3.24 Infection Control for the Pandemic Phase of an Emerging Infectious Disease (EID) in Outpatient Clinics

Purpose

Early detection, isolation and evaluation of patients with an EID or possible EID during a pandemic when cases of the EID have appeared and are increasing in number.

Audience

Healthcare workers providing care for outpatients in primary care—adult, pediatric and obstetrics.

Policy Statements

I. Outpatient Clinics

A. Healthcare workers in the following high risk groups should take precautions to avoid exposure to an EID or possible EID during screening and caring for patients. These medical conditions include:

1. Pregnancy
2. Adults 65 years of age and older
3. Persons with chronic pulmonary (including asthma), cardiovascular, renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular or metabolic disorders (including diabetes mellitus)
4. Seizures
5. Immunosuppression, including that caused by medications or by HIV

B. Family and friends who accompany a patient to a UTMB clinic should not be exhibiting any signs and symptoms of influenza (i.e. fever, cough, sore throat, runny nose, stuffy nose). Those who have any of these symptoms will be asked to wait outside of the clinic for the patient. An exception to this guidance is that when the patient is a child (minor), a parent/guardian may accompany the patient into the clinic. If the parent/guardian has symptoms of influenza, they must immediately don a surgical mask and apply an alcohol hand rub to their hands. Other persons with symptoms of influenza should not accompany the patient to any other UTMB clinic appointment or to the UTMB hospital in Galveston until they are afebrile and asymptomatic.

C. The person at the reception desk will wear a face shield or a surgical mask and goggles for swine influenza and an N-95 mask for SARS or H5N1 influenza. The person at the desk will apply an alcohol hand rub after each patient.

D. An alternative to having the person at the reception desk wear a face shield is to set up an influenza screening station just inside the

entrance to the clinic. A sign will be posted there listing the symptoms of swine influenza. Instructions will indicate that if the patient has 3 or more of these symptoms, they should put on a surgical mask and apply an alcohol hand rub prior to approaching the registration desk.

E. For those clinics that decide not to have an influenza screening station, the person at the reception desk will wear a face shield or a face mask and goggles and proceed as follows.

F. As a patient approaches the reception desk, the OSA will ask the patient for their name and look them up in Invision. If the patient is in Invision and has an appointment for possible influenza, the patient will be asked to place a surgical mask on their face and will be escorted to either a sequestered area in the clinic or to an exam room. If the patient is not in Invision or Invision indicates that the patient has a routine appointment, they will be observed for any signs or symptoms of illness, such as cough, sneezing, or runny nose. The patient may be asked whether or not they have sore throat, subjective fever, headache or muscle pain. Patients who have no signs or symptoms of influenza may enter the clinic for routine care. Patients with symptoms will be given a mask and asked to apply an alcohol hand rub and then be escorted to a sequestered area in the clinic or to an exam room.

   1. **The healthcare worker who responds to the call to meet a symptomatic patient will first don gloves for swine influenza or an N-95 mask, goggles, gown and gloves for SARS or H5N1 influenza.**
   2. On arrival at the front desk, the healthcare worker will adjust the surgical mask on the patient and escort the patient to an examination room with the door closed.

G. Healthcare workers who enter the room to evaluate the patient with possible swine influenza (2009 H1N1 influenza) will wear goggles, surgical mask, gown and gloves.

   1. Vital signs and temperature need to be documented.
   2. Point-of-Care tests (POCTs) must be performed in the exam room while wearing full PPE as above.
   3. If the POCT is negative, then obtain a nasopharyngeal sample using a sterile swab and send it to the UTMB Clinical Microbiology Laboratory for PCR.

4. Specimens to be sent to a laboratory for further testing must be placed in a sterile container which must be decontaminated with an antiseptic prior to being placed in a zip lock bag for transport.
5. The zip lock bag should be wiped with an antiseptic and then hand hygiene performed. A yellow All Barrier Precautions sticker should be placed on the outside of the bag.
6. Healthcare workers who care for patients with possible or diagnosed swine influenza will remove their gloves, goggles and gowns prior to leaving the exam room. Once outside the room, they will practice hand hygiene, carefully remove their mask, discard the mask in a trash can and again practice hand hygiene.
7. After the patient with swine influenza or possible swine influenza leaves the exam room, surfaces that may have been contaminated during the patient's evaluation must be decontaminated prior to occupation by the next patient.
8. After leaving the exam room, the patient should continue to wear their mask until they leave the clinic.
9. If the patient requires hospitalization, consult the hospital in-service faculty. The patient can be transported by private car or EMS (if critical). The patient must continue to wear a surgical mask during transport. Notify the UTMB Department of Healthcare Epidemiology (phone 409-772-3192 or pager 409-643-3133).

H. If all exam rooms for screening patients for swine influenza are occupied at the time a healthcare worker is called to escort a patient with possible swine influenza to an exam room, the healthcare worker will adjust the patient's mask as needed, and escort the patient to the waiting room. All patients in the waiting room must be seated at least 3 feet apart. Patients who cannot tolerate wearing a surgical mask should be given a supply of tissues and asked to hold a tissue in front of their mouth (nose) when they cough, sneeze or talk.

II. Prophylaxis for patients and healthcare workers who may be inadvertently exposed to the swine influenza

A. Patients who are inadvertently exposed to a healthcare worker or other patient with swine influenza will be offered prophylaxis with oseltamivir (Tamiflu) one 75 mg tablet once a day for 10 days.

1. Exposure is defined as face-to-face contact with a patient or healthcare worker with swine influenza or being within 6 feet of

a patient or healthcare worker with swine influenza for ≥ one minute when not wearing or when there is a failure of personal protective equipment (PPE).

2. After exposure of a patient to swine influenza, the patient should be given a prescription for Tamiflu prior to leaving the clinic.

B. Exposure of healthcare workers to a patient or other healthcare workers with swine influenza.

1. Exposure is defined as face-to-face contact with a patient or healthcare worker with swine influenza or being within 6 feet of a patient or healthcare worker with swine influenza for ≥ one minute when not wearing or when there is a failure of PPE.

2. When a healthcare worker may need prophylaxis with Tamiflu, Healthcare Epidemiology must be called ([409] 772-3192 pager [409] 643-3133). If Healthcare Epidemiology determines that an exposure has occurred and the healthcare worker has one of the medical conditions listed above under IA the healthcare worker will be sent to the Employee Health Service where the employee may pick up the medication.

3. Healthcare workers on Tamiflu prophylaxis may continue to work while on prophylaxis but must monitor themselves for fever (≥100° F or 37.8^{o} C), cough, sore throat, or runny / stuffy nose while on prophylaxis.

4. Healthcare workers must immediately notify their supervisor and leave the clinic if any of these signs and symptoms occur while at work. If these signs and symptoms are first noted while at home, the healthcare worker should stay at home for 24 hours after fever has resolved without the use of fever-reducing medications before returning to work. Healthcare workers who have an influenza-like illness (ILI) without fever, may continue to provide patient care but must wear a surgical mask for 5 days after onset of symptoms. If healthcare personnel are returning to work in areas where immuno-compromised patients are provided care, (e.g. transplant patients or patients being treated for cancer), they should be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or 24 hours after the resolution of symptoms, whichever is longer. (In pregnancy CDC also recommends Tylenol for fever and not aspirin to avoid the risk of NTD).

C. Whether or not on prophylaxis, all healthcare workers should monitor themselves for signs and symptoms of swine influenza and immediately report to their supervisor and leave work immediately if they are febrile (100° F or 37.8° C). If at home when symptoms first appear, and they have fever, they should not to come to work. Healthcare workers on treatment for swine influenza should stay at home until 24 hours after fever has resolved without the use of fever-reducing medications. Healthcare workers who have an ILI without fever may return to work but must wear a surgical mask for 5 days after onset of symptoms. (See Policy 3.09 Post Exposure Monitoring of UTMB Employees for an Emerging Infectious Disease.)