



Summary of Viral Haemorrhagic Fever (VHF) Precautions for General Practitioners in Scotland

The VHF guidance and the VHF algorithm are written from the perspective of hospital settings. However, the categories and principles still apply for general practitioners. The information below provides some specific advice for those working in general practice.

Person-to-person transmission of VHF arises from **direct contact** with blood, body fluids or with surfaces/equipment contaminated with blood or body fluids. **If there has been no contact with infected blood or body fluids there is no risk.** The risk of VHF transmission is highest during the later stages of illness when vomiting, diarrhoea and often haemorrhage may lead to splash or droplet generation (p 62 guidance).

Standard Infection Control Precautions (SICPs)

All blood and body fluids from **all** patients should always be considered potentially contaminated.

Direct contact with **all** blood and body fluids from **all** patients should always be avoided by the use of Personal Protective Equipment (PPE). **All** cuts and abrasions should be covered with waterproof dressings. The National Infection Prevention and Control Manual details all the elements of Standard Infection Control Precautions (SICPs):

http://www.hps.scot.nhs.uk/haiic/ic/nationalinfectionpreventionandcontrolmanual.aspx

Preparedness

- All clinical staff must have a working knowledge of SICPs as stated in the National Infection Prevention and Control Manual. In preparation, GP surgeries must ensure:
 - Sufficient supplies of PPE to prevent cross transmission of infection risk.
 - Blood and body fluid spill kits are available (able to release 10,000 parts per million (ppm) available chlorine (av.cl)).
 - Some staff in the surgery are trained on how to safely decontaminate blood and body fluid spillages (see page 4).

2. All staff know:

- that if a patient phones the surgery seeking an appointment and are reporting fever and relevant travel history then they are advised to stay at home and await a return call from a member of the clinical team who will assess them.
- the identified area where a patient who presents with a fever and relevant travel history would be placed whilst awaiting assessment/transfer (ideally

	an area without carpets/other fabrics).
	How to contact the local NHS Board Infection Prevention and Control Team (IPCT).
	IPCT contact numbers are:
Supplies of PPE	The risk of a patient presenting in a highly infectious state in a GP surgery is very unlikely, therefore standard PPE to have available is:
	 Single use, disposable gloves to prevent skin contact
	Single use, disposable aprons to prevent clothing contamination
	 Full face visors if there is a risk of blood or body fluid splash / droplet contamination of the face or mucous membranes.
	If GPs considers the risk within their surgery merits full body protection being available then a list of recommended PPE for use when managing a patient at high-risk of having VHF will be available from HPS.
Actions if a patient presents	
Risk Assessment	If a patient presents at the surgery reporting a history of a fever, they should be asked for a travel history as per the ACDP guidance ¹ and placed in the pre-identified area whilst awaiting assessment/transfer.
Referral	If the patient answers yes to questions A and or B in the VHF Risk Assessment ² (first box in the algorithm) they should be referred to a hospital infectious disease physician.
Specimens	If the patient answers yes to questions A and or B ² TAKE NO SPECIMENS before discussion with a hospital infectious disease physician.
If transfer is required	If transfer to hospital is required follow the algorithm risk assessment category and communicate the risk to the Scottish Ambulance Service (SAS): Local SAS telephone number:
	High possibility of VHF and the patient is bleeding, or has bruising, or diarrhoea and or vomiting.
	High possibility of VHF but without a history of bleeding, or has bruising, or diarrhoea and or vomiting.
	Low Possibility of VHF patient does not have bleeding, or has bruising, or diarrhoea and or vomiting.
Before transfer	Keep patient with any type of possible VHF category away from other patients and use PPE as described on page 1.
	Inform the patient that because the VHF risk cannot be eliminated at present, healthcare workers will use PPE to prevent any potential cross-transmission.
After Transfer	Identify all areas of the surgery where the patient has been. If there is any possibility of blood or other body fluid spillage cordon the area off and decontaminate as per algorithm on page 3.

For large spills decontamination will involve 10,000 ppm av.cl. and this will bleach fabrics.

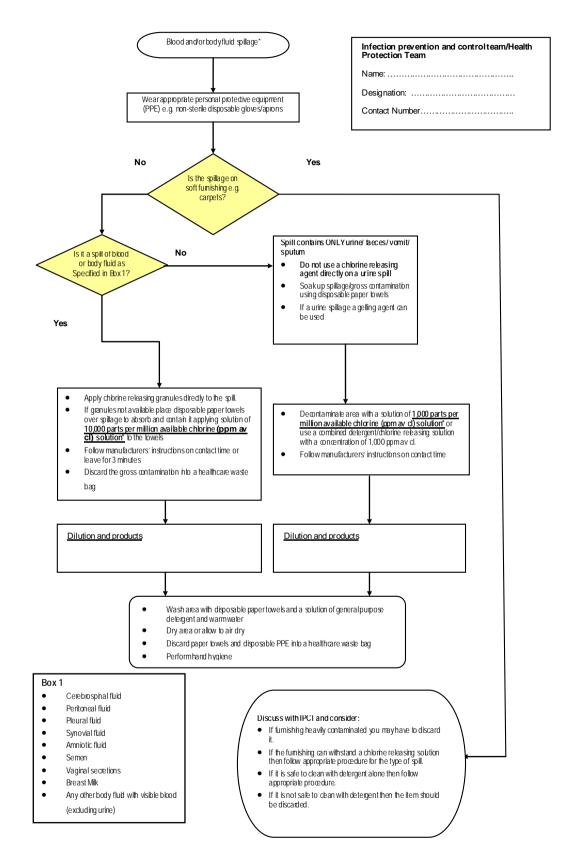
If there is contamination with blood or any body fluids and advice is needed pre decontamination make the area safe so that others cannot be contaminated before contact your IPCT.

- Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence. Advisory Committee on Dangerous Pathogens issued by the Dept of health and the HSE in August 2014 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343862/ACDP_VHF_guidance_12_08_20141.pdf
- VIRAL HAEMORRHAGIC FEVERS RISK ASSESSMENT (Version 3: 11.08.2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343186/VHF algorithm 11 08 20141.pdf

Further information about the Ebola outbreak can be found on the Health Protection Scotland website:

http://www.hps.scot.nhs.uk/

Appendix 11 - Management of Blood and Body Fluid Spillages



^{*} Scottish National Blood Transfusion Service and Scottish Ambulance Service use products that differ from those stated in the National Infection Prevention and Control Manual