

REQUEST #1

Coronavirus Alert

If you have:



been in **WUHAN,**
CHINA in the 14 days
before you got sick

+



a fever

+



cough or shortness
of breath

Tell staff NOW and put on a mask.

Also, let us know if you have been in close contact with someone who is under investigation for coronavirus infection and you have a fever or symptoms of respiratory illness.

2019 Novel Coronavirus (2019-nCoV) Physician Check List: Managing patients who may have (2019-nCoV) infection

The purpose of this checklist is to provide you with step-by-step guidance when evaluating patients who may have 2019 Novel Coronavirus (2019-nCoV) infection, with the goal of preventing the spread infection and expediting investigation with the Los Angeles County Department of Public Health (LAC DPH) and testing through the Public Health Laboratory (PHL).

Medical providers, for assistance with diagnosis and infection control, please call:

LAC DPH Acute Communicable Disease Control (ACDC)

(213) 240-7941 (8:00am – 5:00pm Monday to Friday)

(213) 974-1234 (After Hours Emergency Operator)


☐ Step 1. Identify patients who may have respiratory illness caused by 2019-nCoV.

- ☐ Place visible signage requesting visitors with a fever and recent international travel to immediately notify a healthcare staff.

(2019 nCoV travel alert poster: [English](#) / [Chinese-Simplified](#) / [Chinese-Traditional](#))

☐ Step 2. Does the patient have:¹

1. Fever (T >100.4°F or >38°C)²
2. Respiratory symptoms (e.g., cough, shortness of breath), AND
3. Travel to Wuhan City, China <14 days prior to illness?

IF NO and patient does not meet all three (3) criteria then **STOP**  here and continue evaluation for alternative diagnosis as clinically indicated.

IF YES and patient meets all three (3) criteria, then immediately isolate patient:

- ☐ 2a. Place surgical mask on patient
- ☐ 2b. Place patient in private room with door closed (ideally negative pressure airborne isolation room).

☐ Step 3. Implement following infection control procedures for healthcare workers:

- ☐ 3a. Standard precautions
- ☐ 3b. Contact precautions (gloves, gown)
- ☐ 3c. Eye protection
- ☐ 3d. Airborne precautions (e.g., N95 mask or PAPR)

☐ Step 4. Immediately contact and report patient to the LAC DPH ACDC:

(213)240-7941 from 8:00am- 5:00pm Monday to Friday and (213)974-1234 (After Hours Emergency Operator)

- ☐ LAC DPH will advise on the next steps.
- ☐ **DO NOT** send specimen to PHL until case is discussed with and testing is approved by DPH.

☐ Step 5. Collect specimens for laboratory diagnosis via the PHL.

Collect one specimen from each category (lower respiratory, upper respiratory and serum)
for a minimum of three (3) specimens as soon as possible regardless of symptom onset.

¹ Although CDC criteria for testing also include contact with a known or suspected case of novel coronavirus infection, this is unlikely since there are no cases in Los Angeles and contacts to cases outside of LA are being followed by CDC.

² Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.



☐ 5a. *Lower Respiratory*

- **Bronchoalveolar lavage or tracheal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
- **Sputum:** Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

☐ 5b. *Upper Respiratory*

- **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media Do NOT combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes.
- **Nasopharyngeal wash/aspirate or nasal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

NOTE:

- It is imperative that NP and OP swabs are placed in viral transport media, such as ones used to collect specimen NP swabs for influenza testing (see figure to the right).
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.



☐ 5c. *Serum*

- Children and adults: Collect 1 tube (5-10 mL) of whole blood in a serum separator tube.
- Infant: A minimum of 1 mL of whole blood is needed for testing pediatric patients. If possible, collect 1 mL in a serum separator tube.

If indicated Public Health may request the additional following specimens:

☐ 5d. *Stool*

- Collect and place in a sterile, screw-cap, leak-proof container without preservative.

☐ 5e. *Urine*

- Collect a minimum of 10mL in a sterile, screw-cap, leak proof container without preservative.

TRANSPORT INFORMATION

- Refrigerate specimens at 2-8°C and transport on cold pack.
- Complete a PHL H-3021 Test Requisition form for each specimen. A LAC DPH test request form [created for 2019-nCoV testing](#) is available.
- Upon approval by LAC DPH, the PHL will assist with courier pick up. Specimens that arrive at PHL without prior DPH approval may experience significant delays in testing. **If specimens cannot be collected at the clinic, do not refer the patient to another facility to obtain specimens (i.e., commercial lab, other medical clinic). Notify Public Health.**

☐ **Step 6. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.**

All patients with suspected nCoV-2019 infection may also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing. PHL can assist with rapid molecular respiratory pathogen testing if needed.**

☐ **Step 7. Do not discharge patient without prior approval from LAC DPH.**

Continue patient isolation and infection control procedures as above.

2019 Novel Coronavirus (2019-nCoV) Physician Check List: Managing patients who may have (2019-nCoV) infection

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☐ **Step 1. Identify patients who may have respiratory illness caused by 2019-nCoV.**

- ☐ Place visible signage requesting visitors with a fever and recent international travel to immediately notify a healthcare staff.


(2019 nCoV travel alert poster: [English](#) / [Chinese-Simplified](#) / [Chinese-Traditional](#))

- ☐ 2a. Place surgical mask on all patients who present with respiratory symptoms

☐ **Step 2. Does the patient meet criteria for evaluation as a Person Under Investigation (PUI) in association with the outbreak of 2019-nCoV in Wuhan City, China?**

Clinical Features	&	Epidemiologic Risk
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. -or- In the last 14 days before symptom onset, close contact with a person who is under investigation for 2019-nCoV while that person was ill.
Fever or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact with an ill laboratory-confirmed 2019-nCoV patient.

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

IF NO then STOP  here and continue evaluation for alternative diagnosis as clinically indicated.

IF YES and patient meets PUI criteria, then immediately isolate patient:

- ☐ Place patient in private room with door closed (ideally negative pressure airborne isolation room).

¹ Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

☐ **Step 3. Implement following infection control procedures for healthcare workers:**

- ☐ 3a. Standard precautions
- ☐ 3b. Contact precautions (gloves, gown)
- ☐ 3c. Eye protection
- ☐ 3d. Airborne precautions (e.g., N95 mask or PAPR)

☐ **Step 4. Immediately contact and report patient to the LAC DPH ACDC:**

(213)240-7941 from 8:00am- 5:00pm Monday to Friday and (213)974-1234 (After Hours Emergency Operator)

- ☐ LAC DPH will advise on the next steps.
- ☐ **DO NOT send specimen to PHL until case is discussed with and testing is approved by DPH.**

☐ **Step 5. Collect specimens for laboratory diagnosis via the PHL.**

Collect one specimen from each category (lower respiratory and upper respiratory) as soon as possible regardless of symptom onset.

☐ **5a. Lower Respiratory**

- **Bronchoalveolar lavage or tracheal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
- **Sputum (if productive cough):** Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

☐ **5b. Upper Respiratory**

- **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media Do NOT combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes.
- **Nasopharyngeal wash/aspirate or nasal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

NOTE:

- It is imperative that NP and OP swabs are placed in viral transport media, such as ones used to collect specimen NP swabs for influenza testing (see figure to the right).
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.



If indicated Public Health may request the additional following specimens:

☐ **5c. Serum**

- Children and adults: Collect 1 tube (5-10 mL) of whole blood in a serum separator tube.
- Infant: A minimum of 1 mL of whole blood is needed for testing pediatric patients. If possible, collect 1 mL in a serum separator tube.

☐ **5d. Stool**

- Collect and place in a sterile, screw-cap, leak-proof container without preservative.

☐ **5e. Urine**

- Collect a minimum of 10mL in a sterile, screw-cap, leak proof container without preservative.

TRANSPORT INFORMATION

- Refrigerate specimens at 2-8°C and transport on cold pack.
- Complete a PHL H-3021 Test Requisition form for each specimen. A LAC DPH test request form [created for 2019-nCoV testing](#) is available.
- Upon approval by LAC DPH, the PHL will assist with courier pick up. Specimens that arrive at PHL without prior DPH approval may experience significant delays in testing. **If specimens cannot be collected at the clinic, do not refer the patient to another facility to obtain specimens (i.e., commercial lab, other medical clinic). Notify Public Health.**

☐ **Step 6. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.**

All patients with suspected nCoV-2019 infection may also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing. PHL can assist with rapid molecular respiratory pathogen testing if needed.**

☐ **Step 7. Do not discharge patient without prior approval from LAC DPH.**

Continue patient isolation and infection control procedures as above.



Interim Guidance for all patients who meet criteria for Person Under Investigation (PUI) for Novel Coronavirus

Presentation Setting	Early Screening/ Identification	Patient Management Disposition Based on Clinical Evaluation	Healthcare Personnel Actions
Outpatient Clinic Physician Practice Urgent Care Ambulatory Surgery Centers	Assess for recent travel to China (14 days) AND ILI signs and symptoms Use current process (EHR or paper forms)	For patients who are discharged to home, send with care instructions CDC Interim Guidelines for Home Care (Link) -OR- Requires transfer to higher level of care (Emergency Room or Direct Inpatient Admit)	<input type="checkbox"/> Place surgical face mask on patient until sent home or until isolated and throughout any transfers <input type="checkbox"/> Contain/isolate patient in negative pressure (preferred) or patient exam room <input type="checkbox"/> Manage family members with patient in cohort <input type="checkbox"/> Follow Airborne AND Standard precautions (if possible) OR Droplet AND Contact AND Standard precautions <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Activate facility response plan <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready <input type="checkbox"/> If transferring to higher level of care, contact receiving facility <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPQ, DLIP)
Transfer Center	Obtain patient history	Coordinate transfer	<input type="checkbox"/> Communicate case to healthcare teams at receiving facility
Emergency Room	Perform First Point of Contact screening process in EHR on all patients. Use screening to identify patients at risk for: <ul style="list-style-type: none">recent travel to China (14 days)Influenza like illness (ILI) signs and symptoms Follow facility policy and Infection Prevention Guidance	For patients who are discharged to home, send with care instructions CDC Interim Guidelines for Home Care (Link) -OR- Transferred out of facility- communicate to Transfer Center/receiving hospital patient status -OR- Admitted to facility- communicate to receiving caregiver that is under investigation for Coronavirus	If patient screens positive for travel and ILI symptoms: <input type="checkbox"/> Place surgical face mask on patient until isolated and throughout any intra-hospital transfers <input type="checkbox"/> Contain/isolate patient in negative pressure (preferred) or patient exam room <input type="checkbox"/> Cohort family members with patient <input type="checkbox"/> Follow Airborne precautions (if possible) OR Droplet AND Contact AND Standard precautions <input type="checkbox"/> Assign 1:1 Care. Enhance daily & shift communication. <input type="checkbox"/> Recommend assigning patient safety attendant to ensure appropriate PPE usage <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Activate facility response plan for infectious disease (consult Infection Prevention team) <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready (follow current facility process for entering information into Code Ready) <input type="checkbox"/> If transferring patient, ensure Transfer Center and receiving facility are aware of status <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPQ, DLIP)
Direct Admission	Perform First Point of Contact screening process in EHR on all patients. Use screening to identify patients at risk for: <ul style="list-style-type: none">recent travel to China (14 days)Influenza like illness (ILI) signs and symptoms Follow facility policy and Infection Prevention Guidance	Coordinate care with facility EEOC, C Suite, and Infection Prevention Teams	<input type="checkbox"/> Place surgical face mask on patient until isolated and throughout any intra-hospital transfers <input type="checkbox"/> Contain/isolate patient in negative pressure room <input type="checkbox"/> Manage family members with patient in cohort. Limit visitors <input type="checkbox"/> Follow Airborne AND Contact AND Standard precautions <input type="checkbox"/> Assign 1:1 Care. Enhance daily and shift to shift communication. <input type="checkbox"/> Recommend assigning patient safety attendant to ensure appropriate PPE usage <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Communicate risk to inpatient receiving units and procedural/diagnostic service areas <input type="checkbox"/> Activate facility response plan <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPQ, DLIP)
Acute Inpatient Care	Follow facility policy and Infection Prevention Guidance	Coordinate care with facility EEOC, C Suite, and Infection Prevention Teams	<input type="checkbox"/> Place surgical face mask on patient until isolated and throughout any intra-hospital transfers <input type="checkbox"/> Contain/isolate patient in negative pressure room <input type="checkbox"/> Manage family members with patient in cohort. Limit visitors <input type="checkbox"/> Follow Airborne AND Contact AND Standard precautions <input type="checkbox"/> Assign 1:1 Care. Enhance daily and shift to shift communication. <input type="checkbox"/> Recommend assigning patient safety attendant to ensure appropriate PPE usage <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Communicate risk to inpatient receiving units and procedural/diagnostic service areas <input type="checkbox"/> Activate facility response plan <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPQ, DLIP)

From: Bennett Aimee <Aimee.Bennett@hcahealthcare.com>
Sent: Friday, January 31, 2020 8:35 AM
To: WHHO.DL Exchange Users <WHHO.DLExchangeUsers@HCAHealthcare.com>
Subject: WHH Friday Message, January 31, 2020 INTERNAL COMM



**Mark's Friday Message
January 31, 2020**



Super Bowl Sunday!!!

The Bears aren't in the game but I will watch anyway. I will refrain from disclosing which team I'm rooting for as to not upset anyone from Northern California, but I do want to compliment the achievements of both teams. **Teams** being the operative word. One of the things I like about the Super Bowl is no team can get there by luck alone, you have to be a good team with sustained success and improvement throughout the entire season. Sure there might be some lucky breaks or amazing plays that help win games along the way, but to win throughout the season takes a great team.

For the past several years, the New England Patriots have been the standard

bearer for sustained success, for team excellence. Neither the Chiefs nor the 49ers can say the same. That's one of the most exciting aspects about this game: in the past ten years both teams have posted multiple losing records including each of them posting a record of 2-14... that's terrible!

From a leadership perspective, I love that you don't have to have always been great to have a shot at becoming great. Each year, each day, every team has the opportunity to get better, to become a great team. I'm very excited to see our team, **Team West Hills**, continue to get better and stronger. We are in our own journey to becoming a super bowl winning team. We have opportunities to improve our record in a couple categories, but I believe we are choosing to get better as a team everyday and will soon reach that point of sustained excellence.

Healthcare is a team sport. I am very glad to be on this team and I'm glad that you are on it too. Together we will do great things.

Mark



AWARDS OF DISTINCTION

We are now accepting Submissions for the **Awards of Distinction** through February 12, 2020. If you would like to nominate someone who brings our Mission to Life, please complete nomination forms for the Frist Humanitarian Award, Excellence in Nursing Award or Innovators Award and submit to Kristi Chambers or Janette Daoud in Human Resources. Please remember the deadline for submission is: February 12th, 2020!

2020

HCA Healthcare® Awards of Distinction

Now Accepting Submissions

HCA Healthcare is committed to the care and improvement of human life. We honor those who show exceptional commitment to this mission with the annual HCA Healthcare Awards of Distinction.



The Excellence
in Nursing
Award



The Frist
Humanitarian
Award



The
Innovators
Award

Know someone who brings our mission to life?

Submit nominations for the Frist Humanitarian Award, Excellence in Nursing Award and Innovators Award to:

Kristi Chambers & Janette Daoud, Human Resources

Submission deadline: February 12, 2020

For more information, contact your human resources department.

January Birthday Celebration!





Planning to vote in California's Primary Election? If you're not registered to vote in California, you'll need to submit your application by February 18, 2020.

Three ways to register:

- Register Online
- Download, print, and mail the California Voter Registration Application (Don't forget to sign your application).
- Hand-deliver the application to your county's Supervisor of Elections Office by February 18, 2020.

Let your voice be heard! Once you've registered, cast your vote on March 3, 2020.

Registered to vote by absentee ballot? Keep an eye out for your Primary Preference Election ballot, which may start arriving as early as February 3, 2020.

Remember that California is a nonpartisan blanket primary election state. In primary elections, registered voters can vote for any registered party's candidates in partisan races on the ballot. All registered voters, regardless of party affiliation, can vote on issues, nonpartisan contests, and races where a candidate faces no opposition in the General Election.

If you do not indicate your party affiliation, you will be registered with no party affiliation.

For more information, click the button below. Or go to: registertovote.ca.gov

California Voting Information

West Hills Hospital - In The News!!!

This article is in the Warner Center News today. Congratulations to our Robotics Team on their 500th Surgery!



West Hills Hospital's Frank Candela, MD, and David Schreier, MD with the robotic system.

West Hills Hospital Performs 500th Robotic Surgery

West Hills Hospital & Medical Center, a full-service acute care facility, has successfully performed its 500th robotic surgery.

Robotic surgeries at West Hills Hospital are performed by specially trained surgeons. These surgeons use their medical expertise to guide robots that enhance the precision, stability and visualization of the procedure. The robots provide a clear and steady view of the surgical field, giving the surgeon more control during the operation. In addition, the robots allow for tiny, refined wrist-like movements that allow for better suturing.

With the assistance of these robots, West Hills Hospital's surgeons are able to perform a wide variety of medical procedures — often with less

pain, easier recovery and better outcomes for patients. In 2019, West Hills Hospital became the first hospital in the San Fernando Valley to perform robotic bariatric surgery.

In addition to bariatric surgery, robotics are often used to assist with colon, hernia, prostate, gynecologic, thoracic and cardiac surgeries.

"We are proud to offer robotic surgery as a treatment option," said Mark Miller, president and CEO of West Hills Hospital. "It is an honor to be able to change so many lives for the better with technology that allows us to deliver better results for patients, with far less discomfort."

For more information about West Hills Hospital and its services, visit <http://www.westhillshospital.com>.

Food Truck Friday - Next Week - February 7!

11a - 2p
Outside of Cafe

DISTRICT BURGER

MENU

ANGUS BEEF (6OZ.)

DISTRICT CLASSIC

1000 island, iceberg lettuce, tomato, grilled onion, pickles, american cheese

DE LA RAZA

Chipotle aioli, iceberg, tomato, guacamole, pepper jack cheese

COMPTON COWBOY

BBQ sauce, bacon, onion rings, cheddar cheese

BEL AIR

Truffle Garlic aioli, fancy mixed greens, bacon marmalade, Tomato, Saint Andre triple cream

HIPSTER LA PB+J

Peanut butter, crushed pretzel sprinkle, bacon marmalade, american cheese, on an inverted potato bread bun

OTHER THAN BEEF

THE 626

Sweet chili chicken, Sriracha aioli, sesame slaw, fresh cucumber

LITTLE TOKYOS (2 SLIDERS)

Marinated shiitake mushroom, grilled onion, Kewpie mayo, umagi sauce, fancy mixed greens

SIDES

SHOESTRING FRIES

SOUTHLAND STYLE FRIES

Grilled onion, American cheese, 1000 Island

ONION RINGS

Beer battered onion rings

EXTRAS

BACON

GUACAMOLE

DOUBLE MEAT AND CHEESE

BEVERAGES

CAN SODA

WATER

BOTTLED DRINKS

SAVE THE DATE!

West Hills Neighborhood Clean Up
Saturday, February 22, 8:30 a.m.



Infection Prevention and You

Infection Prevention Tip of the Week!

Submitted by Elizabeth Carmargo-Garcia, Director of Infection Control

Coronavirus FAQ:

Q: How many cases have been identified in the US?

A: As of January 28, 2020 there have been 5 confirmed cases of which is from LA County.

Q: What are the symptoms to look out for?

A: Symptoms are those that are like Influenza-like illness (ILI), fever, cough, difficulty breathing in patients that have had travel to Wuhan City, China in the last 14 days.

Q: What should I do if a patient presents with this criteria?

A: Place a regular mask on the patient and isolate the patient if possible in a negative pressure airborne isolation room.

Q: What precautions do healthcare workers take with patients that are suspect to be infected with coronavirus?

A: Airborne and Contact precautions. Use gloves, gown, eye protection, and N-95 or PAPR.

Q: Is the alcohol gel effective against coronavirus?

A: Yes, regular hand washing and use of alcohol gel is effective against coronavirus.

Q: What can be used to clean the patient's items or environment?

A: The approved hospital-grade disinfectants are appropriate to decontaminate the patient's environment.

Q: Who should we notify if we have a suspect case?

A: Infection Prevention and/or the Los Angeles Public Health Department at 213-240-7941. After hours: 213-974-1234.

For any further questions, please contact Infection Prevention at x64362.

Coronavirus Alert

If you have:



been in **WUHAN, CHINA** in the 14 days before you got sick

+



a fever

+



cough or shortness of breath

Tell staff NOW and put on a mask.

Also, let us know if you have been in close contact with someone who is under investigation for coronavirus infection and you have a fever or symptoms of respiratory illness.

 CDPH California Department of Public Health, Immunization Branch


IMM-1293 (1/20)

West Hills Extended Family Announcements

New baby? Engagement? Wedding? Graduation? If you would like to submit an announcement, please send to the marketing department: aimee.bennett@hcahealthcare.com

West Hills Cares Recognition This week's nominations:

REQUEST #4

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED: 9/2017
TITLE: INFLUX OF INFECTIOUS PATIENTS	PAGE 1 of 7
TJC Standard: IC.01.06.01	REVISED: REVIEWED:

PURPOSE

To provide guidelines for an influx of infectious patient at West Hills Hospital and Medical Center.

POLICY

West Hills Hospital and Medical Center (WHH) is committed to providing a healthy and safe environment for patients, visitors, and staff. This plan describes a comprehensive approach to the initial and ongoing management of an influx of potentially infectious patients.

OBJECTIVE


- Prepare for the possibility of an influx of infectious patients.
- Assess current capacity for infectious patients.
- Coordinate with the regional public health, disaster-management
- Identify and allocate available/needed resources, and request and allocate additional/replenishment resources.
- Implement public-information plans for medical center personnel, patients, visitors, and the media.

PROCEDURE:

To the extent appropriate, the management of an influx of potentially infectious patients will be conducted in accordance with the facility mass casualty emergency response plan and the all hazard emergency management plan. Where differences exist due to the nature of an infectious process, the information contained below shall provide guidance to facility personnel.

With identification of an increasing number of patients arriving at WHHMC:

- Identify similar or unusual symptoms
- Notify Infection Control Coordinator if patients have infectious disease symptoms
- Consider activation of the hospital all hazard emergency management plan.
- Notify Public Health if patients have infectious disease symptoms.

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED: 9/2017
TITLE: INFLUX OF INFECTIOUS PATIENTS	PAGE 2 of 7
TJC Standard: IC.01.06.01	REVISED: REVIEWED:

ACTIVATION OF HOSPITALWIDE EMERGENCY RESPONSE

Upon Notification that a suspected/confirmed influx of infectious patients' incident has impacted or is likely to impact the hospital using standard operation procedures, the Hospital Administrator or designee shall

- Activate the Emergency Operations Plan (EOP).
- Activate the Hospital Incident Command System (HICS.)
- Activate the Incident Command Post
- Announce "Code Triage" via the overhead paging system.

NOTIFICATIONS

Internal Notifications


- Upon activation of the Emergency Preparedness Plan in response to a suspected/confirmed incident, internal and external notifications must occur immediately.
- The following positions must be notified when the EOP Plan has been activated. These positions have the authority necessary to activate Code Triage and take actions to protect the hospital, patients, staff, and visitors in any emergency situation. The Nursing Supervisor always initially assumes the role of Incident Commander until the end of the shift or relief by another qualified individual: CEO, COO, CNO, CFO, Associate Administrator, AOC, and Disaster Preparedness Coordinator.
- Once the EOP Plan is activated, HICS positions will be assigned and notifications sent out.

External Notifications

- Reddinet – ED notifies Reddinet
- EMS Medical Alert Center hotline at (866) 940 - 4401.
- California Department of Health Services, Licensing & Certification at (323) 8377-1005, or after hours at (916) 262-1621.

Hospital Command Center

The Incident Commander may designate disaster activation utilizing Hospital Incident Command System (HICS).

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED: 9/2017
TITLE: INFLUX OF INFECTIOUS PATIENTS	PAGE 3 of 7
TJC Standard: IC.01.06.01	REVISED: REVIEWED:

Establish initial and ongoing contact with the following agencies to determine the specific nature and extent of the issue.

- Public Health Department
- Emergency Management System
- Center for Disease Control (CDC)
- Office of Homeland Security

Communicate the information received from the agencies to the Emergency Department and other appropriate departments. The Infection Control Officer should be assigned to the Hospital Command Center in an advisory capacity.

Potential strategies include:

- Evaluation of alternate treatment areas for the Emergency Department.
- Early discharge of patients.
- Cancellation of elective surgeries
- Identification of areas available for in-patient bedding – Refer to Surge Capacity Plan
- Open Alternate Care Sites with the Red Cross
- Staffing – consider flexible staffing, shifts
- Notification of the Disaster Control Facility (DCF) for potential local Emergency Operations Center (EOC) involvement.


Emergency Department

The Emergency Department is likely to be heavily impacted in the event of an influx of infectious patients. With disaster activation the Medical Care Director and Casualty Care Unit Leader would identify triage and immediate care areas.

Contact with the Medical Care Director and Operations Chief will be maintained. A determination of staff needed, will include both staff recall and requests to the Labor Pool. Through Logistics and Materials Management needed supplies and equipment will be requested.

Staff should be informed of the following before assuming responsibility for providing care during the emergency.

- The specific nature of the infectious process
- The mode of transmission
- The clinical manifestation
- Precautions need to be implemented to prevent cross-contamination.
- The location and use of appropriate personal protective equipment.

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED: 9/2017
TITLE: INFLUX OF INFECTIOUS PATIENTS	PAGE 4 of 7
TJC Standard: IC.01.06.01	REVISED: REVIEWED:

Considerations:

- Evaluation of alternate triage and treatment areas in the Emergency Department.
 - If multiple patients display symptoms of airborne infectious diseases, place mask and segregate patients to a separate holding area.
 - If an airborne illness is suspected, patient must be placed in a negative pressure isolation room or in a room utilizing a portable HEPA filtration unit.
 - Such patients should not be placed in areas with immunocompromised patients.
- Shut down HVAC system in the ED.

Materials Management

Central Supply

Primary responsibility is to assure sufficient protective and isolation equipment and supplies are available to respond to emergency situations. Priority is given to assuring that triage and immediate care areas (Emergency Department) are well supplied.

Supply levels should be monitored.

- Arrange for emergency delivery of medical equipment such as:
 - Ventilators
 - Hepafiltration Units
 - Work with Biomedical Department for required electrical and safety checks.
 - Notify Logistics Chief if supplies and equipment levels are insufficient.


Facilities Services

Facilities Services will assure that essential utilities are maintained during the emergency. An assessment as to status and operational readiness of utilities should be made and reported to the Infrastructure Branch Director and Operations Chief.

Assess the impact of the infectious process on the provision of utility services.

Consideration should be given to the following:

- Impact of airborne agents on air intake systems and circulation.
- Impact of water borne agents on city water supplies and potable water in the facility.

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED: 9/2017
TITLE: INFLUX OF INFECTIOUS PATIENTS	PAGE 5 of 7
TJC Standard: IC.01.06.01	REVISED: REVIEWED:

If the need for decontamination facilities is warranted, assist the Emergency Department in setting up appropriate areas. Ascertain appropriate protective equipment and process needs for staff working in exposed areas.

Environmental Services

Primary function is to maintain cleanliness and infection control needs in care areas. Suspending all non-essential cleaning during the emergency should be considered. Consider need for extra supplies in high impact areas, as well as appropriate protective equipment for staff.

Discharge Planning / Case Management

Determination of those inpatients that can be discharged and/or moved to a lower level of care. Priority should be given to discharging or transferring those patients in isolation rooms if they are no longer infectious.

- Early discharge of patients.
- Establish a discharge holding area.

Surgery / PACU

Should an infectious patient require surgery, the case should, whenever possible, be scheduled at the end of the day. The surgical suite should then be terminally cleaned.

Consideration should be given to the need for:

- Cancellation of elective surgeries.


Staff should be informed of the following:

- The specific nature of the infectious process
- The mode of transmission
- The clinical manifestation
- Isolation precautions need to be implemented to prevent cross-contamination.
- The location and use of appropriate personal protective equipment.

Nursing Units

The primary purpose of inpatient nursing units is to provide an appropriate level of nursing care to patients during the emergency.

Determine the amount and type of protective equipment and infection control isolation supplies on hand. Contact Central Supply for additional equipment/supplies to assure the units are fully stocked.

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED: 9/2017
TITLE: INFLUX OF INFECTIOUS PATIENTS	PAGE 6 of 7
TJC Standard: IC.01.06.01	REVISED: REVIEWED:

Staff should be informed of the following before assuming responsibility for providing care during the emergency:

- The specific nature of the infectious process
- The mode of transmission
- The clinical manifestation
- Isolation precautions need to be implemented to prevent cross-contamination.
- The location and use of appropriate personal protective equipment.

Evaluate patients for possible transfer or discharge in the event it becomes necessary to release selected patients. The priority should be to free up as many isolation rooms as possible.

In addition, non-infectious patients should be removed from areas anticipated to house incoming infectious patients. If necessary, a unit may be cleared of non-infectious patients and designated as the admission unit for patients presenting with an infectious process.

Pharmacy

Primary responsibility is to assure an adequate supply of critical medications including antibiotics or other agents designed to treat the infectious disease. The Pharmacy will coordinate with the Ancillary Services Director a system for getting the needed medications to departments.


Evaluation of drugs on hand will be needed, and contact with other hospitals, pharmacies or vendors may be necessary.

Respiratory Therapy

Priority functions are to maintain airway and ventilation support for both newly admitted as well as existing patients. Evaluation of need for additional supplies and equipment is needed. Staff should be informed of the following:

- The specific nature of the infectious process
- The mode of transmission
- The clinical manifestation
- Isolation precautions need to be implemented to prevent cross-contamination.
- The location and use of appropriate personal protective equipment.

Security

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED: 9/2017
TITLE: INFLUX OF INFECTIOUS PATIENTS	PAGE 7 of 7
TJC Standard: IC.01.06.01	REVISED: REVIEWED:

Communicate with the Operations Center and determine if access restrictions if any must be imposed to prevent infectious individuals from entering the facility without appropriate infection control precautions being implemented. If necessary, implement shelter in place and facility lockdown procedures. Staff should be informed of the following:

- The specific nature of the infectious process
- The mode of transmission
- The clinical manifestation
- Isolation precautions need to be implemented to prevent cross-contamination.
- The location and use of appropriate personal protective equipment.


Other Departments

Normal operations should continue unless otherwise instructed by the Incident Commander and the Command Center.

References:

Emergency Operations Plan
California Hospital Bioterrorism Response Planning Guide
Shelter-in-Place

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 1 of 12
TJC Standard: IC.01.06.01	Created 8/2017

SCOPE:

All patients, visitors, volunteers, staff and licensed independent practitioners.


PURPOSE:

- To provide an organized procedure for employees to follow in managing an Influenza or Novel Influenza patient in the Emergency Department and in the acute care setting.
- To establish guidelines for response to a situation wherein an Influenza or Novel Influenza is threatening to harm the welfare of personnel, patients or visitors.
- To diminish the spread of a Novel Influenza from known or suspected cases involving patients or healthcare personnel.
- In the event of a pandemic, West Hills Hospital and Medical Center may not be able to meet the burden of care alone. Therefore, active participation in the local, state, and regional area planning for local disease exposure is necessary.

DEFINITIONS

- A. **HEALTHCARE PERSONNEL** are defined as all persons whose occupational activities involve contact with patients or contaminated material in the healthcare setting. Healthcare personnel are engaged in a range of occupations that include direct and indirect provision of patient care, such as dietary and housekeeping services. The term "healthcare personnel" includes not only employees of the organization, but also contractors, clinicians, volunteers, students, trainees, clergy, physicians and others who may come into contact with patients.
- B. **SEASONAL INFLUENZA** (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.
- C. **NOVEL INFLUENZA** is a newly recognized, severe febrile respiratory illness. The rapidity of the spread of disease and the high levels of morbidity and mortality call for careful monitoring for the appearance of Novel Influenza and preparations for the rapid implementation of appropriate control measures.
- D. **PANDEMIC INFLUENZA** is a global outbreak. An influenza pandemic occurs when a new flu virus emerges for which humans have little or no immunity, which allows the virus to spread easily from person to person worldwide.

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**


 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 2 of 12
TJC Standard: IC.01.06.01	Created 8/2017

- E. **SYMPTOMS** of Influenza, including Novel Influenza can include fever, cough, sore throat, runny or stuffy nose, severe body aches, headache, chills, fatigue, nausea, diarrhea and vomiting, especially in children. It can be difficult to determine if a person has influenza based on symptoms alone. Decisions for clinical management can be made on the basis of clinical and epidemiological information.
- F. **INCUBATION** period is estimated to range from 1 to 4 days with average of 2 days. Influenza viral shedding begins the day before the illness onset and can persist for 5 to 7 days or longer in young children and the severely immunocompromised person.
- G. **TRANSMISSION OF INFLUENZA OR NOVEL INFLUENZA** can potentially be transmitted through:
- Droplet exposure of mucosal surfaces (eyes, nose, mouth) by respiratory secretions from coughing or sneezing.
 - Small particle aerosols in the vicinity of the infectious individual.
 - Transmission of influenza over longer distances is thought not to occur.
 - All respiratory secretions of patients with Influenza are considered to be potentially infectious.

POLICY:

- A. All patients who present to a health-care setting with fever and respiratory symptoms should be managed according to recommendations for *Respiratory Hygiene and Cough Etiquette* and questioned regarding their recent exposure to Influenza like illnesses or contacts with diagnosis of Influenza.
- B. Patients who are hospitalized with a severe febrile respiratory illness, or are otherwise under evaluation for Influenza or a Novel Influenza will be managed using isolation precautions as recommended by the Centers for Disease Control.
- C. Health personnel involved in the care of patients with documented or suspected Influenza or Novel Influenza should be vaccinated with the most recent seasonal human influenza vaccine and the Novel Influenza vaccine when available.
- D. **PROMPT TRIAGE**, identification, and management of possible Influenza or Novel Influenza patients will be carried out while minimizing the risk of transmission to other patients, personnel, and visitors. Screening will be

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 3 of 12
TJC Standard: IC.01.06.01	Created 8/2017

performed by the Emergency Department, Outpatient Surgery, all Outpatient Departments and nurses receiving direct admissions. Surgical masks will be provided to all patients presenting to the hospital with respiratory symptoms, they will be placed in a secluded area and question regarding their recent exposure to an influenza-like illness (ILI). Triage staff will remain at least 6 feet from unmasked patients.

E. Influenza deaths, laboratory confirmed only, all ages will be reported to the Los Angeles County Department of Public Health.

F. Influenza, novel strains, will be reported to the Los Angeles County Department of Public Health.

Universal Respiratory Hygiene Cough Etiquette in Healthcare Settings

Influenza viruses are spread from person-to-person primarily through the coughing and sneezing of infected persons. West Hills Hospital and Medical Center educates all employees concerning “a universal respiratory etiquette strategy” for the facility (**Appendix I**). Surgical masks or tissues are provided to all patients presenting with respiratory symptoms. The patients with respiratory symptoms must be placed in a private room or cubicle (if available) as soon as possible. Healthcare personnel must use Surgical or procedure masks during evaluation of patients with respiratory symptoms. (Consult current CDC guidelines regarding appropriate mask type, e.g., surgical, N-95, etc.) This approach has important benefits to patients and employees regardless of the season or the presence of a potential threat such as pandemic flu.


NOTE: In a pandemic situation supply shortages may arise. West Hills Hospital and Medical Center should follow the directives of the local Public Health Department regarding type and re-use of masks while supply problems last.

Universal Hand Hygiene Strategy

Hand hygiene has been cited by the CDC and WHO as the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of standard precautions. The term “hand hygiene” includes both hand washing with either plain or antimicrobial soap and water, and use of alcohol-based products (gels, rinses, foams) containing an emollient that does not require the use of water.

If hands are visibly soiled or contaminated with respiratory secretions, wash hands with soap (either non-antimicrobial or antimicrobial) and water.

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 4 of 12
TJC Standard: IC.01.06.01	Created 8/2017

In the absence of visible soiling of hands, approved alcohol-based products for hand hygiene are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and convenience.

Always perform hand hygiene between patient contacts and after removing Personal Protective Equipment (PPE).


Ensure that resources to facilitate hand washing (i.e., sinks with warm and cold running water, plain or antimicrobial soap, disposable paper towels) and hand disinfection (i.e., alcohol-based products) are readily accessible in areas where patient care is provided. For additional guidance on hand hygiene, please reference

- **CDC materials** (<http://www.cdc.gov/handhygiene/>) or
- **WHO materials** (<http://www.who.int/gpsc/5may/background/5moments/en/index.html>).

Patient Placement

- In a pandemic situation, large numbers of patients will be presenting to the hospital. Airborne isolation rooms may be filled. It may be necessary to cohort patients on isolation ward (in-hospital or alternative site) by following the following HHS guidelines:
- Designated units or areas of a facility should be used for cohorting patients with pandemic influenza. During a pandemic, other respiratory viruses (e.g., non-pandemic influenza, respiratory syncytial virus, parainfluenza virus) may be circulating concurrently in a community. Assign only patients with confirmed pandemic influenza to the same room or isolation unit when possible, in order to prevent cross-transmission of respiratory viruses. At the height of a pandemic, laboratory testing to confirm pandemic influenza is likely to be limited, in which case cohorting should be based on having symptoms consistent with pandemic influenza.
- Personnel (clinical and non-clinical) assigned to patient care units for pandemic influenza patients should not “float” or otherwise be assigned to other patient care areas. The number of personnel entering the cohorted area should be limited to those necessary for patient care and support.
- Personnel assigned to cohorted patient care units should be aware that patients with pandemic influenza may be concurrently infected or colonized with other pathogenic organisms (e.g., *Staphylococcus aureus*, *Clostridium difficile*) and should adhere to infection control practices (e.g., hand hygiene, changing gloves between patient contact) used routinely, and as part of standard precautions to prevent nosocomial transmission.

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 5 of 12
TJC Standard: IC.01.06.01	Created 8/2017

- Because of the high patient volume anticipated during a pandemic, cohorting should be implemented early in the course of a local outbreak.


Airborne Isolation

- Place patient who may be infected with a novel influenza A virus associated with severe disease in an Airborne Isolation Room (AIIR).
- If an AIIR is not available, the patient should be transferred as soon as is feasible to a facility where an AIIR is available. Pending transfer, place a facemask on the patient and isolate in a room with the door closed. The patient should not be placed in any room where room exhaust is recirculated without high-efficiency particulate air (HEPA) filtration.
- Once in an AIIR, the patient's facemask may be removed; the facemask should remain on if the patient is not in an AIIR. Limit transport and movement of the patient outside of the AIIR to medically-essential purposes. When outside of the AIIR, patients should wear a facemask to contain secretions.
- Only essential personnel should enter the AIIR. Implement staffing policies to minimize the number of essential personnel who must enter the room.
- In the event in which large numbers of patients require AIIR, consideration can be made to placing patients who are presumed to have the same infection together (cohorting).
- Once the patient vacates a room, unprotected individuals, including HCP, should not be allowed in that room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. More information on [clearance rates under differing ventilation conditions](#) is available. In addition, the room should undergo appropriate cleaning and surface disinfection before unprotected individuals are allowed to reenter it.

Rationale for Enhanced Precautions

Human influenza is thought to transmit primarily via large respiratory droplets. Standard precautions plus droplet precautions are recommended for the care of patients infected with human influenza (Seasonal Influenza). However, given the uncertainty about the exact modes by which pandemic influenza may first transmit between humans, additional precautions for healthcare workers involved in the care of patients with documented or suspected pandemic influenza may be prudent. The rationale for the use of additional precautions for pandemic influenza as compared with human influenza includes the following:

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 6 of 12
TJC Standard: IC.01.06.01	Created 8/2017

- Each human infection represents the risk of serious disease and increased mortality from highly pathogenic pandemic influenza may be significantly higher than from infection by other human influenza viruses.
- Each human infection represents an important opportunity for pandemic influenza to further adapt to humans and gain the ability to transmit more easily among people.
- Although rare human-to-human transmissions of pandemic influenza may be associated with the possible emergence of a pandemic strain.

Pandemic Influenza Identified within the United States

In a declared pandemic, all patients presenting to the emergency department must be assumed to have possible exposure to pandemic influenza.

Incident Command

As indicated by influenza severity and incidence, West Hills should activate its Incident Command System (ICS). As part of the activation, West Hills should contact the other local facilities and governmental agencies to coordinate the local management of the pandemic event.

It is extremely important, when Hospital Incident Command System (HICS) is activated in a pandemic situation that hospital access be limited. All individuals entering the facility must be screened for appropriate access.


All individuals granted access must be screened for symptoms of influenza
All individuals granted access to the facility must wear appropriate visible temporary or permanent identification.

Health Care Worker Vaccination

Health care workers, including physicians, involved in the care of patients with documented or suspected **pandemic** influenza should be vaccinated with the most recent seasonal human influenza vaccine. In addition to providing protection against the predominant circulating influenza strain, this measure is intended to reduce the likelihood of a healthcare worker's being co-infected with human and pandemic strains, where genetic rearrangement could take place, leading to the emergence of potential pandemic strain.

Vaccination of healthcare workers with a vaccine specific to the pandemic virus will depend on availability of the vaccine and the provision by local and national health authorities. Healthcare workers with direct patient contact have been declared a priority group by HHS (HHS Pandemic Plan D-15 found at

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 7 of 12
TJC Standard: IC.01.06.01	Created 8/2017

<http://www.hhs.gov/pandemicflu/plan>).


Surveillance and Monitoring of Health-Care Workers:

- Instruct health-care workers to be vigilant for the development of fever, respiratory symptoms, severe body aches 1-4 days after last exposure to Influenza or Novel influenza infected patients.
- Health-care workers who become ill should seek medical care, and prior to arrival, notify their health-care provider that they may have been exposed to Influenza or Novel Influenza; in addition, employees should notify employee health and Infection Prevention and Control.
- Healthcare workers who become ill at home will not report to work and healthcare workers who become ill at work will be sent home as soon as possible.
- Persons who develop a febrile respiratory illness should have a respiratory sample (e.g., nasopharyngeal swab or aspirate) collected.
- Health-care workers who become ill should be advised to stay home until 24 hours after resolution of fever without anti-pyretics, unless an alternative diagnosis is established or diagnostic tests are negative for influenza or Novel Influenza virus.
- While at home, ill persons should practice good hand hygiene, respiratory hygiene and cough etiquette to lower the risk of transmission of virus to others.
- Employee Health will remain vigilant as to any potential Influenza or clusters of febrile illness among healthcare workers. Employee Health will report any clusters to the Infection Prevention and Control Department and the Medical Director of Infection Prevention and Control.

Personal Preparedness:

- Use alcohol-based hand hygiene products or wash hands routinely with soap and water for at least 20 seconds after coming into contact with others.
- Receive the most recent seasonal influenza vaccine and the Novel vaccine when available from Employee Health.

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 8 of 12
TJC Standard: IC.01.06.01	Created 8/2017

- Use respiratory hygiene (turning away from other people and covering the mouth with your sleeve or use tissues when coughing or sneezing, disposing of the tissues afterwards and washing hands after disposal of tissues).
- Do not eat or touch your face before washing hands after contact with others.
- Avoid contact with people with a respiratory illness or with items they may have touched.
- Use of dedicated equipment (stethoscopes, disposable BP cuffs, and thermometers).
- Use of eye protection and Airborne Precautions including Airborne Isolation Room (AIR) with HEPA filter and wear a PAPR or at least a NIOSH approved N-95 respirator before entering a known or suspected Influenza or Novel Influenza patient's room.

Antiviral Therapy

Current recommendations by ACIP (Advisory Committee on Immunization Practices) and NVAC (National Vaccine Advisory Committee) for the use of antiviral therapy in pandemic influenza are outlined in the guidance on Antiviral Drug Use during an Influenza Pandemic, Recommendations and Rationales at http://pandemicflu.gov/vaccine/antiviral_use.html#RecommendationsandRationals.

Choice of Antiviral Drug Therapy


If a potential pandemic influenza virus mutates to a human-to-human form of transmission, the mutation may affect virulence and resistance to antiviral drugs. For this reason, if pandemic influenza is recognized in the United States, guidance from the CDC should guide therapy according to the current recommendations found at <http://www.cdc.gov/flu/pandemic/>.

Visitors

Only visitors seeking to see inpatients will be permitted access to the Hospital during a Pandemic period.

- Patients may request that visitors be restricted.
- Close contacts (e.g., family members) of pandemic influenza patients are at risk for infection and can themselves be infectious. Close contacts with either fever or respiratory symptoms will not be allowed to enter the healthcare facility. Visitation may be limited according to your plan. Visitors should be educated about this policy.

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 9 of 12
TJC Standard: IC.01.06.01	Created 8/2017

- In a pandemic, all persons with respiratory symptoms should wear a surgical mask while in the hospital.
- A system for screening close contacts who are visitors to the facility for fever or respiratory symptoms should be in place.
- Visitors must be above age sixteen and only two visitors per patient will be allowed at one time.
- Healthcare facilities should educate all visitors about use of infection control precautions when visiting pandemic influenza patients and their responsibility for adherence to infection control precautions.

Testing

General

- Health care providers should be alert for respiratory illness among persons who may have been either exposed or infected with the current pandemic virus or have a history of travel within ten days to a country with pandemic influenza activity, and who are hospitalized with a severe febrile respiratory illness or are otherwise under evaluation for pandemic influenza. Consult CDC recommendations for testing to evaluate symptomatic persons with possible pandemic influenza exposure.
- Virus isolation testing should be performed only according to CDC approved methodology


Hospitalized Patients

- Testing for pandemic influenza is indicated for hospitalized patients on a case-by-case basis in consultation with state and local health departments for hospitalized or ambulatory patients with:
 - Documented temperature of $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$), and
 - One or more of the following: cough, sore throat, shortness of breath

Reporting

- Reporting will be based on local and state recommendations. The CDC Influenza (H5) domestic case screening form or a version thereof, may be used for reporting documented cases.

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 10 of 12
TJC Standard: IC.01.06.01	Created 8/2017

REFERENCES

Pandemic Influenza Preparedness and Response: A WHO Guidance document (2009) (<http://www.who.int/csr/disease/influenza/PIPGuidance09.pdf>) This guidance is an update of WHO Global Influenza Preparedness Plan. The role of WHO and recommendations for national measures before and during pandemics, published by WHO March 2005

<http://www.hhs.gov/pandemicflu/plan/>

Infection Control in Health-Care Facilities

<http://www.cdc.gov/flu/professionals/infectioncontrol/>

Influenza Vaccine Information for Health Care Workers

http://www.cdc.gov/ncidod/hip/flu_vac.htm

Guidelines for Preventing Health Care-Associated Infections <https://www.cdc.gov/hai/>

Influenza Outbreak Control in Confined Settings Emerging Infectious Diseases 2005 Apr;11 (4):579-583.


CDC Isolation Guidelines (2007)

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>

Interim Guidance on Infection control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel.

<https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**


 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 11 of 12
TJC Standard: IC.01.06.01	Created 8/2017

APPENDIX I

Universal Respiratory Etiquette Strategy for Healthcare Facilities

1. Provide surgical masks to all patients with symptoms of a respiratory illness.
2. Provide instructions on the proper use and disposal of masks.
3. For patients who cannot wear a surgical mask, provide tissues and instructions on when to use them (i.e., when coughing, sneezing, or controlling nasal secretions), how and where to dispose of them, and the importance of hand hygiene after handling this material.
4. Provide hand hygiene materials in waiting room areas, and encourage patients with respiratory symptoms to perform hand hygiene.
5. Designate an area in waiting rooms where patients with respiratory symptoms can be segregated (ideally by at least 3 feet) from other patients who do not have respiratory symptoms.
6. Place patients with respiratory symptoms in a private room or cubicle as soon as possible for further evaluation.
7. Implement use of surgical or procedure masks by healthcare personnel during the evaluation of patients with respiratory symptoms. Consult current CDC recommendations regarding mask type. E.g. surgical, N-95, etc.
8. Consider the installation of Plexiglas barriers at the point of triage or registration to protect healthcare personnel from contact with respiratory droplets.
9. If no barriers are present, instruct registration and triage staff to remain at least 3 feet from unmasked patients and to consider wearing surgical masks during respiratory infection season.

**WEST HILLS HOSPITAL & MEDICAL CENTER
POLICIES AND PROCEDURES**

 MANUAL: INFECTION CONTROL	POLICY NO: IC ADOPTED:
TITLE: Influenza Plan	PAGE 12 of 12
TJC Standard: IC.01.06.01	Created 8/2017

10. Continue to use droplet precautions to manage patients with respiratory symptoms until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond standard precautions.