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SECTION: **INFECTION PREVENTION & CONTROL**		NUMBER:	**IC 404**
TITLE:		ORIGINATED:	8/05
Management of a Large Influx of Infected Patients		REVISED:	1/06, 01/08, 9/17
		REVIEWED:	1/10, 2/14
APPROVALS			
Responsible Person: Director, Infection Control/Prevention	Approved by: Treatment & Surveillance Date: 2/14, 10/17	Approved by: Medical Executive Committee Date: 2/14, 10/17 Approved by: Board of Trustees Date: 2/14, 10/17	

I. Applies to:

All Physicians and Staff of RCH.

II. Purpose:

To outline the procedures necessary to manage a large influx of infectious patients in order to properly care for these patients as well as prevent the spread of infection to other patients, healthcare workers, and visitors.

III. Policy:

It is the policy of Riverside Community Hospital to appropriately identify, treat, and isolate patients who are infected with contagious diseases. Infectious diseases that can result in a large influx of patients include, but are not limited to, influenza, severe acute respiratory syndrome (SARS), smallpox, tuberculosis, pneumonic plague, meningococcal meningitis, and pertussis (whopping cough). If a large community or hospital outbreak of any infectious disease is identified, this policy as well as the following policies should be consulted:

- EM 100 Bioterrorism Terrorism Readiness Plan
- LD 159 Surge Capacity
- Emergency Management Plan

IV. Procedure:

1. Surveillance

a. An ongoing collaboration between the hospital and local/state/national public health authorities will be maintained in order to keep abreast of the emergence of current epidemics likely to affect the hospital's operations. This collaboration will mainly be channeled to the Infection Prevention & Control Dept. through various national and state alerts and reports. These channels are currently in place via electronic mail.

b. All patients triaged in the Emergency Department and admitted to the hospital are screened specifically for respiratory illnesses including SARS (patients with pneumonia-like illness are questioned regarding travel, healthcare worker status, and close contact with pneumonia patients) and tuberculosis (unexplained cough >2 weeks, hemoptysis, night sweats). This screening is through a series of questions completed by the patient and reviewed by staff. If the patient scores high on the screening, then an RN is asked to review the assessment. If the patient is a direct admit, then the admitting nurse on the floor does the screening. These are entered into the hospital computer system (Meditech). The Infection Prevention & Control Dept. is electronically alerted and reviews all positive responses. Staff are also able to contact Infection Control during (daytime hours) or the

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Administrative Liaison (days/nights/weekends) for phone consultation, when the screening answers are high.

c. During flu season, the Infection Prevention & Control Dept. monitors influenza-like illnesses (ILI) and reports number of cases to the local Public Health Department.

d. Emergency Department staff (employees and physicians) are educated to report increased numbers of infectious patients and, if necessary, implement the Disaster Plan under the direction of the administrator, CNO, nursing supervisor, Safety Officer or Infection Prevention & Control/Infectious Disease Physician.

2. Isolation and Containment

a. Post signs in the emergency department waiting area, alerting patients to notify hospital personnel immediately if they have a fever with cough or fever with rash. These patients are provided with surgical/procedure masks to reduce the spread of infectious respiratory droplets. In the absence of patient notification, registration personnel are educated to distribute masks to patients who are actively coughing.

b. Immediate isolation is imperative to limit the spread of infection to others when an infectious disease process is suspected. A private room (or cohorting of patients with similar diagnosis) is necessary. Depending on the mode of transmission, a negative pressure isolation room may be necessary.

c. All healthcare workers will don appropriate personal protective equipment when caring for potentially infectious patients. All clinical employees are responsible for knowing how, when, and where to access PPE, including gloves, gowns, surgical or N-95 masks, and safety glasses.

d. As much as possible, visitors will be discouraged from visiting isolation rooms.

3. Notification

a. Any large influx of infectious patients will require immediate reporting to:
- Infection Prevention & Control Department (Manager or Nurse)
- Emergency Department Director (both Nursing & Medical)
- Administrative Liaison
- Administration
- Chief of Staff
- Quality/Risk Management
- Chairman of the Treatment & Surveillance Committee
- Riverside County Public Health Department

b. Activation of the disaster team will notify all department directors of the situation and enable their assistance as follows:
- Human Resources – staffing
- Pharmacy – medications
- Materials Management – supplies and equipment
- Laboratory – specimen handling and diagnostic testing
- Imaging – diagnostic procedures
- Public Relations – media notices
- Engineering/Plant Operations – security; environmental controls

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4. **Patient Management**
   a. Designated airborne isolation rooms are in the Emergency Department. Other rooms available are in the in-patient areas. When these rooms are not sufficient, the CNO and CMO, in collaboration with the Infection Prevention & Control Manager, ID physician and Chief of Staff, will determine the need to designate an entire wing as the infectious unit. Engineering will be consulted as well.

   b. The Chief of Staff and/or CMO may find it necessary to discharge non-contagious patients in consultation with the patient's physician.

   c. When available patient care equipment (e.g. ventilators) are depleted or the hospital has reached maximum capacity, transfer of patients to other facilities will be accomplished

IV. Exceptions/Clinical Alerts:

None

V. Documentation:

None

VI. References:

TJC Standards

Association for Professionals in Infection Control and Epidemiology. Infectious Disease Disasters: Bioterroism, Emerging Infections and Pandemics, Chapter 120, APIC Text of Infection Control and Epidemiology

APIC Bioterrorism Readiness Plan: A Template for Healthcare Facilities. APIC Bioterrorism Task Force 1999

Biological and Chemical Terrorism: Strategic Plan for Preparedness and response. MMWR April 21, 2000/Vol.49/No.RR-4

U.S. Army Medical Research Institute of Infectious Diseases. Medical management of Biological Casualties, Fort Detrick: USAMRIID, 1998