

LOCATION	ROLE	PROCESS STEP	NOTES
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ED Front Desk

Greeter/Triage Nurse

**1 PATIENT HISTORY GATHERED**  
 Ask: Do you have a fever, cough or rash?  
 \*one symptom considered positive



**MERS Co-V Outbreak Areas**  
[www.cdc.gov/coronavirus/mers/](http://www.cdc.gov/coronavirus/mers/)

**Case Definition: Compatible MERS Co-V Symptoms** = fever >100.4F/38C, cough, SOB OR pneumonia/ARDS (based on clinical or radiological evidence  
[www.cdc.gov/coronavirus/mers/case-def.html](http://www.cdc.gov/coronavirus/mers/case-def.html)

Greeter/Triage Nurse

**2 TRAVEL QUESTION**  
 Have you traveled to and/or been in contact with a person that has traveled outside of the country within the last month?



**! CLOSE CONTACT**

is defined as (a) being within approximately 6 feet or within the room or care area for a prolonged period of time while not wearing recommended PPE or (b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing PPE.

Greeter/Triage Nurse

**3** If yes, to what country? If patient traveled to hot spot, notify lead nurse



If patient arrives with family member(s):

Greeter/Triage Nurse

**4 FAMILY HISTORY GATHERED**  
 Does family member have **ANY** of the MERS Co-V symptoms listed above?



**Escort family to family conference room**

If any family member is symptomatic, room E6 will be used as a second "patient room" for that individual

Greeter/Triage Nurse

**5** Provide family members procedure masks and gloves and instructs on how to apply.

*Decisions on where to house asymptomatic family/friends will be left to the discretion of the triage nurse and be based on the needs of the patient.*

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Greeter/Triage Nurse

**6** Ask ED front desk staff to call lead nurse to (1) report positive history/symptoms and (2) check on availability of rooms E6 through E8.



Lead Nurse

Rooms E6 through E8 available? **NO**



Clear and disinfect rooms



Greeter/Triage Nurse

**7** Escort patient(s) to room E7  
 Instruct patient to (1) remain in room, (2) keep door closed and (3) that a nurse will be with them as soon as she/he has a proper PPE.



Lead Nurse

**8** Establish who will serve in each of the following roles: (1) primary nurse, (2) task.



Rooms E6-8

Lead Nurse

**9** (1) Tape "Do Not Enter" sign to patient room, (2) Tape "Room Entry Log" to patient room and (3) Tape "Soiled Utility" sign to appropriate room.



Lead Nurse

**10** Notify ED manager on call of possible MERS Co-V patient.  
 Notify Infection Control (IC) liaison (XXX.XXX.XXXX) of possible MERS Co-V patient

ED Manager On Call

Notify Security of need for personnel to control entry to designated rooms.



Isolation Room

Primary Nurse  
 Primary Nurse  
 Task Nurse  
 Lead Nurse

**11** *Primary nurse* – Picks up MERS Co-V lab kit and gather MERS Co-V PPE.  
*Task nurse* – Don level PPE for MERS Co-V.  
*Lead nurse* – Observe donning process.



See ED 24-hour sheet for on-call manager contact information



Security to monitor entry to isolation area round the clock



MERS CO-V Lab Go kits are located in Triage C.  
 Gather MERS CO-V PPE:  
 Yellow isolation gown  
 Face shield/goggles  
 2 pair gloves – (nitrile gloves as base glove; regular patient care gloves over the nitrile)  
 N-95 respirator for general care  
**PAPR when performing aerosol generating procedures**

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Isolation Room

Primary Nurse

**12** Gather full set of vitals and any additional pertinent information.



ER Attending  
Task Nurse

**13** Don MERS Co-V PPE.  
Observe donning process.



Isolation Room

ER Attending

**14** Examine/assess patient.

In the 14 days before symptom onset did the patient:

1. Travel to or from the Arabian Peninsula/ neighboring countries? If yes, which countries?
2. Exact date of travel **to** stated area.  
Exact date of travel **from** stated area.
3. Visit or work in a health care facility in the Arabian Peninsula/neighboring country? If yes, which countries? **Is the patient a health care worker?**
4. Have close contact with an ill traveler from the Arabian Peninsula/neighboring country? If yes, which countries?
5. **Is the patient a member of a severe respiratory illness cluster of unknown etiology?**
6. Have close contact with a **known** MERS case? **Had close contact with a camel?**



**Logs are located in the MERS book.**  
**All people entering room must sign in on "Room Entry Log" before each entry into the isolation room.**

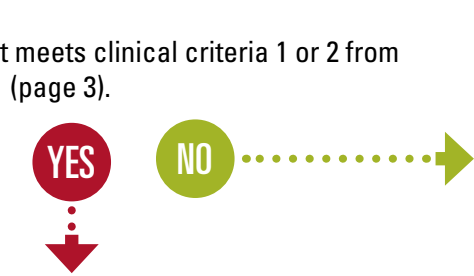


Routine blood labs may be drawn at any point during encounter, but must be processed for transport per MERS Co-V lab protocol.

Table 1

CLINICAL FEATURES		EPIDEMIOLOGIC RISK
<b>1) Severe illness</b> Fever <i>and</i> pneumonia or acute respiratory distress syndrome (based on clinical or radiological evidence)	AND	A history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset, or close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula.  – or –  A member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated, in consultation with state and local health departments in the U.S.
<b>2) Milder illness</b> Fever <i>or</i> symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)	AND	Close contact with a confirmed MERS case while the case was ill.  – or –  A history of being in a health care facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula in which recent health care-associated cases of MERS have been identified.
<b>3) Milder illness</b> Fever <i>or</i> symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath)	AND	History of travel to a country or territory in or near the Arabian Peninsula.

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Isolation Room	ER Attending	<b>15</b> Patient meets clinical criteria 1 or 2 from table 1 (page 3). 	 If patient meets clinical criteria 3 from table 1, order Respiratory Pathogen Panel (RPP). If RPP positive, treatment per ED attending. If RPP is negative, proceed to step 16.
		<b>16</b> Call ID attending MD for academic general ID service on call for consult (ID MD)	
	ID MD	<b>17a</b> Notifies Nebraska Biocontainment Unit (NBU) medical director if either clinical criteria 1 or 2 is met.	
		<b>17b</b> Arrange for lab testing by Nebraska Public Health Lab (NPHL).	
	Primary Nurse	<b>18</b> Collect specimen/draw blood to send to NPHL per MERS Co-V protocol. NPHL staff will pick up specimen(s).	
	ID MD	Enter orders for lab in OneChart: "Special Procedure: Other."	MERS Co-V specimens for NPHL analysis must be processed per <a href="#">MERS Co-V lab draw protocol</a>
	Lab	<b>19</b> Call ED medical director, ID medical director and NBU medical director with results.	
		<b>20</b> MERS Co-V PCR test presumptive positive? 	

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ID MD

**21** Notify NBU medical director of presumptive positive result.



ED Lead

**22** Notify ED manager and IC on call liaison at **XXX.XXX.XXXX** of presumptive positive result.



ED  
 Attending

**23** If PUI refuses care: ID medical director to call state/county public health director to obtain isolation.



ED Manager  
 On Call

**24** Notify Public Information Officer (PIO) and Nebraska Medicine Incident Commander on call.



**25** Activate NBU for transport to NBU.

Local Health Department  
 Days: **XXX.XXX.XXXX**  
 After 4:30 p.m.: **XXX.XXX.XXXX**