

Beyond the Isolation Room: Empowering Facilities to Respond to Special Pathogens

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Learning Objectives



Describe the NSPS System of Care minimum capabilities and adapt to a real-world scenario.



Accurately interpret the Joint Commission infection prevention and control standards for high-consequence infectious diseases or special pathogens.



List and describe the responsibilities of a frontline facility in implementing the identify, isolate, and inform method for special pathogen preparedness and response.



Identify common barriers to the implementation of processes for high-consequence infectious diseases or special pathogens standards and propose actionable solutions for overcoming these barriers at their facility.

National Special Pathogen System

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Definitions:

- **NETEC**: National Emerging Special Pathogen Training and Education Center
- **NSPS**: National Special Pathogen System
- A **Special Pathogen**: an agent that is highly infectious, highly contagious, and highly hazardous, and is likely to cause an HCID.
- A **high-consequence infectious diseases (HCID)** is acute infectious disease that has a high case-fatality rate, may not have readily available, effective treatment or prevention; and has ability to spread in the community and/or within healthcare settings.
 - HCIDs often require enhanced and coordinated healthcare worker, healthcare system, and public health responses to ensure that it is managed safely and effectively.

NSPS Mission, Vision, & Goals



Mission

To develop a coordinated network of high-quality special pathogen care dedicated to protecting patients, communities, and the health care workforce in the United States.

Vision

To save lives and protect the health care workforce through an agile and comprehensive special pathogen system of care.

ASPIRATIONAL GOALS



Zero

Preventable Deaths

after special pathogen infection



2 hours

Network Mobilization

after suspected special pathogen infection



100%

Have Access

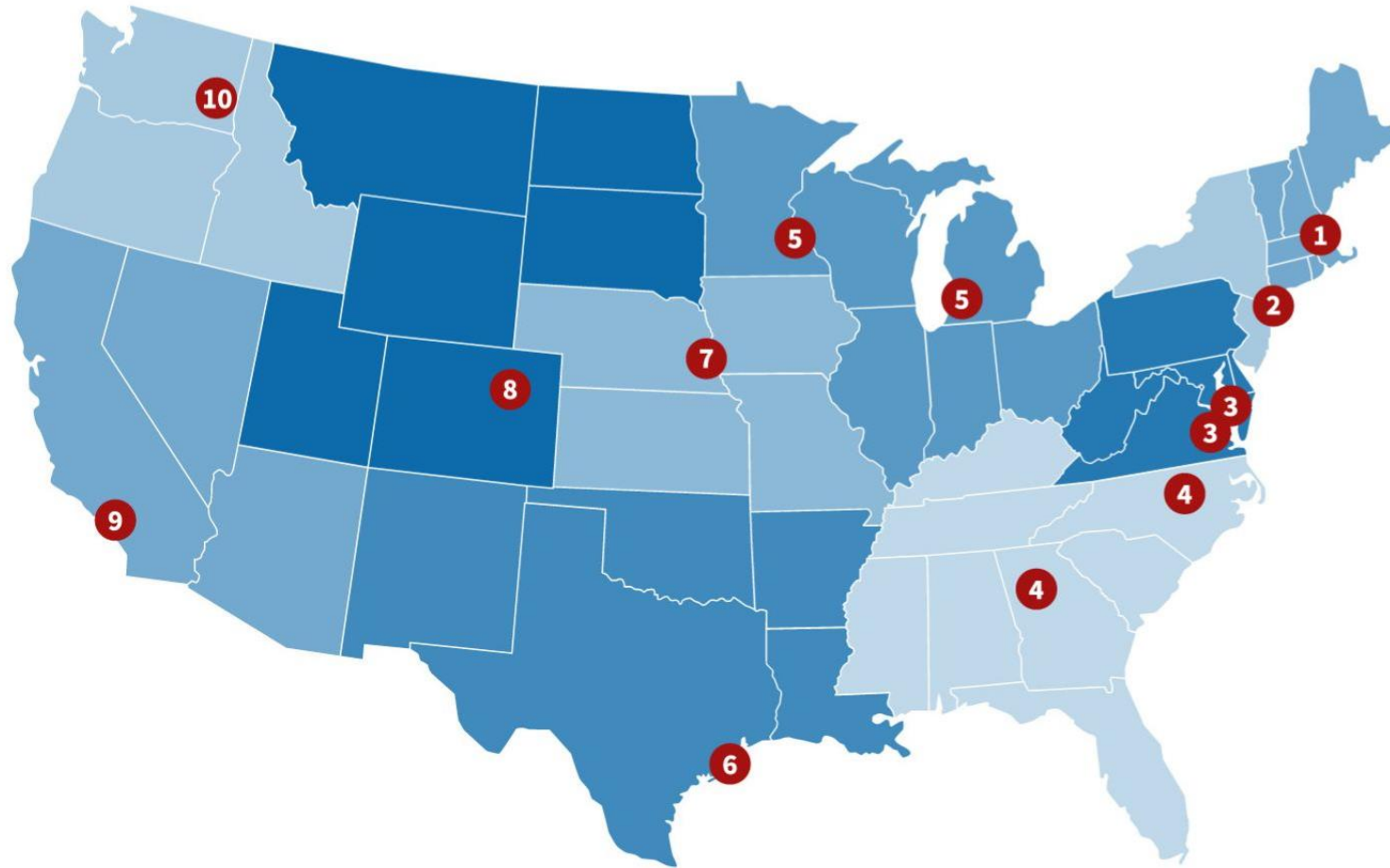
to high-quality special pathogen care for all of the U.S. population

The Tiered NSPS System of Care



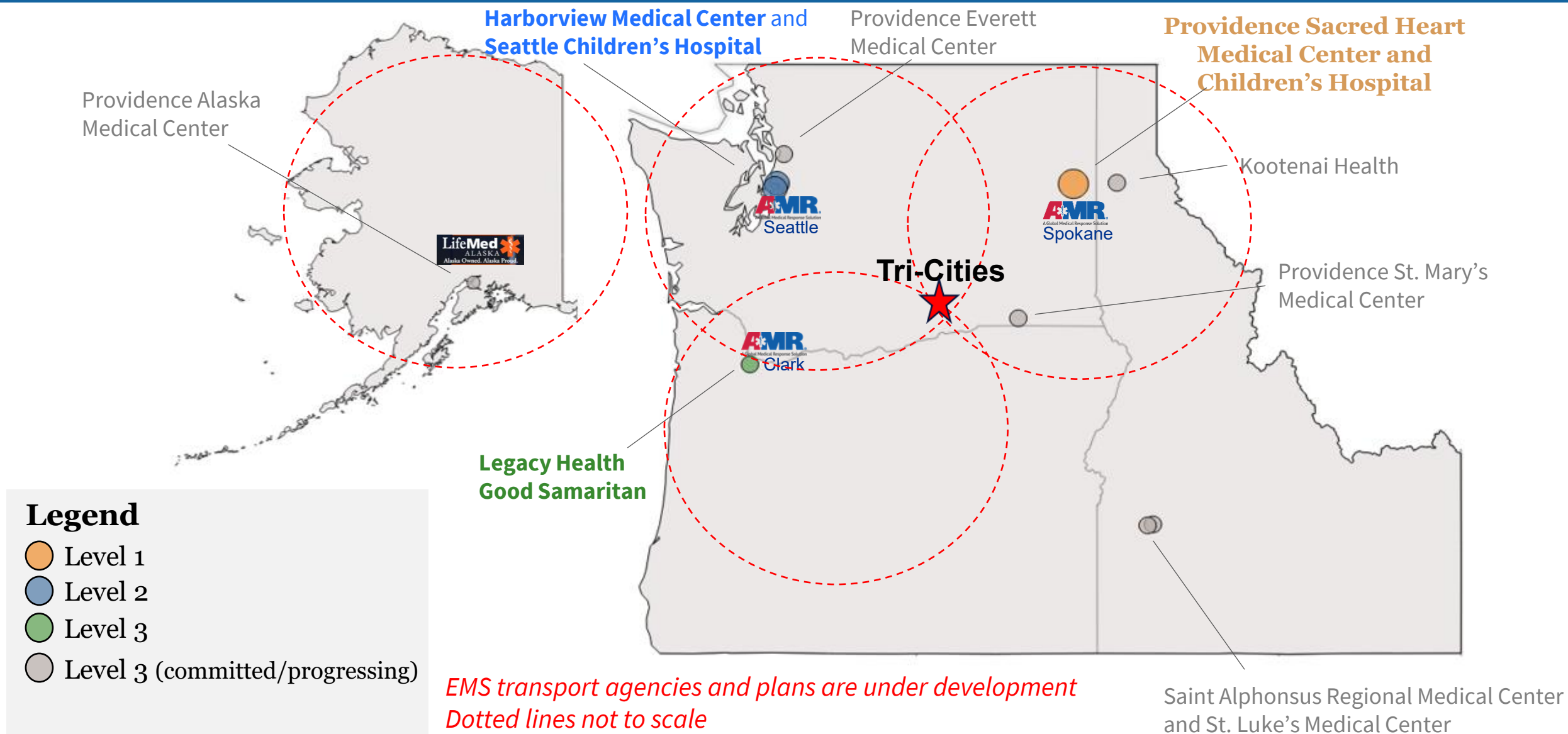
Additional partners, such as EMS and public health, are essential for the coordination of the System

Level 1 Facilities: Regional Emerging Special Pathogen Treatment Centers (RESPTCs)



- 1 **CT, ME, MA, NH, RI, VT**
[Massachusetts General Hospital](#)
- 2 **NJ, NY, PR, VI**
[NYC Health + Hospitals / Bellevue](#)
- 3 **DC, DE, MD, PA, VA, WV**
[Johns Hopkins Hospital](#)
[MedStar Washington Hospital Center / Children's National](#)
- 4 **AL, FL, GA, KY, MS, NC, SC, TN**
[Emory University Hospital / Children's Healthcare of Atlanta](#)
[UNC Health](#)
- 5 **IL, IN, MI, MN, OH, WI**
[University of Minnesota Medical Center](#)
[CoreWell Health](#)
- 6 **AR, LA, NM, OK, TX**
[University of Texas Medical Branch](#)
- 7 **IA, KS, MO, NE**
[University of Nebraska Medical Center/Nebraska Medicine](#)
- 8 **CO, MT, ND, SD, UT, WY**
[Denver Health & Hospital Authority](#)
- 9 **AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW**
[Cedars-Sinai Medical Center](#)
- 10 **AK, ID, OR, WA**
[Providence Sacred Heart Medical Center & Children's Hospital](#)

REGION 10 – NSPS Tiered system geographically



Level 1 Capabilities

- **Safely Identify, Isolate, initiate stabilizing medical care, and inform local public health partners**
- **Activate in 2 hours, coordinate transfer within 4 hours, able to admit suspect or confirmed HCID patient(s) within 8 hours at request from ASPR**
- **Provide all levels of care for duration of illness (adult, peds, neonates, L&D)**
- **2 VHF, 10 HCID patients/airborne pathogen**
- **Dedicated lab space with clinical lab testing capabilities and Cat A shipping**
- **PPE supply for 7 days for 2 HCID patients**
- **Quarterly team training and education plan and quarterly exercise plan**
- **JIT refresher training upon activation**
- **Facilitates coordination, collaboration, and transport planning with regional partners**
- **Provides expert consultation and guidance on HCID response**
- **Team in place & written staffing model and occupation health monitoring and behavioral health and well being support in place**
- **Team: RNs, Providers, RTs, Lab, EVS, Security, IPC, Facilities**
- **Cat A waste management plan in place**
- **Decedent management plan in place for HCID patients partnering with PH**
- **Research processes in place (investigational drugs, eINDs, IRB)**

Level 2 Capabilities

- **Safely Identify, Isolate, initiate stabilizing medical care, and inform local public health partners**
- **Activate in 2 hours, coordinate transfer within 4 hours, able to admit suspect or confirmed HCID patient(s) within 8 hours at request from ASPR**
- **Provide all levels of care for duration of illness (can be adult or peds)**
- **1-2 VHF, 4 HCID patients/airborne pathogen**
- **Clinical lab testing capabilities and Cat A shipping**
- **PPE supply for 7 days for 1 HCID patients**
- **Twice annual team training on don/doff PPE , annual skills training twice 2 exercises/year**
- **JIT refresher training upon activation**
- **Collaborates with regional partners**
- **Team in place & written staffing model and occupation health monitoring and behavioral health and well being support in place**
- **Team: RNs, Providers, RTs, Lab, EVS, Security, IPC, Facilities**
- **Cat A waste management plan in place**
- **Decedent management plans including outreach for tech assistance with state, RESPTC, & PH**
- **Research processes in place (investigational drugs, request study drugs, IRB)**

Level 3 Capabilities

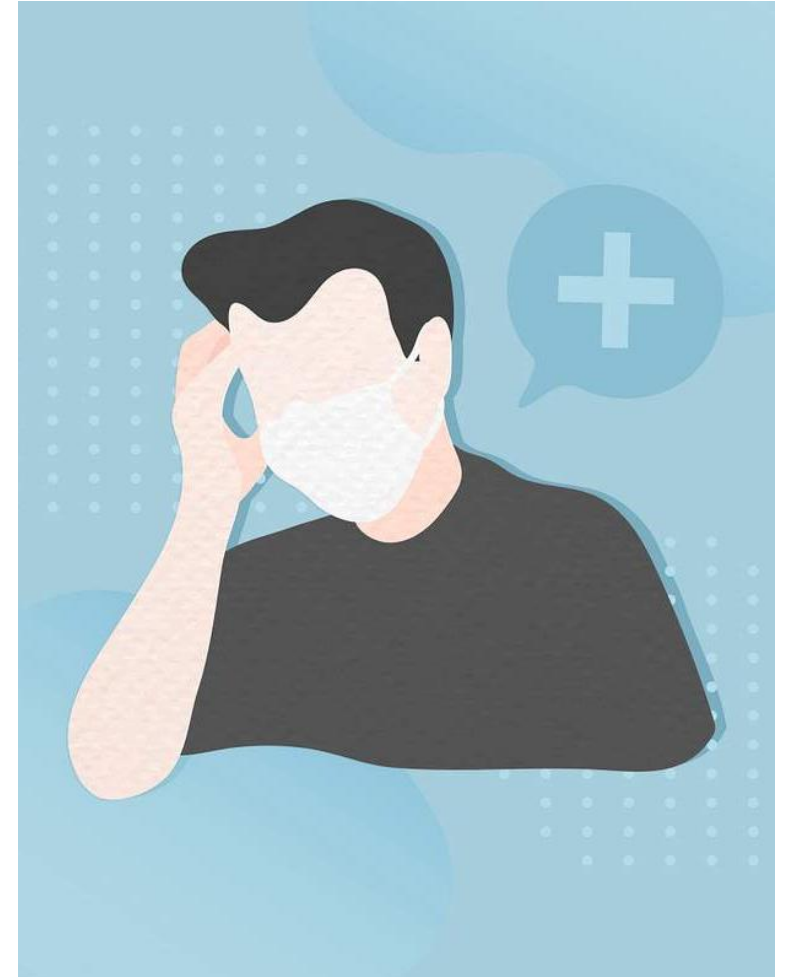
- **Safely Identify, Isolate, initiate stabilizing medical care, and inform local public health partners**
- **Activate in 2 hours, coordinate transfer within 4 hours**
- **Provide safe care for 12-36 hours, clinical evaluation & initiate transfer if/when suspect case rules in for HCID or other criteria is met for transfer (adult or peds)**
- **Has isolation space in ED or other accessible space**
- **POC onsite lab testing capabilities and has 1 clinical lab specialist certified in Cat A shipping**
- **PPE supply for up to 3 suspect HCID patients for 12-36 hours**
- **Annual team training on don/doff PPE , 1 Mystery Patient Drill/year**
- **JIT refresher training upon activation, ED staff trained on JIT training resources**
- **Collaborates with RESPTC and regional partners**
- **Team & staffing model and occupation health monitoring and emotional support in place**
- **Safely sequester waste (Cat A) and trains staff in waste management**
- **1 EVS worker to clean room**
- **Plans for coordination and outreach for tech assistance for decedent management (RESPTC, PH)**

Level 3 facility scenario

Pt presents to their local Emergency Department with 2 days of high fever (102-103 F), weakness, myalgia, and nausea. The registrar asks if they have traveled outside the US in the last 30 days. The patient states they had returned from W Africa 6 days ago where they were helping to build homes in a rural setting.

Considerations:

- Where will the patient be isolated 12-36 hours?
 - Prioritize bathroom over All for VHF's
- PPE – what PPE is available to staff?
- What testing is available to help drive patient care?
 - POC's
 - Certified laboratorian to ship Cat A specimens
- Category A waste holding area
 - Separated from regulated medical waste



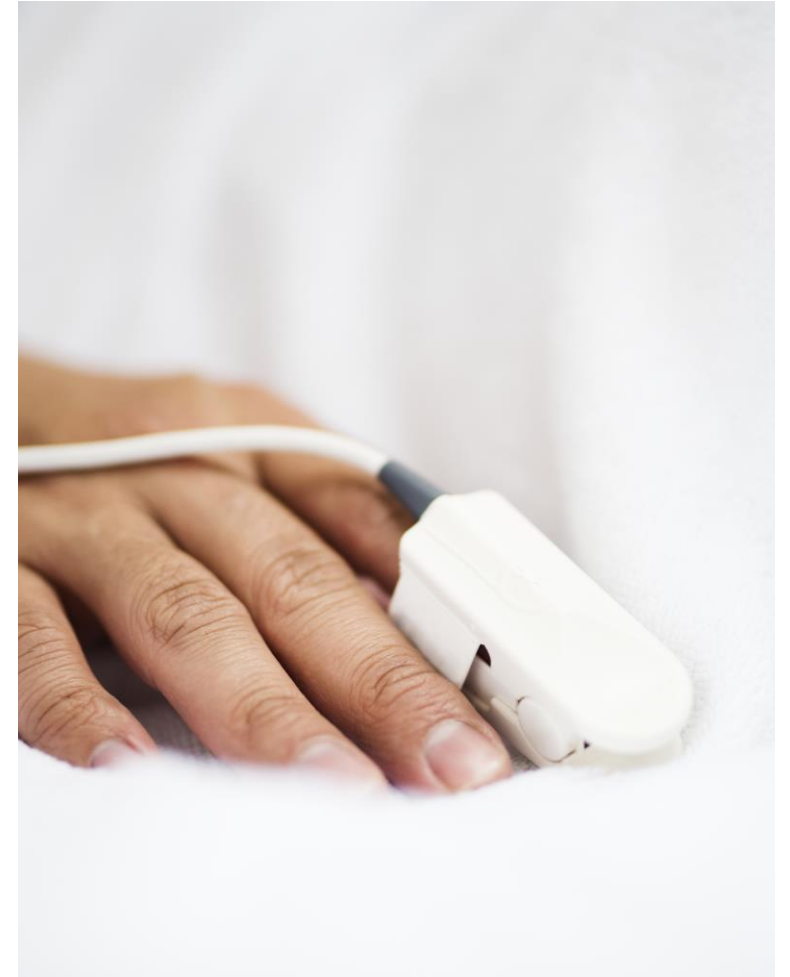
- **Any type of facility (hospital, urgent care, etc.) and any patient population (adult, pediatric)**
- **Safely Identify, Isolate, initiate stabilizing medical care, and inform local public health partners**
 1. Isolation space with workflow identified
 2. Screening protocols at points of entry
 3. Transmission based isolation precautions and IPC considerations for HCID patient care
 4. Cleaning and disinfection protocols
 5. Waste management protocols
 6. PPE ensemble & donning/doffing protocols with trained observer
 7. Training competency and plan for personnel providing care
 8. Lab Testing plan
 9. Plan for notification of public health
- **Safely initiate transfer after stabilization if/when the suspect case rules in for an HCID and/or potentially meets other criteria for transfer**
 1. Plan with public health to initiate request and coordination for transfer

Level 4 facility scenario

Pt presents to their local Emergency Department with 2 days of high fever (102-103 F), weakness, myalgia, and nausea. The registrar asks if they have traveled outside the US in the last 30 days. The patient states they had returned from W Africa 6 days ago where they were helping to build homes in a rural setting.

Considerations:

- Where will the patient be isolated?
 - Prioritize bathroom over All for VHF's
- PPE – what PPE is available to staff?
- What testing is available to help drive patient care?
 - POC's or Blood Glucose only
- Category A waste holding area
 - Separated from regulated medical waste



The Joint Commission Standards Identify/Isolate/Inform

Joint Commission Prepublication Standards

Requirement Standard IC.07.01.01 The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

- Released December 20, 2023, Effective July 1, 2024

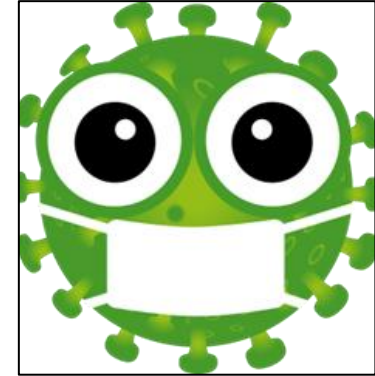
Rationale for the new standard:

- The preparedness of hospitals is highly variable, and there are no mandatory requirements for hospitals to implement training or competency assessment on special pathogens.
- A standardized approach to preparedness for high-consequence infectious diseases and special pathogens, grounded in hierarchy of controls, will strengthen basic infection control protocols and processes for all infectious threats.

Elements of Performance (1&2)

- The hospital develops and implements protocols for high-consequence infectious diseases or special pathogens.
- The hospital develops and implements education and training and assesses competencies for the staff who will implement protocols for high-consequence infectious diseases or special pathogens.

Joint Commission Elements of Performance



Identify

- Screening at points of entry (POE)
- Emergency Departments, Urgent care clinics
- Must include respiratory s/s, fever, rash, and travel history

Isolate

- Procedures for transmission-based precautions
- PPE and don/doff techniques
- Safe space, equipped to support person under investigation of HCID

Inform

- Procedures for informing key hospital staff
- Public health notifications / processes

Infection Control Procedures

- Reduce exposure to staff, patients, visitors using hierarchy of controls
- Support care staff while in isolation
- Waste management, cleaning/disinfecting care spaces, equipment and surfaces

Education & Training

- Develop and implement education and training
- Assess competencies for staff who will implement protocols for HCID's

Joint Commission Standards- Where to start?

It takes a collaborative approach!

Disciplines to consider partnership with to develop a plan:

- Infection Prevention
- Nursing leaders (Emergency Department)
- Environmental Services
- Facilities
- Employee/Occupational Health
- Emergency Management
- Security
- Public Health



Let's Dive In!

TJC Element 1: The hospital develops and implements protocols for high-consequence infectious diseases or special pathogens.



Identify

- Identify patients with suspicion of high consequence infectious disease



Isolate

- Isolate patient



Inform

- Inform internal and external partners

Identify

Screening process:

- Signs/symptoms first
- Travel screening – is yours on?

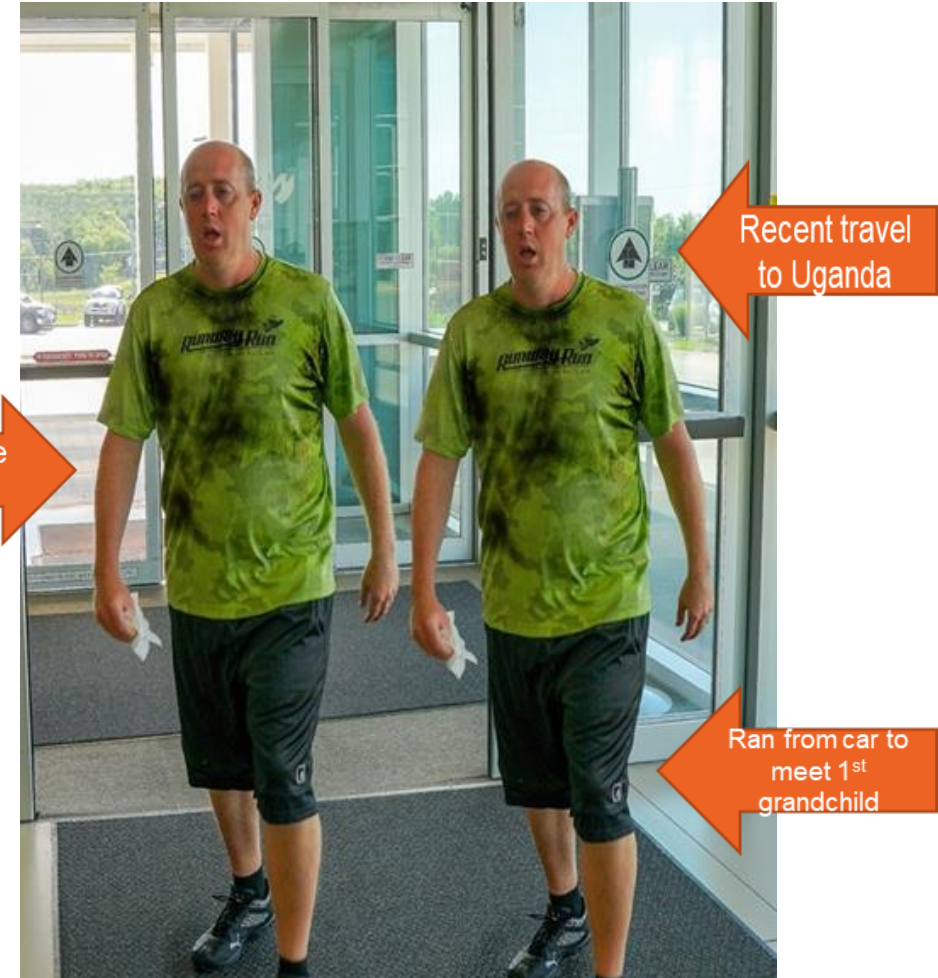
What is the Case definition? (Ex. Marburg, Ebola)

- Signs and Symptoms
 - fever, aches, pains, weakness, fatigue, sore throat, loss of appetite, GI

AND

- Epidemiological risk factors
 - Travel history (known outbreak area?)
 - Exposure risk (Low, Med, High)
 - Direct contact vs unknown contact with sick person or + person
 - Work in a healthcare facility?
 - Contact with animals (bat/monkey)?
 - Worked in a mine, attend a funeral, general tourist?

If YES to both → proceed to isolation process



Identify

What type of patient are they?

Suspect Patient: A patient who present with both clinical and epidemiological risk factors for a specific infectious disease.

Person Under Monitoring(PUM): A person who is asymptomatic with history of exposure to known confirmed case or travel history to a known outbreak area (different based on outbreak).

What type of signage do you have for patients to self-identify?

- Are they easily visible?
- Are they at all points of entry? (ED, UC, Clinics, etc.)
- Are they in different languages?
- Do they contain pictograms?
- Are masks and hand sanitizer available close by the signage?



Identify

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

- **Ebola:** fever, aches/pains, weakness/fatigue, sore throat, loss of appetite, GI s/s
- **Marburg Virus:** fever, chills, headache, myalgia, rash, nausea/vomiting, diarrhea, sore throat
- **Lassa Fever:** fever, malaise, weakness, headache, respiratory s/s, hemorrhaging, vomiting,
- **Nipah Virus:** fever, headache, cough, sore throat, difficulty breathing, vomiting
- **CCHF:** fever, myalgia, dizziness, neck pain, backache, headache, photophobia
- **MERS:** fever, cough, shortness of breath, nausea/vomiting

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

Identify Screening Tool

idence



IDENTIFY, ISOLATE, AND INFORM

IDENTIFY	
Conduct Infectious Risk (e.g., symptoms and exposures) Screen/Document in EHR	
Conduct Travel Screen/Document in EHR	
If symptoms, exposure and travel present, proceed to Isolation process	
ISOLATE	
Have patient mask & perform hand hygiene. Place patient in private room.	
Caregiver performs hand hygiene and dons appropriate PPE	
INFORM	
Notify Charge Nurse immediately	
Refer to Special Pathogens resources for next steps	

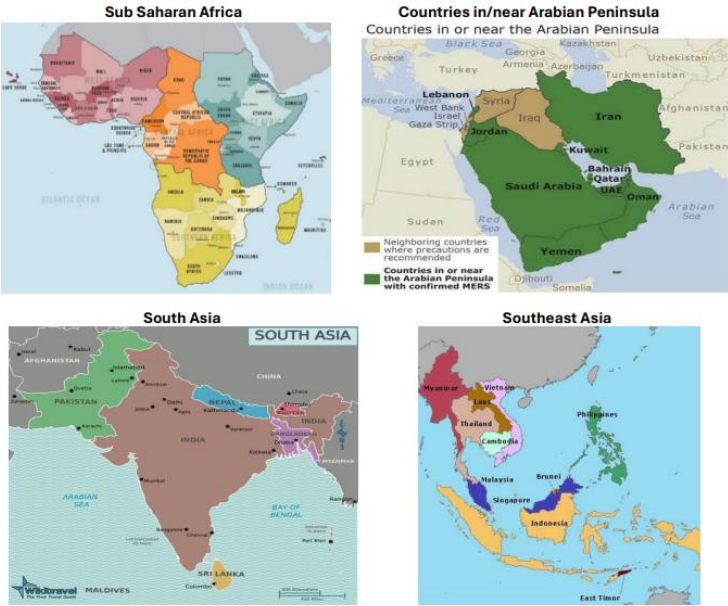
High Consequence Infectious Disease Threats

Infection	Key Symptoms	Key Risk Factors	Current Activity	Key Actions
Lassa Fever Virus	Fever, malaise, weakness, headache	Recent travel <21 d) to West Africa (Nigeria, Sierra Leone, Liberia, Guinea).	Endemic to West Africa; 1 US travel-associated case in Iowa (10/2024)	Implement Special Pathogens activation in ED Contact Infection Prevention
Crimean Congo Hemorrhagic Fever	Fever, myalgia, dizziness, neck pain, stiffness, backache, headache, photophobia	Travel to Africa, the Balkans, or the Middle East. Exposure to ticks or contact with livestock (slaughter).	Endemic to Africa, the Balkans, the Middle East & Asia with increased cases in Iraq and recent death in Greece	Implement Special Pathogens activation in ED Contact Infection Prevention

Travel-Associated Infectious Disease Threats

Infection	Key Symptoms	Key Risk Factors	Current Activity	Key Action
Measles	Fever, rash, conjunctivitis, runny nose, or cough	Unvaccinated and/or recent (<21d) travel	Multiple outbreaks throughout the U.S. & International	Airborne Isolation Contact Infection Prevention
C. Auris	N/A	Admitted from LTACH (with a device like a trach) or SNF; extended international hospitalization	Emerging multidrug-resistant yeast with high mortality and easy spread in healthcare. Increased cases seen in the U.S.	Contact Isolation
H5N1	Chills, fever, cough, sore throat, conjunctivitis, fatigue, muscle pain, shortness of breath	Exposure to infected birds, poultry or dairy cows. Consumption of raw milk.	70 U.S. human cases and 1 death associated with exposure to dairy cows, poultry or wild birds. 7 cases reported in Cambodia with 5 deaths, Bangladesh, and China (via traveler from Viet Nam) also with human cases.	Airborne Isolation Contact Isolation Contact Infection Prevention
Mpox	Rash, chills, fatigue, fever, muscle pain, severe headache	Contact with someone with Mpox including recent high-risk sexual activity (particularly in MSM) *Travel to Africa <21 days	Large clade 1 outbreak in DRC and neighboring countries	Droplet and Contact Isolation

GEOGRAPHICAL MAPS FOR REFERENCE



- Outbreak resources reviewed weekly
- Created monthly
- Travel-associated threats
- HCID threats
- Geographical maps
- Emailed to interested partners

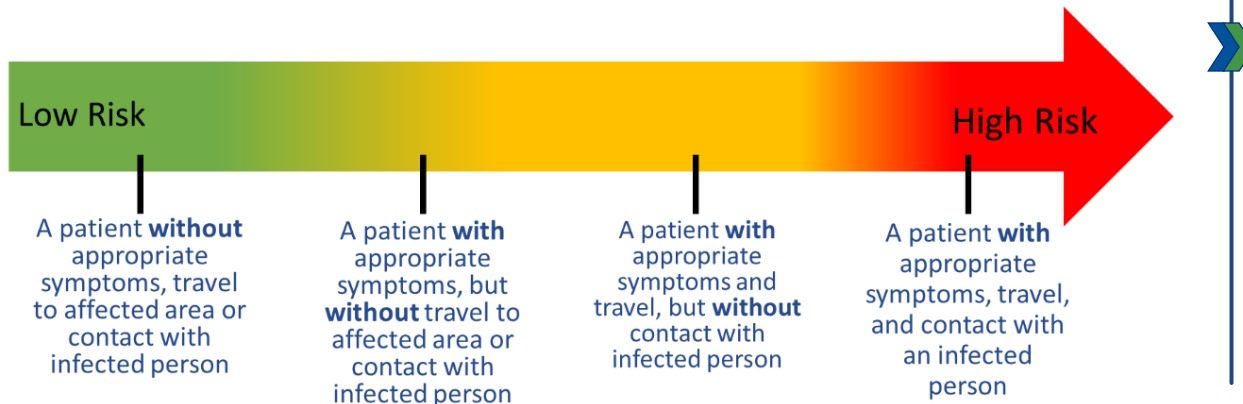
Identify Main Points & Actionable Items

Main Points

- Assess Risk!
- Make a plan!
- Safety first – Slow down!
- Early Recognition is key!

Actionable items

1. Electronic health record
 - a) Symptom and travel screening
2. Signage to prompt self isolation
3. Outbreak resources/ PH notifications



Isolate

Mask the patient! Mask yourself!

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 or bins for special pathogens?

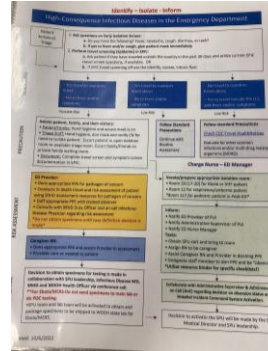


Isolate

Mask the Patient! Mask Yourself!

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**



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



Personal Protective Equipment

- Cart or bin
- Isolation signs
- Log sheets
- Supply lists
- Location
- Who is responsible?



How will you isolate?

Visitors/Family

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

Isolate Main Points & Actionable Items

Main Points

- Have a plan with a documented process
 - All room, bathroom, location, route, etc.
- Pre-identified supplies in a known location
 - PPE Cart with don/doff checklists
 - Waste supplies (trash cans)
 - Staffing records & logs
 - Bedside commode if needed
- Designated roles for ease
 - Role responsibilities
 - Limits gaps



Actionable Items

1. Make a plan that includes a step-by-step process for your caregivers
 - Resource Binder
2. Make it widely known the location of your plan, visit and revisit that plan
 - Reminders, meetings, signs, etc.
3. Identify a PPE Ensemble – train to the ensemble (champions/superusers)
 - Know what is in your supply chain!

Inform

Who needs to know?

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)
- Always have a backup
 - State Epi duty officer
- 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

Communication Reminders

- Use positions & phone numbers not personal names
- Create an Algorithm – which role is responsible?

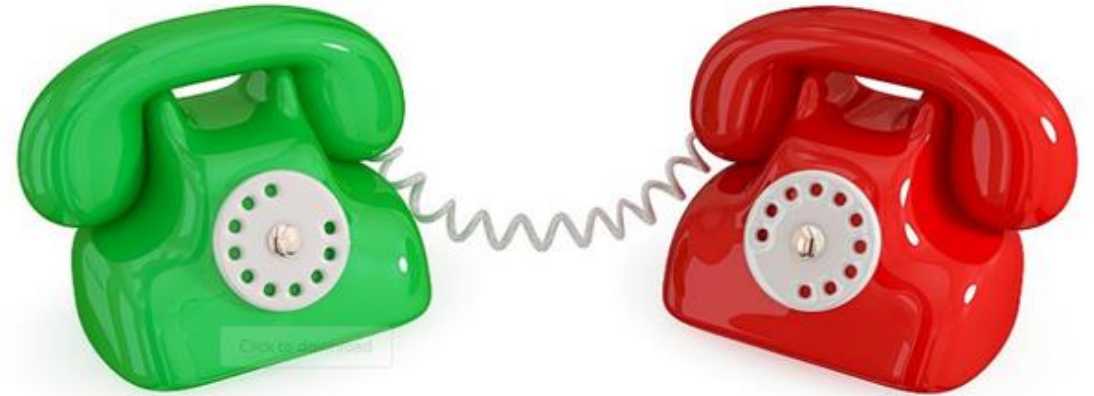
Inform Main Points & Actionable Items

Main Points

- Hospital or Healthcare facility internal communications first
- Loop in local public health sooner rather than later
 - Local will call state
- Assistance & support is available
 - Having those resources readily available is key in a smooth process
- Train and exercise

Actionable Items

1. Engage with the correct people (leadership, unit champion, infection control, physicians, public health, RESPTC)
2. Establish a process internally & externally that is reliable
3. Create an informative education document that is easily disseminated



Category A Waste

Category A Waste Management

Guiding Document:

Managing Solid Waste Contaminate with a Category A Infectious Substance

Category A infectious substance: (Ebola, Marburg virus, Lassa Fever)

- Material that is contaminated with a substance that if exposure occurs during transportation is capable of causing permanent disability, life-threatening or fatal disease in otherwise health humans/animals.

Take steps to minimize the amount of waste

- Pass through supplies after taking out of packages



Planning: The Right Process

Packaging at the source (double bagging-recommended)

Consider absorbent material or solidifiers- liquids in containers

Packaging according to DOT:

- Primary watertight receptacle
 - Leakproof bag secured by goose neck tying/closure device
- Secondary watertight receptacle
 - Leakproof bag secured by goose neck tying/closure device
- Outer packaging (storage)- rigid
 - Sealed, staged in a clean area
- **Ensure outsides of containers are not contaminated!**

REMINDERS:

- Do not fill biohazard bags more than 2/3 full
- Touch only the outside of the biohazard bag
- Take steps to minimize waste
- All waste must be double bagged before being placed in a rigid container (check-in with waste vendor)
- All requirements are subject to change based on local, state, and vendor requirements

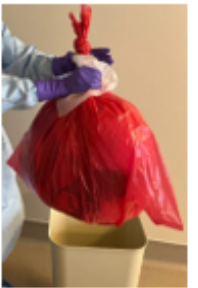
1st Container

1. Secure 1st biohazard bag by one of the following methods:
 - a. Overhand Tie
 - b. Gooseneck tie with closure device or tape
2. Holding bag away from body, wide down outside of bag with EPA registered disinfectant wipe (List L or Q)



2nd Container

1. Place 1st biohazard inside the 2nd biohazard bag by one of the following methods:
 - a. Double line waste receptables in patient room with 2 biohazard bags
 - b. Pass 1st biohazard bag into 2nd bag in another room utilizing a 2nd person.
2. Secure the 2nd biohazard bag by one of the following methods:
 - a. Overhand Tie
 - b. Gooseneck tie with closure device or tape
3. Holding bag away from body, wipe down outside of bag with EPA registered disinfectant wipe (List L or Q)



Rigid Container

1. Place double bagged waste in a rigid 55-gallon container
2. Keep waste stored in designated area until patient test results are confirmed
3. Engage with 3rd party vendor for transport of waste



Category A Waste Actionable Items

Create a plan with the right stuff, process and space!

1. Know how to package potentially infectious waste
 - Do you have the supplies on hand?
2. Identify a holding area to sequester waste until lab test results are known
 - Do you have the ability to separate and lock the door?
3. Engage with a vendor for transport plan (do they have special requirements?)
 - Ask for help!



Lab Specimen Collection & Testing

Lab Testing

- Conduct a risk assessment with lab leadership
- What clinical testing can you do safely?
- Do you have point of care (POC) testing options? Portable instruments?
- Do you have open or closed systems?
 - If open, what PPE should be worn?
- Do you know what public health lab you would send specimens to? Is it different based on the pathogen?



Specimen Collection & Packaging

- Specimen collection:
 - Plan and preposition supplies
 - Utilize barriers
 - Go slow utilizing a checklist/trained observer
 - Notify laboratorians before sending specimens!
 - Disinfecting specimens prior to placing in biohazard bag
- Packaging and Shipping:
 - Do you have lab staff trained/certified in Category A specimen shipping?



Region 10 State Lab Testing Capabilities

Idaho:

- Ebola Zaire
- MERS

Oregon:

- Ebola Zaire
- MERS

Alaska:

- Ebola Zaire
- MERS

Washington:

- Ebola Zaire
- Ebola Sudan
- Marburg Virus



Lab Main Points & Actionable Items

Main Points

1. Identify what clinical lab testing can be done safely at your facility
2. Communicate that clinical testing menu to your ED providers
3. Testing approval for HCIDs is coordinated through public health

Actionable Items

1. Incorporate lab collection into your plan
2. Partner with your lab leaders to determine what testing you can perform at your facility
3. Engage with your local public health partners to validate communication/coordination processes
4. Know who your public health lab is and if you have an identified courier that can transport suspect Category A specimens



Cleaning and Disinfection for HCID's

- **Environmental Cleaning**

- Who is cleaning?
- Are they trained to the proper PPE?
- What disinfectant is available for use?
- Daily vs. terminal cleaning

- **EPA Registered disinfectants**

- List L or Q
- Liquid, solid, vaporized?

- **Signage**

- Proper signage for room post patient

- **Safety first**

- Checklists for caregivers
- Visibly contaminated vs. non visibly contaminated surfaces

- **Tools**

- Tongs / grabbers
- Spill kits
- Additional gloves
- Absorbent materials

- **Minimize Surfaces**

- Remove porous surfaces
- Minimize medical equipment & supplies in the room



Training and Education

TJC Element 2: The hospital develops and implements education and training and assesses competencies for the staff who will implement protocols for high-consequence infectious diseases or special pathogens.

- Consider developing a superuser team with representation from all shifts
- Train the trainer module- who to train as superusers?
 - Charge nurses, engaged clinicians
- Skills fairs- station with donning/doffing & review of workflow
- Learning Management System Module
 - Identify/Isolate/Inform process with quiz
- On shift walk through drills
- Videos- can be used for Just in Time Training
- Staff Meetings
 - Demonstration of don/doff of PPE ensemble
- Just in Time Training Plan- what does it look like in a response?
 - Pull superuser into role for special pathogen response

Special Pathogens Drive By Tool

Drive By tool:

- Quick!
- Incorporate into rounding
- Can be done by IP, Management, Charge Nurse
- Just in Time education and review
- Change the scenario based on current outbreaks

1

Special Pathogens “Drive By” Log

This is a project to help increase the knowledge of the first/Triage Nurse in Identify, Isolate, & Inform for special pathogens exposures.

The Drive-By consists of giving a scenario and asking follow up questions.

Scenario options:

- I returned from traveling to the Arabian Peninsula 1 week ago and have a cough and fever.
- I returned from the Democratic Republic of Congo 2 weeks ago and have a fever, am light-headed and nauseated.

Questions to ask:

1. What do you do first?
 - a. Ask patient to perform hand hygiene, give them a mask to don (instruct them how to don)
 - b. Perform hand hygiene yourself and don a mask (instruct registrar to do the same)
 - c. Notify the CN you have a + travel/symptom screen pt. that needs to be isolated
2. Where and what do you document in EPIC?
 - a. Document travel screen on “Epidemic Risk Screen”
 - b. Document symptoms on “Early Isolation Screen”
3. Where are your resources located?
 - a. Resource notebooks are located at the triage desk and at the Charge Nurse desk
 - b. Resource notebooks contain checklists, the overall algorithm and a map of the Arabian peninsula

Date	Time	Nurse/Registrar	location
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage
			First nurse - Triage

Mystery Patient Drills

Test the Identify/Isolate/Inform processes

Takes about an hour

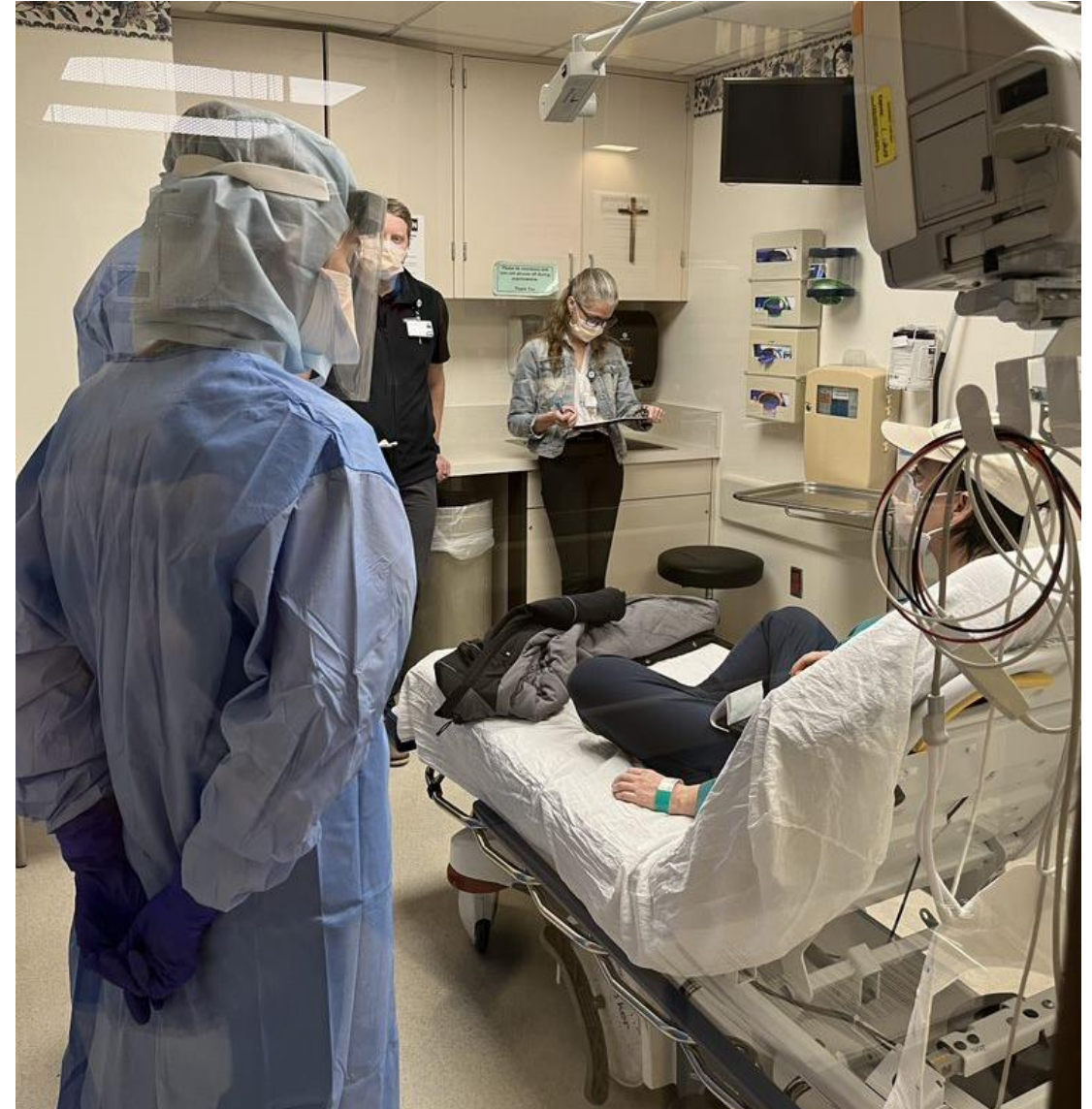
NETEC template:

- **NETEC Mystery Patient Toolkit**

SBAR summarizing learnings to staff

Challenges:

- Informatics, developing test patient in live environment



Personal Protective Equipment

PPE Ensemble for Viral Hemorrhagic Fevers (Ebola, Marburg Virus Disease, Lassa Fever)

PPE for stable PUIs (no bleeding, vomiting, diarrhea):

- Single-use fluid-resistant gown (mid-calf)/coveralls (no hood)
- Single-use full face shield
- Single-use facemask
- Single-use extended cuff gloves (2 pairs, at least outer pair extended)

PPE for confirmed Ebola or unstable PUIs:

- Single-use fluid-resistant gown (mid-calf)/coveralls (no hood)
- PAPR with hood or N95 with a full-face shield
- Single-use extended cuff gloves (2 pairs, at least outer pair extended)
- Single-use boot covers
- Single-use apron



PPE for Respiratory Pathogens

MERS:

- Standard, Contact, Airborne Precautions

Nipah Virus:

- Standard, Contact, Droplet Precautions
- Airborne may be required in certain circumstances

SARS:

- All room
- Contact and Airborne Precautions

Consider an all-hazards approach to a PPE ensemble for high consequence pathogens.



PPE Donning & Doffing Guidelines

Maintain a culture of safety:

- Where will donning occur?
- Where will doffing occur?
- Where is your PPE stored? What is available through your supply chain?
- Utilize checklists
- Trained Observer
 - Knowledgeable about donning/doffing procedures
 - Coach, monitor, provide immediate corrective action
 - Does not provide physical assistance
- Doffing Assistant
 - Physically assists with doffing, needs to be in PPE



PPE Planning Tool

PPE DASH Module:

- Developed by experts in Emergency Preparedness & Infectious Disease
- Provides an estimate on needed inventory
- Three scenario-based events in module:
 - Airborne/Droplet, VHF, Pandemic

PPE DASH Tool



Viral Hemorrhagic Fever Predictor

Respond to the questions to the right about your hospital's characteristics and the types of PPE most commonly used when managing a known or suspected viral hemorrhagic fever (VHF) patient. Please refer to the PPE Module Instructions for detailed directions.

1. Adjust the slider to the number of days of PPE use for which you are planning.

Recommendations:

- a. Regional Ebola and Other Special Pathogen Treatment Center (RESPTC) or State or Jurisdiction Special Pathogen Treatment Center (State Treatment Center) = 7
- b. Assessment Hospital = 4
- c. Frontline Hospital = 2

2. Enter the number of isolation rooms you plan to staff at one time. Recommendations:

- a. RESPTC = 2
- b. State Treatment Center, Assessment Hospital, or Frontline Hospital = 1

3. Select whether your hospital primarily uses disposable gowns or coveralls.

4. Select whether your hospital primarily uses PAPRs or N95s for VHF patient care.

- a. If you selected PAPRs, select yes if the associated hoods, tubing, and filters are single use only or no if they are not.
- b. If you selected PAPRs, enter the number of PAPR filters per unit.

5. Click on the forward arrow in the bottom right hand corner to proceed to the next screen.

For how many days of PPE are you planning?

How many isolation rooms are you capable of staffing at one time?

Does the hospital primarily use disposable gowns or coveralls?

Does the hospital primarily plan to use PAPR or N95 respirators for providers?

If you selected PAPR, are the following 3 components single use only?

Hoods?

Tubing?

Filters?

How many PAPR filters per unit?

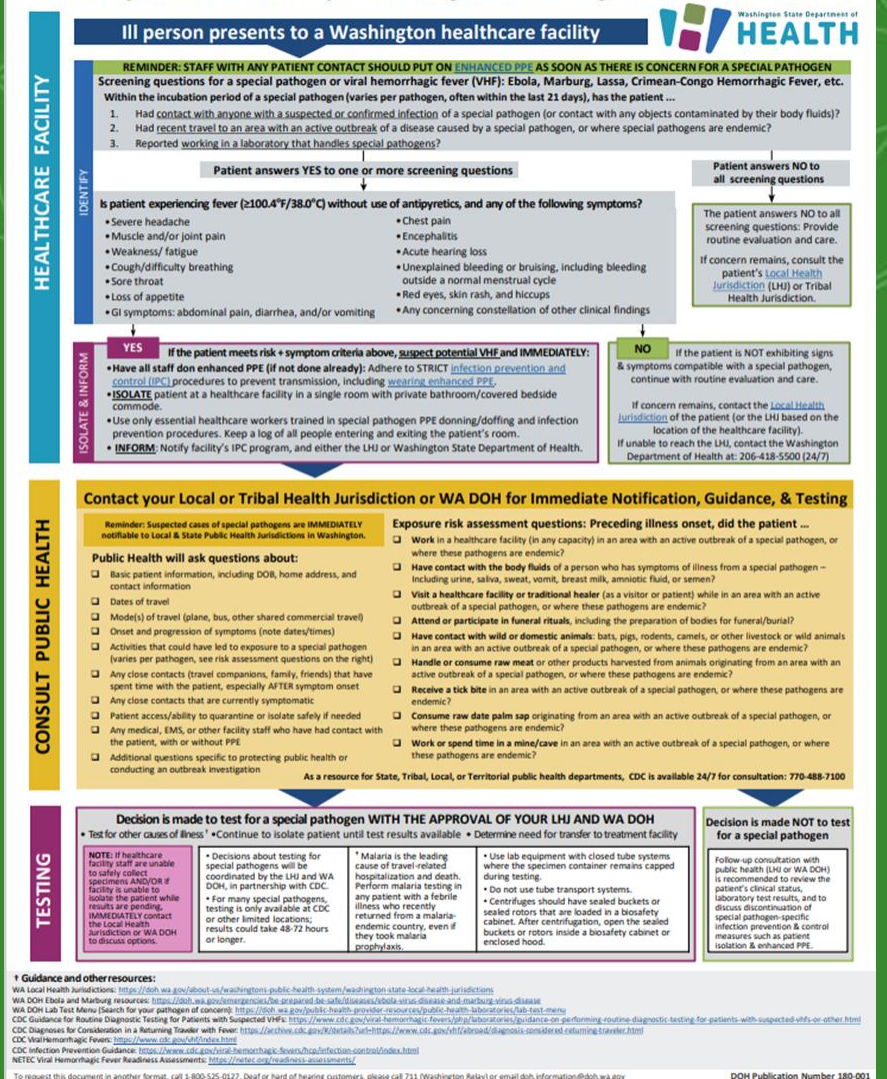
Coordination for Care and Movement of HCID patients

Washington DOH Algorithm for the III process

Guide for Clinicians Evaluating an Ill Person for a Special Pathogen

- Healthcare Facility
 - Identify/Isolate/Inform process
- Consultation with Public Health
 - Immediate notifiable condition process
- Testing
 - Decision process

Evaluating an Ill Person for a Special Pathogen in Washington: Guide for Clinicians



Region 10 CONOPS Purpose

Purpose: Outlines the communication and coordination processes for transport of a Special Pathogen (SP)/High Consequence Infectious Disease (HCID) patient within Region 10.

- AK, OR, ID, WA
- Supports the transport processes of a patient between NSPS level facilities
- Focuses on safety of patient(s), health care workers, and community safety
- Applicable to:
 - Confirmed cases of an HCID
 - Case by case basis of suspect HCID case with high suspicion

Activation:

- Transport of a patient confirmed with a SP/HCID requiring treatment at a NSPS level 1, 2 or 3 facility
- Transport of a patient at high risk for SP/HCID that becomes symptomatic and requiring treatment at a NSPS level 1, 2, or 3 facility (laboratory confirmation pending)

Region 10: Coordination for HCID Transport



Patient presents:

- Healthcare facility or 911
- Signs/symptoms + travel/epidemiologic screening



Notification/Coordination:

- Notification to public health
- Notification/coordination with RESPTC



Just in Time Transport Plan:

- Coordination to identify transport agency
- Logistics & Clinical calls with supporting agencies



HCID transport by regionally trained/prepared agency

Patient is positive for HCID! What now?

How to prepare for transport?

- Containment wrap
 - New video coming soon, check out our external web site: [Special Pathogens Program | Sacred Heart Medical Center | Providence](#)
- Coordination with all involved partners
 - Public Health – Panhandle Health Dist.
 - Transport teams
 - Testing
 - RESPTC



Questions?

Contact Information

We are here to support you!

Please reach out with questions or requests for support.

- christa.arguinchona@providence.org

If your organization would like to request support, please follow this process:

- ☐ Determine education and/or training needs
- ☐ Send a brief outline of identified needs and potential timeline to Christa Arguinchona at christa.arguinchona@providence.org
- ☐ Christa to schedule a 30-minutes virtual meeting to discuss next steps

Contact Information

Region 10 Special Pathogens Program Website

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NETEC Frontline Preparedness Resources

[Identify, Isolate, Inform - The I's Have It! - Webinar Series](#)

[Infection Prevention Learning Journey](#)

[Health Care Facility Viral Hemorrhagic Fever \(VHF\) Preparedness Checklist](#)

[NETEC Laboratory Testing for Ebola](#)

[**MGH Lab Testing Toolkit for VHF Patient**](#)

Thank you