04.01 - Infection Control for the Care of Patients with Suspected or Diagnosed High Consequence Pathogens (HCP), Viruses of Special Concern (VSP) or Emerging Infectious Diseases (EID)

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Appendices

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04.01 - Infection Control for the Care of Patients with Suspected or Diagnosed High Consequence Pathogens (HCP), Viruses of Special Concern (VSP) or Emerging Infectious Diseases (EID)

Purpose To provide a safe process for screening and caring for patients with potentially high-risk infectious pathogens.

Audience Healthcare workers (HCW) in the UTMB Health system

Definitions Emerging Infectious Diseases (EID) include pathogens that have newly appeared in a population or have existed but are rapidly increasing in incidence or geographic range.

High Consequence Pathogens (HCP) have the potential to cause high mortality among otherwise healthy populations, have a high likelihood of causing secondary cases of infection, lack an effective vaccine, treatment, or prophylaxis and/or may encompass public health concern. An HCP may be an EID.

Viruses of Special Concern (VSP) are viral diseases that cause human infection but may be altered or novel in their existence. For example, some influenza A strains, such as Avian influenza (H5N1), are different than the expected circulating seasonal influenza A strains and warrant enhanced isolation precautions. Other VSPs, for the purpose of this policy, would include MERS or SARS-CoV-1. A VSP may be an EID.

Person Under Investigation (PUI) are patients with the appropriate clinical signs/symptoms and epidemiological risk(s) for disease acquisition who are undergoing evaluation and pending diagnostic confirmation of illness.

Confirmed patients are patients with the appropriate clinical signs/symptoms and epidemiological risk(s) for disease acquisition who have a confirmed positive diagnostic test.

Policy Policy 04.01 is maintained and updated by UTMB Infection Control & Healthcare Epidemiology and the Biocontainment Care Unit (BCU).

Procedures

A. Patient Presentation and Screening

1. General Principles
    a. The travel/communicable disease screening will be tailored to current local, state, national and/or global outbreaks or infections of concern that may be circulating at a given time. A decision to modify the screening questions will be made by HCE, Biocontainment Care Unit (BCU) leadership, and/or health system leadership.
    b. Screening is based on signs/symptoms and epidemiologic risks:
        i. Signs/Symptoms: based on disease characteristics.
        ii. Epidemiologic risk(s): designated by CDC guidance.

c. Those patients who are self-presenting to a UTMB facility will be treated at UTMB. PUIs identified outside of UTMB will not be transferred without notification to BCU leadership and health system leadership. Notification to the Galveston County Health District is required for patient transfers from outside the county.

d. All patients coming to any UTMB location for clinical care should have a travel/communicable disease screen completed prior to their clinical evaluation and/or appointment.

e. Screening is performed using the electronic medical record (EMR) (Appendix I).

f. HCE should be immediately notified of a positive screen. HCE should be paged at (409) 643-3133 or, if during operating hours, called at (409) 772-3192. If after hours, please page HCE and/or call the hospital operator to assist in contacting the HCE staff on-call.

2. Emergency Department Screening

   a. A travel/communicable disease screening should be completed on all patients presenting to a UTMB Emergency Department (ED).

   b. Screening is completed through the EMR during triage/intake of the patient.

   c. In the event of a positive screen, the patient will be placed in isolation as in Section B “Isolation Precautions and Personal Protective Equipment”. HCE should be paged at (409) 643-3133 or, if during operating hours, called at (409) 772-3192. If after hours, please page HCE and/or call the hospital operator to assist in contacting the HCE staff on-call. See “Isolation Precautions and Patient Care” below.

3. Ambulatory Site Screening

   a. A travel/communicable disease screening should be completed on all patients presenting to any ambulatory site (urgent care, clinic, radiology etc.).

   b. Screening is completed through the EMR within 72 hours of arrival to the ambulatory location.

      i. If the screen is positive prior to arrival at the ambulatory location, the patient should not come to the facility. Consultation with HCE, BCU, health system leadership and the Galveston County Health District should be made for further assessment.

B. Isolation Precautions and Personal Protective Equipment

1. Isolation Precautions
    a. A PUI should be given a surgical face mask and immediately isolated in a single patient room, preferably with a private bathroom or given a covered bedside commode with solidifiers placed in the pail prior to first use.
    b. If available, an airborne infection isolation (AII)/negative pressure room should be utilized.
    c. If able, all upholstered furniture and decorative curtains should be removed from the patient room prior to patient occupancy.
    d. Before diagnostic confirmation is made, our highest level of isolation precautions, All Barrier precautions, will be utilized and maintained. Upon diagnostic confirmation, the isolation precautions and personal protective equipment (PPE) needed for patient care may change depending on the pathogen identified. Isolation will be determined per HCE staff. See HCE policy 01.19 Isolation Precautions.
    e. All Barrier precautions is denoted by a red isolation sign placed outside the patient's room.
    f. A log of all persons entering/exiting the room will be maintained outside the patient room using Appendix II.
    g. PPE is required for all patient interactions and patient care duties. See "Personal Protective Equipment (PPE)."
2. Personal Protective Equipment (PPE)
    a. The purpose of PPE is to prevent blood and other infectious materials from encountering the mucous membranes (eyes, nose, mouth), skin, or clothing of staff members.
    b. All Barrier precautions require the following PPE for clinical evaluation, patient care and environment management: an impermeable gown, surgical hood, a fit test approved N95 respirator, face shield, boot covers, inner gloves, and outer extended cuff gloves.
        i. Only staff with a current N95 respirator fit test (those tested within the last year) with a readily available fit test approved respirator for that staff member will provide direct patient care.
        ii. HCP PPE packs are available in all urgent care and ED locations and select high-volume ambulatory sites. The packs include all the required PPE needed for HCP patient care aside from the inner gloves and N95 respirator which are

based on individual sizes and the staff's fit testing requirements. Inner gloves and N95 respirators should be readily available/accessible in all UTMB locations. Additionally, two step-by-step checklist sheets for PPE donning/doffing are included in the packs. One sheet is kept outside the patient room and the other inside the patient room. The sheets should be located on either side of the room (entry and exit points) to assist staff with the PPE process.

iii. HCP packs are available in all urgent care and ED locations. High-volume ambulatory sites also received HCP packs. The site/clinic manager should be aware of the packs location for their designated area(s).

c. A PPE monitor, a member of the patient care team, will monitor all donning and doffing of PPE per the HCP pack checklist and assist as needed. The monitor will scribe that donning/doffing was performed with a monitor present using Appendix II.

d. PPE donning/doffing instructions are found in Appendices III and IV.

e. Staff should regularly perform hand hygiene of gloved hands while providing patient care and after any contact with body fluids.

f. Routine cleaning of PPE doffing areas should be performed at least daily and after doffing grossly contaminated PPE. See "Patient Care" subsection "Management of the Clinical Environment and Equipment" below.

g. Duct tape or its equivalent should be brought into the doffing area of the patient environment in the event of any potential breaches in PPE.

3. Breach of PPE

a. A 360° inspection of PPE for any breaches will be performed by the monitor at the time of PPE doffing. See Appendix V for assessing a breach in PPE if a breach occurs.

b. If during patient care any breach in PPE occurs, staff should immediately move to the doffing area to assess exposure and start the doffing process. See Appendices III and IV for doffing procedures and Appendix V for assessing a breach in PPE.

c. Duct tape or its equivalent should be available in the doffing area of the patient environment to place over any breach in the impermeable gown or boot covers. Nitrile gloves may be used as an outer glove and placed over a tear in the inner glove prior to initiating the doffing

process. Staff should immediately begin the doffing process once the PPE breach risk has been mitigated.

d. Depending on exposure, staff will utilize Appendix VI for post-exposure monitoring through Employee Health.

C. Patient Care

1. General Principles

a. Patients with potential HCP, VSP or EIDs require evaluation by BCU medical staff. BCU must be notified about potential cases.

b. Given the potential lack of vaccines, prophylaxis or therapeutic interventions, the safety of staff is of paramount concern. The number of staff involved in bedside care and specimen collection and processing will be limited to the extent feasible.

c. Staff who will have direct contact with the patient will be trained and provided with the appropriate resources including PPE and just-in-time training as applicable.

d. Only staff with an up-to-date N95 respirator fit test (those tests performed within the last year) with a readily available fit test approved respirator for that staff member will provide patient care.

e. Duct tape or its equivalent should be brought into the doffing area of the patient environment in the event of any potential breaches in PPE.

f. Perform only those tests and procedures deemed necessary and avoid aerosol generating procedures (AGPs) to the extent possible. AGPs include but are not limited to the following:

i. Nebulized treatments, sputum induction, bronchoscopy, open airway suction, positive pressure or high frequency oscillatory ventilation, endotracheal intubation and extubation

g. All medications administered to the patient, whether a single-dose or multidose vial or inhalant, will remain in the patient care area and be used solely for that patient.

h. For PUIs, cleaning and disinfecting with healthcare-approved sodium hypochlorite (bleach) to all surfaces and locations the patient was in contact with is required. Surfaces should be left visibly wet. If pathogen confirmation is known, an EPA-approved disinfectant with its allotted contact time can be used. See “Management of the Clinical Environment and Equipment.”

i. Visitors, including parents and caregivers of pediatric patients, will not be permitted in the patient's room. Accommodations will be made for electronic communication.

D. Specimen Collection and Transport to the Laboratory

a. HCE and BCU staff should be immediately notified of any PUI prior to collection of any laboratory specimens.

b. Any personnel who collects, handles, or tests human specimens must comply with the OSHA Bloodborne Pathogens Standard (29 CFR § 1910.1030).

c. Preferably, a trained BCU staff member should place IV lines and collect any laboratory specimens.

d. Any staff member collecting laboratory specimens will wear and adhere to the All Barrier precautions PPE as stated above in "Isolation Precautions and Personal Protective Equipment."

e. All laboratory testing will occur using the Point-of-Care (POC) BCU Laboratory and their appointed staff per BCU protocol.

f. Specimen Collection

i. Only those tests deemed critical to patient care should be obtained. Ensure all tests are ordered and needed supplies, including a red biohazard bag and bleach wipes or an EPA-approved disinfectant if pathogen confirmation is known, are gathered prior to room entry and specimen collection to reduce room entry/exit, PPE changes, and needlesticks of the patient.

ii. Plastic specimen collection tubes should be used rather than glass, if available.

iii. Prepare the collection area by laying a bleach wipe (or EPA-approved disinfectant wipe if pathogen confirmation is known) on the bedside collection table. This will be used to place collected specimens on. A disposable pad, such as a Chux pad, should be laid under the patient site where collection will occur (e.g. patient's arm or hand) and drape the underlying patient care equipment (e.g. mattress, bed rail).

iv. Place an absorbent material (e.g. gauze, tissue, paper towel) in the inner specimen bag prior to collecting any specimens.

v. Collect the specimens in accordance with nursing policy and lay them on the bleach wipe (or EPA-approved disinfectant wipe if pathogen confirmation is known).

vi. After specimen collection, perform hand hygiene.

1. If gross contamination is observed on outer gloves, doff outer gloves and done a new pair.

vii. All specimen containers will be wiped with a bleach wipe (or EPA-approved disinfectant wipe if pathogen confirmation is known). Once dry, specimens should be appropriately labeled and placed in the inner specimen bag containing the absorbent material.

viii. Seal the inner bag. Wipe the sealed bag with a bleach wipe (or EPA-approved disinfectant) and place by room exit. See Appendix III for transporting collected specimens out of the patient room.

ix. The specimen bag should be placed in a lidded hard-shell container for delivery to the BCU POC Laboratory.

2. All laboratory specimens will be hand-delivered to the BCU POC Laboratory in a secured-top (lid) container. Staff will avoid high-traffic areas when delivering specimens to the BCU POC Laboratory. Staff will not use the pneumatic tube system for any specimens.

3. Management of the Clinical Environment and Equipment

a. Any staff member performing any routine or terminal cleanings of the patient environment will wear and adhere to the All Barrier precautions PPE as stated above in “Isolation Precautions and Personal Protective Equipment.”

b. The patient room should be regularly cleaned and disinfected as with other patients even when the environment is not visibly soiled.

c. Single use devices will be used whenever possible and then discarded appropriately.

d. Any reusable equipment used in the care of a PUI will be *sequestered and not returned to circulation/general use until the appropriate sterilization/disinfection procedures are performed as directed by the Department of Biosafety.*

e. A solidifier will be placed into liquid waste such as urine, feces, and emesis.

f. All waste will be double bagged in red leak-proof biohazard bags at the site of use. The outer bag will be disinfected using a healthcare-approved sodium hypochlorite (bleach) solution or wipe prior to leaving the room. The waste will subsequently be placed into a waste drum for pick up by Environmental Health and Safety and discarded per BCU protocol.

i. In the event of a spill, supplies readily available at the patient's bedside (e.g., disposable Chux pads, towels, sheets) should be used to control the spread until further materials are obtained to clean and disinfect the area.

ii. Procedures for managing spills of blood or body fluids, see BCU protocol.

g. Routine Cleaning of the Patient Environment

i. Daily cleaning and disinfection of hard, nonporous high-touch surfaces should be performed using healthcare-approved sodium hypochlorite (bleach) while the patient is a PUI. Surfaces should be left visibly wet.

ii. If pathogen confirmation is known, an EPA-approved disinfectant may be used with its allotted contact time, if applicable. Contact HCE staff regarding EPA-approved disinfectants and contact times.

j. Terminal Cleaning of the Patient Environment

i. Terminal cleaning of the room will commence following patient room transfer, discharge, or death. The terminally cleaned hospital room will be closed to new patients until released by HCE and/or BCU staff, Environmental Health and Safety, and the Department of Biosafety.

ii. If pathogen confirmation is known at the time of terminal cleaning, the use of an EPA-approved disinfectant with its allotted contact time should be used, if applicable.

iii. If pathogen confirmation is unknown or pending at the time of terminal cleaning, healthcare-approved sodium hypochlorite (bleach) should be used for environmental disinfection. All surfaces should be left visibly wet.

iv. Disinfection with an ultraviolet (UV) irradiation device, per device protocol, will occur following the terminal chemical disinfection. Contact HCE for UV device and the respective protocol.

v. The room will remain closed following terminal chemical cleaning/UV disinfection until released by HCE and/or BCU staff, Environmental Health and Safety, and the Department of Biosafety.

k. Laundering and Linen Care

i. The PPE needed for linen care is the same as that needed for patient care. See “Isolation Precautions and Personal Protective Equipment” above.

ii. Limit linen materials brought into the patient care environment to the extent possible.

iii. All linen and cloth materials including curtains, sheets, blankets, pillowcases, pillows, towels etc will be bagged prior to exiting the patient’s room.

iv. Linen and cloth material will be double bagged in red leak-proof biohazard bags at the site of use. The outer bag will be disinfected using a healthcare-approved sodium hypochlorite (bleach) solution or wipe prior to leaving the room. The linen will subsequently be placed into a waste drum for pick up by Environmental Health and Safety and discarded per BCU protocol.

D. **Intra-facility Transport of Patients**

1. General Principles:
    a. Limit patient movement through the facility to the extent possible.
    b. As able, obtain imaging or other diagnostic procedures at the bedside per BCU protocol.
    c. If intra-facility transport is required, the patient should be stable without open wounds or uncontrollable emesis, bowel/bladder incontinence, hemorrhage or oozing from mucus membranes or puncture sites.
    d. Any person transporting a PUI or confirmed patient will wear and adhere to the All Barrier precautions PPE as stated above in “Isolation Precautions and Personal Protective Equipment.”
    e. Patients should be transported using the least amount of equipment possible. A wheelchair can be used with disposable pads covering the seat and back of the chair.
    f. All patients will wear a surgical face mask, an impermeable gown, and an undergarment capable of collecting large volumes of excrement (e.g., large capacity diaper). A leakproof emesis container should be given to the patient in the event they should have emesis during transport.
    g. A clean sheet will be draped over the patient’s lap. The sheet should be tucked in around the patient and should not drag or interface with the floor below.

h. Devices used to transport the patient should remain in the patient's room until appropriately decontaminated.

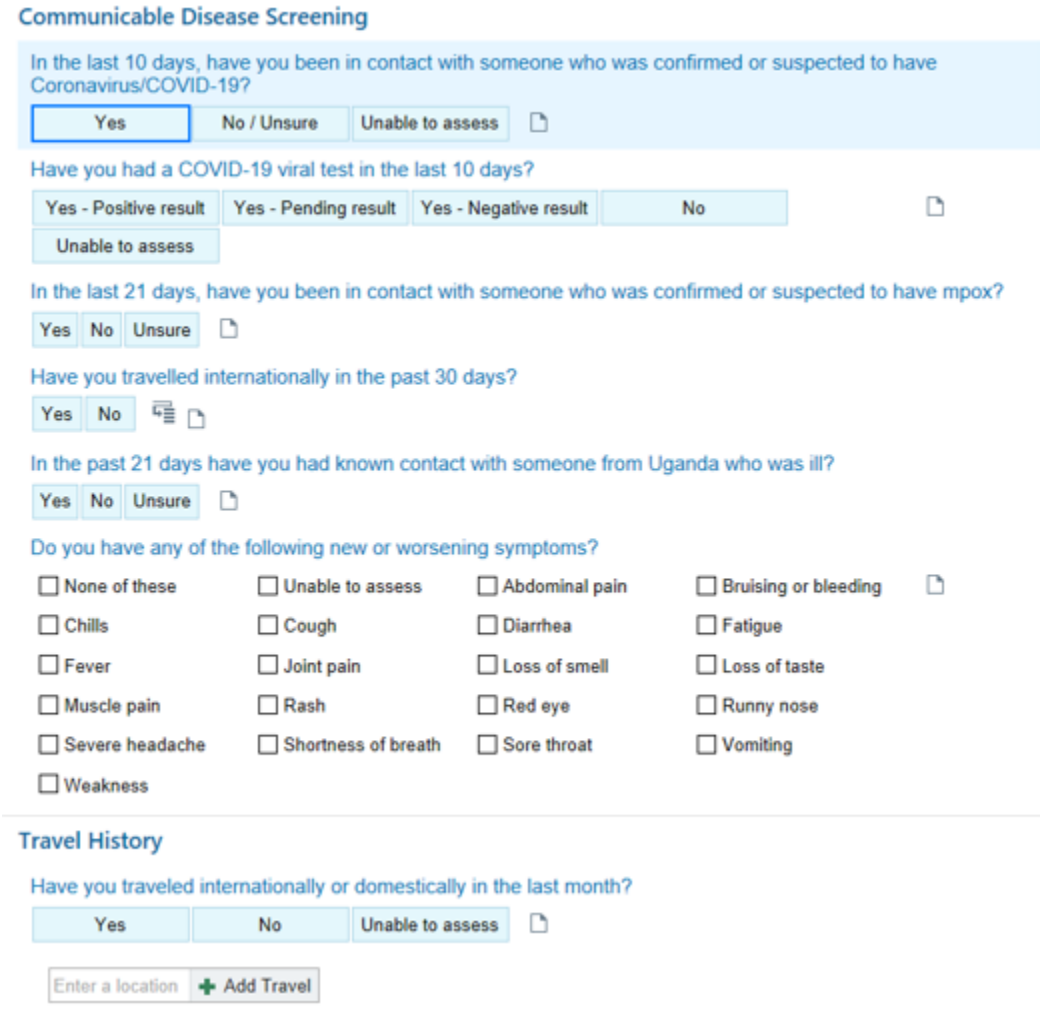
E. Decedent Care

1. General Principles:
    a. General postmortem documentation and communication will be maintained including completing a death certificate and notifying the medical examiner.
    b. Arrangements will be made in advance with local and state health authorities for designated mortuaries or other per their discretion for decedent handling.
    c. Autopsies will not be performed on suspect or confirmed HCP, VSP or EID patients.
    d. Further information can be found in BCU protocol.
    e. Preparing the Decedent
        i. Any staff member preparing the decedent will wear and adhere to the All Barrier precautions PPE as stated above in "Isolation Precautions and Personal Protective Equipment."
        ii. Disconnect all medical devices (IV pumps, ventilators etc.) and move them away from the area.
        iii. Do not wash or clean the body.
        iv. Leave all intravenous lines, endotracheal tubes, urinary catheters, chest tubes or other invasive or implanted devices in place.
        v. Place an occlusive dressing over any area that may be at risk for leaking or oozing (e.g., open wounds, line or drain insertion sties)
        vi. Cover the body by pulling the bed sheet up and around the patient.
        vii. Place all waste produced during postmortem preparation and decontamination into a red biohazard bag(s). Leave bags in the contaminated area.
        viii. The covered decedent remains and the waste produced performing postmortem care will be transported from the room per BCU protocol.

Appendix I
Electronic Medical Record (EMR) Travel/Communicable Disease Screening
(Example below is current as of February 2023)

1. The travel/communicable disease screen is maintained through HCE in collaboration with the BCU or its appointed members.

2. HCE collaborates with EMR personnel who directly update the screening for the end-user to interface with.



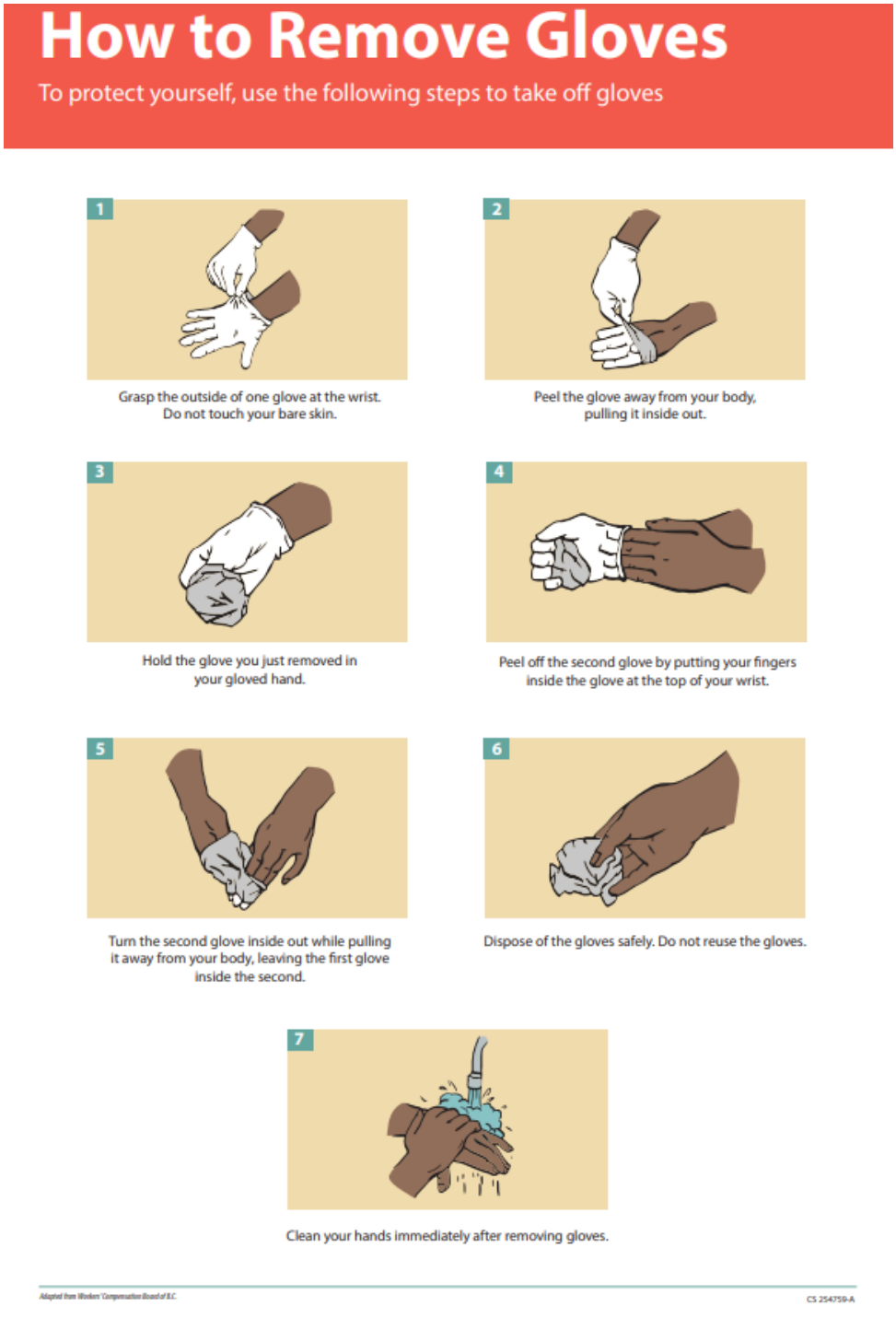
Appendix II
Employee Log for PPE Monitoring and Patient Room Entry/Exit

Employee Name	Date	PPE Donning Monitored (Y/N)/Monitor's Name	PPE Doffing Monitored (Y/N)/Monitor's Name	Time In	Time Out

Appendix III
PPE Donning and Doffing Instructions

Donning Instructions	Prior to entering the patient room, PPE should be donned in the following order: 1. Perform hand hygiene. 2. Don boot covers. 3. Don inner gloves. 4. Don impermeable gown. 5. Don a fit-test approved N95 respirator. 6. Don surgical hood. 7. Don outer extended cuff gloves. 8. Done face shield. 9. You are ready to enter the patient room.
Doffing Instructions	Doffing of PPE occurs both inside and outside the patient room. PPE should be doffed in the following order. *Hand hygiene is performed between each step with an alcohol-based hand gel*. A. Doffing Inside Patient Room: 1. Doffing monitor performs a 360° inspection of PPE for visible soiling/PPE breaches prior to doffing. If PPE is visibly contaminated, it should be wiped down with a healthcare-approved sodium hypochlorite (bleach) solution or wipe. 2. Perform hand hygiene prior to doffing and between each step listed below. 3. Doff outer extended cuff gloves via glove-in-glove technique using Appendix IV. *Perform hand hygiene.* 4. Inspect inner gloves for PPE breach. If a breach is found, see Appendix V. 5. Doff impermeable gown. *Perform hand hygiene.* 6. Doff boot covers. *Perform hand hygiene.* 7. Doff face shield by pulling up and away from user. *Perform hand hygiene.* 8. Doff surgical hood. *Perform hand hygiene.* a. *If specimens were collected, take the disinfected specimen bag as you exit.* 9. Exit the patient room. *Do NOT touch your face.* a. *If specimens were collected, place the sealed specimen bag in a lidded hard-shelled container that will be held open by a gloved monitor upon room exit. Close and seal container. Monitor will doff gloves and perform hand hygiene.* B. Doffing Outside Patient Room: 1. Doff inner gloves via glove-in-glove technique and don a new pair of inner gloves. 2. Doff N95 respirator. *Perform hand hygiene.* 3. Doff inner gloves. *Perform hand hygiene.*

Appendix IV
Glove-in-Glove Doffing Technique



Appendix V
Assessing a Breach in PPE

Purpose: Provide procedures for assessing and addressing breaches in personal protective equipment (PPE) while caring for patients with suspect or confirmed high consequence pathogens, viruses of special concern or emerging infectious diseases.

1. A PPE breach is defined as any tear, break or degradation to the integrity of the PPE while in use.
2. If any breach in PPE is identified at any point while providing patient care or in the patient environment, staff will immediately notify the monitor and start the doffing process.
2. Immediately notify HCE and Employee Health of PPE breaches after safely doffing. Depending on exposure, staff will utilize Appendix VI for post-exposure monitoring through Employee Health.
3. Visible contamination of PPE with body fluids should be immediately wiped down using a healthcare-approved sodium hypochlorite (bleach) solution or wipe prior to doffing.

4. Breach of Inner Gloves
    a. Immediately wipe clean any visibly contaminated areas of the outer gloves with a dilute bleach solution or bleach wipe as noted above.
    b. Outer gloves should be doffed using the glove-in-glove technique in Appendix IV.
    c. Inspect inner gloves for PPE breach. If breach is noted, wipe the inner glove with a bleach wipe and don a new over glove. Proceed with the doffing process as outlined in Appendix III.

5. Breach of Gown, Boot Covers and Other PPE
    a. For PPE that can be easily replaced (outer gloves) without compromising the staff, the PPE should be doffed per protocol in Appendices III and IV and replaced, performing hand hygiene between each step.
    b. For visible tears in the impermeable gown or boot covers, staff should place duct tape over the site to mitigate further risk, immediately move to the doffing area and begin the doffing process.

Appendix VI
Employee Monitoring Form for High Consequence Pathogen Exposures
Maintained through Employee Health

All Employees that require ongoing exposure monitoring will be set up to monitor in RedCAP with the following process: check and record temperature twice daily at 0800 and 2000 hours (8 AM and 8 PM). Please check "Yes" or "No" for each of the symptoms listed on the table below every day. If you develop fever (100°F or 37.8°C) and ≥2 symptoms in the list in the table below, if at work, notify your supervisor, don a surgical mask, practice hand hygiene, and leave the worksite; if at home, remain at home and notify your supervisor. If an employee is not able to utilize RedCAP, paper monitoring may be used with reporting to Employee Health.

Employee Name:_____

	DATE	TEMPERATURE		SYMPTOM CHECK LIST							
		8 AM	8 PM	COUGH	SORE THROAT	RUNNY NOSE	MUSCLE ACHES	CHILLS	HEAD ACHE	VOMITING	DIARHEA
1				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
2				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
3				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
4				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
5				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
6				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
7				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
8				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
9				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯
10				YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯	YES ◯ NO ◯

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