

High Threat Pathogen (HTP) Risk Assessment Algorithm for Emergency Departments & HA-UPCCs

In the event there is imminent risk of a HTP in B.C., a directive from the Office of the Provincial Health Officer will inform health system partners/organizations of this risk and provide guidance to follow, including the requirement to implement this risk assessment. Use this algorithm for anyone that presents to an ED or UPCC with symptoms of a HTP, such as Viral Hemorrhagic Fever (VHF), or concerns about an exposure.

In the last 21 days, has the patient:

- Lived in or travelled to/from a region with active transmission of HTP? **OR**
- Had contact with a person (BBF or human remains) known or suspected to have HTP? **OR**
- Had contact with an animal known or suspected to have HTP? **OR**
- Been told to self-monitor for HTP?

See page 2 for more details

YES

NO

Initial precautions

- Instruct patient to perform hand hygiene, put on medical mask and move to designated assessment area.

Routine triage

- **Continue** with routine triage and patient care.
- If they have symptoms, assess for other potential infectious disease (e.g., malaria).

Any symptoms of HTP?

See page 2 for more details

NO

- **Continue** with routine triage and patient care **AND**
- **Call MHO** to arrange for post-Emergency follow up.

YES

Put on PPE & isolate

Avoid routine triage procedures while still providing urgent emergency care if necessary:

- **Follow** HTP precautions and **put on PPE**.
- **Move** patient to designated **private patient room** or designated assessment area, separate from other patients for assessment.
- **Allow** accompanying persons to remain with the patient until assessment is complete.

Notify

- **Notify** emergency physician/MRP immediately.
- **Notify** charge nurse, local IPC, medical microbiology, infectious disease physician.
- **Consult** MHO urgently. If HTP is in the differential diagnosis, the MHO calls the expert risk assessment team.
- **Post** signage and use sign-in/sign-out sheets.



Further assessment and initial care

- **Physician performs** further review of history, and signs and symptoms.
- **Review and confirm** need for diagnostics, treatment and transfer with expert team.

Risk confirmed + Transfer required

- Contact Patient Transfer Network (1-866-233-2337) to organize receiving site and transfer.
- Prepare patient.

Risk confirmed + No transfer required

- Proceed with protocol-based investigation and care.

No risk

- Continue with routine triage and patient care.

BBF = Blood and body fluids
HCW = Health care worker

MHO = Medical Health Officer
MRP = Most responsible physician

PPE = Personal protective equipment

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The factors included below are relevant to VHF and may need to be adapted for unknown or newly emerging pathogens as new information becomes available.



MHO PHONE NUMBERS

(for health care providers)

Fraser Health

Business hours: 1-866-990-9941

After business hours: 604-527-4806

Interior Health

24/7: 1-866-457-5648

Island Health

Business hours: see Medical Health Officers

[www.islandhealth.ca/about-us/
medical-health-officers](http://www.islandhealth.ca/about-us/medical-health-officers)

After business hours: 1-800-204-6166

Northern Health

Business hours: 250-645-3794

After business hours: 250-565-2000,
press 7, ask for the MHO on call

Vancouver Coastal Health

Mon–Fri, 8:30am–5:00pm: 604-675-3900

After business hours: 604-527-4893

Screening questions

1. Has the person travelled to or from a region that is experiencing cases (active transmission) of the VHF within the past 21 days? **OR**
2. Has the person had contact with BBF or human remains of a person known to have or suspected to have a VHF within the past 21 days (e.g., caring for person with a VHF, close contact in household/health care facility/community setting with a symptomatic person, sexual contact, laboratory worker handling the pathogen or body fluids from a person with a VHF)? **OR**
3. Has the person had contact with an animal known or suspected to have a VHF within the past 21 days (e.g., handling of bats, rodents, or primates from disease-affected areas, or tick bites from disease-affected areas)? **OR**
4. Has the person been told to self-monitor for VHF within the past 21 days?

VHF signs & symptoms

- **Fever** of greater than 38 degrees Celsius **OR**
- **At least one of the following:**
subjective fever, malaise, myalgia, headache, arthralgia, fatigue, loss of appetite, conjunctival redness, sore throat, chest pain, abdominal pain, nausea, vomiting, diarrhea that can be bloody, hemorrhage, or erythematous maculopapular rash on the trunk.

For complete guidance and more information:

- **HTP acute care guideline:** www.bccdc.ca/health-professionals/clinical-resources/ebola
- **For current outbreak information:** Visit the World Health Organization (WHO) website at www.who.int/emergencies/disease-outbreak-news