

# c. Checklist for Arrival of Patient with Suspected High Consequence Infectious Disease (HCID)

This is a sample list. Steps may vary for each facility.

| **Completed check mark** | Action | Comments |
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|  | 1. Place mask on suspected HCID patient (with respiratory illness, travel, and/or rash).
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|  | 1. Explain process to the patient.
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|  | 1. Prepare room for patient if possible. Remove unnecessary equipment from room. If patient is clinically stable (no bleeding, diarrhea, or vomiting), remove large objects. If patient is clinically unstable (has bleeding, diarrhea, or vomiting), remove as much as possible.
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|  | 1. Escort patient to the room as soon as possible. Negative pressure airborne infection isolation room (AIIR) is preferred.
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|  | 1. Locate HCID Readiness Binder with reference materials.
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|  | 1. Close door and hang appropriate signage (Level One or Level Two Full Barrier Isolation PPE – found in HCID Readiness Binder) visible to staff.
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|  | 1. Hang the list to document persons entering the room who are potentially exposed (found in HCID Readiness Binder).
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|  | 1. Notify Charge Nurse.
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|  | 1. Evaluate people arriving with patient for illness. Isolate or direct to another room to wait as indicated.
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|  | 1. Dedicate a trained observer to:
* Stay outside the door of the room at all times and monitor personnel entering the room.
* Ensure correct donning and doffing processes are followed.
* The trained observer should not assist with doffing of PPE.
* Ensure an additional staff member is available to assist with communication and to help obtain supplies needed in the room.
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|  | 1. Personal protective equipment is assembled per type of isolation needed
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|  | 1. Adhere to facilities procedure for doffing:
* Use predetermined warm zone.
* May utilize doffing assistant if necessary.
* Suggest having facility doffing procedure in HCID Readiness Binder.
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|  | 1. Notify provider who will assess patient.
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|  | 1. Notify Infection Preventionist who will provide expertise in isolation and can facilitate communication between departments and MDH if needed.
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|  | 1. Register and communicate with the patient by phone or intercom as possible.
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|  | 1. Designated person (e.g. Provider or Infection Prevention) will call MDH (if necessary) to discuss case: 651-201-5414 or 1-877-676-5414.
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|  | 1. Keep patient updated on situation.
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|  | 1. Contact hospital administrative leaders as indicated.
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|  | 1. Consider activating the HICs structure in the facility. It is helpful to define roles, streamline communication, and obtain necessary help needed for management.
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|  | 1. Do not send specimens to the facility’s clinical laboratory if HCID suspected before consulting with facility’s Lab Director.
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|  | 1. Usual disinfectants are adequate.
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|  | 1. Linen and trash is held in the room until the diagnosis is made. If the waste is Category A (Ebola), MDH will consult on management (found in HCID Readiness Binder).
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|  | 1. If necessary, follow directions on how to make a regular room a negative pressure room: [Airborne Infectious Disease Management: Methods for Temporary Negative Pressure Isolation (PDF) (https://www.health.state.mn.us/communities/ep/ surge/infectious/airbornenegative.pdf)](https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf).
 |  |
|  | 1. Keep the family informed and comfortable.
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To obtain this information in a different format, call: 651-201-5414.