3.01 - Screening Policy for Persons with a Possible Emerging Infectious Disease (EID)

Purpose: To identify persons who have an EID or possible EID at their first point of contact with the hospital or clinics

Audience: Healthcare workers, UTMB Police Department.

Policy Statement:

I. Screening when cases of an EID have not been reported anywhere in the world or have been reported in areas except the United States and local spread of an EID is not occurring in the area(s) from which an EID has been reported.

   A. Under these circumstances, screening for an EID will not be done.

   B. When local spread has been reported in areas of the world from which an EID has been reported, the following questions will be asked of all patients who present themselves to the ED or an outpatient clinic.

      1. **Case definition for the Middle East Respiratory Syndrome (MERS-CoV). A case of MERS-CoV is defined as a patient with one or more of the symptoms in a. and a contact history consistent with b. or c.**

         a. **Fever (> 38°C or > 100.4°F), cough, shortness of breath or difficulty breathing**

         b. **Traveled outside of the U.S. in the past 2 weeks to an area of the world where local spread of MERS-CoV is occurring**

         c. **Contact with a person with fever and/or cough, shortness of breath or difficulty breathing who traveled outside the U.S. in the past 2 weeks to an area of the world where local spread of MERS-CoV is occurring**

      2. **Case definition for H7N9 influenza. A case of H7N9 influenza is defined as a patient with fever and one or more of the other symptoms in a. and a contact history consistent with b. or c.**

         a. **Fever > 38°C or >100.4° F, cough, shortness of breath or difficulty breathing.**

         b. **Traveled outside of the U.S. in the past 10 days to an area of the world where local spread of H7N9 influenza is occurring.**

c. **Contact with a person with fever and/or cough, shortness of breath or difficulty breathing who traveled outside of the U.S. in the past 10 days to an area of the world where local spread of H7N9 influenza is occurring.**

3. A large volume of Personal Protective Equipment (PPE) (N-95 masks, goggles, gowns, gloves and face shields) will be stored in a secure area in the ED.
4. **Healthcare workers (HCWs) who screen for an EID will wear a fit tested N-95 mask, gown, gloves and goggles or a face shield.**
5. If the person being screened has fever (>38°C or >100.4°F) and/or one or more symptoms and answers yes to one of the questions in 1.b or c. for MERS-CoV or 2. b. or c. for H7N9 influenza, they will be masked (surgical mask) and escorted to an isolation room in the negative pressure zone for evaluation. Persons who accompanied the patient to the hospital and who screen negative for an EID will be asked to wait outside for those being evaluated for an EID in the negative pressure zone in the ED. (The first patient who presents with an EID or possible EID will be placed in the decontamination room).
6. When a patient is isolated for a suspected EID, the Department of Healthcare Epidemiology will be notified immediately (24/7).
   a. Office (409) 772-3192
   b. Pager (409) 643-3133
7. The Department of Healthcare Epidemiology will notify the Galveston County Health District immediately when a case of a suspected EID is diagnosed.

II. Screening for cases of an EID

MERS-CoV, H7N9 influenza which may originate outside of the United States when the first cases are reported in the U.S.

A. **Healthcare workers (HCWs) who screen for an EID will wear an N-95 mask (fit tested), goggles, gown and gloves.**

B. Under these circumstances, patients who present with fever (>38°C or >100.4°F) and meet the case definition for MERS-CoV or H7N9 influenza will be masked (surgical mask) and escorted to an isolation room in the negative pressure zone for evaluation.

1. Patients who present with fever (>38°C or >100.4°F) and

have one or more symptoms of MERS-CoV or H7N9 influenza (see case definitions for SARS and avian influenza above in I. B. 1 and 2) but have not traveled to the area from which the EID originated or have not been exposed to anyone who traveled to that area, the following questions will be asked.

a. Are you a healthcare worker (person with direct patient contact at a site where healthcare is delivered [hospital, outpatient clinic, doctor's office, nursing home, surgicenter, dialysis unit, etc.]).

b. Have you noted a case(s) of pneumonia diagnosed by a physician in members of your family, friends, or other close contacts?

2. **For MERS-CoV and H7N9 influenza, patients with fever (>38°C or >100.4°F) and one or more respiratory symptoms who answer yes to one or more of the questions 1a - 1b (above) will be masked and escorted to an isolation room in the negative pressure zone for evaluation. Persons who accompanied the patient to the hospital and who screen negative for the EID will be asked to remain outside.**

C. Communication with the Department of Healthcare Epidemiology

1. Patients evaluated for an EID and diagnosed with an EID or possible EID will be reported immediately (24/7) to the Department of Healthcare Epidemiology.

a. Office (409) 772-3192

b. Pager (409) 643-3133

2. The Department of Healthcare Epidemiology will notify the Galveston County Health District immediately when a case of a suspected EID is diagnosed.

III. Screening when EID cases have been reported in Houston-Galveston area.

A. All doors to the hospital will be locked or controlled by a police officer.

B. Signs will be placed at all entrances to the hospital that direct persons seeking healthcare for respiratory illness or a possible EID to the Emergency Department (ED).

C. **Healthcare workers (HCWs) who do the screening will wear an N-95 mask (fit tested), goggles, gown and gloves for screening for MERS-CoV and for H7N9 influenza.**

D. The decontamination room will be used for the first few patients who present with symptoms of an emerging infectious disease. As volume increases, the screening will be done outside in front of the entrance to the ED.

E. When the negative pressure zone is needed, because of an increased volume of patients who are presenting with a possible EID, the Healthcare Epidemiologist or Director of Healthcare Epidemiology will call 2-1586 and speak to BOF Management regarding turning the negative pressure zone "on". (See Policy 3.0 Activation of the Emerging Infectious Diseases [EID] Preparedness Plan)

F. The chartroom door lock will be deactivated and furniture in the chartroom will be removed.

G. Screening for an EID in front of the ED entrance

1. Tables and chairs will be prepositioned in a secure area in the ED.
2. When more patients arrive than can be processed in the decontamination room, these tables and chairs will be removed from the secure area and set up in the screening area outside the entrance to the ED. Personal protective equipment (PPE) will also be placed in the screening area.
3. A line will form extending down the drive.
4. Ambulances will be diverted to one lane only.
5. The ramp leading into the ED from the hospital will be blocked at the top where it connects with the hall that runs behind the ED.
6. A policeman will be stationed at the entrance to the ED elevators on the parking lot level and no one will be permitted to use the elevators.
7. At the triage area outside the ED, there will be at least 3 nurse screeners. If additional nurses are needed, they will be called in by a member of the Incident Commander's Staff. The screener(s) will take each patient's temperature and ask the screening questions for the EID of concern. If the patient has a fever (>38°C or >100.4°F) and one or more symptoms of an EID, a surgical mask will be placed on the patient and the patient will be escorted to the negative pressure zone in the ED. **The person who escorts patients into the negative pressure zone will wear PPE (including a fit-tested N-95 mask, goggles, gown and gloves for MERS-CoV and H7N9 influenza.**
8. Only patients and designated triage personnel may enter the

negative pressure zone by way of the outside doors. All others who are authorized to enter the negative pressure zone must do so by way of the lobby doors.

9. If all of the examination rooms are occupied when a patient is escorted to the negative pressure zone, the patient will be seated in the waiting room in chairs at least 3 feet apart until the next examination room becomes available.
10. Adults who screen negative for an EID, will not be allowed to accompany the patient to the negative pressure zone. They will be asked to wait outside.
11. **Parents/guardians will be allowed to accompany their children (≤ 15 years of age) to the negative pressure zone in the ED if the child has screened positive for the EID. They will have to wear an N-95 mask. The parent(s)/ guardian(s) will be present in the examination room with the patient.**
12. If the patient denies any of these symptoms and is afebrile, he/she will be directed to the main ED if he/she has other complaints that need to be evaluated/treated. If not, the patient will be asked to wait outside or to depart from the ED area.
13. Family members who screen negative for the EID will remain outside.
14. Family members may wait in the parking area below the ED.
15. If the patient arrives via ambulance, the UTMB dispatcher will ask the screening questions to the patient/ or ambulance attendant via radio. The patient's temperature will be taken. The answers to these questions and the patient's temperature will be relayed to the triage nurse. The triage nurse will then direct the ambulance either to the negative pressure zone or main ED.
16. If the patient cannot relate the information to the triage nurse, every attempt will be made to contact the family/friends for this information.
17. Trauma patients will be directly admitted to the trauma area and healthcare workers will wear full barrier protection until an EID assessment can be made.
18. The information collected by the triage nurse(s) will be entered on to a form designed for that purpose (See Appendix A).
    a. Pens will be supplied for the triage area and for the negative pressure zone. No personal writing instruments

will be used. Pens in these areas will be discarded when no longer needed.

b. All healthcare personnel will wash their hands or apply an alcohol hand rub before and after completing paperwork.

19. A physician will be notified when a patient with a possible EID has been placed in an examination room in the negative pressure zone for evaluation. Each examination room will be numbered.

20. Each time a patient is placed in an examination room, a flag next to the door of that room will be placed in a position to indicate the room is occupied by a patient. Each time a patient leaves an examination room, the flag next to the door of that room will be placed in a position to indicate the room is vacant.

21. Physicians and other healthcare staff will don appropriate protective barriers prior to entering the room.

    a. Prior to donning PPE, physicians and other healthcare staff will print their name on a pre-printed, self-adherent name tag.

    b. **Goggles, gown, gloves, and an N-95 (Fit-tested) mask will be donned for MERS-CoV and H7N9 influenza.**

    c. These barrier materials will be stored in a cart in the negative pressure zone. Laminated posters demonstrating donning and doffing of PPE will be hung next to the door of each examination room. An alcohol hand rub dispenser will also be mounted on the wall just outside each examination room.

    d. Disposable stethoscopes will be placed in each examination room.

        1) They will be disinfected with alcohol pledgets after each use.

        2) Disposable stethoscopes will be stored with the EID supplies in the ED.

    e. Prior to exiting the ED examination rooms, HCWs will remove PPE in the room except for their mask, leave the room, practice hand hygiene, remove their mask, discard it in the trash and again perform hand hygiene. **They will then don a new fit tested N-95 mask for MERS-CoV or H7N9 influenza.** HCWs may then enter the nursing station to do paper work and other tasks.

    f. **All physicians and other healthcare staff who work in the negative pressure zone will wear a fit tested N-95**

mask for Mers-CoV or H7N9 influenza at all times when working outside of the examination rooms.

g. Appropriate specimens will be taken from patients, as indicated, and placed in a specimen container. The caps will be placed on the specimen containers tightly and the outside of specimen containers will be decontaminated with a hospital grade disinfectant prior to placing them in plastic bags. Portable commodes will be located in the chart room area for use by patients for collection of specimens.

h. An All Barrier Precautions (See Policy 3.2 Isolation of Patients with an Emerging Infectious Disease or Possible Emerging Infectious Disease) label will be placed on the requisition and specimen container.

i. When patients are sent for a chest x-ray or chest CT scan from the negative pressure zone, they will be transported in a manner covered in Policy 3.03 Transportation of Patients with an Emerging Infectious Disease or a Possible Emerging Infectious Disease. The patients will be transported by a route shown on a map of the ED (Appendix B).

   1) A surgical mask will be placed on the patient
   2) The patient will put on a clean gown
   3) The patient will perform hand hygiene
   4) The patient will be covered by a sheet

j. **Transportation personnel will wear an N-95 mask for MERS-CoV and H7N9 influenza.** (See Policy 3.03 Transportation of Patients with an Emerging Infectious Disease [EID] or a Possible EID).

k. The Radiology Department will be notified that a patient with a suspected EID is being transported for x-ray studies. **Personnel who will have contact with the patient will don an N-95 mask (fit tested), goggles, gown and gloves prior to the patient's arrival.** (See Policy 3.04 Imaging Studies for Patients with an Emerging Infectious Disease [EID]).

l. Patients who have an EID or a possible EID will either be admitted (See Policy 3.06 Admission of Patients with an Emerging Infectious Disease [EID] to the Hospital) or sent home for continuing care if symptoms are mild and the patient is stable.

m. The Galveston County Health District will be notified 24/7

when an EID patient is discharged to home.

n. Patients who have no evidence of fever or respiratory symptoms on screening will remain outside.

22. Environmental Services will clean each room between patients. (See Policy 3.12 Environmental Cleaning and Disinfection and Equipment Cleaning and Disinfection in Rooms Where Patients with an Emerging Infectious Disease [EID] are or have been hospitalized or treated).

    a. Environmental Services personnel will wear a fit tested N-95 mask, goggles, gown and gloves.

    b. A cleaning cart will be dedicated to the area. It will be kept in the hall.

    c. Cleaning materials will be taken from the cart into the room to be cleaned.

    d. The door will be closed while the room is being cleaned.

    e. When cleaning of each room has been completed, the door will be closed and cleaning materials will be returned to the cart. Environmental Services personnel should remain in the hall when waiting to clean the next vacant room and must not enter the nursing station.

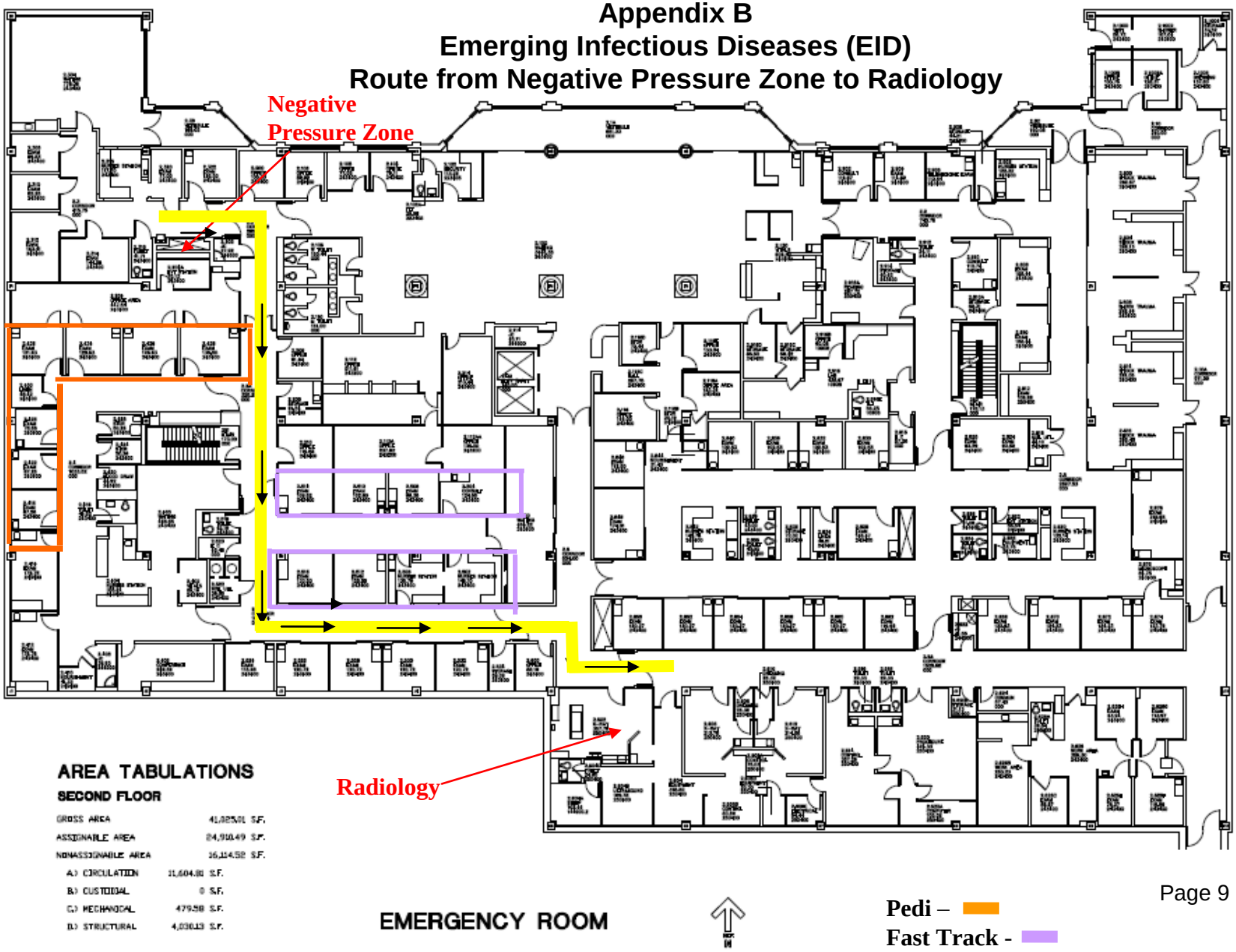
    f. Environmental Services personnel need only to change gloves between rooms. Gloves should be removed so as to avoid touching the outside of the gloves. Hands should be washed with an antimicrobial soap and water or an alcohol hand rub applied prior to donning a new set of gloves.

H. Notification for EID cases.

1. The Department of Healthcare Epidemiology should be notified 24/7 immediately about an EID or a possible EID case.

    a. Department of Healthcare Epidemiology 772-3192.

    b. Person on call pager (409) 643-3133.

2. The Department of Healthcare Epidemiology will notify the Galveston County Health District immediately about EID cases. (See Policy 3.10 Communications on Emerging Infectious Diseases Between the Department of Healthcare Epidemiology and the Galveston County Health District).

Appendix B
Emerging Infectious Diseases (EID)
Route from Negative Pressure Zone to Radiology