HID Dispatch

A quarterly newsletter to share tips, trends, and best practices across the state.

Asking travel questions and having workflows in place is key to control the spread of highly infectious diseases

Now that flu season is upon us, the high-risk operation of sifting through what is the common flu vs. a highly infectious disease (HID) is also here. A lot of the HID's we might be looking for share many of the same symptoms, making it extremely easy to mistake something more serious for the flu. For example, the symptoms of Ebola, Lassa fever and SARS all include fever, muscle aches, cough, headaches and fatigue – all similar to the common flu virus.

A patient coming into the emergency department presenting with those symptoms may easily be mistaken for the flu. Now, instead of immediately isolating the patient, they can contaminate check-in station and staff, the waiting room, the other patients, and numerous other places in the hospital before someone discovers what is really going on. Asking one main question during the check-in process can help prevent the spread of serious illnesses: Have you traveled or lived outside of the United States in the last 21 days?

The steps below outline what to do to properly identify, isolate and inform about highly infectious diseases to control the spread.

IDENTIFY

Asking, "Have you traveled or lived outside of the United States in the last 21 days?" during check-in can prevent the spread of infectious diseases this season. While many HIDs present with the same symptoms, they do have one *very big* difference – where they originate. So what countries and what outbreaks are we looking for? If anyone has traveled outside of the United States, do we automatically isolate him or her? No.

Simply traveling outside of the country is not cause to isolate a patient. However, identifying patients who have traveled to areas with current HID outbreaks is important. What countries are those? The Centers for Disease Control (CDC) maintains a website listing current travel notices and rank its severity. Change patient check-in questions as they update their travel notice list. There is a good chance your electronic check-in system can automate this process.

- **Something to consider:** If you have a contracted Emergency Medical System (EMS) agency, consider asking them screen patients to provide the hospital with advanced notice. If your hospital cannot treat this patient at your facility, it's helpful to knows ahead of time, bypassing admitting them and getting them help sooner at an assessment hospital or treatment center.

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ISOLATE

The point of isolating a patient is to lessen, or stop, the spread of a disease. The CDC not only recommends immediately isolating the patient to a room, but also masking them. If a patient comes in who needs to be isolated, here are some things to consider and plan for:

- **Where do you place the patient?** During a stressful situation, having a plan will make things go smoother. Designate a room to take a HID patient and make staff aware of its location. The room doesn't always need to be empty, but have a plan for evacuation if not.

- **Where is the room located?** Ideally, an isolation room would be away from heavily populated areas. Consider rooms near the check-in or rooms located near a secondary entry point.

- **How long does it take you to isolate the patient?** Acting immediately to isolate a HID patient is crucial in controlling the spread of germs. If a room if used for other needs, run a couple practice drills to see how long it would actually take to get the room evacuated and ready to accept a HID patient.

- **What measures do you have to secure the isolation room?** When in use, make sure staff and other patients stay safe. Immediately upon rooming the patient, signs placed on the door notify others not to enter. When entrance is required, follow isolation precautions. Sign in an out of the room to monitor all personnel for symptoms.

  Other aspects that make an isolation room ideal include negative air pressure, an anteroom and a private patient bathroom. When negative pressure room is not available, a room designated as the "HID" or "isolation" room that can be shut down for an extended period to completely turnover the air flow and be terminally cleaned.

INFORM

When a patient answers "yes" to traveling to a country with a current outbreak and they have symptoms to match, immediately mask and isolate the patient. Plan for next steps:

- **Decide if this patient has a HID.** Don't place all the pressure on one person's shoulder. Include a team of resources. Carle's team includes the Chief Medical Officer, the Infectious Disease Doctor on-call, and the local public health department. Together, they make a decision.

- **For Frontline Hospitals:** Knowing how and where to take a HID patient, even in the middle of the night, is critical. Have contact numbers readily available, including after-hours information.

- **For Assessment Hospitals:** Make sure you have a plan for notifying staff about round-the-clock care for a patient for up to four days.

HID Dispatch

INFECTION PREVENTION CORNER

Outbreaks of Zika/Dengue fever, measles and Ebola top the headlines, but other recent outbreaks also can have devastating results. Recent outbreaks include:

Polio	11/26/18	Niger
Polio	10/26/18	Somalia, Syria, Nigeria
Rubella	10/22/18	Japan
Monkeypox	10/18/18	Nigeria
Rift Valley Fever	7/17/28	Kenya
Extensively Drug resistant Typhoid Fever	6/27/18	Pakistan
Yellow Fever	5/17/18	Brazil

Because outbreaks occur all over the world that often don't make the news, asking travel questions are beneficial to quickly triage patients at risk of exposure to and spreading highly infectious disease. Using the Electronic Medical Record (EMR) as a tool to guide this process is essential and can send alerts right away to those that need to know such as providers and Infection Prevention personnel. It adds just seconds to the check-in process.

It is also imperative to have a plan or a workflow to follow when a patient answers "yes" to the travel question and exhibits signs and symptoms. Keeping staff knowledgeable helps to keep them calm when situations arise and helps them to act quickly, minimizing the spread. For more information about using the EMR as an HID tool or the new "Identify, Isolate, and Inform" workflows, contact Taffy Creviston, MPH, CIC, senior infection preventionist at Carle.

NOTE FROM THE EDITOR:

Carle updates HID workflows following CDC guidance

I've heard a few hospitals have removed the travel questions from their check-in process. Having that question in there is essential to catch some of these HID's as it is the only thing that differentiates them from other common illnesses. Carle recently updated all of our entrance workflows to address each of our entry points: call-ins, walk-ins to outpatient clinics, walk-ins to the emergency department, transfers of unknown person under investigation (PUI), and transfer of a known PUI). Modeled after the CDC workflows, Carle's are included for use as samples. We welcome your questions.

Test your knowledge with this brief 3-question survey.

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PATIENT ADVISORY NURSE, AMBULATORY, OR CARLE DIRECT
Identify, Isolate, Inform: Infectious Disease Person Under Investigation (ID PUI)

1 IDENTIFY EXPOSURE HISTORY:

In the past 21 days has the patient lived or traveled outside of the United States?

NO →

YES

2 IDENTIFY SIGNS AND SYMPTOMS:

Fever (>100.4° F or 38.0° C), diarrhea, cough, vomiting, headache, muscle pain?

NO →

YES

3 ISOLATE:

A. Notify the patient that they:
   a. Will need further evaluation
   b. Should remain in place to minimize exposing others
   c. Should prepare for transport
B. Follow Public Health instructions for patient transport

A. Continue to assess patient using standard precautions

B. Refer to Infection Control as appropriate

NO

4A INFORM:

A. Initiate ID PUI Conference Call
   a. Call comm. center at (217) 383-3399
   b. Ask for ID PUI Conference Team to be paged
B. Join ID PUI Conference Call as Chairperson
   a. Conference # - (800) 747-5150
   b. Access Code # - 3834963
   c. Chariperson # - 0559
C. Is patient a confirmed PUI AND being transported to Carle?

—**YES**—

4B

A. Activate ID PUI Team Page in Comm. Center
B. Notify Arrow Ambulance (217) 337-3911
C. Complete patient registration in EPIC
   a. Flag patient as "confidential"
   b. Select "yes" for "Private Encounter"

X6001-1218

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CONVENIENT CARE & AMBULATORY OFFICES
Identify, Isolate, Inform: Infectious Disease Person Under Investigation (ID PUI)

1   **IDENTIFY EXPOSURE HISTORY:**

In the past 21 days has the patient lived or traveled outside of the United States?

— **NO** —

YES

2   **IDENTIFY SIGNS AND SYMPTOMS:**

Fever (>100.4° F or 38.0° C), diarrhea, cough, vomiting, headache, muscle pain?

— **NO** —

YES

3   **ISOLATE:**

A. Staff member:
- a. Asks patient to wear a mask
- b. Escorts patient to designated room AND closes the door
- c. Dons enhanced PPE and implements standard, contact, and droplet precautions

NO

A. Continue to assess patient using standard precautions

B. Refer to Infection Control as appropriate

4A   **INFORM:**

A. Initiate ID PUI Conference Call
- a. Call comm. center at (217) 383-3399
- b. Ask for ID PUI Conference Team to be paged

B. Join ID PUI Conference Call as Chairperson
- a. Conference # - (800) 747-5150
- b. Access Code # - 3834963
- c. Chariperson # - 0559

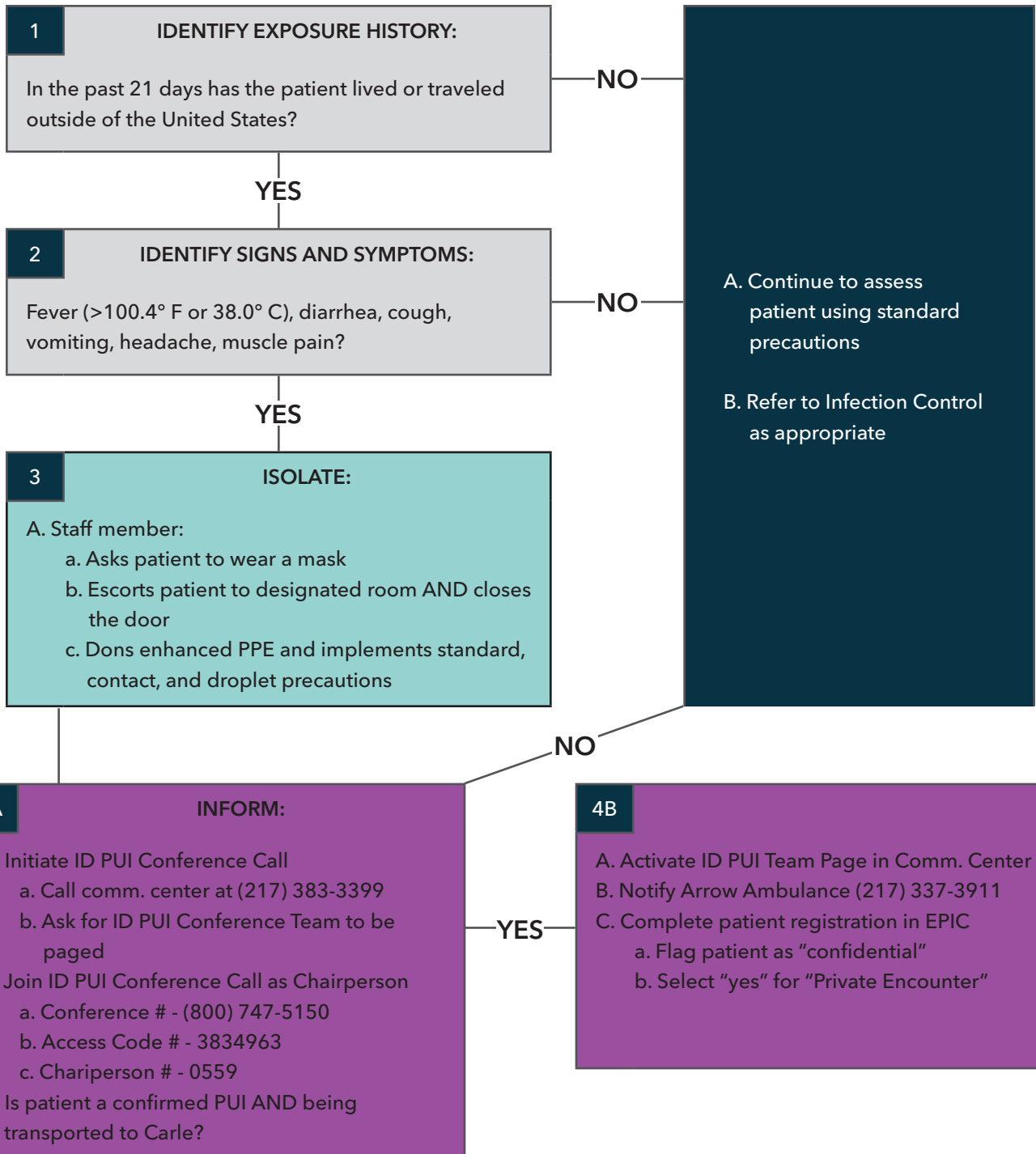C. Is patient a confirmed PUI AND being transported to Carle?

— **YES** —

4B
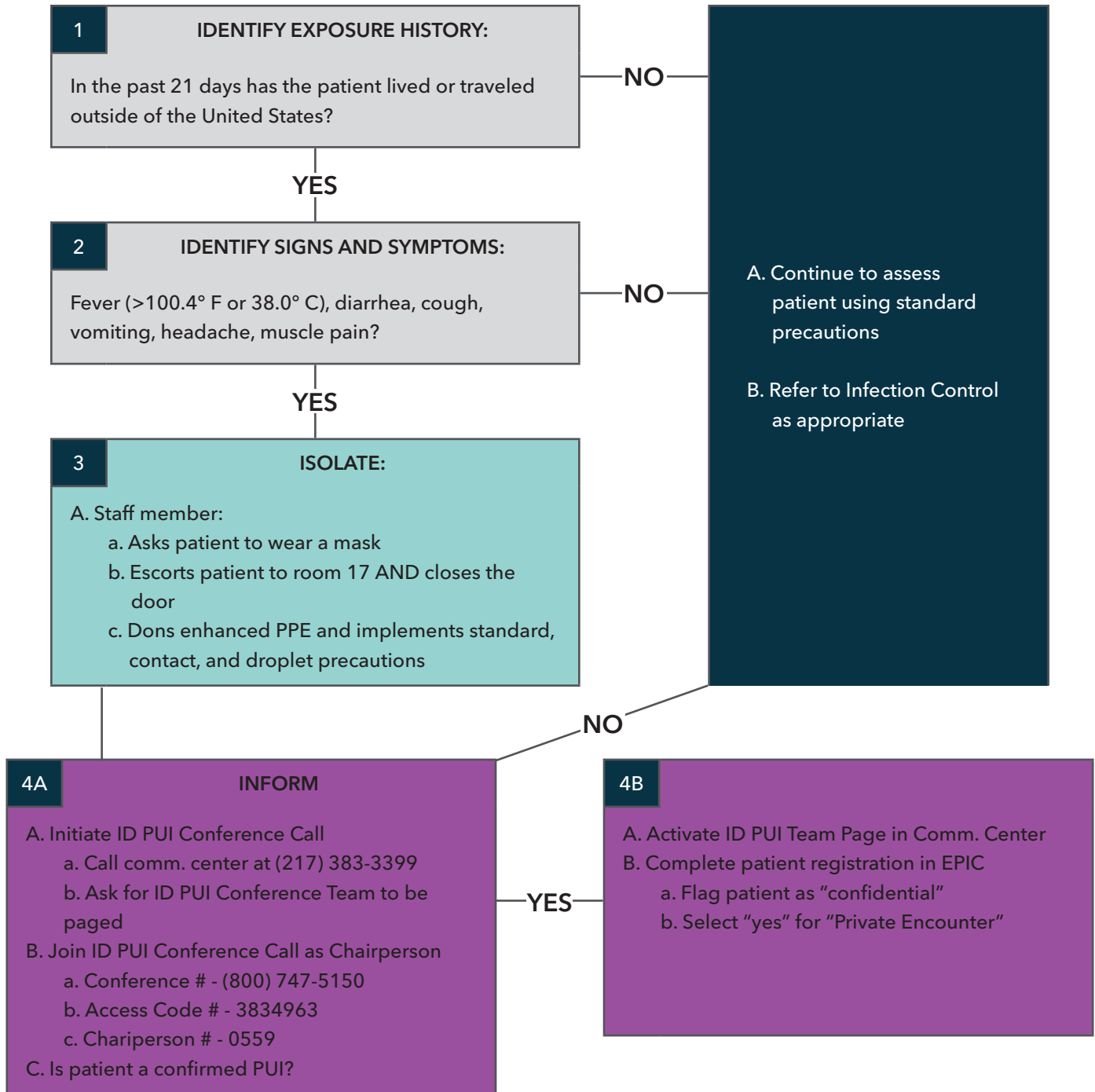
A. Activate ID PUI Team Page in Comm. Center
B. Notify Arrow Ambulance (217) 337-3911
C. Complete patient registration in EPIC
- a. Flag patient as "confidential"
- b. Select "yes" for "Private Encounter"

X6002-1218

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EMERGENCY DEPARTMENT
Identify, Isolate, Inform: Infectious Disease Person Under Investigation (ID PUI)

1   **IDENTIFY EXPOSURE HISTORY:**

In the past 21 days has the patient lived or traveled outside of the United States?

— **NO** —

YES

2   **IDENTIFY SIGNS AND SYMPTOMS:**

Fever (>100.4° F or 38.0° C), diarrhea, cough, vomiting, headache, muscle pain?

— **NO** —

YES

3   **ISOLATE:**

A. Staff member:
    a. Asks patient to wear a mask
    b. Escorts patient to room 17 AND closes the
       door
    c. Dons enhanced PPE and implements standard,
       contact, and droplet precautions

A. Continue to assess patient using standard precautions

B. Refer to Infection Control as appropriate

NO

4A   **INFORM**

A. Initiate ID PUI Conference Call
    a. Call comm. center at (217) 383-3399
    b. Ask for ID PUI Conference Team to be
       paged
B. Join ID PUI Conference Call as Chairperson
    a. Conference # - (800) 747-5150
    b. Access Code # - 3834963
    c. Chariperson # - 0559
C. Is patient a confirmed PUI?

— **YES** —

4B

A. Activate ID PUI Team Page in Comm. Center
B. Complete patient registration in EPIC
    a. Flag patient as "confidential"
    b. Select "yes" for "Private Encounter"

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SUSPECTED PUI (not under current observation)
Identify, Isolate, Inform: Infectious Disease Person Under Investigation (ID PUI)

1 IDENTIFY:

A. Prior to arrival:
   a. The patient will have answered "yes" to travel and symptom questions
   b. EMS personnel will have masked patient
B. Upon arrival:
   a. Patient stays masked in ambulance
   b. EMS personnel reports positive responses to ED
      i. Does ED identify patient as PUI?

NO

YES

A. Continue to assess patient using standard precautions

B. Refer to Infection Control as appropriate

2 ISOLATE:

A. Staff member:
   a. Dons enhanced PPE and implements standard, contact, and droplet precautions
   b. Escorts patient to room 17 AND closes the door
   c. Limits and logs all persons entering and exiting the room

NO

3A INFORM:

A. Initiate ID PUI Conference Call
   a. Call comm. center at (217) 383-3399
   b. Ask for ID PUI Conference Team to be paged
B. Join ID PUI Conference Call as Chairperson
   a. Conference # - (800) 747-5150
   b. Access Code # - 3834963
   c. Chariperson # - 0559
C. Is patient a confirmed PUI?

YES

3B

A. Activate ID PUI Team Page in Comm. Center
B. Complete patient registration in EPIC
   a. Flag patient as "confidential"
   b. Select "yes" for "Private Encounter"

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SUSPECTED PUI (under current observation)
Identify, Isolate, Inform: Infectious Disease Person Under Investigation (ID PUI)

1   **IDENTIFY:**

Prior to arrival the ID PUI conference call will have taken place and the Carle ID PUI team will have been activated.

2   **ISOLATE:**

A. All staff interacting with patient should don enhanced PPE
B. Patient remains in ambulance until dedicated room and staff are ready
    a. Emergent: ED room 17
    b. Non-emergent: PV8 Infectious Disease Unit
C. When patient is placed:
    a. Keep doors closed
    b. Continue standard, contact, and droplet precautions.
    c. Limit and log all persons entering and exiting room

3   **INFORM:**

A. Transferring facility will notify the patient that they:
    a. Need further evaluation at Carle
    b. Need to be isolated and masked
    c. Should remain in place to minimize exposing others
B. Follow Public Health instructions for patient transport
C. Complete patient registration in EPIC
    a. Flag patient as "confidential"
    b. Select "yes" for "Private Encounter"