The BC Biocontainment Treatment Unit at Surrey Memorial Hospital

Past, Present, and Future

Pam Dawson RN BSN
Interim Biocontainment Coordinator

Sandeep Baddan RN BSN, IPC
Surrey Memorial Hospital
West Africa - late August 2014: Ebola Viral Disease (EVD) Outbreak

In BC: September 2014

- **Fraser Health Authority & Infection Control**
  - began preparing for possibility of an EVD patient requiring management at one of their acute care facilities.

- **The challenge for all HA’s –**
  - Ensuring safety of staff and public while planning with various agencies and jurisdictions.
Then...Ebola in North America

October 12, 2014
IPC program involvement - collaborating with many stakeholders such as:

- FH Executive Medical Director of Infection Control
- Public Health
- Workplace Health
- Other Health Authorities in BC
- BC Centre for Disease Control
- Ministry of Health
Surrey Memorial Hospital -

- was designated by BC Ministry of Health as the provincial Level 3 site for adult suspect/confirmed cases of EVD
- Decision was based on SMH’s new, state-of-the-art Critical Care Tower and the level of care provided by its staff.
Development of Team - A true interdisciplinary approach

- Infection Control
- RN’s, Charge nurses
- Workplace Health
- Respiratory Therapy
- Intensivists, Medical Health Officers
- Infectious Disease Specialists
- Critical Care CNEs
- Laboratory & Medical Imaging
- Medical Device Reprocessing
- HSSBC – Supply chain
- Environmental Services
- Ebola Team Manager
- Emergency Leadership
- Site Leadership
- Building (P3) Management
- Executive EOC Leadership
Overall Key Priorities

- Priority was on healthcare worker and public safety while providing excellent care to those affected by EVD
  - planning and prep overseen by and in adherence to ministry and FH EOC guidelines, policies and procedures
  - Ethical concerns addressed when questions from team members arose: ethicist consulted and public health involved too.
BC Biocontainment Treatment Unit at SMH

- Practice sessions for donning and doffing the 2 levels of gear... *also at Children’s Hospital*

  - **In-room Health Care worker:** PAPR unit, harness with hood, full coverall, rubber boots, 2 pair extended cuff gloves.
  - **Doffing Assistant:** surgical mask, full-face visor, impervious surgical gown, foot/lower leg coverings, 2 pair extended cuff gloves.
• Education & Simulation days for Core Team members
  • Multidisciplinary: clinical and IPC staff
  • Adult and peds both
  • Four times yearly - review of both safety and patient care procedures
  • Chance to be in full gear for patient simulation scenarios – as Health Care worker and/or doffing assistant
Simulation Education

Inside Patient room – Insertion of Central line by physician and two RN’s
Pod 4 — HAU: with support areas

Locked PPE Supply Room

Current Patient room with warm room to left

PPE Re-processing room
Entry – Anteroom & Patient Room

Patient Room in background with adjoining warm room
New warm room – previous patient room

- Connecting door, glass observation area for Trained Observer and other staff
- Space for equipment e.g. Portable x-ray machine, blue waste drums
• Constructed around sliding glass exit door, sealed, tied into HVAC
• Note glass insert for Trained Observer to instruct and observe staff
• This area for the doffing assistant & first wiping of items for re-processing

Temporary “warm room” on the HAU

Built for Ebola response

Can be re-mounted if required
BC Biocontainment Treatment Unit

...as we move into the Future
Provincial Ebola Virus Disease Report on the Action Review

August 24, 2015
Key Themes to carry forward

- Strong leadership, high levels of accountability and staff dedication have been essential to the success of this work.

- The task force structure was effective

- An enormous amount of collaborative work has been accomplished and is relevant for other communicable disease outbreak risks.

- The level of readiness achieved should be embedded and sustained in the B.C. health system, including the EVD unit, equipment and realistic training levels.

- The province should build on this and previous communicable disease experience to develop an integrated outbreak readiness and response plan under the direction of the provincial health officer.

Ongoing...

- The Health Authorities will be working with government and agencies to plan for provision of care as required...

- ...for children, youth, and adults infected with rare or novel pathogens, both emerging and re-emerging, that require biocontainment

- Continue staff training & education days for Core teams together for both adult and pediatric population
- Ensure PPE practice sessions are regularly scheduled at both Surrey Memorial and Children’s Hospital
- Maintain the BC BTU space / rooms for readiness
Discussion and Questions