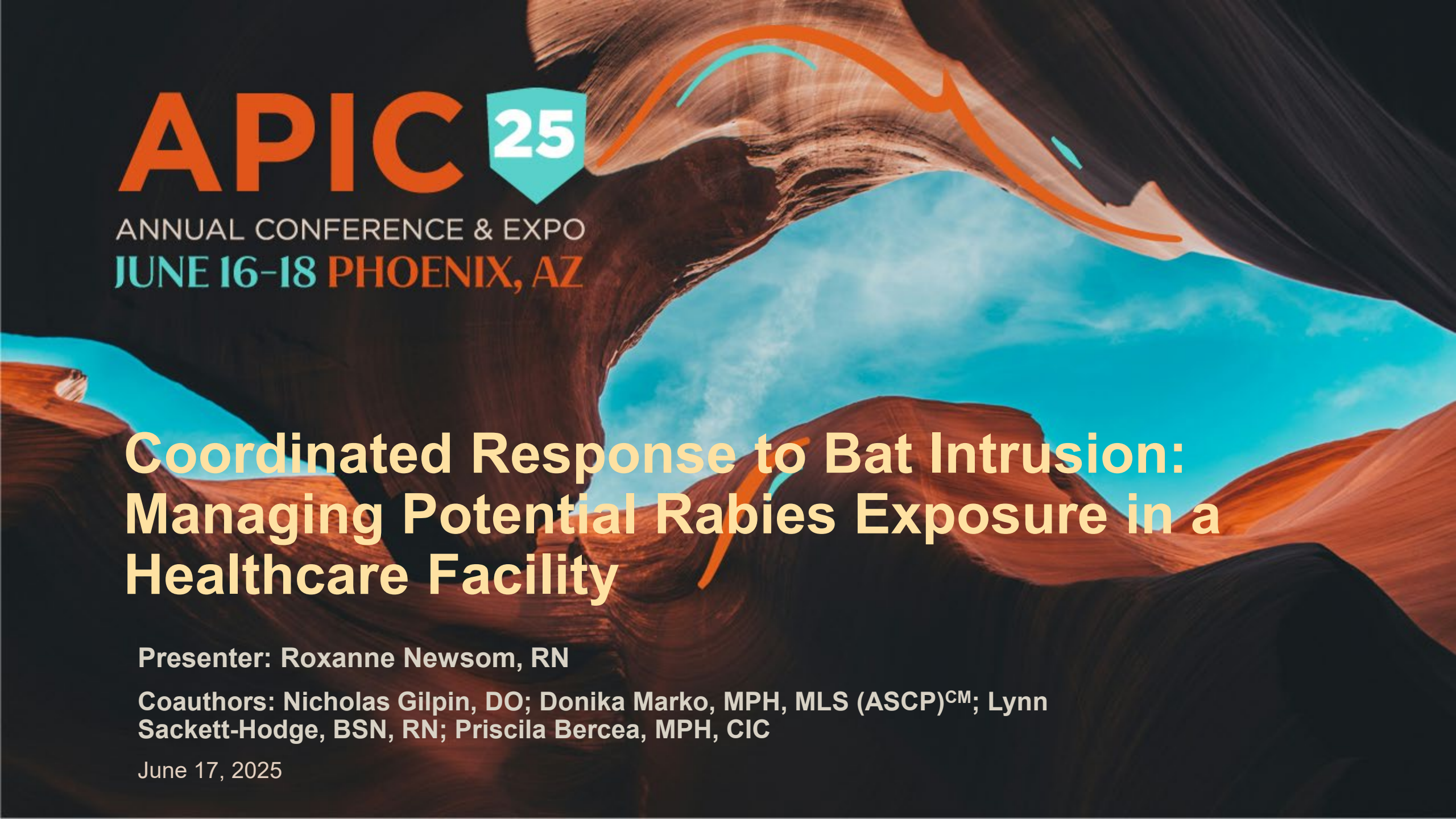



# Coordinated Response to Bat Intrusion: Managing Potential Rabies Exposure in a Healthcare Facility

**Presenter: Roxanne Newsom, RN**

**Coauthors: Nicholas Gilpin, DO; Donika Marko, MPH, MLS (ASCP)$^{CM}$; Lynn Sackett-Hodge, BSN, RN; Priscila Bercea, MPH, CIC**

June 17, 2025

# Relevant Financial Disclosures

#APIC25

**No Disclosures**

None of the faculty or planners for this activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients

# Objectives

- Identify key steps to managing bat related exposures in a healthcare facility
- Examine appropriate steps to take when a bat is discovered in a facility
- Assess the importance of establishing a standardized Bat Intrusion Policy across healthcare facilities

# What would you do if…

#APIC25

- You are at a meeting with administration & management to discuss the events of the past 24 hours and discover that there was a bat flying around the Progressive Care Unit (PCU) the previous evening.
- It is shared that there were screams, staff quickly closed patient doors, and the bat eventually exited the unit, flying down a main corridor.
- You later discover that a similar incident occurred three days prior during the weekend, in the same unit, indicating a potential recurring issue.

**What would you do?** (don't go batty 😂)

# Timeline of Events

#APIC25

**Day 1 -** First bat sighting on 68-bed PCU. Facilities was unable to locate the bat.

**Day 3** – Second bat sighting on the same unit. Facilities was unable to locate the bat.

**Day 4** – Infection Prevention notified at morning meeting. A suspected entry point was sealed by a professional service.

**Day 6** – Third bat sighting. Bat captured and killed on unit, then later sent for testing.

**Day 9** – Bureau of Labs notifies Infection Prevention that the bat could not be tested.

Since rabies could not be ruled out, 128 patients and 3 employees were identified as potentially exposed during this nine-day time frame.

# Over the Next Few Days…

#APIC25

Many simultaneous tasks occurred

- Collaboration between Healthcare Facility and Health Department
- Business Assurance/ Emergency Mgmt established Incident Command Center
- Infection Prevention & PCU Manager generated list of exposed patients
- Pharmacy began procurement of PEP (immune globulin & rabies vaccine)
- Operations & Digital Services developed plan for mass-vaccination clinic
- Communications developed scripting for patient notification (phone calls, letters, etc.)

# Notifications & Scheduling

A process was established to notify potentially exposed patients who had been discharged. The Communications Department developed call scripting, with up to three contact attempts. If patients could not be reached twice by phone, a certified letter was sent. Patients were given the option to **accept**, **decline**, or **consider post-exposure prophylaxis** (PEP).

A dedicated hotline was established for patients to call for scheduling vaccine appointments.

An Excel document was created to track exposed patients for all notification attempts, declination of PEP, immune globulin and all vaccination series dates. Additionally, an EPIC build was created for documenting free vaccine distribution and Rabies Immune Globulin (RIG) administration.

# Results

#APIC25

## Patient and Employee Exposure & PEP Outcomes

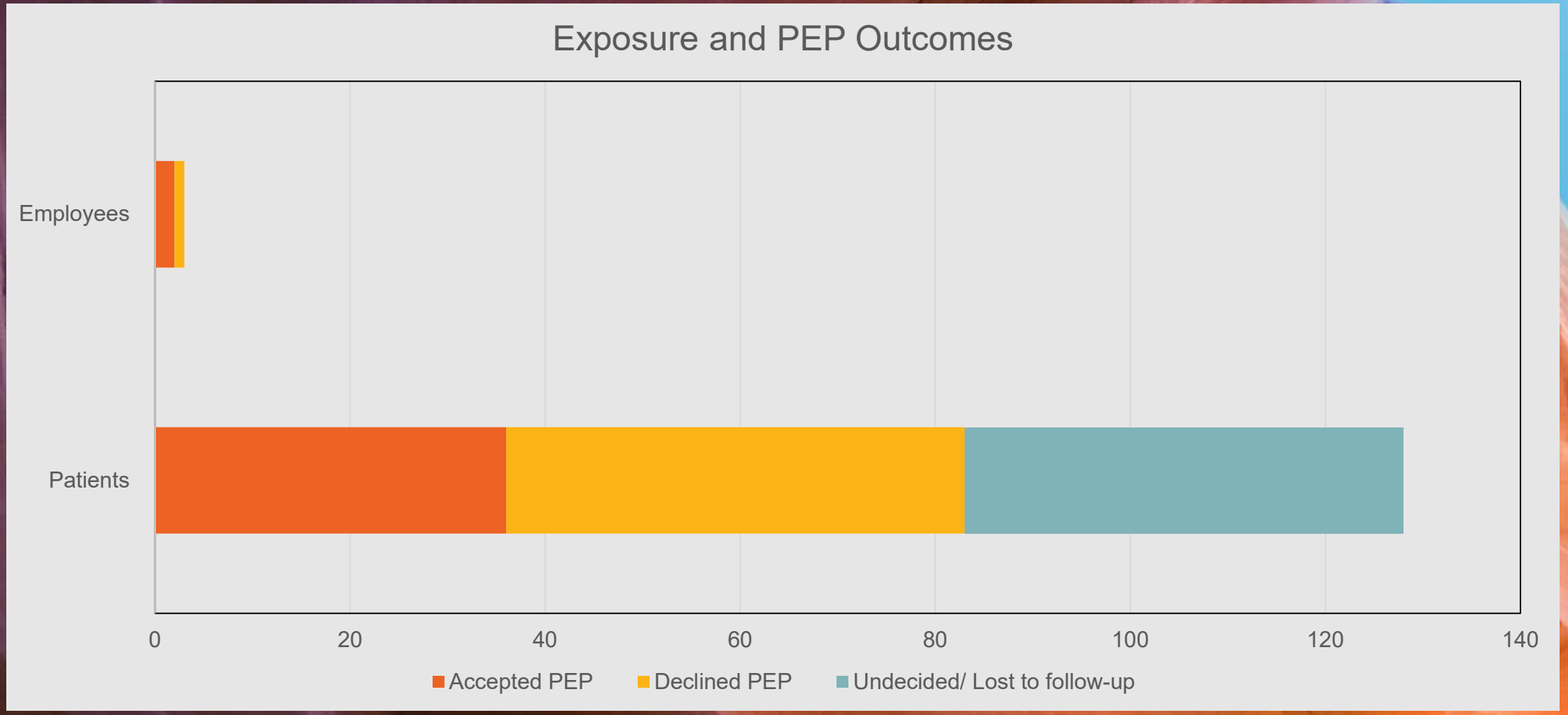
| Group | Exposed | Accepted PEP | Declined PEP | Undecided/ Lost to Follow-up |
|---|---|---|---|---|
| Patients | 128 | 36* | 47 | 45 |
| Employees** | 3 | 2 | 1 | 0 |
| Total | 131 | 38 | 48 | 45 |

*6 patients received PEP via Health Department due to clinic access issues

**Corrected per Employee Health data

# Results

#APIC25



# Lessons Learned



**Secure the Area**

**Notify Appropriate Teams**

**Prioritize Clear Communication**

**Engage Business Assurance Early**

# Secure the Area

- If a bat is found in an unoccupied room, immediately close the door to contain it
- Seal door gaps with blankets or towels
- Do **not** harm, kill, or release the bat outdoors

#APIC25

# Notify Appropriate Teams

- A clinical team member needs to immediately inform:
  - House Supervisor or Nursing Manager
  - Facilities or Security
  - Infection Prevention

- Facilities will coordinate humane capture by trained personnel

# Prioritize Clear Communication

- Effective communication is essential for coordinating tasks efficiently across all departments, the health department, and other stakeholders

#APIC25

# Engage Business Assurance Early

- Notify Business Assurance when a significant event requires multiple tasks to be completed quickly or simultaneously.

#APIC25

# Recommendation: Establish a Bat Intrusion Policy

**Standardizes** the response to bat sightings and potential exposures

**Protects** patient and staff safety through consistent procedures

**Ensures** timely risk assessment, communication, and documentation

**Aligns** with public health guidance and regulatory best practices

# Questions?

# Acknowledgements

#APIC25

Caleb Parton, MSHA, BSPH, CHEP, CHSP, PEM

County Health Department

Facility Administration

# Thank You