



INFECTION CONTROL MANUAL

Subject	Infectious Disease Patient Influx Management
Policy NO:	IC217
Department:	Infection Control
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Regulatory	TJC: IC.01.06.01

PURPOSE:

To be prepared to respond to an influx, or risk of an influx, of infectious patients. An influx of infectious patients could be related to a naturally occurring outbreak, or an epidemic such as influenza or SARS, or related to a bioterrorism event.

POLICY:

It is the policy of this hospital that, in the event of an influx of infectious patients, measures will be put into place that will allow for maximum safe care of existing patients and those to be admitted.

Patients will be evaluated through a triage process. Additional isolation and control measures may be implemented based on mode of transmission for the specific disease and/or recommendations from the NJDHSS or the CDC.

Further guidelines can be found in the Environment of Care Manual in the policies on internal and external disasters and the bioterrorism plan.

PROCEDURE:

1. In the event that WCRH has an influx of potentially infectious patients, the following strategies will be utilized:
 - Medical staff may be asked to review inpatients to assess those patients who can be discharged to the next level of care. Case Management and Social Work will also be involved in this discharge planning process. Communication will be made with surrounding facilities to accept whatever patients they can manage.
 - Cohorting of patients with similar symptoms or like diagnosis will be initiated as appropriate.
 - Dedicated staff will be assigned to care for infectious patients as much as is operationally feasible.
 - An assessment of the need for additional supplies will be done by Department Heads. Examples of such supplies include additional emergency equipment and personal protective equipment (gowns, gloves, masks, N95 respirators).
 - Pharmacy will be notified by the Nursing Department or Infection Control of the need for emergency medications, antibiotics, and/or prophylactic medications.
 - If necessary, staffing will be increased by utilizing the emergency call list.

- Communication will take place between WCRH and KRI in the case of an issue affecting the entire building.
 - Communication will take place with the local health department to coordinate resources, alternative sites for placement of appropriate patients, availability of additional emergency supplies, and for information on community and regional plans
 - Communicable diseases and/or outbreaks will be reported to the NJDHSS as required by regulation by Infection Control or the Laboratory.
 - Standard Precautions will be strictly enforced in the care of all patients regardless of diagnosis or presumed infectious status.
 - If necessary, visitation privileges will be suspended.
 - After consultation with Administration and Infection Control, it may be necessary to suspend operations of Outpatient Services.
 - The Marketing Director will field all media inquiries and press releases and coordinate internal communications.
 - Current information will be obtained from multiple sources including the CDC and local and state health departments. This information will be shared with staff and patients/families as appropriate.
 - If it is necessary to provide prophylactic medications for staff members, it will be coordinated by the Employee Health Nurse, Pharmacy, and/or Virtua at Work.
2. For patients requiring additional isolation, the following strategies will be utilized (see IC policy on Isolation Precautions):
- Airborne Isolation: Room 312 will be used for any patients on Airborne Isolation. This room supply negative air pressure. The door must be kept closed. MRH Maintenance must be notified if this room is being used for Airborne Isolation so that they can assure negative pressure on a daily basis. If necessary, Respiratory Therapy will fit test additional staff with N95 respirators if they are required for use. In the event that WCRH should require more than 1 Airborne Isolation room, the local department of health, surrounding hospitals, and Virtua Marlton will be contacted to assist with isolating these patients and/or obtaining additional necessary equipment (portable HEPA filters).
 - Droplet Isolation: Surgical masks will be used. If a private room is unavailable, patients with like symptoms will be cohorted in the same room. If this becomes impossible to achieve, at least maintain a spatial separation of 6 feet between patients.
 - Contact Isolation: Gloves and gowns will be used when coming into contact with the patient or his immediate surroundings. Patients with like symptoms or same laboratory-identified organism may be cohorted when necessary. If this becomes impossible, strict standard precautions will be maintained with the noninfectious patient, and dedicated staff will be assigned to the room if possible.
3. The following special circumstances will be in effect in the event of an influenza outbreak or pandemic:

- Patients with suspected or diagnosed influenza will be placed in Droplet Precautions in a private room for the duration of the illness.
- In the event there are insufficient numbers of private rooms available, patients with laboratory-confirmed influenza may be cohorted in the same room.
- In the event cohorting also becomes impossible, patients with influenza may share a room with non-high-risk patients.

REFERENCES:

Centers for Disease Control and Prevention. (2007). *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)*.
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Centers for Disease Control and Prevention. (July 2023). *Isolation Precautions*.
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>