IDENTIFY, ISOLATE, AND INFORM PLANNING CONSIDERATIONS
## IDENTIFY

### Entry Screening

- Consider all points of entry
- Encourage self identification
  - Post signs
  - Instructional videos in the waiting area
  - Hand hygiene stations and masks
- Who contacts the patient first?

- Incorporate screening tools in electronic health medical record
- Clinical symptoms, then exposure history
  - Do you have a cough, fever, or rash?
  - If yes to any: mask and hand hygiene
EXPOSURE HISTORY

- Travel to area where disease is present
- Contact with someone known or suspected to have disease
- Exposure to the disease

Source: University of Nebraska Medical Center Managing Highly Hazardous Communicable Diseases: Identify, Isolate, and Inform, January 2020
PPE FOR SCREENING AND TRIAGE NURSE

No Physical Contact

- N95 mask
- Gloves
- Maintain safe distance of at least 3 feet or more

Physical Contact

*Special Pathogen Level 1 PPE Ensemble*

- N95 mask
- Face shield
- Gloves with extended cuffs (2 pairs)
- Gown to mid calf
ISOLATE

- What is the process for the patient to be isolated?
  - What is the route to the isolation room?
  - Who is isolating the patient?
- Where is the patient being isolated?
- How are you preparing the patient?
- How are you preparing the location?
PRE-IDENTIFIED ROOM

Considerations

- Negative pressure room with private bathroom
- Location – minimal foot traffic
- Ingress & egress
- Warm & cold zones
- Security
PERSONAL PROTECTIVE EQUIPMENT

- Facilities may and do differ in the types and brands of PPE used.
- What’s important is that the PPE must be effective, and procedures for donning and doffing must be done in such a way that the healthcare worker is protected and not exposed to any contamination.
- Choose appropriate PPE based on patient’s clinical status.

**Dry** - Person Under Investigation (PUI): Ebola infection not confirmed, clinically stable patient without vomiting, diarrhea, or bleeding.

**Wet** - Confirmed Ebola patient or a PUI with vomiting, diarrhea, or bleeding, or with condition warranting invasive or aerosol-generating procedure.

Source: NETEC Emerging Infectious Disease Preparedness Training Workshop 12/2019
SPECIAL PATHOGEN LEVEL 1 PPE

- Fit tested N95 mask
- Fluid resistant gown that extends to mid-calf
- Nitrile gloves with extended cuffs – 2 pairs
- Face shield

Source: NYC Health + Hospitals, Special Pathogen Response Matrix With Infection Control Guidance, 2020
Single use face shield, surgical hood extending to shoulders, and N95 Respirator OR PAPR with a full face shield, helmet, shroud (not shown)

Single use fluid-resistant or impermeable gown that extends to at least mid-calf OR coverall without integrated hood (not shown)

Two pairs of single use, disposable gloves. At a minimum, outer gloves should have extended cuffs.

Single use fluid-resistant OR impermeable apron that covers the torso to the level of the mid-calf

Single use fluid-resistant or impermeable boot covers that extend to at least mid-calf OR single-use fluid-resistant or impermeable shoe covers, which are acceptable only if used with a coverall with integrated socks (not shown)
Powered Air Purifying Respirator (PAPR)
LA County Frontline Facilities must have enough PPE for at least 12 hours of care or more

Refer to CDC’s PPE Calculator:
STAFFING CONSIDERATIONS

- Team composition
- Training
- Limit the number of HCWs involved in direct patient care
- Log personnel going in and out of the room
STAFFING EXAMPLE FOR BCU

- Two nurses on call per 12-hour shift when not activated
- Three nurses per 12 hour shift when activated, 4-hour rotations
  - Patient room nurse
  - Anteroom nurse
  - Resource nurse

Source: NETEC Emerging Infectious Disease Preparedness Training Workshop 12/2019
What does the nurse do in there for 4 hours???

CLEAN!!!

How can the nurse communicate to the anteroom/resource nurse?

Whiteboard and marker
When are you going to inform?

Who is doing the informing?

Who are you going to inform?
INTERNAL NOTIFICATION

SCREENING/TRIAGE NURSE -> SUPERVISOR NURSE PHYSICIAN -> INFECTION PREVENTION
EXTERNAL NOTIFICATION TO PUBLIC HEALTH PARTNERS

INFECTION PREVENTION
Acute Communicable Disease Control
(213) 240-7941 (Mon-Fri 8:00am-5:00pm)
(213) 974-1234 (Weekends, nights, holidays)

Public Health Duty Officer
(562) 570-5537 (24 hour line)

(626) 744-6089 (Mon-Thurs & alternating Fri 8:00am-5:00pm)
(626) 744-6043 (Alternating Fri, nights, weekends, holidays)
TRANSFER

- Patient preparation
- Transport team
- Route
- Patient loading area
- Security
- Hand off communication
- Role of Public Health