Protecting Patients and Protecting Staff: Early identification of infectious agents on presentation to the Emergency Department at University Hospital, Limerick.
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Service Description: Emergency Departments (EDs) are often the first healthcare port of call for patients with infectious diseases. Failure to identify and isolate these patients on arrival puts other patients and staff at risk. Deaths among healthcare workers from SARS and more recently the outbreak of H1N1 Influenza A have focused attention on this issue. In Limerick, a lack of isolation facilities in the ED means that staff must prioritise patients requiring isolation for cubicles to reduce the risk of cross transmission.

Patient Safety Initiative: In collaboration with infection prevention and control (IPC) staff along with the Department of Microbiology an ED IPC algorithm (Appendix A) was developed to allow ED triage nurses to quickly identify patient groups requiring isolation. The aim of this initiative was to allow ED triage staff to identify and quantify the patients requiring isolation at the outset of the patient journey. This document was made available to staff in electronic format and is displayed in poster size in the triage. It has been formatted in a manner that allows rapid identification of the patient’s presenting complaint and gives specific instruction of the type of isolation required, if any.

Challenges and Supports: Use of the algorithm identified that isolation facilities are required for 3% of our daily patient attendance. The ongoing number of boarded patients in the ED remains our most significant challenge and compounds problems associated with inadequate ED infrastructure to provide isolation facilities. Data derived from use of the algorithm have been used to inform architects’ plans for a new ED to be complete in 2015 with adequate isolation facilities and in the interim additional space is being facilitated by conversion of non clinical areas. The collaboration between ED and IPC has led to more efficient case management for patients requiring isolation.

Benefits and Outcomes: This work has highlighted the need for infection prevention and control measures to be instigated in our ED from the time of initial triage. It is a novel, user-friendly tool that improves patient and staff safety and provides triage staff with the necessary information to plan a patient’s journey through the ED. The National Emergency Medicine Program has adopted our algorithm for national use. This will enable a standardised approach to infection prevention and control at ED triage, support measurement of ED patient isolation requirements and drive quality improvement in infection prevention and control in all EDs.