

Facilities of the new ID ward

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The Department of Infection

- Aims to deliver safe and integrated care for patients throughout the Hull & East Yorkshire hospitals trust.
- Collaboration between the various teams within the service
- Majority of patients with an infection will be managed base wards with support from Infection specialists.

HOWEVER.....

- Recent global outbreaks of communicable diseases highlighted clinical need for a dedicated Infectious Diseases inpatient service.
- Increased demand for Infectious Disease beds suitable for safely managing patients with airborne communicable diseases
- treatment often complex and protracted. New ward promotes patient safety, dignity and respect without compromising staff safety.

Why a new ward?

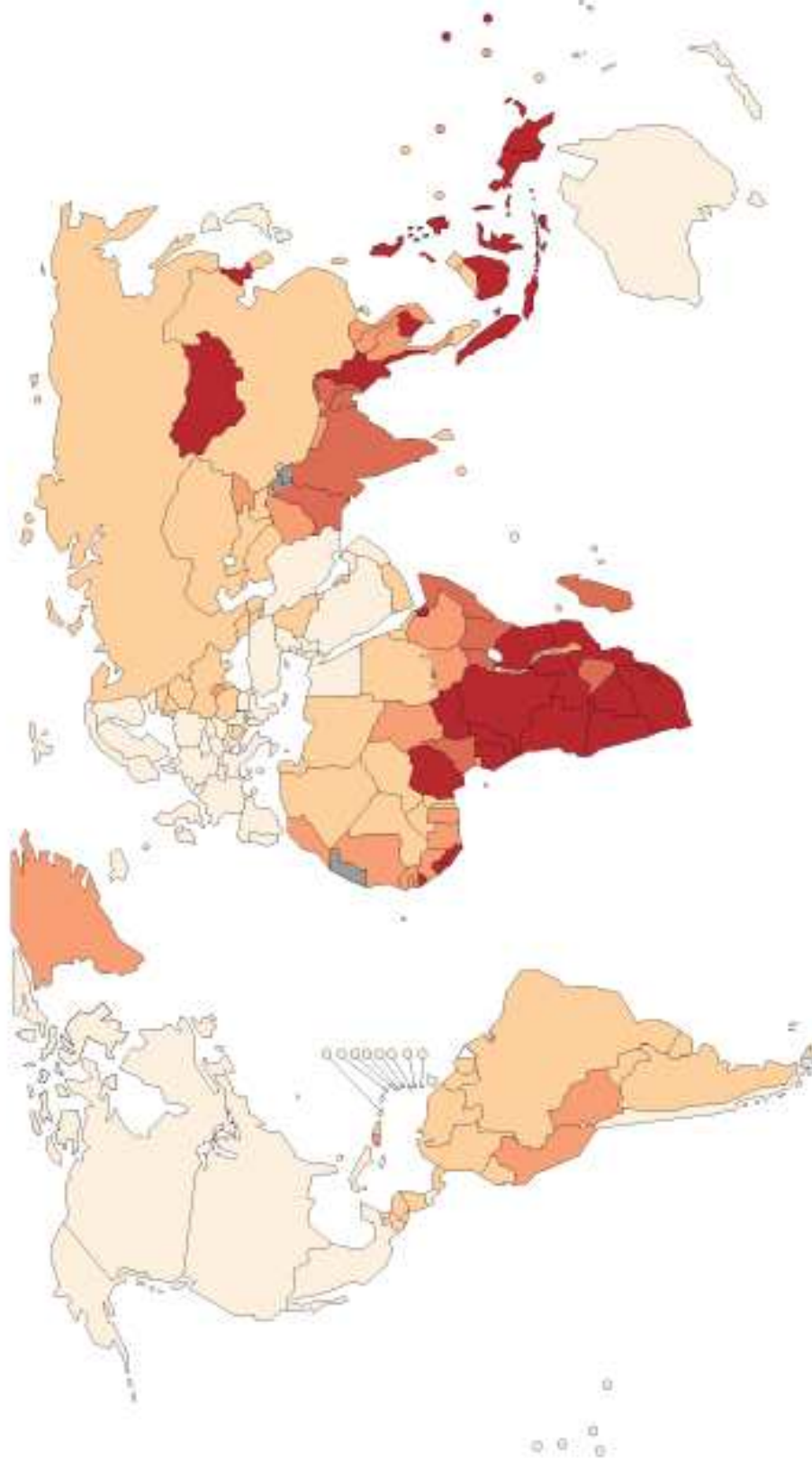
- Current TB facilities are not adequate for long-term patients that need isolation
- Many patients with complex infections > 4 weeks as an inpatient
- Risk of returning travelers
- Lack of isolation facilities

Why a new ward??

- <https://www.esky.com/radar>

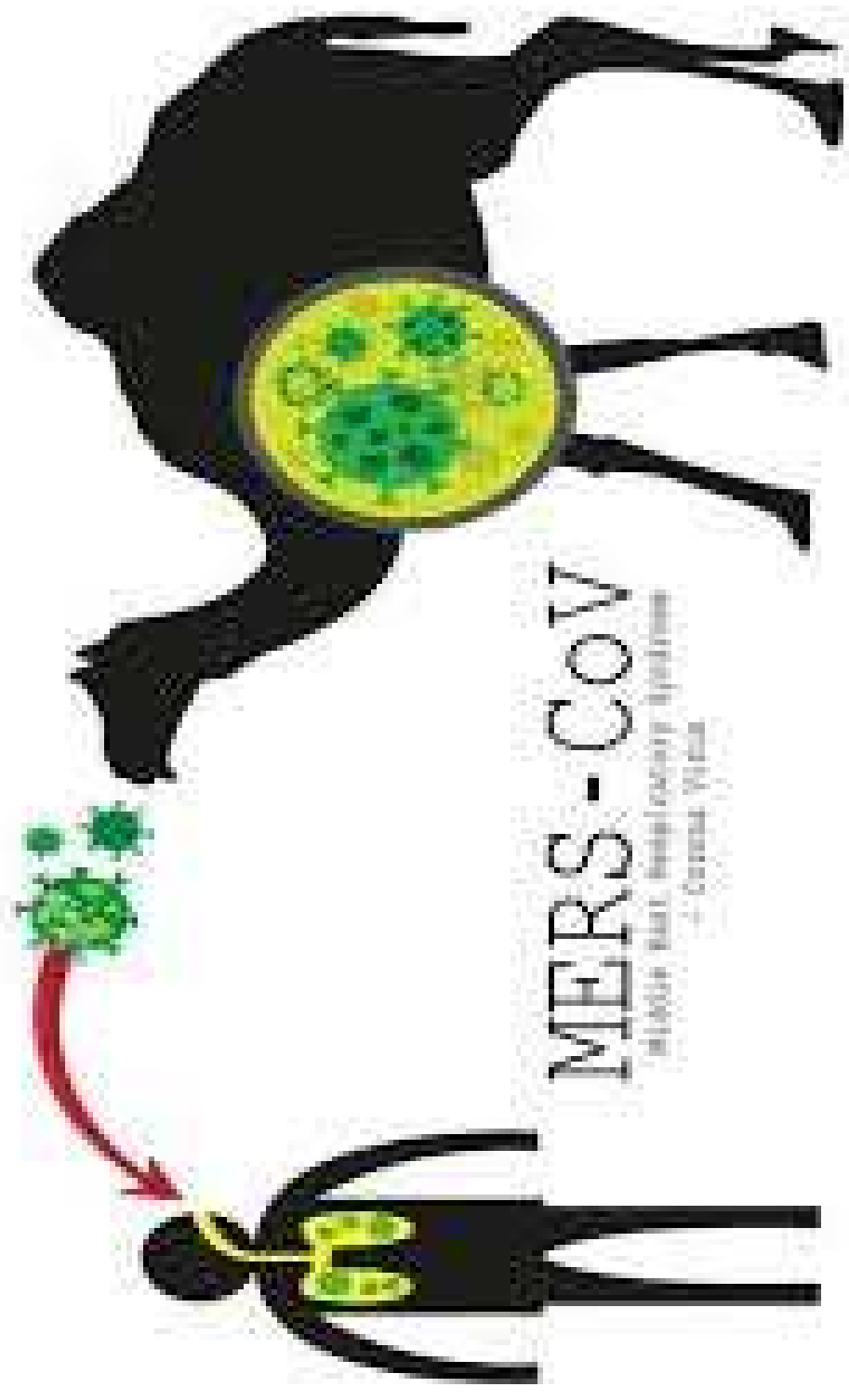


Estimated new TB cases per 100,000 population, 2015



Source: WHO

The Huffington Post





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Health

Man has 'world's worst' super-gonorrhoea

By James Gallagher
Health and science correspondent, BBC News

🕒 28 March 2018



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1,467

Drug-resistant superbug to blame for deadly typhoid outbreak in Pakistan

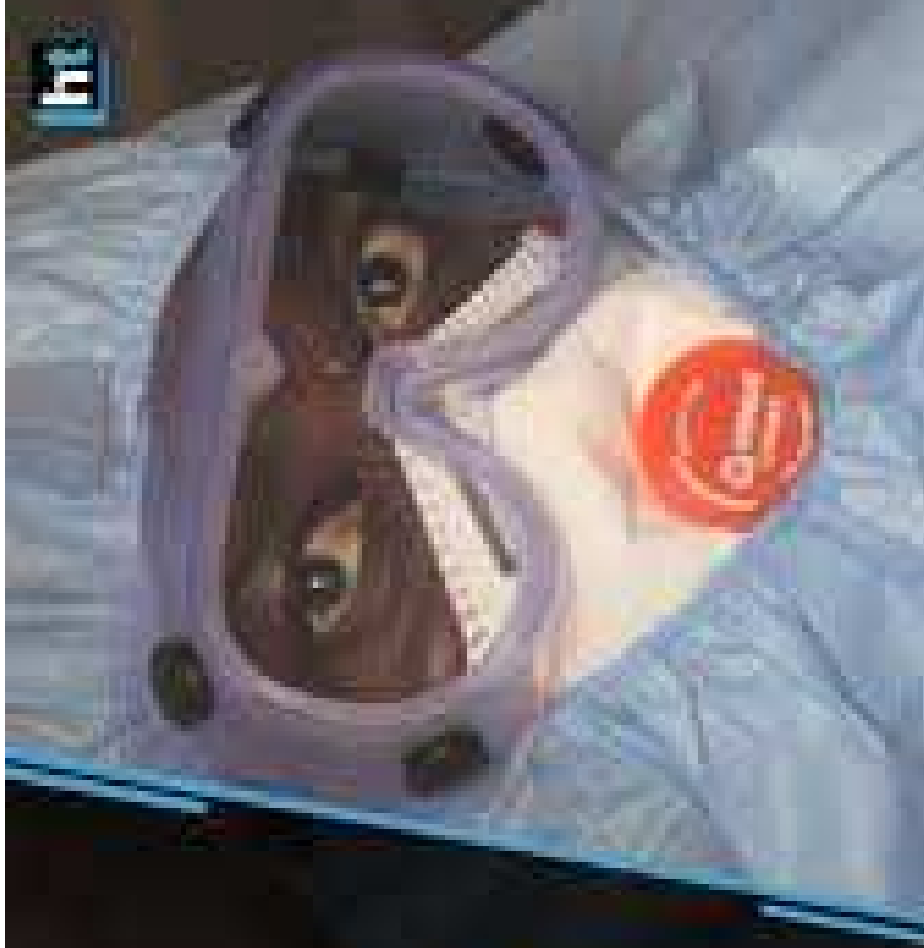
Researchers warn of limited treatment options as mutated strain of typhoid is blamed for surge in cases



▲ A boy plays in the waters of a polluted canal in Lahore. Typhoid can be spread by contaminated food and water. Photograph: Arif Ali/AFP/Getty Images

NEWS

LASSA FEVER CLAIMS 110 LIVES IN NIGERIA SINCE JANUARY 2018



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Who can be admitted?

High priority:

- Suspected/proven pulmonary tuberculosis
- Risk for viral haemorrhagic fever*
- HIV positive patients
- Varicella-zoster virus infection*
- Other high-risk droplet/airborne spread viral infections* such as measles, influenza, SARS, MERS, etc.

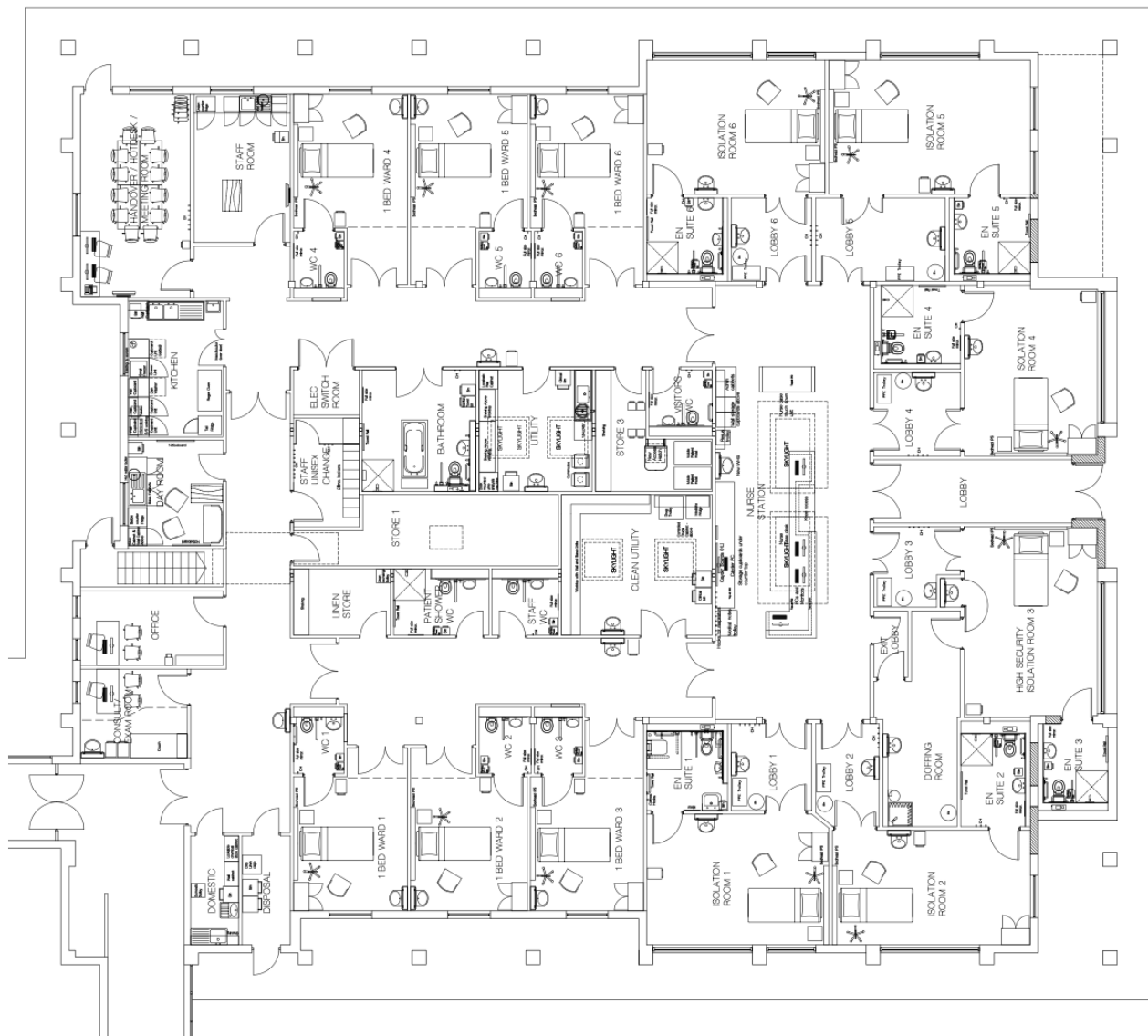
* Admission directly to a negative pressure room

Medium priority

- Suspected/proven enteric infection e.g. *E. coli* 0157, salmonellosis and hepatitis A
- Patients with resistant organisms at high risk of transmission
- Herpes-simplex virus and other contagious skin infections
- Suspected/proven viral or bacterial meningitis/encephalitis
- Skin/soft tissue infections, particularly if *Streptococcus pyogenes* is suspected/proven
- Colonisation/Infection with a highly resistant bacterium.

Lower priority

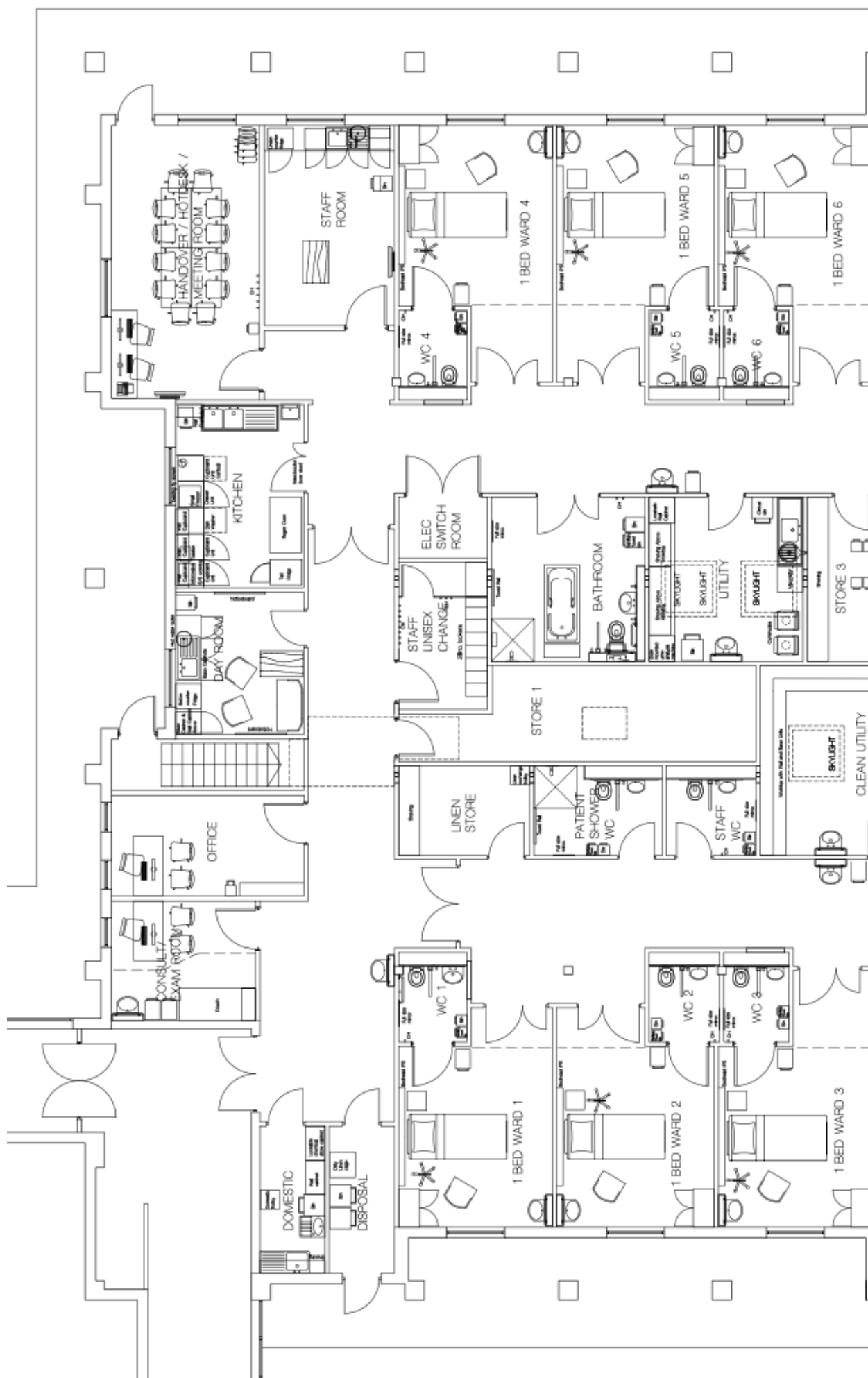
- Community acquired pneumonia or other lung bacterial infections
- Complicated UTI
- Sepsis of any cause
- Endocarditis
- Pyrexia of unknown origin
- 'Deep' abscesses (e.g. psoas abscess or pelvic collections)
- Infections related to intravenous drug use
- Orthopaedic or spinal infections



‘non-specialist’ isolation rooms

- 6 single rooms with en-suite toilet
- Shared showers/Bathing facilities per 3 rooms.

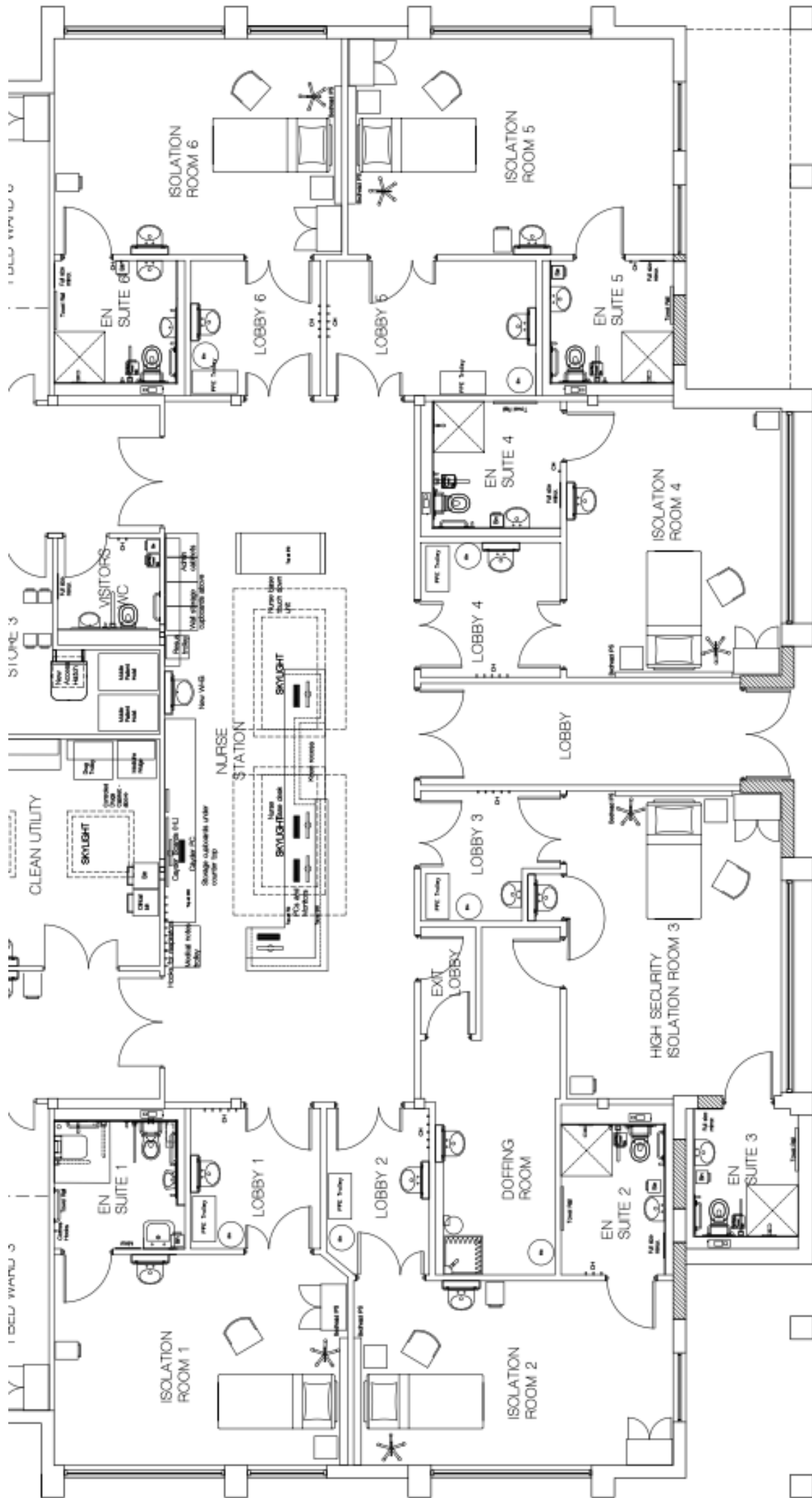




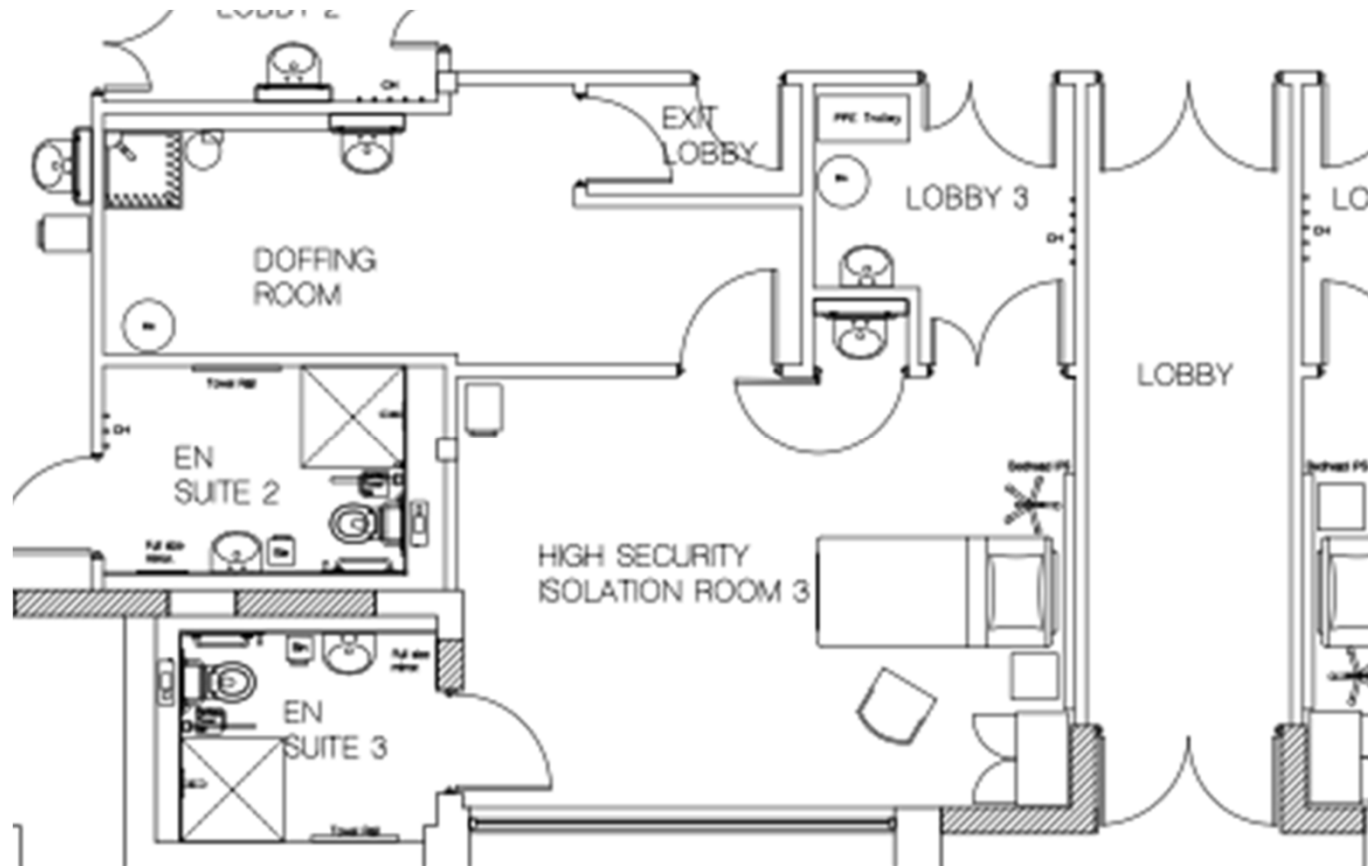
Specialist isolation rooms

- 5 en-suite negative pressure rooms with positive pressure anteroom





High security specialist isolation room



Specialist contact isolation room

- regional initial clinical assessment and **temporary** management of patients with suspected viral haemorrhagic fever in the region.
- **Once VHF confirmed: Patient => national designated VHF centres.**
- VHF patient will never spend more than 24-48 hours on our unit
- meanwhile risk of transmission to staff/family members is minimized



Doffing room

- Enough space to contain 2 people without risk of contamination
- Safe waste removal
- Emergency shower





Patients presenting in the region

Way of presenting	Actions taken by staff
Patient presenting outside of A&E	<p>DO NOT admit into A&E</p> <p>Call ID consultant on call</p> <p>Risk assess outside of hospital</p> <p>If low possibility of VHF, High possibility of VHF, transfer to C7</p> <p>Ensure the specialist isolation room is empty</p>
Patient already in A&E	<p>Isolate patient immediately</p> <p>Call ID consultant on call</p> <p>Limit staff in contact with patient and list them for Occ Health</p> <p>Risk assess patient (see below)</p> <p>After risk assessment, ID consultant will decide upon transfer to C7</p>
Patient announced, not yet on hospital grounds	<p>Call ID consultant if not already the case</p> <p>Admit straight to C7</p> <p>Ensure the specialist isolation room is empty</p>

See you
in Hull!

