Infection Prevention: Identify, Isolate, Inform

APIC Dacotah Plains Chapter

Friday, September 19, 2025

What IPs do at a RESPTC

- Infection surveillance and reporting (state and federal)
  - CAUTI, CLABSI, SSI, C diff, MRSA, MDROs
- Review isolation/infection census and micro lab reports
- Promote hand hygiene
- Consult on best practices for cleaning of patient care equipment and the environment
- Consult with High-risk Infection Team (HITeam) for biocontainment unit activation
- Joint Commission survey readiness
- Infection Control Risk Assessments (construction)
- Policies and procedures
- Work with Antimicrobial Stewardship program
- Outbreak investigations; HCW monitoring and patient contact tracing

Identify, Isolate, Inform

What is it?

Simple, 3-step approach to effectively manage infectious diseases in healthcare settings

Formerly referred to as “Ask, Isolate, Call”

IDENTIFY

What?

- Travel Health Notices | Travelers' Health | CDC
- HAN Notifications (CDC, CDPHE, Local County)

Where?

- Entry Points
- Paper Records, Emergency Management Process, Laboratory Reporting
- Electronic Medical Record
  - Epic Core Functions (travel screening)
    - Epic Travel Screening Advisory Board
  - Customize

How?

- Collaborate with IT team
- Train staff

Initial symptoms of many pathogens are non-specific & difficult to diagnose

Travel and exposure history are important for identifying high consequence pathogens!

What type of patient are they?

Suspect Patient

Person Under Monitoring(PUM)

ISOLATE

- **What?**
  - Staff identify patient meeting pre-defined criteria
- **Where?**
  - Place patient in private or isolated space
  - Ensure space is appropriate (pre-identified areas)
- **How?**
  - Collaborate with IT/Epic team
  - Train and support staff
  - No-notice exercises
  - Review of check ins

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

Additional Isolation Considerations

Place patient in a private room quickly!

- Do you have a room identified?
- Is there a route established?
- Negative airflow?
- Bathroom attached or Commode?
- Are they ambulatory?
- Alone or with others?

Place isolation signage to alert healthcare workers

- STOP signs?
- Staffing logs?
- PPE Carts for Special pathogens?

Visitors/Family

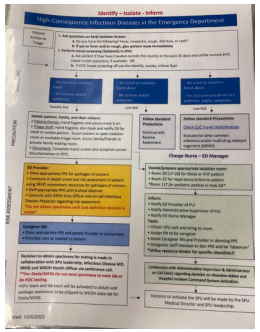
- Do you have a plan for family or friends?
- Children/Parent(s)

Staffing plans

- Cohort staff to essential personnel
- Dedicated care team to minimize exposure
- Eliminate ancillary staff
- 1:1 staffing if possible
- Limit in/out traffic as much as possible

Communication Plan

- Resource binder? Location?
- Provider to provider or nurse
- Dedicated room for patient? Is it occupied?
- Provider to patient
  - Window, call light system, phone, teams



DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

INFORM

Internal Communications

- Charge Nurse
- Provider
- Infection Prevention
- Infectious disease
- Supply chain
- Emergency Management
- Lab
- Administration
- Facilities
- Environmental services

External Communications

- Local public health
  - Epi on call?
  - Do you have case information (notifiable condition list)
- Testing
  - The approval for testing is a PH decision
  - What tests are available & where does it occur
- Transport (Do you have an identified EMS agency?)
- RESPTC
  - Always a resource to assist through the entirety of the rule in/out process

PUBLIC HEALTH IS YOUR BEST FRIEND

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

Why is it important?

- Required by the Joint Commission and in alignment with CDC and national special pathogen organization recommendations
- To be better equipped to prevent the spread of infections at Denver Health and to protect patients and staff

Who is responsible for implementing?

PAS staff primarily responsible for asking screening questions for ALL patients at points of entry

PAS teams will work with nursing and clinical staff to appropriately isolate and manage patients with potentially infectious diseases

Where are questions being asked?

- ALL point of entry
  - ACS clinics
  - ED's/Urgent Care
  - Pre-hospital


DENVER
HEALTH.
est. 1860

Measles: A Case Study

Overview

- 9 m.o unvaccinated female
- Traveled to Chihuahua MX 5-10 days prior to PEDUC arrival on 4/6/2026. No known measles exposures
- 2 days prior to arrival, pt developed cough and subjective fevers followed by maculopapular rash that started on trunk and spread outwards. No vesicles present. No fever on arrival
- Unvaccinated due to age
- IgM and PCR resulted positive 4/7/2025

Outcome

- Pt stayed in waiting room and was not placed in negative pressure room
- Pt discharged same day for home quarantine
- State public health department notified for additional testing of patient contacts
  - Contact definition:
    - Family/household contacts
    - Anybody in the waiting room of the ED as well as any patients in the peds/adult ED for the time that the index case was in the ED space and 2 hours after (10:30am-4:00pm)
- No additional transmission

Successes

- Clinician appropriately reviewed risk factors and ordered testing
- Completed training with PEDUC teams prior to pt arrival
- Comprehensive contact trace in collaboration with state partners to prevent additional transmission

Challenges

- Screening process did not result in appropriate isolation
- Issues with EMR notification and screening processes in ED/urgent care settings
- Lack of understanding of HVAC system and air circulation through shared spaces

Considerations and Preparedness

- Understand air flow and HVAC processes in your area. Identify isolation rooms and patient flow ahead of time.
- Develop process for effective III in your spaces
- Work with state partners ahead of time for review and recommendations
- Provide trainings and conduct observations to ensure appropriate III is taking place

Questions?