

## CMG 40 – SUSPECTED VIRAL HAEMORRHAGIC FEVER (VHF)

(Revised: November 2014)



### Has your patient:

- travelled to an VHF affected area (refer to the Comcen Clinician for the latest information) in the 21 days prior to symptom onset; **AND**
- a fever of >38°C. Additional symptoms such as muscle pain, severe headache, abdominal pain, marked vomiting, marked diarrhoea, and/or unexplained haemorrhage or bruising should also be considered.

**NOTE:**  
Contact, airborne and droplet precautions PPE:

- Mask (preferably well-fitting P2/N95)
- Disposable gown
- Gloves (consider double-gloving)
- Eye protection

### Neither, or only 1 confirmed then very low risk:

- Routine assessment and management
- Normal infection control and cleaning processes as per infection control manual

### Both confirmed (or unable to reasonably rule out):

Don contact, airborne and droplet precautions PPE (see note)

**Assess for high risk features:  
marked bruising, bleeding, vomiting and/or diarrhoea.**

### No high risk features present:

- Minimise the number of people in contact with the patient.
- Routine assessment and management.
- No unnecessary invasive procedures (if fluids required, use IO rather than IV).
- Early notification and transport to The Canberra Hospital. Do not offload patient until advised by TCH staff.
- Package patient to minimise risk of infection (mask, blankets/sheets). All contaminated waste and linen to go with the patient to the ward.
- Notify DOO.
- Normal cleaning and disinfection processes as per infection control manual.

### High risk features confirmed:

- Remain calm. Take control of the situation.
- Immediately remove all persons from vicinity of patient and contaminated area. (1.5 – 2 metres from known contaminated area)
- If no direct contact with contamination, withdraw and don contact, airborne and droplet precautions PPE.
- If contact made with contamination without PPE, withdraw, wash and disinfect affected area and don contact, airborne and droplet precautions.
- Minimise direct contact with patient; no unnecessary invasive procedures (if fluids required, use IO rather than IV), no aerosolising procedures. Provide information and reassurance from a safe distance (1.5 – 2 metres).
- Immediately request specialist assistance through the Comcen Clinician via radio.
- The Comcen Clinician will coordinate advice from ACT Public Health Unit. Await specialist advice through Comcen Clinician.