

ADIRONDACK HEALTH

TITLE: Highly Infectious Disease Protocols		POLICY #: CEMP 17-10a
FOLDER NAME:	Infection Control Policies	
PREPARED BY:	Mim Millar, RN, BSN, CIC	
EFFECTIVE DATE: IC Committee 12-18-2014	REVIEWED/REVISED: 12-18-14, 1-20-15, 2-11-15, 1-29-2016, 8/2020	
APPROVED BY:		
_____	Date: _____	
Dr. D. Beiras, Chief Medical Officer		
_____	Date: _____	
Dr. D. Christensen, Chairperson ICC		
_____	Date: _____	
Dr. J. Chip Esper, Director Emergency Department		

<p>REFERENCES: (i.e., Joint Commission, CMS, DOH, HFAP, etc.)</p> <p>CDC:</p> <p>HFAP: From 7/3/20 Manual 07.00.00; 07.00.03 (1); 07.02.01</p> <p>NYSDOH:</p>

Purpose: To provide details on Adirondack Health’s (AH) response to ebola virus disease (EVD) and have a protocol that could be used for other highly infectious diseases. This includes guidelines for Transmission Based Precautions, PPE, cleaning and disinfecting the environment, waste management, collaborative responses, and training provided to staff. This helps assure safety of all as recommended or required by oversight agencies including, but not limited to, CDC and NYSDOH. This also assures our part in the national response as well as enhancing our capability to provide appropriate care and treatment while working collaboratively with all agencies and entities who may provide assistance in caring for or transferring patients having or at risk of having this or any other **highly infectious disease (HID)**.

Scope: The following guidelines are for all Adirondack Health staff related to management and treatment of Persons under investigation, confirmed cases, and bodies of persons who have expired from any **HID**.

Table of Contents

<u>Policies:</u>	<u>Attachments</u>
<u>NYSDOH Requirements: Highly Infectious Diseases: Page 2</u>	ATTACHMENT A: ID/Isolate/Inform
<u>Determining Which PPE is Needed for the HID Page 2</u>	ATTACHMENT B: EBOLA
<u>TRAINING Page 3</u>	
<u>PPE & Transmission Based Precautions Page 3</u>	ATTACHMENT C: MEASLES
<u>Contact Tracing Page 4</u>	
<u>Determining the Risk from Exposure Page 4</u>	ATTACHMENT D: COVID 19
<u>Cleaning and Disinfection Page 5</u>	
<u>Transfer of a Patient with HID Page 5</u>	ATTACHMENT E: Don / Doff
<u>Laboratory Risk Assessment Page 6</u>	
<u>Security: Page 6</u>	ATTACHMENT F: Exposed HCW Log
<u>Specialty Area’s Page 6</u>	
<u>Definitions / Acronyms Page 7</u>	

I. NYSDOH Guidelines for Highly Infectious Diseases:

1. AH must maintain at least 2 lead points of contact that are assigned to the Health Commerce System (HCS). One of which will be available 24/7. AMC's HCS contacts include:
 - Emergency Department Medical Director
 - Emergency Preparedness Coordinator
 - Infection Control Practitioner
 - Chief Medical Officer
 - PCC
 - Other AH staff member.
2. HIPAA regulations will be followed to protect the individual, while using data/information to protect the greater good.

II. Determining Which PPE is Needed for the HID

1. Determining the risk from the HID will be determined as a result of the type of disease it is; respiratory vs blood borne for example.
 - a. As information is learned, AH will look to CDC and NYS DOH to inform the type of PPE required to protect AH HCW's.
 - b. In the event that there is no established guide for PPE, AH will defer to the Infectious Disease Director and Infection Preventionist for a response plan.
 - i. This may very likely require protection from all sources until more information is gathered.
 - ii. This might include PPE that covers head, all skin/ exposed surfaces, CAPR/PAPR or N 95 respiratory protection, an impervious gown, double gloves and shoe protection.
 - c. Any plan made will be presented to the ICC at the next meeting for approval.
2. The response plan is derived from determining how the HID is transmitted by direct knowledge of with the known pathogen or inference from one that is similar:
 - a. incubation period of the HID
 - b. means of transmission of HID- Contact, Droplet, Airborne
 - vector transmission
 - person to person
 - foodborne
 - blood to blood
 - fecal oral
 - contaminated source
 - any other route?
 - c. Epidemiological data analysis to inform above
3. Based on 1&2 above, a response plan will be created that gives specific direction to HCW's about the type of PPE required to prevent transmission.
 - a. In the event that NYSDOH and or CDC have created a plan, the AH Response Plan will be derived from these documents and may exceed, but reduce the recommendations for PPE.

- b. The Response plan will be dated and timed, as new information may require frequent changes.
 - c. All outdated Response Plans will be logged for reference, if needed.
4. Pending the scope of the outbreak of the HID, AH will convene the Incident Command to then oversee operations, logistics and ongoing management.
5. AH will provide HCW's with the necessary PPE that meets the recommendations from the AH Response Plan. Updated recommendations from CDC, NYSDOH and other reputable professional organizations will be adopted as soon as possible after they have been published.
6. The Response Plan will prioritize the HCW's most likely to be exposed, and will expand to include all AH as indicated.

III. TRAINING

1. AH will conduct training for HCW's after the Response Plan has been formulated. This will be an opportunity to share information regarding the HID, PPE, and to review the Donning and Doffing process.
 - a. When PPE supplies allow, HCW's will be encouraged to actually don and doff the PPE with a co worker, under the direction of the Infection Preventionist of their designee.
 - b. The teams will use the checklist to observe the process and to perform the process. The observer is expected to be alert to any breach in process, PPE malfunction or breakdown.
 - i. If noticed, immediate mitigation of the risk is to be completed.
 - ii. Observing provides a safety measure for the person donning the PPE and an opportunity for the observer to get familiar with the process.
2. Any HCW that is unable to properly don/doff PPE will not be allowed in the clinical environment until able to do so. Increased training may be necessary.
3. In the event that the HCW does not have recent training about use of any PPE, Just In Time training
4. A record of those attending training sessions will be kept in the Staff Education Office and the Infection Control or Employee Health Office.

IV. PPE and Transmission Based Precautions Specific Information

1. AH utilizes multiple types of respiratory PPE:
 - Procedure or Surgical mask** – standard and droplet precautions, Operating Room use **N- 95 mask** – Requires fit testing prior to use and is for standard plus airborne precautions. HCW must perform “self check” after donning, and prior to entering patient area, every time.
 - PAPR hood** – does not require fit testing, facial hair is not a contraindication and is for standard and all levels of respiratory protection; especially when long term use is expected (hours).
 - CAPR** – (MaxAir) Helmet system similar to the PAPR with same use applications
 - Cloth Mask** - As of COVID 19 in Spring 2020, this mask is NOT acceptable for use in clinical areas. This is for those who don't come in contact with patients. ex: office settings, cafeteria, etc.

2. AH has greatly expanded their negative air pressure room availability as a result of the COVID 19 pandemic:
 - a. **SL ED** has 2 Negative pressure rooms- ER 1 and ER 10 which is negative pressure and designed to decontaminate persons if needed.
 - b. **LP ED** now has one negative pressure room
 - c. **AMC 3rd Floor Med/Surg** wing can be made into Negative Pressure Rooms.
 - i. Rm 325 is the only one with an ante room
 - ii. The hallway can be tarped to separate rooms being used for Standard plus Airborne Transmission Precautions from other rooms on the floor.
 - d. **Med /Surg Floor 2** can be modified to provide negative pressure rooms on the lake side of the unit.
 - i. Additionally, some rooms can become overflow ICU rooms if needed.(see surge plan)
 - e. The **ICU** has been expanded so that rooms 1-5 can be made negative pressure.
 - i. None have ante rooms, but a process for PPE storage and disposal has been established- See ICU.
 - f. **Colby** unit has one room with an ante room, that is not currently negative pressure.
 - g. **Mercy** has rooms on the McCauley unit that can be made to have negative pressure and are able to separate sections of the hall to expand/reduce the “HID” area.
3. AH **Clinics** will designate a room or location where they can assure proper precautions.
4. Some HID’s will require access to a private bathroom or have a portable commode.
 - a. ER rooms that do not have a private bathroom will require a commode chair.
 - b. Cleanis products have been purchased that are placed in the commode ahead of time that will solidify liquids and securely tie to reduce risk of contaminating HCW with the bodily waste.

V. Contact Tracing

1. AH Outpatient units will maintain a log or other source to identify every HCW that comes in contact with each patient during a HID event. Visitors name and contact number must also be logged. This is to provide necessary information if any HCW, patient or visitor should test positive during the incubation period; for ex: 14 days for COVID
2. AH Inpatient units will have the medical record in addition to a log at the patient’s door of all staff and visitors interacting with the patient to include date, time in and time out.
 - a. Visitors will/may also be tracked via a sign in at the hospital entrance
 - b. This will be the primary tracking source for ancillary staff such as lab and Xray.

VI. Determining the Risk from Exposure

1. The exposure risk will be assessed based on the specifics of the exposure and what is known about the HID, such as:

- a. incubation period of the known or suspected HID
 - b. means of transmission of known or suspected HID
 - c. Duration of exposure
 - d. Physical distance between HCW and person with HID
 - e. Source of exposure – respiratory, bodily fluid(s), percutaneous, mucosal, etc.
 - f. any transmission mitigation measures in place at the time of exposure; such as mask, gloves, etc. on the HCW and/or the patient.
 - g. Morbidity and Mortality IF exposed
2. This information will be used to follow any state or federal criteria and consequence that has been established.
 - a. If there is no state or Federal Guidance, the AH Infectious Disease Director will review and make recommendations about level of risk (low, medium high) and any subsequent interventions that are necessary.
 - b. The Infection Control Committee will review the advisement at their next meeting.
 - c. The IDD’s evaluation will be used until there is input from NYSDOH or the CDC.
 - d. Return to work status will be determined by the Exposure Risk Assessment
 - Quarantine/ isolation requirements will be determined by the Exposure Risk Assessment and according to any legal mandates or the IDD’s recommendation.
 - Employee health will track these events and provide documentation as mandated by any New York state or Federal requirements.

VII. Cleaning and Disinfection

1. The protocol for cleaning and disinfecting rooms, vehicles and equipment will be as per the Exposure Control Plan and the EVS policies and procedures unless a change is advised in the Response Plan.
 - a. Based on information learned about the HID and it’s transmission, there may be changes to some parts of the cleaning plan.
 - b. Sensitivity to the pathogen by certain cleaning products may also necessitate a change in the routine cleaning process; this will be specifically listed in the Response Plan.
 - c. If the Response Plan announces a change in process or cleaning chemical, all relevant PPE information will included in the notice.
2. If there is a change in the Exposure Control Plan or EVS policy and procedures for waste management specific to the HID, this will be addressed in the Response Plan.
 - a. This information will be based on NYSDOH / CDC recommendations, or the AH Infectious Disease Director, if guidelines are not available.

VIII. Transfer of a Patient with HID

1. AH has an agreement for transfer with SLVRS. If the current knowledge about the HID allows for safe transfer, SLVRS will be asked to transfer the patient if needed.
 - a. Specialty safety items such as CAPR’s and /or PAPR’s will be made available to the crew if needed to ensure their safety.

2. AH will collaborate with NYSDOH and related regional agencies when there is a sponsored transport agency specializing in and able to move a patient from our facility to a destination facility.

IX. Laboratory Risk Assessment

1. The laboratory will maintain a written biohazard risk assessment and protocol for the receipt, processing, and testing of any laboratory samples from known or suspected patients with a HID.
2. Safety precautions, including readily available PPE, must meet applicable specifications for the safe handling of specimens. The potential for transmission is high related to movement, human error, volume of blood and severity of outcome if transmitted. For these reasons, AMC will process only absolutely necessary labs.
 - a. Limited labs are specific to HID risk assessment, and is not relevant to all.
 - b. Any lab restrictions will be based on NYSDOH/ CDC or IDD recommendations.
3. AH units submitting labs will first notify the lab that the specimen has been collected and will need processing, so that they can safely handle it from the start.
 - a. If it is determined that the HID does not offer any risk above what Standard Precautions provides, notification will be discontinued.

X. Security:

- The entire area where the HID patient is located will be secured, if deemed necessary.
- a. Security may be needed to prevent access by unauthorized staff and the public.
 - b. The level of security needed will be determined by the AH Administration.

XI. Specialty Area's

OB – AH has a level one OB center and would follow strict screening of expectant mothers for the HID. If unable to rule out the HID, all necessary precautions will be taken as if she had the HID, until final determination is made.

OR- CDC Guidelines will be followed to determine if surgery is an acceptable risk based on the transmission risk of the HID. For instance, Ebola Viral Disease would be a contraindication to surgery due to the risk to HCW's and poor prognosis of the patient. CDC and WHO should be consulted for current guidelines and recommendations for the specific HID.

Renal Dialysis- The exposure risk of the HID would determine if dialysis would be recommended in our setting. This determination will be made by the current New York state and Federal Guidelines as well as input from the Dialysis Medical Director, in conversation with the AH Infectious Disease Director to determine our ability to safely care for the patient and HCW's.

<p>Acronyms:</p> <p>AH = Adirondack Health</p> <p>AIIR = Airborne Infection Isolation Room</p> <p>AMC = Adirondack Medical Center</p> <p>CDC = Center for Disease Control</p> <p>CIC = Certified in Infection Control</p> <p>ED Emergency Department</p> <p>EVD = Ebola Virus Disease</p> <p>Exposure Risk Assessment= algorithm to determine level of risk of exposure to a HID to determine subsequent interventions.</p> <p>HID – Highly Infectious Disease</p> <p>HCS = NYSDOH Health Commerce System</p> <p>HCW= Healthcare Worker - means all employees, contractors, students, and other personnel who will be referred to as “HCW” who may come into contact with a Patient, laboratory specimen from a Patient; or be involved in the cleaning or disinfection of equipment or patient care areas.</p>	<p>HEPA = High Efficiency Particle Air filtration</p> <p>ICC = Infection Control Committee</p> <p>IDD = Infectious Disease Director</p> <p>ICU = Intensive Care Unit</p> <p>LP = Lake Placid</p> <p>NYSDOH = New York State Department of Health (County, Regional & State Level).</p> <p>PAPR = Powered Air Purifying Respirator</p> <p>Patient = a person being cared for by AH who is under investigation for any HID, has been confirmed to have a HID, or has died from a HID.</p> <p>PCC = Patient Care Coordinator (Nursing Supervisor)</p> <p>PPE = Personal Protective Equipment</p> <p>SL = Saranac Lake</p> <p>SLVRS= Saranac Lake Volunteer Rescue Squad</p> <p>TL= Tupper Lake</p>
--	--

**I
D
E
N
T
I
F
Y**

During registration and triage-

Patients who meet the criteria established for the HID should be treated as a possible case

- Person Under Investigation

Institute all recommended transmission mitigation measures – PPE

- HCW PPE
- Patient PPE if indicated

**I
S
O
L
A
T
E**

Registration must notify Provider and /or RN of PUI

1. By direction of Provider or RN, escort patient into an area that is separate from others as soon after Donning PPE as possible.
2. PCC is called if this is the first or a novel case
3. Follow AH response plan for this particular HID, or if already established, New York state and CDC guidelines and recommendations for care and treatment.
4. Place appropriate Transmission Based Precaution sign on the door

**I
N
F
O
R
M**

If a patient presents to any of the **off-site clinics or care centers**:

1. Registration staff don PPE as dictated by the HID response plan
2. Requests patient don PPE as dictated by the HID response plan
3. Notify Provider and /or RN on site of PUI
4. Provider notifies County DOH of PUI's residence
5. Notify the AH Infection Preventionist
6. Patient may need to be moved to area identified for that HID such as the ER or a dedicated Clinic (COVID CLINIC).
7. Doors should be kept closed at all times; with a "AUTHORIZED PERSONNEL ONLY" sign clearly posted.

Renal Dialysis Units: All new patients and transients will be asked screening questions for the current HID during the intake assessment:

8/18/2020 1600