

## Northridge Hospital Medical Center

### Emergency Management Program Policy and Procedure

**SUBJECT:** Emerging Infectious Diseases

**ASSOCIATED DOCUMENTS:**

- Emergency Management Program Policy #87926.00: Emergency Operations Plan
- Emergency Management Program Policy #87926.703: Ebola Plan
- Emergency Management Program Policy #87926.803: Biological Terrorism Management Plan
- Emergency Management Program Policy #87926.804: Pandemic Influenza Plan
- Infection Control Policy #87530.1122: Outbreak Protocol

**POLICY NUMBER:** 87926.812

**DEPARTMENTS:** All Departments

**PURPOSE:** To provide a collaborative multi-disciplinary response to Emerging Infectious Disease (EID) patients to facilitate early identification, detection and management and reduce the risk of exposures.

**POLICY:** It is the policy of Northridge Hospital Medical Center to have procedures in place that outline the response to Emerging Infectious Disease (EID) patients including early recognition, identification and management.

**DEFINITIONS:**

- A. **Emerging Infectious Disease (EID)** incident / event includes patients with possible or a probable virulent or high profile infectious disease including but not limited to SARS, Coronavirus, smallpox, monkey pox, anthrax, influenza and Ebola. This event may or may not be related to Bioterrorism.

The most common features of an EID incident and / or outbreak include:

- A local or state health department alert of a potential increase in admissions of infectious patients requiring isolation.
- A rapid increase (hours to days) in the number of previously healthy persons with similar symptoms seeking medical treatment.
- One or more suspected or confirmed cases of a virulent or high profile infectious disease adversely impacting the normal functioning of the facility.
- A cluster of previously healthy persons with similar symptoms who live, work, or recreate in a common geographical area
- An unusual clinical presentation
- An increase in reports of dead animals
- An increased number of patients who expire within 72 hours after admission to the hospital

- Any person with a history of recent (within the past 2-4 weeks) travel to a foreign country who presents with symptoms or a history of fever, cough, rigors, delirium, rash (not characteristic of Measles or Chicken Pox), extreme myalgias, prostration, shock, diffuse hemorrhagic lesions or petechiae; and/or extreme dehydration due to vomiting or diarrhea with or without blood loss.
- B. **Bioterrorism** event is a deliberate release of pathogenic microorganisms (bacteria, viruses, fungi or toxins) into a community for the purpose of creating civil disorder.
- C. **Outbreak** is the sudden occurrence of a disease in a community which has never experienced the disease before or when cases of that disease occur in numbers greater than expected in a defined area.
- D. **Epidemic** is any unusual occurrence of disease, generally first noticed by an unexpected number of cases occurring over a particular amount of time or in a particular place. An outbreak of disease or injury in a defined geographic area over a specific amount of time.
- E. **Pandemic** and/or influenza pandemic is a global outbreak of disease that occurs when a bacteria or a new virus such as influenza A and Coronavirus appears or “emerges” in the human population, causes serious illness and may spread from person to person worldwide. Pandemics are different from seasonal outbreaks or “epidemics” of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people, whereas pandemic outbreaks are caused by new subtypes, by subtypes that have never circulated among people, or by subtypes that have not circulated among people for a long time. Past pandemic and/or influenza pandemics have led to high levels of illness, death, social disruption, and economic loss.

**PROCEDURE:**

A. Patient Screening

1. Screen patients presenting to the Emergency Department, direct inpatient admissions and outpatients for signs and symptoms of EID using the designated infectious disease screening tool.
2. During a novel infectious disease outbreak, use the additional infectious disease screening tools which will be added to Cerner and may include the following questions:
  - a. Have you or someone you have had physical contact with traveled outside the U.S. within the last 30 days?
  - b. Do you have any of the following symptoms?

	Yes	No	Unable to Obtain
Cough < 2 weeks			
Cough > 2 weeks			
Blood in Sputum			
Fever			

Rash			
Severe Headache			
Stiff Neck			

3. Contact the Infection Preventionist (x2871) if the infectious disease screening is consistent with the current California Department of Public Health (CDPH) or Center for Disease Control (CDC) Health Alert or you are unsure/have questions.
4. If the infectious disease screening is positive, place a mask on the patient and immediately place the appropriate personal protective equipment on the patient and place in a negative airflow room or private room if not available and contact the Infection Preventionist.
5. The Infection Preventionist will review the case with the Emergency Department Nurse Shift Manager/Charge Nurse and Physician On Duty to determine if the case meets the criteria for a novel infectious disease.
6. If the case meets the criteria for a novel infectious disease, the Infection Preventionist will contact the Los Angeles Department of Public Health.

#### B. Code Triage Activation

1. If the Infection Prevention Department in consultation with Physician the Los Angeles Department of Public Health confirms the patient has suspected or probable EID, the Infection Preventionist will
  - a. Notify Administration, the Administrative Nursing Supervisor and / or the Administrator on Duty (AOD) and determine whether a Code Triage Novel Infectious Disease Alert should be activated.
  - b. If the decision is made to activate a Code Triage Novel Infectious Disease Alert, the Administrative Nursing Supervisor or AOD will contact the PBX Operator; the following healthcare workers are included in the Code Triage Novel Infectious Disease Group and will be notified to report to Classroom 5:
    - Administrator On Duty
    - Administrative Nursing Supervisor
    - Chief Medical Officer
    - Clinical Director Emergency Department
    - Director Nursing Operations
    - Disaster Coordinator / Occupational Health & Safety Manager
    - Infection Prevention Manager
    - Senior Director Quality

2. The Code Triage Novel Infectious Disease Alert Group will develop an initial action plan utilizing the available information including
  - a. Disease specific assessment and reporting formats developed in accordance with local health department guidelines.
  - b. Centers for Disease Control recommendations
  - c. The following NHMC disease specific policies if appropriate
    - Emergency Management Program Policy #87926.703: Ebola Plan
    - Emergency Management Program Policy #87926.803: Biological Terrorism Management Plan
    - Emergency Management Program Policy #87926.804: Pandemic Influenza Plan

3. The Code Triage Novel Infectious Disease Alert Group will determine, based on the magnitude of the event and the impact on the organization, whether a Code Triage Internal should be activated.

#### C. EID Initial Plan Activation

1. Based on the nature of the novel infectious disease and the recommendations of the California Department of Public Health and / or the Infectious Disease Physician, guidelines will be provided for patient care and employee safety; this may include the use of current novel infectious disease policies including the Ebola Virus Disease, SARS and Pandemic Influenza if appropriate.
2. If the current policies and plans do not address management of the current infectious disease, a disease specific plan will be developed and implemented.

#### D. Responsibilities

1. Infection Control Professional (ICP):
  - a. Manages the day-to-day activities of the hospital-wide infection surveillance, prevention, and control program.
  - b. Initiates heightened surveillance for any unusual disease occurrence or increased numbers of illnesses that might be associated with an EID incident.
  - c. Establishes, if warranted, a medical record review form for use in patient receiving areas, including the Emergency Department and outpatient clinics / departments, to monitor and trend the types of cases that are presenting.
2. Occupational Health & Safety / Disaster Coordinator
  - a. Activate the Corporate Support Plan.
  - b. Collaborates with the Infection Control Practitioner to provide training to prevent healthcare worker exposures.
  - c. Coordinates ongoing planning meetings and Leadership Briefings as needed.
  - d. Maintains incident documentation.
3. Healthcare Workers
  - a. Communicate any unusual infectious disease patterns to the ICP as soon as possible.

- b. Maintain strict adherence to the isolation precautions and personal protective equipment (PPE) prescribed by the ICP.
- c. Advise the Occupational Health & Safety Department of any PPE breaches or potential exposures.

**REFERENCES:** Los Angeles County Medical and Health Operational Area Coordination Program – Emerging Infectious Disease Healthcare System Annex Concept of Operations (CONOPS), July 2018

**APPROVERS:**

**DATE REVIEWED: N/A**

**DATE REVISED: 2/6/2020**

**DATE APPROVED: PMC 4/9/19**

**EFFECTIVE DATE: 4/1/19**