

<b>Section</b> UTMB On-line Documentation <b>Subject</b> Healthcare Epidemiology Policies and Procedures	<b>Policy 3.10</b>
<b>Topic:</b> Communication on Emerging Infectious Diseases (EIDs) Between the Department of Healthcare Epidemiology and the Galveston County Health District	Revised 09.21.09 2004- Author

### **3.10 Communication on Emerging Infectious Diseases (EIDs) Between the Department of Healthcare Epidemiology and the Galveston County Health District**

**Purpose** To establish a communications system between the Department of Healthcare Epidemiology (DHCE) and the Galveston County Health District (GCHD) to promote integration of efforts for the prevention and control of Emerging Infectious Diseases (EIDs) in UTMB Hospitals and in the population of Galveston County.

**Audience** Employees of the DHCE and the GCHD.

**Policy Statement:** I. The system will permit communication 24 hours per day, seven days a week (24/7).

II. Modalities of communication

A. Voice communication

1. Telephone to telephone (land line or cell phone)
2. Location of party for voice communication
  - a. Page
  - b. Call cell phone number
3. The DHCE and GCHD will exchange lists of personnel to be contacted when urgent or emergency communications are needed.
  - a. Lists will be ordered by first contact, second contact, etc.
  - b. Information provided for each person on the list will include work phone number, cell phone number and pager number.
  - c. The Healthcare Epidemiologist and Assistant Healthcare Epidemiologist/Director at DHCE will exchange home numbers with the Director and an Epidemiologist at GCHD. These numbers will not be on the published lists.
  - d. During EID activity in Galveston County, the DHCE and GCHD may decide to turn an all pagers and cell phones.

B. Electronic communication

1. Fax
2. Email

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III. Channels of communication

- A. Director/Assistant Healthcare Epidemiologist DHCE to staff epidemiologist GCHD
- B. Healthcare Epidemiologist to Director GCHD
- C. Director Clinical Microbiology Laboratory to staff epidemiologist or Director GCHD
- D. UTMB Public Relations designee to Director, staff epidemiologist or Public Relations designee of GCHD
- E. Emergency Medical Service (EMS)
  - 1. Healthcare Epidemiologist DHCE
  - 2. Director/Assistant Healthcare Epidemiologist DHCE
  - 3. UTMB Emergency Department (ED) liaison

IV. Communications about cases of an EID, possible cases of an EID and persons exposed to an EID

- A. Communications from DHCE to GCHD
  - 1. Cases of an EID, possible EID or persons exposed to an EID will be reported to the GCHD immediately by telephone or email
    - a. Name of patient or person
    - b. Address
    - c. Telephone number
    - d. Date of birth
    - e. Any other useful contact information
  - 2. For patients with an EID or a possible EID, information will be provided on whether the patient was admitted or sent home
  - 3. Cases of an EID will have the appropriate case report forms completed and mailed to the GCHD
- B. Communication from GCHD to DHCE
  - 1. If the GCHD detects a case of an EID or a possible EID during community surveillance and exposure followup, the GCHD will immediately notify the UTMB ED by telephone that they are referring such a patient to the ED
    - a. The GCHD will provide the person's name
    - b. The liaison at the ED will inform the GCHD as to where the referred patient should report when they arrive at the ED

V. Communications between the Galveston EMS and the UTMB DHCE and ED

- A. When the EMS is transporting a patient and they are aware that the patient may have an EID, the EMS will communicate this information to the ED prior to arrival. The EMS and ED can decide

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as to the location at the ED to which the patient should be transported.

- B. When patients brought in by the EMS have screened negative for a possible EID during transport and are later determined to have an EID or a possible EID, the EMS will be notified that the EMTs who transported the patient to the hospital may have been exposed to an EID.

VI. Discharge planning for EID patients

- A. SARS patients will be isolated until 10 days after resolution of fever given that respiratory symptoms are absent or resolving. Avian influenza patients will be isolated for 14 days after the start of symptoms and swine influenza patients will be isolated for 7 days after the start of symptoms or for 24 hours after the resolution of fever without the use of fever-reducing medications, whichever is longer.**

- B. Patients who are discharged from the hospital prior to meeting criteria for noninfectiousness will be isolated at home until they are no longer considered infectious. Pertinent data for the patient will be provided to the GCHD.

1. Patient's name
2. Address
3. Telephone number
4. Date of birth
5. E-mail address, if applicable

VII. Coordination of Public Relations Activities

- A. Release of information on an EID to the media should be coordinated between UTMB and the GCHD.
- B. Information releases for the media should follow the CDC guidelines for timing, frequency, preparation and delivery.
- C. Uncertainties about release of information between public relations representatives of UTMB and the GCHD should be resolved by communication between the Healthcare Epidemiologist at UTMB and the Director of the GCHD.
- D. For the plan for rapid development and review of urgent releases of information to the public see Policy 3.11 Communication with the Media and the Public About an Emerging Infectious Disease (EID).