

# POLICY & PROCEDURE

## BLYTHEDALE CHILDREN'S HOSPITAL

<b>SUBJECT: EPIDEMIC/PANDEMIC PLAN: Management of Influx of Infectious Patient's</b>	
<b>DEPARTMENT: INFECTION PREVENTION</b>	<b>CODE #: IC 1.7</b>
<b>EFFECTIVE DATE: August 2001</b>	<b>PAGE 1 OF 4</b>
<b>REVISED DATE: May 2019</b>	<b>APPROVED BY: AnnMarie Vigorito, CIC</b> <b>DATE: May 14, 2019</b>
<b>SUPERSEDES: 2016</b>	<b>TITLE: Director Infection Prevention</b>

### **POLICY:**

To provide guidance to hospital personnel in the event of an epidemic is identified by the New York State Health Department or by Federal Regulatory Agencies.

### **SCOPE:**

An influx of infectious patients would involve an outbreak (epidemic) or increase of infections above the expected norm. The increase can occur with or without warning and may involve the facility, region, nation or across nations (pandemic). It may be naturally occurring or involve an act of bio-terrorism. In most cases, it will occur gradually with some warning detected through surveillance systems which allows the hospitals to plan and transition from daily operations to emergency management.

This plan has been developed to provide guidelines to follow in the event an increased incidence of disease or one case of unusual disease is identified in the patient or employee population. It serves as a supplement to the Hospital's Emergency Management Plan.

### **PROCEDURE:**

1. Blythedale Children's Hospital does not have an emergency room and does not routinely admit patients from the community. Individuals who present to the hospital in an emergency will be directed to Westchester Medical Center for emergency care.
2. Facilities with emergency depts., and or large clinic populations are likely to be affected by an influx of infected patients. These facilities may experience an unusual increase in patients with fever, respiratory or GI symptoms; clusters of patients arriving from a single locale; rapid increase of disease within hours or days in a normally healthy population; a single patient with a possible bio-terrorism-related disease. Blythedale does not have an emergency department and would expect to receive notification of such an occurrence from an external body such as Westchester County Department of Health and/or the NYSDOH.
3. An outbreak in the region, site or other geographic areas will result in communication to the Hospital by state and or federal agencies. This communication is e-mailed and posted on the

HERDS web site. This notice is forwarded to medical, nursing and administrative staff as appropriate. The purpose for this internal communication may simply be informational in nature. If appropriate, the Hospital would activate its emergency plan and prepare for an influx of patients.

### **Surveillance Activities:**

#### Hospital Surveillance:

Ongoing surveillance is conducted on all inpatients in order to identify unusual or increased patterns of infection. The following phenomena would arouse suspicion:

- rapidly increasing disease incidence
- increased number of ill patients with similar symptoms
- clusters of patients with similar symptoms
- identification of vaccine preventable disease such as pertussis, rubella or rubeola
- increased sick calls with similar symptoms

#### Community Surveillance:

There is ongoing monitoring of disease prevalence in the community. This is accomplished by:

- review of all county and state DOH alerts
- review of federal regulatory alerts

### **Management and Control: Activation of Plan**

The Contingency Plan for Biological, Chemical, and Radiation Terrorist Acts will be followed. The Infection Control Team will be represented in the Command Center. The Hospital will function under Hospital Incident Command System (HICS).

1. Infection Control will enforce standard precautions on all patients i.e.; wear an N-95 respirator for all respiratory-like illnesses, wear a gown if soiling is likely, wear gloves for contact with body fluids or any surfaces likely to be contaminated with droplet secretions from sneezing or coughing. Hand hygiene must be performed before and after touching patients or their environment. The medical and nursing staff will inform patients/visitors of these control methods. Failure to comply may result in their removal from the building.
2. The Incident Commander or designee will take an inventory on existing bed capabilities in the Hospital and report the number of available beds along with other resource information to the Command Center.
3. If the outbreak is widespread and resources for the region become limited, Blythedale Children's Hospital may actually see patients who are infected. The School will be used to cohort infected patients.

4. The Incident Commander or designee may halt admissions cancel out patient services, restrict patient movement/activities, initiate discharge of patients, limit visitors, close the school and activate any other control measures deemed necessary.
5. Visitors with illness will be restricted and entry to the building will be strictly monitored. If visiting is authorized, a protocol will be developed outlining who can visit, any limitations, personal protective equipment to be used and appropriate hand hygiene practices.
6. Personnel with illness will be restricted. Similarly, movement of staff between units will be restricted in order to minimize contact with infected patients.
7. In the event of multiple staff illness, Hospital Education will provide education to non-trained and non-specialized workers to assist in patient areas.
8. Department Managers will be notified and given instructions. Procedures are activated by the Incident Commander in accordance with the specific threat.

#### Isolation Precautions:

Standard Precautions are utilized with all patients regardless of their diagnosis. Additional transmission based precautions may be required for specific diseases. (Refer to Transmission Based Precaution Policy). Any DOH guidelines regarding an epidemic / pandemic will be followed.

#### Patient Placement:

Blythedale Children's Hospital does not have an Emergency Department and does not generally accept direct admissions. Patients who are critically ill will be transferred to an appropriate facility as necessary.

Patients with similar symptoms who cannot be transferred or are not candidates for a higher level of care will be cohorted and may require dedicated nursing staff responsible for their care. All patients with exposure to an infectious agent will also be cohorted during the incubation period for the infection.

If there are large numbers of patients with similar symptoms it may be necessary to cohort them in one designated area on a patient unit and assign designated staff. Admissions will be restricted to that area until all patients are asymptomatic.

*Please Note: There is one negative pressure room at Blythedale (Rm1149). If the negative pressure room is occupied with an infectious patient, all other patients who require Airborne Precautions for an extended period of time must be transferred to a facility that can provide for the same. Patient's waiting for transfer must wear a surgical/procedure mask, if possible. Portable HEPA filtration units can be utilized in patient rooms as a short term measure.*

*If there will be a delay in transport or transport is not possible due to other priorities within the Hudson Valley region, anyone requiring airborne precautions will be placed in the school building. Although the Mt. Pleasant-Blythedale School is contiguous to the Hospital building, there is a separate HVAC system. The school is also equipped with wall oxygen and suction. It can accommodate approximately 33 individuals. Others would need to have portable tanks. About 75 individuals could be moved to the*

*school if they require isolation. However, accommodations for adequate staffing will need to be considered.*

Patient Transport:

Patients are transported in accordance with acceptable Infection Control practices. PPE appropriate to the transmission based precaution which may be necessary is used by healthcare personnel. Patients who require Droplet or Airborne Precautions wear a mask as indicated during transport outside of the patient room.

Treatment Post Exposure Management:

Current recommendations for treatment, post-exposure prophylaxis and immunization will be used. The NYSDOH in concert with the CDC will advise hospitals on appropriate treatments, disseminate instructions regarding methods of cleaning, priority areas, waste removal and use of PPE.

Cleaning, Disinfection and Sterilization:

Patient care equipment and the environment are sanitized according to hospital procedures. The hospital-approved germicide is used in accordance with the manufacturer's recommendations.

Reusable equipment is cleaned after use and prior to re-use with another patient. Soiled equipment is handled utilizing standard precautions guidelines.