Version Number 1.0

16/09/2024

Table 3 - Immediate Actions to be taken when an Individual is Identified as a Suspect or Confirmed Case of HCID (adapted from <u>CEC, NSW guidance</u>)

Initial assessment and history at check in/triage	No.	Action to be taken	Completed
2. Apply standard precautions (see Box 3 and NCEC National Clinical Guideline No. 30 IPC- Vol 1 p20) for all patients at all times. Provide the patient with a surgical facemask (and emesis bag - if needed).  3. Conduct a PCRA to determine the risk of exposure to body fluids. (Assess patient for "dry symptoms", e.g., fever and fatigue or "wet symptoms", e.g., diarrhoea, vomitting or bleeding) (see Table 4)  4. Safe PPE donning and doffing procedures (PPE based on PCRA but typically includes, at a minimum, respirator, eye protection, gown and gloves). Perform hand hygiene before donning and after doffing as per WHO 5 moments. For additional HCID PPE requirements, see Appendix 3.  5. Immediately accompany the patient to a single room for assessment. This room should be ensuite, preferably with negative pressure ventilation (where available), and should ideally have an anteroom for putting on and taking off PPE.  6. Restrict access (staff and visitors) to the room to minimise exposure to others. The exception is when, in the view of the clinical team, it is essential for clinical care that a visitor enters the patient room (for example in the case of a child or vulnerable adult). In such cases a PCRA must be performed, and visitors must adhere to IPC guidance. Consider that the accompanying person may be a case or a contact.  7. Initial suspicion, following risk assessment- ensure that urgent advice is sought from ID consultant on call/Clinical Microbiologist/ IPC team/Paeditric ID consultant. Where there is no local ID expertise, discuss case directly with the Consultant/Specialist in Public Health Medicine (CPHM/SPHM) (contact details here). Urgent communications with local governance structures (including hospital management) should follow local escalation protocols.  8. Ensure that single patient-use equipment is available and allocated to the room.  9. Manage waste: PPE should be treated as Category A waste can be managed as Category B (see Appendix 5).  10 Do not delay essential tests for diagnosis and manage	1.	Initial assessment and history at check in/triage	
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