the on call Microbiologist, who will inform Tactical Command of the result.</p> <p>20. If patient positive instigate Action Card 03.083 – closure of ED ramp (if not already in place)</p> <p>21. If patient negative instigate stand down from the incident response</p> <p>22. Keep all correspondence and documentation related to the incident as future evidence</p>
Actions at stand down	<ol style="list-style-type: none"> 1. Notify teams of the decision to stand down. The Trust can only stand down on instruction from the Tactical (Silver) command 2. Consider incident impact and recovery plan 3. Coordinate a hot debrief with the IMT 4. Collect decision logs, and other documentation related to the incident and handover to the EPRR Manager to ensure documentation securely stored 5. Attend the wash up/lessons learnt within 14 days from stand down, to ensure learnings are captured

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Executive on Call (Strategic Command)	Serial Number: 03.065	
Owner:	EPRR Manager		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for Executive on Call – Strategic Command to coordinate the site response in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Actions	<ol style="list-style-type: none"> 1. Make necessary arrangements to attend site and remain in Trust HQ 2. Provide the strategic link to other partners as required 3. Assist the Head of Communications with preparation of press statements as required 4. Consider cascading to other Executive team information on the incident for awareness purposes 5. As soon as the loggist pool has been activated the EPRR Manager will allocate you a loggist, In the interim, keep a personal log of decisions in your allocated pocket log book 6. Provide a briefing for the loggist prior to the loggist commencing logging on your behalf 7. Ensure decisions are logged contemporaneously 8. Prepare for any requests to be the hospital spokesperson in conjunction with Head of Communications 9. Liaising with Head of Communications ensure measures are in place to deal with staff and family welfare should the case be diagnosed as positive (as advised by PHE) 10. Keep all correspondence and documentation related to the incident as future evidence 11. Ensure the organisation completes a hot debrief
Actions at stand down	<ol style="list-style-type: none"> 1. Only stand down on the instruction of the Tactical (Silver) Commander 2. Notify any appropriate partners of our formal approved decision to stand down 3. Provide your decision log and related documentation to the EPRR Manager to ensure these are securely stored 4. Participate in hot debrief led by Tactical commander 5. Attend the wash up/lessons learnt within 14 days from stand down, to ensure learnings are captured

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Head of Communications	Serial Number: 03.066A	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for Head of Communications in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Summary of Role	<p>To support media enquiries, requests for information about the hospital's preparedness for dealing with patients who have the Ebola virus and arranging providing interviews where necessary.</p> <p>To deal with media enquiries where a patient is admitted as either a possible or confirmed case and liaising with the appropriate authorities to ensure a consistent approach according to national guidelines.</p> <p>To set up the Boardroom as a Media Room (holding area) if media arrive on site.</p> <p>To inform and reassure SFT staff not directly involved</p>
Procedure for dealing with general enquiries	<p>Individual Trusts have responsibility for dealing with general enquiries about their own preparedness to deal with cases of Ebola.</p> <p>Statement and key message:</p> <p>While the risk to the UK from the Ebola virus continues to remain very low, Salisbury District Hospital, along with other hospitals across the country, has been working closely with NHS England and Public Health England to put in place robust contingency plans to manage any patients with suspected infectious diseases based on agreed national guidelines.</p> <p>Our staff are highly trained in dealing with situations such as this and key clinical and non-clinical teams have met regularly to test our own arrangements and to ensure the staff are up to date with the latest confirmation and training in this area to ensure the safety of our staff and patients. The Trust also has procedures in place which cover the isolation of patients, diagnostic testing and care of those with infection.</p>
Instances where Media arrive on site	<p>If the Trust has no possible or confirmed case, the media should be given confirmation of this, provided with general information about the Trust's preparedness and asked to leave. If they want further information or an interview they should contact the Communications Department in the normal way.</p> <p>If the Trust has a suspected or confirmed case and a number of media arrive on site, in order to protect patients and staff and limit disruption to hospital services they should be located in the Boardroom or a suitable alternative.</p> <p>Further advice should be sought from the relevant Communications team (PHE, NHS England) that will relate to actions taking place for possible and confirmed cases.</p> <p>Under the guidance of that authority, if a press conference is required the Boardroom can be set aside for this purpose if/when required.</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Head of Communications – Dealing with Possible cases of Ebola	Serial Number: 03.066B
Owner:	Head of Communications	
Version:	2.0	Date: Nov 2021 Review: Nov 2023

Purpose	To provide a checklist for Head of Communications in relation to the possible case of Viral Haemorrhagic Fever or other dangerous Exotic Infections, including Ebola.
Procedure for dealing with Possible Cases of Ebola	<p>If a patient has symptoms of Ebola, such as a high temperature, and a history of travel to West Africa, even if Ebola is considered very unlikely, they will be tested for the infection as a precaution. The patient will be isolated in a designated area to minimise contacts with other people while they are waiting for the results of the test.</p> <p>3.1. If a patient is being tested for Ebola:</p> <p>A. Contact the local PHE Centre communications team for advice on preparing a reactive media line. Do not do any proactive communications around possible cases. Do not issue any statements to the media without first contacting the local PHE Communications team.</p> <p>PHE Comms In Hours: Call the PHE Comms team in Bristol on 0117 968 9113 OOH: Georgie Tombleson 07584 336323</p> <p>See below template of a PHE reactive statement they may issue, once PHE incident team confirms case is being tested. Any trust statement in agreement with PHE can follow in the same vein.</p> <p>A patient has been admitted to Salisbury District Hospital and is currently undergoing a series of tests – one of which is for Ebola.</p> <p>We do not expect the results to be known until (Insert day am/pm) and in the meantime the patient is being looked after in isolation, following nationally agreed guidelines and protocols to protect the health of our staff and other patients.</p> <p>The Trust has been following national guidance around Ebola and made plans in line with advice from Public Health England and NHS England.</p> <p>The infection can only be transmitted through contact with the bodily fluids – such as blood, vomit or faeces - of an infected person. PHE and NHS England have advised all front line medical practitioners and NHS call handlers to be alert to signs and symptoms of Ebola in those returning from affected areas and following such advice we would expect to see an increase in testing.</p> <p>Please note: If the test result is negative, a statement may need to be issued proactively to media to end speculation of the suspected/possible case. For example: “Ebola was considered very unlikely but testing was done as a precaution, and was negative.”</p> <p>Use internal communication channels to reassure, staff and subsequently based upon the messages agreed.</p> <p>B. Alert local NHS England (South) media team.</p> <p>In hours: In hours: Please dial 07710 152 465 or email england.swcomms@nhs.net Out of hours: For urgent out of hours media enquiries dial 0844 544 9633</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Head of Communications – Dealing with Possible cases of Ebola	Serial Number: 03.066B	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

	<p>C. Email or alert the national NHS England media team, especially if there is a new media enquiry to ensure a coordinated response.</p> <p>To contact the national media team during normal office hours please call: NHSEngland.media@nhs.net 0113 825 0958 / 0113 825 0959 For out of hours media calls: 07768 901293.</p> <p>All media statements should be passed by NHS England to ensure consistency of messaging before issuing to the media.</p>		
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Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Head of Communications – Highly Possibility of Ebola	Serial Number: 03.066C
Owner:	Head of Communications	
Version:	2.0	Date: Nov 2021 Review: Nov 2023

Purpose	To provide a checklist for Head of Communications in relation to the high possibility case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Procedure for dealing with High Possibility cases of Ebola	<p>If a patient presents with more severe symptoms of Ebola (such as uncontrolled diarrhoea/vomiting, bruising, or bleeding), a history of travel to West Africa or has come into contact with someone strongly suspected of having Ebola, they will be considered a high possibility case. While they are being tested, they will be isolated.</p> <p>Immediately make contact with local PHE Centre communications team for advice and actions on the next steps if the diagnosis is positive.</p> <p>PHE Comms In Hours: Call the PHE Comms team in Bristol on 0117 968 9113 OOH: Georgie Tombleson 07584 336323</p> <p>B. Advise local NHS England (South) media teams. In hours: Please dial 07710 152 465 or email england.swcomms@nhs.net</p> <p>Out of hours: For urgent out of hours media enquiries dial 0844 544 9633</p> <p>C. Alert the national team</p> <p>To contact the national media team during normal office hours please call: NHSEngland.media@nhs.net 0113 825 0958 / 0113 825 0959 OOH Media calls: 07768 901293.</p> <p>They will support us prepare proactive communications material for staff, patients and the local community, in the event of a positive diagnosis. While test results are awaited, reactive PHE statements will be needed. For example:</p> <p>‘A patient has been admitted to Salisbury District Hospital and is currently undergoing a series of tests – one of which is for Ebola. We do not expect the results to be known until (Insert day am/pm) and in the meantime the patient is being looked after in isolation, following nationally agreed guidelines and protocols to protect the health of our staff and other patients.</p> <p>The Trust has been following national guidance around Ebola and made plans in line advice from Public Health England and NHS England.</p> <p>It is important to remember that, the infection can only be transmitted through contact with the bodily fluids – such as blood, vomit or faeces - of an infected person. PHE and NHS England have advised all front line medical practitioners and NHS call handlers to be alert to signs and symptoms of Ebola in those returning from affected areas and following such advice we would expect to see an increase in testing.’</p> <p>Please note: If the test result is negative, a statement may need to be issued proactively to media to end speculation of the suspected/possible case. For example: ‘Ebola was considered very unlikely but testing was carried out as a precaution. The result was negative.’</p> <p>Use the internal communications tools to inform Trust staff of any statements issued.</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Head of Communications – Confirmed cases of Ebola	Serial Number: 03.066D	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Oct 2023

Purpose	To provide a checklist for Head of Communications in relation to the confirmed case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Confirmed Cases of Ebola	<p>If a test is positive for Ebola then arrangements will be made by the clinical team caring for the patient in conjunction with NHS England and the emergency preparedness, resilience and response (EPRR) team on call duty officer for the patient to be transferred to the High Level Isolation Unit at the Royal Free Hospital in London.</p> <p>At the point at which the positive diagnosis is confirmed by PHE's laboratory at Porton Down, national emergency preparedness, resilience and response (EPRR) teams from PHE, Department of Health and NHS England will brief their organisations in the usual way.</p> <p>National communications teams in the three organisations will be informed as part of this cascade and will be requested by their national EPRR colleagues to facilitate an urgent communications teleconference, as part of the cross-system emergency planning virtual comms team with the Trust's communications team and the Royal Free Hospital to discuss actions and next steps.</p> <p>A cross-government media handling plan has been prepared in the event of a positive case and this will be activated following the teleconference. Pre-prepared key messages, media lines and social media content will aim to give reassurance about the readiness of the NHS systems to treat the patient and trace anyone who may have had contact with the individual.</p> <p>PHE, NHS England and the Department of Health will help ensure that proactive communications material is prepared and available for your staff, patients and the local community.</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Duty Consultant Microbiologist response	Serial Number: 03.067	
Owner:	Paul Russell		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for Consultant Microbiologist to coordinate the site response in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Role	To coordinate infection diagnosis and provide infection control support to the ED team; to act as initial route of communications with PHE Fever Service and PHE response (Avon, Gloucester and Wiltshire Centre Team).
Actions	<ul style="list-style-type: none"> • Weekday and weekend out of hours practice for Consultant Microbiology on-call. Consultant Microbiologist to be contacted via Bleep 1967 during working hours (Mon-Fri 0900-1700) or via switchboard during silent hours • Will be notified by duty ED Consultant or deputy on notification of possible Ebola linked case in preparation for diagnostic testing • ED Consultant or deputy to provide the following information required by PHE. This is only a range of possible information (NOT inclusive or exclusive) which may be required by PHE: <ul style="list-style-type: none"> ❖ Name, date of birth, home address with postcode and NHS number of case; Hospital number if previous in-patient; reliable contact number (so PHE can call re: transport, missing information etc) ❖ Location of patient (home/ED- decontamination room, other location?) ❖ Type of worker – Military, frontline healthcare (nurse, doctor etc), laboratory worker (if so are they PHE or other employer, and whom) etc ❖ Dates of arrival and departure in known area with a VHF outbreak ❖ Where in the known area with a VHF outbreak (country, town, facility) ❖ Date of arrival back in UK ❖ Date of onset of illness – more specifically if symptoms commence on different days, dates of each new symptom ❖ Grade of worker according to PHE (0,1,2,3). Have they been advised to take 12 hourly temperature, and if so what has been the trend? ❖ Have they been told to remain at home (where have they been since return) or advised can return to work, if so what date? ❖ Any contact with known or suspected case in known area with a VHF outbreak either in the facility, outside in community, attendance at funerals, gathering especially where population or at risk population present ❖ Any known failures in PPE ❖ Any known exposure other than physical contact with at-risk tissues – blood, urine, body fluids, corpses, etc. Including eye splashes and needle stick events. ❖ Accommodation – near facility, on facility, elsewhere? Any risk of contact even incidental with local populace or possible at-risk individuals (including healthcare, military, administrative, laboratory personnel who subsequently developed symptoms in known area with a VHF outbreak, on journey/flight back/airport/since returning back to UK ❖ Any contact with non-Ebola viral illness, e.g. influenza, coryzal illness, pharyngitis, etc during stay or on return from UK? ❖ Any vaccinations or procedures since return to UK – if so, what, when, location and by whom? ❖ Any infection treatments – antibiotics, anti-diarrhoea, anti-parasite, etc. What, start date, course length, issued by whom? Includes both West Africa and UK ❖ Malaria prophylaxis – what? Dose? Are they still taking it (and of not when was it stopped)? ❖ Contacts at home, work, community since onset of first symptoms (in case need to trace later) • Will contact Fever Service duty Consultant to discuss and determine risk level and urgency of testing/transport – A for high risk, B for low risk (Phone 0844

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Duty Consultant Microbiologist response	Serial Number: 03.067	
Owner:	Paul Russell		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

	<p>7788990)</p> <ul style="list-style-type: none"> To contact duty Microbiology BMS to confirm probability of call to attend laboratory if patient still at home. To confirm arrangements for arrival including estimated time once patient arrived; immediately if patient presented to ED. Will need to ensure list of on-call BMS staff available for direct contact or via switchboard To contact duty PHE Consultant (AGW) Via 0300 3038162, option 2 (Mon – Fri, 9am to 5pm) or via out hours number (0344 257 8195, and ask for second – on/Consultant PHE for Ebola event) NB: Likely at present to get PHE first-on who then speak to second-on who then calls back. Provides information from ED Consultant above to Fever Service and then PHE AGW Consultant. Latter should initiate HART ambulance response. Include name of ED Consultant and ED contact extension – 4157 (Majors). On being informed by ED Consultant or deputy of arrival of patient in ED, request Microbiology BMS to attend (if out of hours) Liaise with Micro BMS and Fever Service re: getting sample packaged and sent for testing (BMS to call courier on arrival at lab) Contact point for Fever Service when result available UNLESS arranged for direct contact with ED Consultant or deputy Notify Tactical Command as soon as results known Contact point for PHE AGW UNLESS arranged for direct contact with ED Consultant or deputy Contact point for ED Consultant, deputy, Chief Operating Officer and Duty Manager At any time Fever Service Consultant and/or PHE AGW Consultant may be referred to ED Consultant or deputy to reduce number of calls required to make risk assessment via ED extension number otherwise delays and untimely information may produce unwanted deviations from protocol or timeline.
NOTES:	<ol style="list-style-type: none"> Out of hours, on call Microbiologist will be off site and unlikely to be available to come into hospital. Infection Control Nurses are available Monday to Friday 8am – 4pm. Out of hours and weekends any infection control issues/questions are dealt with by the duty Consultant Microbiologist.

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - BMS		Serial Number: 03.068	
Owner:	Joanne Harris & James Ryan			
Version:	2.0		Date: Nov 2021	Review: Nov 2023

Purpose	To provide a summary of actions for Microbiology BMS Staff in the event of responding to a suspected Viral Haemorrhagic Fever and dangerous exotic infections including Ebola. This iRespond card should be read in conjunction with Microbiology SOP MIC-SOP-036.
Hours	In hours – Microbiology team Out of Hours – on call Microbiology Technician (Switchboard have the roster)
Summary of role for Microbiology BMS	BMS is responsible for obtaining specimens from ED for rapid malaria testing and arrange transportation of samples to PHE Porton for Ebola PCR.
Samples required	For reference laboratory: 2x EDTA + 2x SST For microbiological testing: Blood cultures For rapid malaria: 1x EDTA For blood sciences testing: 1x EDTA, 1x blue citrate, 2x SST, 1x grey top
Actions	<p>Initial contact</p> <ul style="list-style-type: none"> ED to notify Microbiology Consultant (On-call microbiology consultant if out of hours) Microbiology Consultant contacts BMS BMS attends laboratory <p>Courier status determined</p> <ul style="list-style-type: none"> Microbiology Consultant to liaise with Imported Fever Service and determine courier status of sample (Category A or B) and informs BMS to enable appropriate transportation. <p>BMS to collect samples from ED</p> <ul style="list-style-type: none"> BMS takes prepared red VHF transport box from Microbiology Specimen Reception to ED and exchanges it for a red transport box containing the specimens and request cards. <p>Rapid Malaria testing</p> <ul style="list-style-type: none"> Microbiology BMS to conduct rapid malaria test using 1x EDTA in the microbiological safety cabinet in Containment Level 3. Haematology BMS to oversee test and report. <p>BMS to package samples for PHE Porton</p> <ul style="list-style-type: none"> Microbiology BMS to package 2x EDTA and 2x SST samples in accordance with transport regulations. BMS to complete RIPL request form and dangerous goods note (if transport is Category A). <p>BMS to arrange transport to PHE Porton</p> <ul style="list-style-type: none"> If Category A: Contact CryoPDP on 01784 4204666 (option 2 during daytime). Email UKcryopdp-customerservice@airliquide.com. They will require a dangerous goods note (see Ebola folder in Microbiology). If Category B: During day-time hours: Contact Value Cars on 01722 505050, account name is Salisbury. They will collect from Pathology Reception. If out-of-hours: Contact City Cabs on 0800 888888. Account name is Microbiology, Pin is 730003.

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - BMS	Serial Number: 03.068	
Owner:	Joanne Harris & James Ryan		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Storage/testing of other samples while awaiting PCR result

- All other samples including blood cultures should be stored in the microbiological safety cabinet until Ebola PCR is known.
- If Microbiology and ED consultants require urgent biochemistry or haematology testing, they will liaise with the Lab Medicine Manager.

Results:

- The result will be telephoned from PHE Porton to the Microbiology consultant.
- The result will be reported on Telepath by a BMS and authorised by a Consultant.
- Note, the result may take a number of hours.

Waste handling

- If the Ebola PCR is positive, the Microbiology team will destroy all remaining samples in the Containment Level 3 waste.
- If the Ebola PCR is negative, then samples can be tested and handled in the same manner as other HG2 samples.

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – ED Coordinator	Serial Number: 03.069	
Owner:	Nicola Heydon		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for ED Coordinator in relation to the response to a suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Intro	<p>Ebola should be suspected in individuals with a fever [$>37.5^{\circ}\text{C}$], or history of fever in the previous 24 hours, who have visited a known area with a VHF outbreak within the past 21 days or who have cared for / come into contact with body fluids or clinical specimens from a live or dead individual or animal known or strongly suspected to have the Ebola virus VHF.</p> <p>Patients at risk should be identified at ED reception or pre hospital by ambulance crews who should have pre alerted with their concerns.</p>
Actions for Nurse coordinator if patient at risk is identified.	<p>Clarify with the patients on the ramp re:</p> <ol style="list-style-type: none"> 1. Have you been out of the country in the last 21 days? If yes go to question 2. 2. Have you been to known area with a VHF outbreak in the last 21 days and have symptoms such as: <ul style="list-style-type: none"> • Fever • Headache • body aches • diarrhoea • vomiting 3. Have you cared for or come into contact with anyone known or suspected to have the Ebola virus? 4. Inform ED Consultant. At night there may be a 20 minute delay in their arrival in the department 5. Empty the decontamination room of the trollies and place in ambulance corridor. 6. Identify 2 members of nursing staff to begin donning PPE. Use viewing room. 7. Inform site manager of query Ebola case. They will contact all other resources as shown on Action card 03.063 8. Contact Consultant Microbiologist via switchboard 9. Identify a designated 'runner' this does not have to be clinically trained personnel. 10. The hands free navigator phone to be plugged into the telephone point in the relatives room by reception. This is extension 2554. Handheld phone to be given to the nurse in the decontamination room as point of contact. <p>Until extra personnel arrive to take on the role of 'undresser' the second ED nurse in PPE should remain outside the decontamination room as the undresser. This means there will be 2 personnel in the room with the patient, the ED Consultant and the first ED nurse</p>
During assessment of patient	<p>The ED nurse co-ordinator should remain in the main area of the Emergency Department and be in contact with staff in decontamination room by phoning ext 2554</p> <ol style="list-style-type: none"> 1. Set alarm for 60 minutes then identify 2 further members of staff to begin donning PPE the timings will need to be adjusted to suit individual requirements – 90 minutes is intended as the upper limit.

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – ED Coordinator	Serial Number: 03.069	
Owner:	Nicola Heydon		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

	<ol style="list-style-type: none"> At about 90 minutes (or when the next team of 2 are ready) the incoming team should enter the decon room and take a handover from the outgoing team. The outgoing team must then carefully begin the doffing process as shown on Action card 03.077
Diagnostic testing	<ol style="list-style-type: none"> A blood request card should be printed off by the nurse co-ordinator as soon as the patient is formally booked in. The medic who is taking the samples should follow the procedures in Action card Liaison with the Microbiologist is essential regarding storage of samples until a courier can retrieve them.
Records	Record of all staff that has been in contact with the patient should be maintained by each department for future contact tracing collated daily by Occupational Health.

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – ED Clinician (inside decon. Room wearing full PPE)	Serial Number: 03.070	
Owner:	Nicola Heydon		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for ED Clinician (inside decontamination room wearing full PPE) in relation to the response to a suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola		
Take clinical and travel history	<ol style="list-style-type: none"> 1. Full medical history including: <ul style="list-style-type: none"> • Past medical history • Drug history 2. Full travel history including: <ul style="list-style-type: none"> • Date left UK • Return date UK • Countries visited and dates in each country • Reason for each country (living, working, holiday) • Has the patient visited any caves or mines (when and where) • Has the patient come into contact with primates, antelopes or bats (when and where) • Has the patient come into any contact with locals, visiting villages etc 		
Full medical examination	<ol style="list-style-type: none"> 3. Full set of obs 4. Full clinical examination, including any bleeding from gums or other serous membranes. 		
Call Microbiology consultant	<ol style="list-style-type: none"> 5. See Action Card 03.067 Microbiologist below is the type of questions PHE will expecting to be answered from this card: <ul style="list-style-type: none"> ➤ Name, date of birth, home address with postcode and NHS number of case; Hospital number if previous in-patient; reliable contact number (so PHE can call re: transport, missing information etc.) ➤ Location of patient (home/ED- decontamination room, other location?) ➤ Type of worker – Military, frontline healthcare (nurse, doctor etc.), laboratory worker (if so are they PHE or other employer, and whom) etc. ➤ Dates of arrival and departure in known area with VHF outbreak ➤ Where within the area of the known outbreak (country, town, facility) ➤ Date of arrival back in UK ➤ Date of onset of illness – more specifically if symptoms commence on different days, dates of each new symptom ➤ Grade of worker according to PHE (0, 1, 2, 3). Have they been advised to take 12 hourly temperature, and if so what has been the trend? ➤ Have they been told to remain at home (where have they been since return) or advised can return to work, if so what date? ➤ Any contact with known or suspected case in known area with a VHF outbreak either in the facility, outside in community, attendance at funerals, gathering especially where population or at risk population present ➤ Any known failures in PPE ➤ Any known exposure other than physical contact with at-risk tissues – blood, urine, body fluids, corpses, etc. Including eye splashes and needle stick events. ➤ Accommodation – near facility, on facility, elsewhere? Any risk of contact even incidental with local populace or possible at-risk individuals (including healthcare, military, administrative, laboratory personnel who subsequently developed symptoms in the known area with an outbreak, on journey/flight back/airport/since returning back to UK ➤ Any contact with non-Ebola viral illness, e.g. influenza, coryzal illness, pharyngitis, etc. during stay or on return from UK? ➤ Any vaccinations or procedures since return to UK – if so, what, when, location and by whom? ➤ Any infection treatments – antibiotics, anti-diarrhoea, anti-parasite, etc. What, start date, course length, issued by whom? Includes both West Africa and UK ➤ Malaria prophylaxis – what? Dose? Are they still taking it (and of not when 		

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – ED Clinician (inside decon. Room wearing full PPE)	Serial Number: 03.070	
Owner:	Nicola Heydon		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

	<p>was it stopped)?</p> <p>➤ Contacts at home, work, community since onset of first symptoms (in case need to trace later)</p> <p>6. Report clinical findings via telephone to microbiologist</p>
Taking Bloods - See Action Card 14	<p>7. Take minimum of 20ml of blood.</p> <p>8. Full blood count 1 x EDTA / Purple</p> <p>9. Malaria 1 x EDTA / Purple</p> <p>10. U+E Glucose LFTs CRP 1 x SST / Yellow</p> <p>11. Blood Culture (aerobic + anaerobic)</p> <p>12. Clotting studies - Sodium citrate/blue</p> <p>13. Ebola screen – 2 x SST/yellow 2 x EDTA/purple</p> <p>In summary:</p> <p>4 x EDTA/purple 3 x SST/yellow Blood cultures 1 x sodium citrate/blue</p> <p>14. Urine sample – plain sample pot (does not have to be MSU)</p> <p>15. Faeces sample (only if diarrhoea) – blue top universal</p> <p>16. When bloods are taken, sample form should have been generated by ED coordinator will not be passed into room (the completed form will be placed in a sealed envelope and the envelope will accompany the red box do not place in red box in case of contamination). Stick labels on each sample and 'Danger of Infection' labels.</p>
Packing samples	<p>17. Place samples in plastic bag which will be held open by the nurse in the room.</p> <p>18. Follow the microbiology guidance on packing the samples which will be photographed and stuck on the wall on the inside of the Decontamination room</p>
Initiate symptomatic treatment	<p>19. Directed by patient clinical condition</p> <p>20. Dirty nurse to request medication via phone</p> <p>21. Clean nurse to knock on door when ready</p> <p>22. Dirty nurse to open door</p> <p>23. Clean nurse to place medication on floor without stepping into room</p> <p>24. Dirty nurse close door</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Paediatric Consultant response	Serial Number: 03.071	
Owner:	Rowena Staples & Chris Anderson		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for Paediatric Consultant to coordinate the site response in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Information	All query or suspected patients should be identified prior to arrival by screening questions for GP referrals, and directed to ED for assessment after liaison with microbiology consultant and ED.
Actions	<ul style="list-style-type: none"> You are informed by ED of a query case of VHF/Ebola in a child. Ask 3rd-on consultant or off-duty colleague to attend to cover general paediatrics and neonates. Proceed to ED and liaise with ED Co-ordinator Depending on age of child and severity of illness: <ul style="list-style-type: none"> Assist ED doctors and nurses with assessment and management from outside the room Or, if required, assess and manage the child directly within the isolation area <ul style="list-style-type: none"> Dress in full PPE according to procedure before entering room Full history including travel, contacts and past medical history Full examination and set of observations Blood samples to be taken: <ul style="list-style-type: none"> FBC, malaria, U&E, LFT, CRP, glucose, clotting, bld culture <i>PLUS</i> VHF samples for reference lab in a separate bag Older children – as per samples action card Younger children – 2 x paed EDTA, 1 x paed greentop, 1 x paed lavender, 1 x paed bld culture plus 1ml (absolute minimum 0.5ml) EDTA for VHF testing Samples should be marked and bagged as per the samples action card urine sample for PCR should be obtained if possible Treat accordingly, not forgetting other treatable diseases such as malaria and sepsis which may need to be treated empirically until VHF status ascertained. Fluids may be given po, iv, or io If necessary, request trained paediatric nursing staff member from Sarum to assist. In <i>confirmed</i> diagnosis, CPR or ventilatory support is likely to be futile and not recommended. When appropriate, leave room following correct procedure for undressing from PPE Liaise with medical staff at Royal Free Hospital prior to transfer regarding patient's clinical condition
Bloods	<p><u>Bag 1</u> FBC 1.0ml (absolute minimum 0.5ml) EDTA paed pink top, malaria screen 1.0ml ideal minimum 0.5ml EDTA paed pink top</p> <p>U&E, LFT, CRP, glucose 0.6ml paed green top serum</p> <p>Clotting – 1ml paed lavender top (fridge)</p> <p>Bld culture >1ml paed BC bottle yellow top</p> <p><u>Bag 2</u> VHF testing 1ml (absolute minimum 0.5ml) EDTA paed pink top, (plus 2x adult SST Gold top if possible)</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Paediatric Consultant response	Serial Number: 03.071	
Owner:	Rowena Staples & Chris Anderson		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

In the event of a suspected VHF/Ebola patient with symptoms being identified on <u>Sarum/ Sarum DAU</u>	<p>If the patient answers 'yes' to screening questions, and has any symptoms, then the patient MUST stay where they are in that area and not be moved.</p> <ol style="list-style-type: none"> 1. Do not touch the patient. 2. If patient already in a side room or bay on Sarum, keep isolated there, move other patients away (isolate contacts). 3. If patient is in DAU, move to Assessment room 4 on DAU. Close DAU and remove other patients to Sarum ward. 4. The consultant paediatrician will liaise with the ED Coordinator and on-call microbiologist to arrange: <ol style="list-style-type: none"> a. Provision of nursing/medical staff, PPE and other equipment to safely care for patient b. Testing of patient and carers c. Decontamination of any areas affected d. Refer to Action Cards 03.067, 03.069 and 03.070 5. Call Paediatric registrar and available consultants to maintain care of ward and DAU patients. 6. Divert emergency admissions to ED or other units if suspected patient unable to be transferred out.
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Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Surgical Assessment Unit Navigator (SAU)	Serial Number: 03.072	
Owner:	Bernie Dunn		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist of action for response for the Surgical Assessment Unit Navigator in the event of responding to a suspected Viral Haemorrhagic Fever and dangerous exotic infections including Ebola.
Screening	<p>Ask each patient that presents to SAU: (This will also be checked with the referring GP whilst taking the referral on the phone)</p> <ol style="list-style-type: none"> 1. Have you been out of the country in the last 21 days? If yes go to question 2 2. Have you been to a known area with a VHF outbreak in the last 21 days and have symptoms such as: <ul style="list-style-type: none"> • fever • headache • body aches • diarrhoea • vomiting? 3. Have you cared for or come into contact with anyone known or suspected to have the Ebola virus?
If patient has symptoms	<p>If the patient answers 'yes' to the above questions, and has any symptoms, then the patient MUST stay where they are in that area and not be moved.</p> <p>The patient must not be allowed to wander around the area.</p> <p>The surgical navigator will liaise with the ED Coordinator and refer to Action Cards 03.069, 03.070 and 03.067.</p>
Ebola transmission	<p>Ebola virus is not spread through routine, social contact (such as shaking hands or sitting next to someone) with asymptomatic individuals.</p> <p>Unlike infections like 'flu or measles, which can be spread by virus particles that remain in the air after an infected person coughs or sneezes, transmission of Ebola from person to person is by direct contact with the blood or body fluids (e.g. saliva, vomitus, urine, stool and semen) of a symptomatic infected person. This means that the body fluids from an infected person (alive or dead) have touched someone's eyes, nose or mouth, or an open cut, wound or abrasion. There is no evidence of transmission of Ebola virus through intact skin or through small droplet spread, such as coughing or sneezing.</p> <p>Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen, or used needles.</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - AMU	Serial Number: 03.073	
Owner:	Helen Benfield		
Version:	2.0	Date: Nov 2021	Review: Nov 2023





Purpose	To provide a checklist of action for response for the Acute Medical Unit in the event of responding to a suspected Viral Haemorrhagic Fever and dangerous exotic infections including Ebola.
Screening	<p>Ask each patient that presents to AMU: (This will also be checked with the referring GP whilst taking the referral on the phone)</p> <ol style="list-style-type: none"> 1. Have you been out of the country in the last 21 days? If yes go to question 2 2. Have you been to a known area with a VHF outbreak in the last 21 days and have symptoms such as: <ul style="list-style-type: none"> • fever • headache • body aches • diarrhoea • vomiting? 3. Have you cared for or come into contact with anyone known or suspected to have the Ebola virus?
If the patient has symptoms	<p>If the patient answers 'yes' to the above questions, and has any symptoms, then the patient MUST stay where they are in that area and not be moved.</p> <p>The patient must not be allowed to wander around the area.</p> <p>The surgical navigator will liaise with the ED Coordinator and refer to Action Cards 03.069, 03.070 and 03.067.</p>
Ebola Transmission	<p>Ebola virus is not spread through routine, social contact (such as shaking hands or sitting next to someone) with asymptomatic individuals.</p> <p>Unlike infections like 'flu or measles, which can be spread by virus particles that remain in the air after an infected person coughs or sneezes, transmission of Ebola from person to person is by direct contact with the blood or body fluids (e.g. saliva, vomitus, urine, stool and semen) of a symptomatic infected person. This means that the body fluids from an infected person (alive or dead) have touched someone's eyes, nose or mouth, or an open cut, wound or abrasion. There is no evidence of transmission of Ebola virus through intact skin or through small droplet spread, such as coughing or sneezing.</p> <p>Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen, or used needles</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Environmental cleaning including dealing with spillages	Serial Number: 03.074	
Owner:	Amanda Urch		
Version:	2.0	Date: Nov 2021	Review: Nov 2023





Purpose	To provide a checklist for environmental cleaning including dealing with spillages in relation to Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola
Key information	Any required environmental cleaning and/or the cleaning of an area following blood and/or body fluid spillages will be initially undertaken by clinical staff.
Cleaning of the environment where there has been no blood and/or body spillages:	<ul style="list-style-type: none"> General environmental cleaning with freshly prepared hypochlorite solution of 1,000ppm (parts per million) is equal to: one tablet in one litre of cold water (using 1.7G SoChlor tablet). Staff to wear full disposable Personal Protective Equipment (PPE). This includes all in one suit, non-sterile gloves, gown, over shoes, scrubs, clogs, and face protection (over goggles, full face visor and FFP3 respirator mask). <ul style="list-style-type: none"> All waste including paper towels and PPE must be disposed of as clinical waste (orange coloured bag). Refer to Waste Management action card no 03.080 <p>A final environmental decontamination process will be required following discharge of the patient. If the patient is confirmed to be positive, this decontamination process will be identified and completed on advice from Public Health England. If the patient is not confirmed to be positive, this decontamination process will be completed by the Housekeeping Team undertaking a full deep clean and HPV room decontamination of the identified area(s).</p>
Dealing with spillages	<ul style="list-style-type: none"> For small blood and/or body fluid spills: Staff to wear full disposable PPE (see above). Initial contamination to be covered with absorbent material e.g. disposable paper towels, which are then disposed of as clinical waste (orange coloured bag). The area/surface is to be cleaned/washed with warm water and general purpose detergent, and then dried with disposable paper towels. <p>10,000ppm is equal to: 1:100 or 10:1000</p> <p>10 tablets in 1000ml of water using (1.7g SoClor DST tablet. Ensure a contact time of 2 minutes before wiping up with disposable paper towels.</p> <ul style="list-style-type: none"> All waste including paper towels and PPE must be disposed of as clinical waste (yellow coloured bag). For larger blood and body fluid spills, the procedure followed is as above for small blood and/or body fluid spills, with the following additional measure: Wearing of rubber boots. If these are not disposable, then they will need to be cleaned, then disinfected with a using freshly prepared hypochlorite solution of 10,000ppm is equal to 1:100 or 10:1000 of freshly prepared hypochlorite of: 7 tablets in 1,000ml of cold water (using 2.5G Actichlor tablet)
Housekeeping Actions	<ul style="list-style-type: none"> Environmental cleaning will be prioritised for: Emergency Department reception – report to ED Co-ordinator/Nurse in Charge Decontamination room (by the ED entrance/ramp) Usual Housekeeping service provision is from 6.30am to 11.45pm daily, however during the COVID pandemic, 1 member of staff is available overnight

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Environmental cleaning including dealing with spillages	Serial Number: 03.074	
Owner:	Amanda Urch		
Version:	2.0	Date: Nov 2021	Review: Nov 2023


Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Donning Personal Protective Equipment (PPE)	Serial Number: 03.075	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose:	To provide a checklist for the donning of personal protective equipment (PPE) for Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola.		
General principles	<ul style="list-style-type: none"> • Haemorrhagic fever viruses are spread by direct contact with blood or body fluids • Donning of PPE should be supervised to ensure skin is covered and there are no tears in the PPE <p>NB: any waste images shown in these illustrations are for representation only and do not necessarily show the correct protocol</p>		
Step 1		<ul style="list-style-type: none"> • Consider – are you feeling well, are you able to proceed? • Remove personal items of jewellery (leave in a safe place in your area or department) • Wash your hands • Put on single use scrub suit and shoes 	
Step 2		<ul style="list-style-type: none"> • Put on disposable overboots 	
Step 3		<ul style="list-style-type: none"> • Put on disposable all-in-one oversuit 	
Step 4		<ul style="list-style-type: none"> • Ensure overboots are tucked inside the elasticated ankles of the all-in-one oversuit 	






Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Donning Personal Protective Equipment (PPE)	Serial Number: 03.075	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Step 5	 <ul style="list-style-type: none"> Put on first pair of disposable gloves, ensuring they are tucked under the elastic cuff of the all-in-one oversuit Gloves will be different coloured, and have a longer cuff
Step 6	 <ul style="list-style-type: none"> Put on FFP3 face mask Put on goggles (can be placed over prescription glasses) Put on a disposable surgical hat, ensure that the forehead is covered Pull hood up, ensuring all hair is tucked inside hood Apply surgical tape to any gaps <p>NOTE: disposable surgical hat not shown in this image.</p> <p>PLEASE ACTION: Any staff member unable to be 'fit tested' to wear a disposable FFP3 face mask, will not be able to proceed with this donning process, and therefore not able to care for a patient with suspected or confirmed Ebola.</p>
Step 7	 <ul style="list-style-type: none"> Put on disposable gown Put on a second pair of disposable gloves, with the gloves going over the cuffs of the gown (the second pair of gloves should be a different colour to the first pair of gloves) 







Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Donning Personal Protective Equipment (PPE)	Serial Number: 03.075	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Step 8	 <ul style="list-style-type: none"> • Put on full face visor • The visor can be changed if becomes splashed/soiled <p>Final check –</p> <ul style="list-style-type: none"> • Apply sticker to staff member with name, role and time that fully dressed
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Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Specimen Handling	Serial Number: 03.076	
Owner:	James Ryan & Dr. Paul Russell		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	<p>Currently there are differences in advice regarding the number of bottles needed for sampling This information provides what would optimally be expected, with further advice where there appears to be discrepancy</p>		
		<p>BLOOD SCIENCES</p> <ul style="list-style-type: none"> • FBC • Malaria • LFTs • U&E, random glucose • CRP • Clotting screen <p>The tests require 1x EDTA, 2x SST, 1x blue citrate tube and 1x grey topped tube</p> <p>1x EDTA for Rapid Malaria</p>	
		<p>MICROBIOLOGY</p> <ul style="list-style-type: none"> • Blood cultures 	
		<p>REFERENCE LABORATORY</p> <ul style="list-style-type: none"> • 2 EDTA + 2 SST • Microbiology to organise reference lab request form 	
		<ul style="list-style-type: none"> • Cannulate the patient as necessary • Take blood samples as previously indicated • Hand write the patient details on each of the sample bottles 	
		<ul style="list-style-type: none"> • The individual taking the samples drops the bottles into biohazard specimen bags (see next slide for further details) • Bags are held open by the assistant 	




Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Specimen Handling	Serial Number: 03.076	
Owner:	James Ryan & Dr. Paul Russell		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

		<ul style="list-style-type: none"> The bottles for blood sciences are placed into one biohazard specimen bag, the Reference Laboratory samples in another bag, and culture bottles in a third bag
		<ul style="list-style-type: none"> Each biohazard specimen bag needs to be double bagged by the assistant
		<ul style="list-style-type: none"> Each of the double bagged samples are placed into a plastic container Containers will be labelled "Blood sciences", "Micro", "Ref. Lab" or "Porton" to indicate their ultimate destination <p>Ensure all samples are put into the correct container</p>
		<ul style="list-style-type: none"> The plastic containers are handed over to the undresser, who will be standing outside the room
		<ul style="list-style-type: none"> The undresser wipes the plastic containers with Actichlor plus solution, using disposable paper towels
		<ul style="list-style-type: none"> The undresser drops the plastic container into an autoclave bag, held open by the individual standing in the "clean zone" Note the clean/dirty demarcation line






Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Specimen Handling	Serial Number: 03.076	
Owner:	James Ryan & Dr. Paul Russell		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

		<p>On this illustration the person in the “clean zone” is wearing gown and gloves - this is individual choice</p> <ul style="list-style-type: none"> • PPE is not necessary for staff in the “clean zone”
		<ul style="list-style-type: none"> • The samples are placed in a red transport box • Samples are placed in appropriate plastic containers within the red transport box. Request cards are placed outside of plastic containers but inside the red transport box’
		<ul style="list-style-type: none"> • The box will be collected by one of the microbiology staff






Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Doffing Personal Protective Equipment (PPE)	Serial Number: 03.077	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for the doffing of personal protective equipment (PPE) for Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola.		
General principles	<ul style="list-style-type: none"> The purpose of this procedure is to ensure that staff in contact with an “at risk” patient remove PPE with the minimum contact of potentially contaminated PPE with themselves An “undresser” who will also be dressed in PPE will remove the PPE of contaminated staff Undressing will take place in a contaminated buffer zone, which is marked in amber on the floor plans (according to where the patient is isolated) 		
Step 1		<ul style="list-style-type: none"> Contaminated staff leave the patient's room and enter the undressing area Note: a yellow clinical waste bag/bin will be utilised for a real scenario 	
Step 2		<ul style="list-style-type: none"> Undresser unties the gown Use scissors if unable to undo the ties, then keep the scissors in the undressing area 	
Step 3		<ul style="list-style-type: none"> Placing hands beneath the gown, push the gown forwards over the arms If there is a second contaminated person, then repeat the same process before proceeding to the next step 	






Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Doffing Personal Protective Equipment (PPE)	Serial Number: 03.077	
Owner:	Infection Prevention & Control Team		
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Step 4		<ul style="list-style-type: none"> • Roll the gown forwards, ensuring the outside of the gown does not touch the all-in-one oversuit • If possible, take the outer gloves off with the all-in-one oversuit <p>Remember: ensure slow movements</p>
Step 5		<ul style="list-style-type: none"> • Dispose of the gown • Staff member being undressed to keep their hands away from their body • In a real scenario, the bins will be open topped for ease of disposal
Step 6		<ul style="list-style-type: none"> • Remove outer gloves if they have not already come off, taking care not to pull inner gloves off • Undresser dips gloved hands in SoChlor DST solution (combined detergent and chlorine based disinfectant)
Step 7		<ul style="list-style-type: none"> • Remove visor, pulling forwards and away from the face • Undresser dips gloved hands in SoChlor DST solution
Step 8		<ul style="list-style-type: none"> • Ensure the staff member being undressed is near to the chair • Fully undo the zip of the all-in-one oversuit



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Step 9		<ul style="list-style-type: none"> • Pull the hood down, taking the surgical hat off at the same time (if this doesn't happen, the undresser can pull the outside of the hat to remove) • Don't touch hair/skin • Roll the all-in-one oversuit down, avoiding the outside of the oversuit touching either the scrubs or skin <p>Note: disposable surgical hat not shown in this image</p>
Step 10		<ul style="list-style-type: none"> • Continue to roll the all-in-one oversuit down, avoiding the outside of the oversuit touching either the scrubs or skin
Step 11		<ul style="list-style-type: none"> • Roll all-in-one oversuit down the body • Note: the gloves may come off during this process
Step 12		<ul style="list-style-type: none"> • Continue to roll all-in-one oversuit down to knees <p>Remember: ensure slow movements</p>
Step 13		<ul style="list-style-type: none"> • Staff member being undressed shuffles back to chair positioned over contaminated buffer (amber) zone and clean (green) zone • Ensure gloved hands do not touch skin/scrubs




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Step 14		<ul style="list-style-type: none"> Staff member being undressed holds arms away from the body and away from the undresser Remove one trouser leg of all-in-one oversuit, shoe and overboot
Step 15		<ul style="list-style-type: none"> Staff member being undressed avoids putting foot on the floor, or puts foot on the INSIDE of the all-in-one oversuit
Step 16		<ul style="list-style-type: none"> Staff member being undressed places foot into the clean zone
Step 17		<ul style="list-style-type: none"> Undresser fully removes all-in-one oversuit, second shoe and overboot and disposes of Undresser dips gloved hands in SoChlor DST solution Note: a third person in the clean zone can support the person sitting in the chair
Step 18		<ul style="list-style-type: none"> Undressed person places second foot into the clean zone Gloved hands kept over contaminated zone Undresser dips gloved hands in SoChlor DST solution





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Step 19		<ul style="list-style-type: none"> • Inner gloves removed • Undresser dips gloved hands in SoChlor DST solution • Action for undresser - remove and dispose of outer pair of gloves, and put on a new pair of gloves
Step 20		<ul style="list-style-type: none"> • Straps to face mask and goggles can be cut by a 3rd person in the clean zone • They are taken by the undresser and disposed of within the undressing amber zone, as clinical waste
Step 21	<p>Actions for the undressed staff member -</p> <ul style="list-style-type: none"> • Wash hands at the nearest clinical hand wash sink in the clean zone • Leave the clean zone to go and have a shower, the discarded scrub suit and towel used to be disposed of as clinical waste • Have a break, drink, food etc. 	





Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Lone Undresser Equipment (PPE)	Serial Number: 03.078	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose:	To provide a checklist for the Lone Undresser of personal protective equipment (PPE) for Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola.		
General principles	<ul style="list-style-type: none"> The level of contamination on the “undresser” will be much lower than that on staff attending to the patient The principal area for potential contamination will be the outer gloves 		
Step 1		<ul style="list-style-type: none"> After clearing contaminated staff to the clean zone, the “undresser” dips gloved hands in SoChlor DST solution (combined detergent and chlorine based disinfectant) Undo gown ties (If unable to undo gown ties, the 3rd person in the clean zone to cut the ties using scissors, then pass the scissors to the amber zone) 	
Step 2		<ul style="list-style-type: none"> Pull down the gown and roll off the arms Note: a yellow clinical waste bag/bin will be utilised for a real scenario 	
Step 3		<ul style="list-style-type: none"> Outer gloves may come off with gown, or will need to be removed after gown has been disposed of Ensure outer gloves are removed here, taking care not to pull off the inner gloves Dip gloved hands in SoChlor DST solution 	



Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Lone Undresser Equipment (PPE)	Serial Number: 03.078	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Step 4		<ul style="list-style-type: none"> • Pull the full face visor away from the face, and dispose of • Dip gloved hands in SoChlor DST solution
Step 5		<ul style="list-style-type: none"> • Ensure staff member is near to identified chair • Fully undo the zip to the all-in-one oversuit • Pull the hood down, taking the surgical hat off at the same time (if this doesn't happen, the undresser can pull the outside of the hat to remove) • Don't touch the hair/skin <p>Note: disposable surgical hat not shown in this image</p>
Step 6		<ul style="list-style-type: none"> • Roll all-in-one oversuit down, avoiding the outside of the suit touching the skin or the scrubs • Make sure standing close to chair positioned over contaminated buffer (amber) zone and clean (green) zone
Step 7		<ul style="list-style-type: none"> • Shuffle to the chair on the contaminated/clean demarcation line • Keep hands away from scrubs

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Lone Undresser Equipment (PPE)	Serial Number: 03.078	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Step 8		<ul style="list-style-type: none"> Remove one trouser leg of all-in-one oversuit, overboot and shoe
Step 9		<ul style="list-style-type: none"> Move leg into the clean zone with assistance of the third person in the clean zone if necessary, or place foot on the INSIDE of the discarded suit
Step 10		<ul style="list-style-type: none"> Remove the second trouser leg, overboot and shoe Move leg into clean zone Discard all-in-one oversuit, overboots and shoes Keep hands away from body
Step 11		<ul style="list-style-type: none"> Ensure all PPE safely disposed of Remove gloves

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Lone Undresser Equipment (PPE)	Serial Number: 03.078	
Owner:	Infection Prevention & Control Team		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Step 12		<ul style="list-style-type: none"> • Dispose of gloves into bin
Step 13		<ul style="list-style-type: none"> • Straps to face mask and goggles can be cut by a third person in the clean zone • They are taken by the undresser and disposed of as clinical waste
Step 14	<p>Actions for the undressed staff member –</p> <ul style="list-style-type: none"> • Wash hands at the nearest clinical hand wash sink in the clean zone • Leave the clean zone to go and have a shower, the discarded scrub suit and towel used to be disposed of as clinical waste • Have a break, drink, food etc. 	

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Management of Staff exposed to Ebola	Serial Number: 03.079	
Owner:	Microbiologist		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for the management of staff exposed to Ebola
Key information	In the incidence of a positive case all guidance detailed below will be directed by PHE
Categorisation of contacts	<p>No risk (Category 1) No direct contact with the patient or body fluids. Casual contact, e.g. sharing a room with the patient, without direct contact with body fluids or other potentially infectious material.</p> <p>Low risk (Category 2) Direct contact with the patient, e.g. routine medical/nursing care, handling of clinical/laboratory specimens, or handled body fluids, and wearing personal protective equipment appropriately.</p> <p>High risk (Category 3) Unprotected exposure of skin or mucous membranes to potentially infectious blood or body fluids, including on clothing and bedding.</p>
Management of contacts	<p>No risk (Category 1) Reassure about absence of risk;</p> <p>Low risk (Category 2) Reassure about low risk; Passive monitoring Self-monitor for fever and other disease compatible symptoms for 21 days from last possible exposure; Report to the Line Manager or designated person if temperature $\geq 37.5^{\circ}\text{C}$, with further evaluation as necessary;</p> <p>High risk (Category 3) Inform about risks; Active monitoring Record own temperature daily for 21 days following last contact with the patient and report this temperature to the Line Manager or designated person by 12 noon each day, with further evaluation as necessary; Inform Line Manager or designated person urgently if symptoms develop</p>
Potentially infectious material	<p>1. Procedures must be in place to deal with any accidental exposure of staff to blood or body fluids from high possibility or confirmed cases of EBOLA.</p> <p>2. Accidental exposures that need to be dealt with promptly are:</p> <p>Percutaneous injury e.g. needlesticks - Immediately wash the affected part with soap and water. Encourage bleeding via squeezing.</p> <p>Contact with broken skin- Immediately wash the affected part with soap and water.</p> <p>Contact with mucous membranes (eyes, nose or mouth)- Immediately irrigate the area with emergency wash bottles, which should be accessible in case of such an emergency.</p> <p>3. In all cases, the incident will need to be reported and the individual referred urgently to the Clinical Microbiologist on call who will contact PHE +/- The Royal Free Hospital for advice. The occupational health department should also be informed as for all accidental exposures.</p> <p>In the United Kingdom, the incident may need to be reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to HSE.</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Waste Management	Serial Number: 03.080	
Owner:	Jane Websdale		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for Estates – Waste Management to coordinate the waste response in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Background	<p>Evidence strongly indicates that the main routes of transmission of VHF infection are: Direct contact (through broken skin or mucous membrane) with blood or body fluids and Indirect contact with environments contaminated with splashes or droplets of blood or body fluids</p> <ul style="list-style-type: none"> Where possible the usual waste bins and any other non-essential items must be removed from the room before the patient arrives. The waste bin should be replaced with a yellow rigid container UN 2814 or UN 2900; lined with yellow heavy duty infectious waste bag. Yellow rigid containers (leak proof) and yellow heavy duty infectious waste bags, absorbent material, suitable contents list & cable ties are available from the stocks that are held in ED, reserves can be obtained from SDU
Trigger	<p>This protocol must be followed as soon as the Microbiologist advises to treat the patient as a 'high possibility' of Ebola. Possible cases of Ebola must be isolated and waste quarantined in the room.</p> <p>* All waste must be treated as Category A waste</p>
Initial Action	<p>This list is not exhaustive, however examples are listed below of waste:</p> <ul style="list-style-type: none"> All disposable items used in the care of or by the patient. For example tissues, PPE, diagnostic devices and crockery/cutlery All non-disposable items such as bed sheets and patient clothing If the patient is unable to use the toilet: all body fluids, such as urine and faeces if contained in a bed pan liner or catheter bag, must be disposed of in the room. All patient care equipment such as the trolley, the Dynamap must be quarantined and locked down until Ebola confirmed or excluded All mop heads & cleaning clothes
Communication	<p>To Alert Clinical Waste Contractor of possibility of “Category A Waste being received”:-</p> <p>Site Manager/Duty Manager to call Estates Helpdesk on extension 4444 (Mon-Fri 8.00am – 4.30pm who will alert Waste & Environment Manager OR outside these times & during Bank Holidays: to call Main Switchboard and request activation of Estates On-Call Procedure.</p> <ul style="list-style-type: none"> Waste & Environment Manager or On-Call Supervisor if out of hours to: <ul style="list-style-type: none"> Arrange for a supply of rigid containers UN 2814 or UN 2900 to be immediately sent to patient location and left with ward staff in a clean area of the ward /department. Stocks are held in ED. Contact Stericycle (clinical waste contractor) Account Manager and alert them to the possibility of 'Category A waste' being received & discuss projected disposal requirements. The Account Manager will provide form F6.07.04 for the disposal of waste containing Category A pathogens. Complete sections A & B of the form F6.07.04 for the disposal of waste containing Category A pathogens and return to Stericycle.
Procedure for the bagging and movement of waste:	<ol style="list-style-type: none"> One yellow rigid container must be lined with a yellow heavy duty infectious waste bag and placed into the patient's location for use (instead of normal bin). The bag must not be over filled (no more than ½ fill) and needs to be sealed by swan necking with a cable tie and then placed in a second (separate) rigid container lined with a second yellow heavy duty infectious waste bag with absorbent material. The second bag is then sealed by swan necking

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Waste Management	Serial Number: 03.080	
Owner:	Jane Websdale		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

	<p>with a cable tie. The contents list is placed into the rigid bin which is then sealed with the lid, washed down with chlorine solution (SoClor solution) and passed to the nurse outside the patient's location to be placed in the 770 litre bin. Only soft/non-sharp items are to go directly into bags - sharp items must be contained in sharps bins before bagging. As well as clinical sharps this includes anything physically similar/liable to puncture bags, e.g. cutlery.</p> <ol style="list-style-type: none"> When collection of the 770 litre bin is required a request must be logged through the ETS Helpdesk. Any movement of waste will be collected directly from the ED ramp in 770 litre clinical waste bins. Bins to be tagged and stored separate from other 770's in Waste Store. Any sharps bin that has been in the patient room should be sealed using the closure by the team in the patient location. The team outside the patient location will wipe the container with Chlorine and place the sharps bin in the 770 litre bin. Stericycle staff will wear gloves and aprons when moving waste around the site. All disposable mop heads, disposable cleaning cloths and PPE will be placed into yellow heavy duty infectious waste bags, which will be sealed and double bagged. The second bag containing absorbent material, swan necked and cable tied before being placed into a yellow rigid container with suitable contents list and sealed with the lid. The Waste & Environment Manager / ETS On-call supervisor will arrange final collection of the waste with Stericycle who will follow the requirements of ADR. <p>NB Waste can be stored with the patient until a diagnosis is confirmed if only small amounts generated.</p>
Negative Ebola Result	<p>The sealed yellow infectious waste bags can be put into the normal hospital waste stream, once this has been confirmed by Porton Down.</p> <p>Rooms can be chlorine cleaned, curtains changed, equipment cleaned and put back in to clinical use</p>
Chlorine Concentrations	<p>1,000ppm is equal to:</p> <ul style="list-style-type: none"> 1:1000 one tablet in one litre of water (1.7g SoClor DST tablet) <p>10,000ppm is equal to:</p> <ul style="list-style-type: none"> 1:100 or 10:1000 10 tablets in 1000ml of water using (1.7g SoClor DST tablet)
Further Information	<p>* Category A pathogen – an infectious substance that is transported in a form that, when exposure to it occurs, is capable of causing permanent disability, life-threatening or fatal disease to humans or animals. A list of Category A pathogens can be found in the Department of Health guidance document 'Safe Management of Healthcare Waste'.</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Security & Portering	Serial Number: 03.081	
Owner:	Martin Plastow & Lynda Viney		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist of action for response for Security and Portering teams in the event of responding to a suspected Viral Haemorrhagic Fever and dangerous exotic infections including Ebola.
Hours	In Hours – Security Staff Out of Hours / Security Staff In and out of hours – Portering Staff
Summary of Role for Security team	Responsible for clearing the E.D Ramp and entrance on instruction from the Duty Manager and ensure quick entry and exit for emergency (on a blue light) ambulances. All other ambulances to be directed to the Nunton Entrance
Summary of Role for Portering Team	Responsible for patient movement and or transfer of waste from the designated area as instructed by Senior Management team Porters no longer carryout waste collections this done by the waste team
Actions by Security	Once instructed to proceed from the Chief Operating Officer / Deputy or Duty Manager or Executive on Call: <ul style="list-style-type: none"> • Proceed immediately to the entrance of the Emergency Department on the ED ramp • Identify if any cars parked there are staff or relatives – get cars removed. • Deploy cones/ bollards and signage to the bottom of the ramp (these are held in the Decontamination storage room next to the Decon Room, Salto access) • Position yourself at the bottom of the Ramp • Ensure that no cars or non-urgent ambulances are allowed onto the ramp and that the road entrance to the ramp is kept clear • Re direct all cars and non-urgent ambulance to the Nunton Entrance • Co-ordinate the arrival and exit of emergency vehicles – to ensure smooth flow of vehicles is maintained • Do not allow members of the public to access the ED (A & E) Department via the ramp unless they are in need of urgent emergency care themselves Remain on duty until Stand down has been declared.
Actions by Portering	<ul style="list-style-type: none"> • You will not be expected to play an active role in any patient movement or transfer of waste of an Ebola patient as instructed by the Senior Management team • You may be requested by a member of the Senior Management team to transfer Ebola stocks (gloves, gowns etc.) from the EPRR Level 1 store to ED
NOTE:	‘All enquiries from the press etc. regarding the Incident must be referred to the Head of Communications on ext. 5970’

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Maternity Phone Triage	Serial Number: 03.082	
Owner:	Joanne Hayward		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for Maternity phone triage in relation to the suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola
Background	Women's Journey in relation to suspected or confirmed Ebola
Actions	<p>Woman phones Labour ward/DAU/or community midwife and complains of feeling unwell.</p> <p>Ask about symptoms. If these include a temperature and/or diarrhoea ask if they or anyone in their household have travelled back from a known area with a VHF outbreak the last 21 days.</p> <p>If they say NO</p> <p>Continue with your usual telephone triage assessment.</p> <p>If they say YES</p> <p>Enquire which country and when they returned etc. If from a known area with a VHF outbreak be extra vigilant</p> <p>Take contact details from them; ask them to remain at home until we get further advice from the contacts below Via Switch and that someone will call them back.</p> <p>If an ambulance is needed advise them to be taken to ACCIDENT & EMERGENCY NOT Maternity.</p> <ul style="list-style-type: none"> • Liaise with Emergency Department coordinator. • Inform Maternity Duty Manager • Inform Trust Duty Manager via switch • Inform microbiologist <p>In the event of a suspected VHF/Ebola patient being identified on the Labour ward or DAU</p> <ol style="list-style-type: none"> 1. If patient already in a side room, keep isolated there. 2. If patient in an open area, if appropriate escort outside. 3. Inform people as above to arrange: <ul style="list-style-type: none"> ❖ Safe transfer to Emergency room decontamination room via outside if clinically stable. <p>Each case must be individually risk assessed at the time and a management plan for the care will be discussed</p>

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – High Level actions for positive sample	Serial Number: 03.083	
Owner:	Microbiologist		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for high level action if a sample is positive.
Actions to be taken	<ul style="list-style-type: none"> • Area Team will declare a 'Major Incident' and if not already in place an ICC needs to be established at SFT • Restrict the number of contacts with the patient and ensure a list is compiled of all direct contacts during the admission • Lead Clinician to discuss urgently with High Level Isolation Unit (HLIU) to arrange for immediate transfer • Transfer of a positive will be coordinated by Imported Fever with PHE liaising with SWAST and Royal Free (email confirmation as at 26th February 2015) • Contact details of High Level Isolation Unit for transfer 020 7794 0500 24 hour on call infectious disease consultant (Royal Free) or 0844 8480700 and ask for Infectious Disease Consultant • Positive VHF is notifiable under Schedule 1 of The Health Protection (Notifications) Regulations 2010 and notification is classified as urgent to phone the local authority and a written notification within 3 days • Strategic Control Group (SCG) to be convened by Area Team on confirmation of a case • Local Area Public Health will lead a SCG • Utilise Operation Link (OP Link) to notify multi-agency partners/convene SCG (OP Link document can be found on Resilience Direct). This will be coordinated by Area Team. • SFT Executive to sit on SCG on behalf of our organisation • The water collected in the decontamination tank can be collected routinely and can go through the sewer system. The water companies have asked to be notified in advance so they can identify and warn any worker in the sewerage network. Therefore our water companies will need to be contacted upon receiving a positive result. • SFT to provide the Incident Management Team (IMT) names of SFT staff that have been in contact with the patient and arrangements for any HCW in contact with a positive case will be made for surveillance purposes. The Health Protection Team (HPT) would organise kits for this screening.

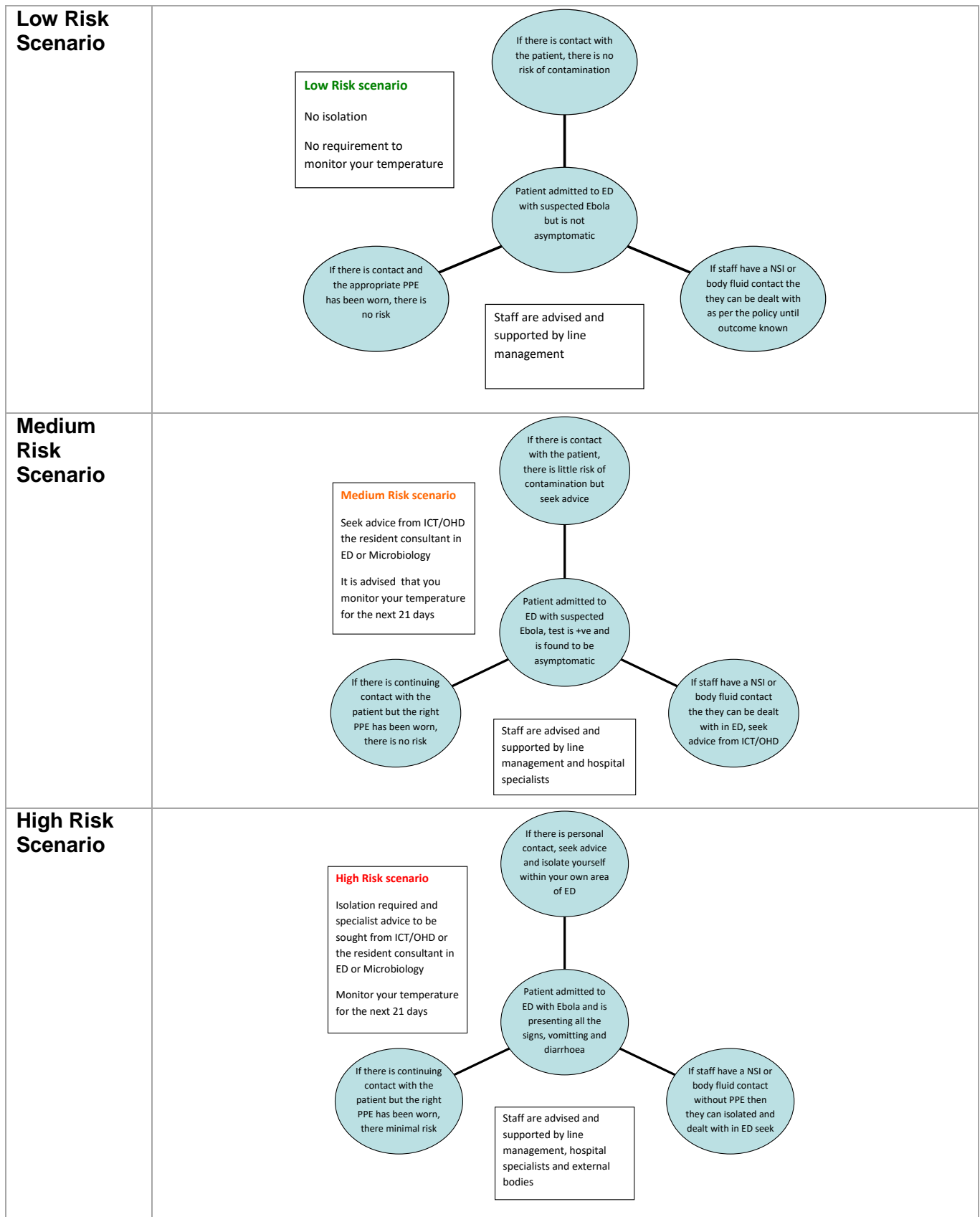
Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – actions upon negative results	Serial Number: 03.084	
Owner:	Microbiologists		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for considerations once negative results received:
Actions	<ul style="list-style-type: none"> • Stand down the internal incident; ensure all relevant parties have been notified of the negative result including Area Team and CCG • Require clinical decisions regarding the management of the patient into the normal hospital flow or discharge • Clearing of the ED area used (e.g. Decon room) and cleaning as appropriate • Clearing of the waste into the Trust routine waste procedures • If appropriate re-open the ED ramp if closed during incident • Ensure Ebola stocks are replenished as per the minimum stock levels • Disband the role of the loggist, review and sign off log book (Duty Manager) • Ensure all paperwork and logs associated with the incident are retained and handed over to the EP Lead

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Risk associate with Ebola for frontline healthcare staff	Serial Number: 03.085	
Owner:	Consultant Microbiologist		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide information on the risk associated with Ebola for frontline healthcare staff
Background	<p>This advice is based on a risk process that is very generic. It revolves around a very changing and dynamic situation where the number of possible scenarios are many.</p> <p>To assess risk in advance for every scenario is not only impractical but may be counterproductive when dealing with rapidly developing and deteriorating circumstances. For low and moderate risk situations the risk is well controlled. For high and excessive situations it means that the control measures are compromised and the advice and pathway for staff and those who have and may come into contact with them will be different. Also, for high and extreme circumstances, risk assessments, control measures and effective risk reduction strategies will be ongoing and key to prevent potential spread.</p>
General Guidance	<p>The Occupational Health and Health and Safety Departments will support staff and their families through this process on a risk based approach. Most staff members can be advised by phone prior to presenting themselves to the OHD or ED. However, for those coming in direct, it will be determined by the risk category they fall into.</p> <p>At the low and medium level of risk, the patient is not infectious and the risk of transmission is very low</p>
Negative cases	<p><i>If patients present themselves with an elevated temperature and/or have been to or in contact with a known area with a VHF outbreak. At this point, it is highly unlikely that the patient is contagious and poses any increased risk. If the person has been isolated and standard barrier PPE has been used the following applies:</i></p> <p>Needlestick injury – Dealt with by ED or OHD as per routine Trust procedures Contact with body fluids – No action required</p> <p>They may want to stay in their dept. until a test result has been obtained. They can return home but as a precautionary measure, may want to monitor their own temperature until a negative result is obtained from the source patient</p>
Positive Cases	<p><i>A patient presents themselves with an elevated temperature and/or have been to or in contact with a known area with a VHF outbreak. They are showing signs of sickness and diarrhoea, at this point the patient is infectious and poses an increased risk. If the person has been isolated and standard barrier PPE has been used the following applies:</i></p> <p>Needlestick injury – initially dealt with by ED, seek immediate advice from PHE/Royal Free</p> <p>Contact with body fluids – initially dealt with by ED, seek immediate advice from PHE/Royal Free</p> <p>They will be given advice based on current guidelines from the ICT and the resident Consultant Microbiologists and will be quarantined in ED until the source patient has been confirmed as positive or negative. If there is a positive result they will be advised not to go home and preparation will be made for transfer to the Royal Free Hospital. They and their family will be supported by the Trust by whatever is required as assistance.</p> <p>If a staff member comes into direct contact with blood and body fluids containing the virus, they themselves will probably not become infectious for 21 days.</p>

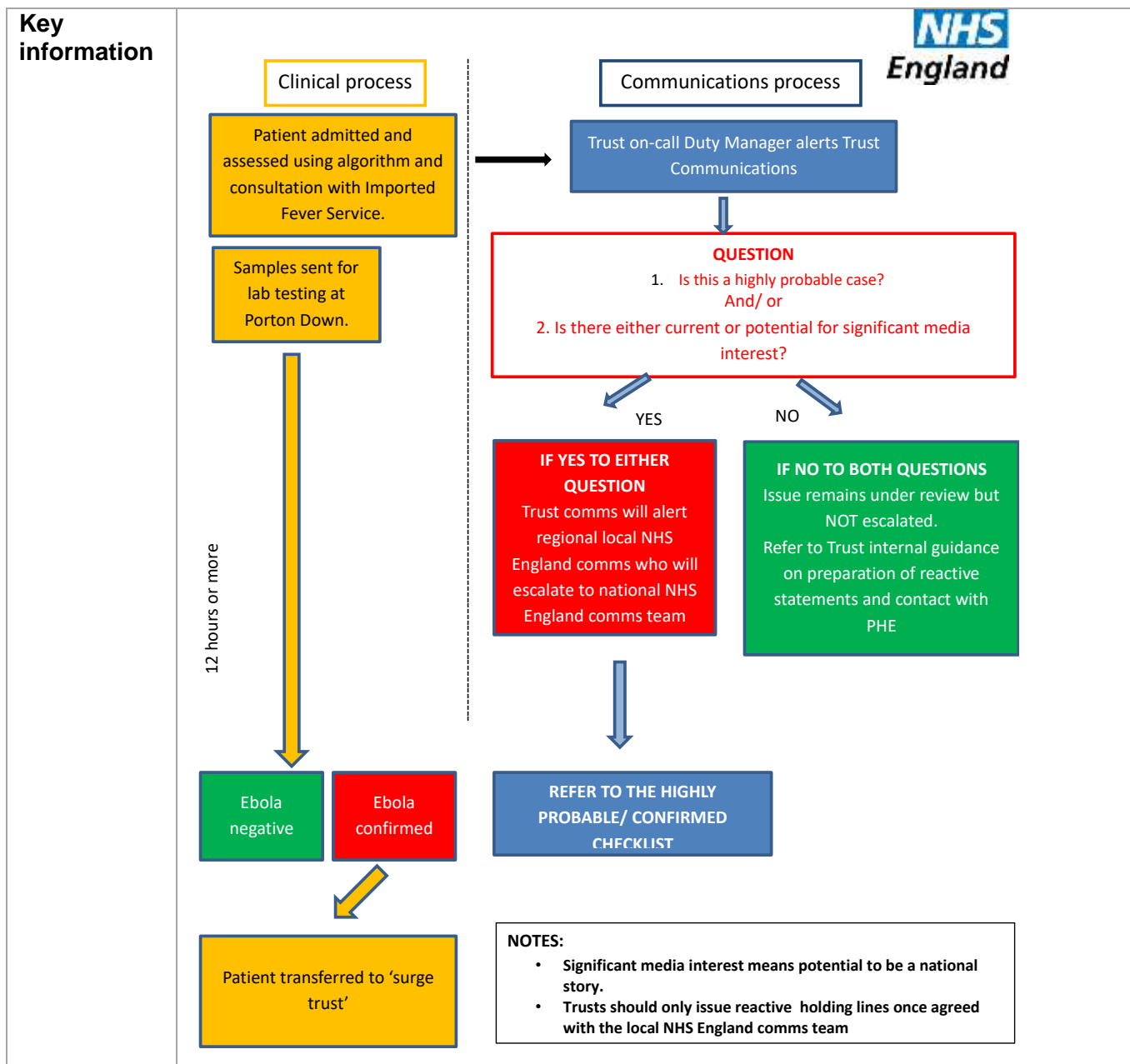
Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Risk associate with Ebola for frontline healthcare staff	Serial Number: 03.085	
Owner:	Consultant Microbiologist		
Version:	2.0	Date: Nov 2021	Review: Nov 2023



Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola - Patient Information	Serial Number: 03.086	
Owner:	EPRR Manager		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Patient information	<p style="text-align: center;"><u>EBOLA screening.</u></p> <p>You have identified yourself as having a possible risk of Viral Haemorrhagic fever. This may only be a low risk but we have to adopt protective measures to prevent further spread of this illness.</p> <p>Please follow these instructions:</p> <p>Leave the ED reception area immediately. Walk back outside through the sliding doors, turn left and walk 5 metres and wait outside the solid grey door with a sign saying 'Decontamination Room' Please do not stop to talk to anybody and if there are ambulances off-loading a patient please walk around them and avoid contact.</p> <p>An Emergency Department nurse will meet you by these doors. It may take 5-10 minutes as the nurse will be dressed in full personal protective clothing; this includes a facemask and goggles so they may look a little alarming.</p> <p>Please wait to be collected by this nurse and do not enter the building.</p> <p>While you are waiting please fill in the attached form with your personal details on so that we can book you in to the hospital.</p> <p>For your information:</p> <p>Ebola virus is not spread through routine, social contact (such as shaking hands or sitting next to someone) with individuals who have no symptoms.</p> <p>Unlike infections like 'flu or measles, which can be spread by virus particles that remain in the air after an infected person coughs or sneezes, transmission of Ebola from person to person is by direct contact with the blood or body fluids (e.g. saliva, vomit, urine, stool and semen) of a symptomatic infected person. This means that the body fluids from an infected person (alive or dead) have touched someone's eyes, nose or mouth, or an open cut, wound or abrasion. There is no evidence of transmission of Ebola virus through intact skin or through small droplet spread, such as coughing or sneezing.</p> <p>Infection can also occur if broken skin or mucous membranes of a healthy person come into contact with environments that have become contaminated with an Ebola patient's infectious fluids such as soiled clothing, bed linen, or used needles.</p>
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Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Communications response for Trusts receiving suspected Ebola Cases	Serial Number: 03.087	
Owner:	Consultant Microbiologist		
Version:	2.0	Date: Nov 2021	Review: Nov 2023



Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Staff flow	Serial Number: 03.089	
Owner:	EPRR Manager & Infection Control		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for flow of staff for dealing with suspected Ebola patients		
CBRN Decontamination Room Flow			
SSEU Flow			
Key to flow	<p> Wall Door Demarcation line (No physical barrier) </p> <p> Clean Zone Contaminated Zone Contaminated Buffer Zone </p> <p> Movement clean staff Movement contaminated staff </p>		

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Facilities on Call	Serial Number: 03.090	
Owner:	Facilities Manager		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist of action for response for Facilities on Call in the event of responding to a suspected Viral Haemorrhagic Fever and dangerous exotic infections including Ebola.
Actions	<ol style="list-style-type: none"> 1. Provide resources and advise to the Tactical Command in relation to the suspected Ebola case as requested 2. Advise the Estates Technical Services (ETS) helpdesk to make contact with Stericycle (Waste Contractor) and alert of the possibility of Category A Waste 3. Arrange the supply of a yellow waste rigid container to be sent immediately to the patients location in the decontamination room or SSEU 4. Check if there was a requirement for Security to manage and clear the ED ramp 5. Check Portering have provided the PPE resources as requested from Level 1
Stand down	<ol style="list-style-type: none"> 1. Notify teams of the decision to stand down. The Trust can only stand down on instruction from the Tactical (Silver) command 2. Consider incident impact and recovery plan 3. Attend a hot debrief with the IMT 4. Collect decision logs, and other documentation related to the incident and handover to the EPRR Manager to ensure documentation securely stored 5. Attend the wash up/lesson learnt session

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Ward & Department Areas	Serial Number: 03.091	
Owner:	Heads of Nursing		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist for the ward area/department nurse/coordinator/person in charge in relation to the response to a suspected case of Viral Haemorrhagic Fever or other dangerous Exotic Infections including Ebola.
Intro	Ebola should be suspected in individuals with a fever [$>37.5^{\circ}\text{C}$], or history of fever in the previous 24 hours, who have visited a known area with a VHF outbreak within the past 21 days or who have cared for/come into contact with body fluids or clinical specimens from a live or dead individual or animal known or strongly suspected to have the Ebola virus VHF.
Actions for Nurse in charge/ coordinator if patient at risk is identified	<p>Patient has responded 'yes' to the information below, and reporting symptoms:</p> <ol style="list-style-type: none"> 1. Have you been out of the country in the last 21 days? If yes go to question 2. 2. Have you been to known area with a VHF outbreak in the last 21 days and have symptoms such as: <ul style="list-style-type: none"> • fever • headache • body aches • diarrhoea • vomiting? 3. Have you cared for or come into contact with anyone known or suspected to have the Ebola virus? <p>Nurse in charge/coordinator to:</p> <ol style="list-style-type: none"> 4. Inform the Emergency Department (ED) Coordinator and ED Consultant and contact the Consultant Microbiologist via switchboard. 5. Ebola equipment trolleys stored in ED decontamination room to be delivered to the ward area/department. 6. Establish lines of demarcation for red, amber and green zones (clean and dirty areas/lines). 7. ED Coordinator to identify 2 members of nursing staff to begin donning PPE, using appropriate room within the ward area/department. 8. Inform Clinical Site Manager of query Ebola case. They will contact all other resources as shown on Action card 03.063. 9. Identify a designated 'runner' this does not have to be clinically trained personnel. <p>Until extra personnel arrive to take on the role of 'undresser' the second ED nurse in PPE should remain within the identified amber zone/area as the undresser. This means there will be 2 personnel in the red zone/room with the patient, the ED Consultant and the first ED nurse. Refer to Action Cards 03.069 & 03.070.</p>
Diagnostic testing	<ol style="list-style-type: none"> 1. A blood request card should be printed off by the Nurse in charge as soon as possible. 2. The medic who is taking the samples should follow the procedures in Action Card 03.076 3. Liaison with the Consultant Microbiologist is essential regarding storage of samples until a courier can retrieve them.

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Ward & Department Areas	Serial Number: 03.091	
Owner:	Heads of Nursing		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Records	Record of all staff that has been in contact with the patient should be maintained by each department for future contact tracing collated daily by Occupational Health.		
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Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Actions in the event of the death of a patient with suspected or confirmed Viral Haemorrhagic Fever	Serial Number: 03.092	
Owner:	Dr Paul Russell		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Purpose	To provide a checklist in the event of the death of a patient with suspected or confirmed Viral Haemorrhagic Fever (VHF)
Actions to be taken	<ul style="list-style-type: none"> • In the event of the death of a patient with suspected or confirmed VHF the body should remain <i>in situ</i>. • All handling of the body should be carried out in the personal protective equipment (PPE) as described serial 03.075 & 03.076 and following the appropriate undressing/dressing procedures. • Where the diagnosis is still suspected, take samples in accordance to instructions from the Fever Service duty consultant via the consultant microbiologist. • In the event of a negative result, the body can be released to the mortuary for further examination as required following the standard protocols. <u>A negative result for VHF does not rule out the presence of other infections.</u> • Where diagnosis of VHF is confirmed the body should be handled according to guidance from the Consultant in Communicable Disease Control (CCDC). • Under public health law, every person having the charge or control of premises in which is lying the body of a person who has died while suffering from a notifiable disease such as VHF must take such steps as may be reasonably practicable to prevent persons coming unnecessarily into contact with, or proximity to, the body. Health Protection (Local Authority Powers) Regulations 2010, grant discretionary powers to local authorities to restrict contact with, and access to, an infected dead body where necessary. This will include the patient's relatives • Issues with safe disposal of the deceased e.g. removal of pacemakers, implantable devices etc should be discussed with the CCDC. • As far as is reasonably practicable the needs and wishes of the deceased's family should be respected. However, the serious nature of VHF infection and the associated public health risk impose significant limitations and constraints, which limit contact with the body. • An appropriate representative of the religious faith or culture may be required to communicate sensitively the limitations to religious/ritual preparation of the body. • Personal effects and valuables may be returned to relatives in accordance with normal health service procedure following autoclaving and/or decontamination. • Relatives should be warned some items may be adversely affected or even destroyed by autoclaving or disinfection. • CCDC will advise on movement of the deceased from the Trust.

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Loggist Rotation & time sheet	Serial Number: 05.031	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Action	In hours	Out of hours	Action owner	Action complete? <input checked="" type="checkbox"/>
NOTE: The first stage is likely to take place before PHE has confirmed and provides valuable time to plan. PHE will advise on whether this is 'highly probable'. However, it is also possible that we do not receive any advance warning and so the stages become conflated.				
1st STAGE				
Once alerted by PHE, trust communications discusses with trust EPRR lead	Emergency Planning Manager ext. 5699	Link with Duty Manager on call / Exec on call & EPRR Manager	Trust communications team	
Trust communications alerts regional NHS England comms	Head of Communications and/or Deputy (ext 5970)	Head of Communications and/or deputy (via switchboard)	Trust communications team	
If there is media interest before the official confirmation has been announced, refer the media to Public Health England for the holding line	PHE national press office in hours 0208 327 7901 Contacts for PHE Regional Comms https://www.gov.uk/government/organisations/public-health-england/about/media-enquiries	PHE press office out of hours 020 8200 4400	Trust communications team	
The trust should decide with NHS England regional communications and PHE whether to issue a message to staff and patients based upon the PHE holding line	Internal: Broadcast Email External: Social Media, Press Notice	Internal: Broadcast Email External: Social Media, Press Notice (Social media login details help in EP Folder)	Trust communications team	

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Loggist Rotation & time sheet	Serial Number: 05.031	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Take part in the initial national teleconference chaired by the Department of Health. It will cover: <ul style="list-style-type: none"> • Background and latest information, including patient's condition • Notify and inform of press conference arrangement • Reactive line (if its leaks) • 1st statement will be shared • Immediate actions for DH, PHE and NHSE • Communications to local staff and patients • Agree any public facing material • Put the press conference spokespeople on standby • The timing of the next or any subsequent TCs 	Number to be advised	Number to be advised	Trust communications team	
Teleconference called by regional NHS England communications between trust communications lead, local PHE communications, local authority communications (representing DPH), known as the Local Health Comms Cell	Number to be advised by regional NHS England communications Local authority in hours numbers Head of Comms for Wiltshire Council - Head of	Number to be advised by regional NHS England communications Local authority out of hours number: 07747 007340	Trust communications lead and NHS England regional communications lead	

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Loggist Rotation & time sheet	Serial Number: 05.031	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

to: Give information Organise details of press conference (see below) Agrees a reactive line for the trust with NHS E regional communications	Communications Wilshire Council, 01225 713115 Local PHE communications team in Bristol: on 0117 968 9113	Local PHE communications: on 07584 336323		
2ND STAGE – Once PHE has confirmed the patient has Ebola				
The trust will consult with the designated receiving hospital and the patient is likely to be transferred by the ambulance if they're well enough Trust communications lead should liaise with the relevant ambulance service communications to minimise the impact of the media coverage of the physical transfer of the patient.	South West Ambulance: SWASFT Press Office: 0300 369 0135.	SWASFT Press Office (OOH) 07824 626 312.	Trust communications lead	
<i>There is likely to be a press conference chaired by the CMO and including PHE and NHSE held in London to formally announce and answer media questions. <u>The trust will NOT be expected to take part in this press conference</u></i>			Trust communications lead	
<u>This will be followed soon after by a press conference held locally. Its aim is to:</u> <ul style="list-style-type: none"> Explain the patient has been transferred and their 	Trust MD details and contact numbers Chief Medical Officer Extension 4472 CEO Extension 2755 Local Press Conference Venue:	Trust MD (on call details held in EP Folder)		

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Loggist Rotation & time sheet	Serial Number: 05.031	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

condition – where appropriate with trust policy <ul style="list-style-type: none"> On behalf of the Local Incident Team, reassure patients and the local community about their safety Stress the trust is open for business Give any details of local contact tracing 	The Boardroom The Green (NR Entrance B) Salisbury District Hospital Odstock Road Salisbury SP2 8BJ	CEO (on call details held in EP Folder)		
<u>Organisation:</u> <ul style="list-style-type: none"> The conference should be chaired by the trust MD or CEO. A local PHE representative and the DPH should be on the top table The trust will invite members of the media Please note: If the trust believes a local press conference is not necessary, they should discuss this with the NHS regional communications lead who will consult with the national NHSE Ebola communications lead Steve Gladwin on 07778 690092				
The trust will use its appropriate channels to reassure patients, staff and subsequently stakeholders based upon the messages agreed with the Local Health Communications Cell and	Internal: Broadcast Email External: Social Media, Press Notice	Internal: Broadcast Email External: Social Media, Press Notice (Social media login details help in EP Folder)	Trust communications lead	

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Loggist Rotation & time sheet	Serial Number: 05.031	
Owner:	Head of Communications		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

wider incident management structures				
In agreement with the local incident team, the Trust will post a statement on its website at the conclusion of the press conference and use social media to direct the public to its statement. Local and national partners should sign post this statement using their social media accounts.	Website and Social Media	Social Media (Social media login details help in EP Folder) IT on call for posting on website	Trust communications lead	

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Staff Rotation and Record Sheet			Serial Number: 05.032	
Owner:	EPRR Manager				
Version:	2.0			Date: Nov 2021	Review: Nov 2023

Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 1	Actual Time in	Actual Time out		Hour 2	Actual Time in	Actual Time out
A				B			
A				B			
Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 3	Actual Time in	Actual Time out		Hour 4	Actual Time in	Actual Time out
C				D			
C				D			
Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 5	Actual Time in	Actual Time out		Hour 6	Actual Time in	Actual Time out
E				F			
E				F			
Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 7	Actual Time in	Actual Time out		Hour 8	Actual Time in	Actual Time out
G				H			
G				H			

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Staff Rotation and Record Sheet			Serial Number: 05.032	
Owner:	EPRR Manager				
Version:	2.0			Date: Nov 2021	Review: Nov 2023

Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 9	Actual Time in	Actual Time out		Hour 10	Actual Time in	Actual Time out
I				J			
I				J			
Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 11	Actual Time in	Actual Time out		Hour 12	Actual Time in	Actual Time out
K				L			
K				L			
Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 13	Actual Time in	Actual Time out		Hour 14	Actual Time in	Actual Time out
M				N			
M				N			
Team	Name	Time In Planned	Time Out -Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 15	Actual Time in	Actual Time out		Hour 16	Actual Time in	Actual Time out
O				P			
O				P			

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Staff Rotation and Record Sheet			Serial Number: 05.032	
Owner:	EPRR Manager				
Version:	2.0			Date: Nov 2021	Review: Nov 2023

Team	Name	Time In Planned	Time Out - Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 17	Actual Time in	Actual Time out		Hour 18	Actual Time in	Actual Time out
Q				R			
Q				R			
Team	Name	Time In Planned	Time Out - Planned	Team	Name	Time In Planned	Time Out Planned
	Hour 19	Actual Time in	Actual Time out		Hour 20	Actual Time in	Actual Time out
S				T			
S				T			

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Loggist Rotation & time sheet	Serial Number: 05.033	
Owner:	EPRR Manager		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
1				2			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
3				4			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
5				6			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
7				8			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
9				10			

Title:	Viral Haemorrhagic Fever and Dangerous Exotic Infections including Ebola – Loggist Rotation & time sheet	Serial Number: 05.033	
Owner:	EPRR Manager		
Version:	2.0	Date: Nov 2021	Review: Nov 2023

Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
11				12			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
13				14			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
15				16			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
17				18			
Loggist	Name	Start Time	End time	Loggist	Name	Start Time	End time
19				20			

