Robust Patient Screening and Implementation of the 3 I's (Identify, Isolate and Inform)

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Objectives

- Identify key elements for an effective screening tool.
- Describe effective education and training tools to be used for Identify, Isolate and Inform.

Effective Screening Tool

- What works for your team?
  - EHR
  - Physical Space
- Key Elements:
  - Symptom/Travel/Isolate/Notify
  - Checklists
  - Algorithm
  - Public Health Resources

Providence Sacred Heart Screening Tool

- Resources:
  - Notebooks
  - Checklists
  - Contact numbers
  - Maps

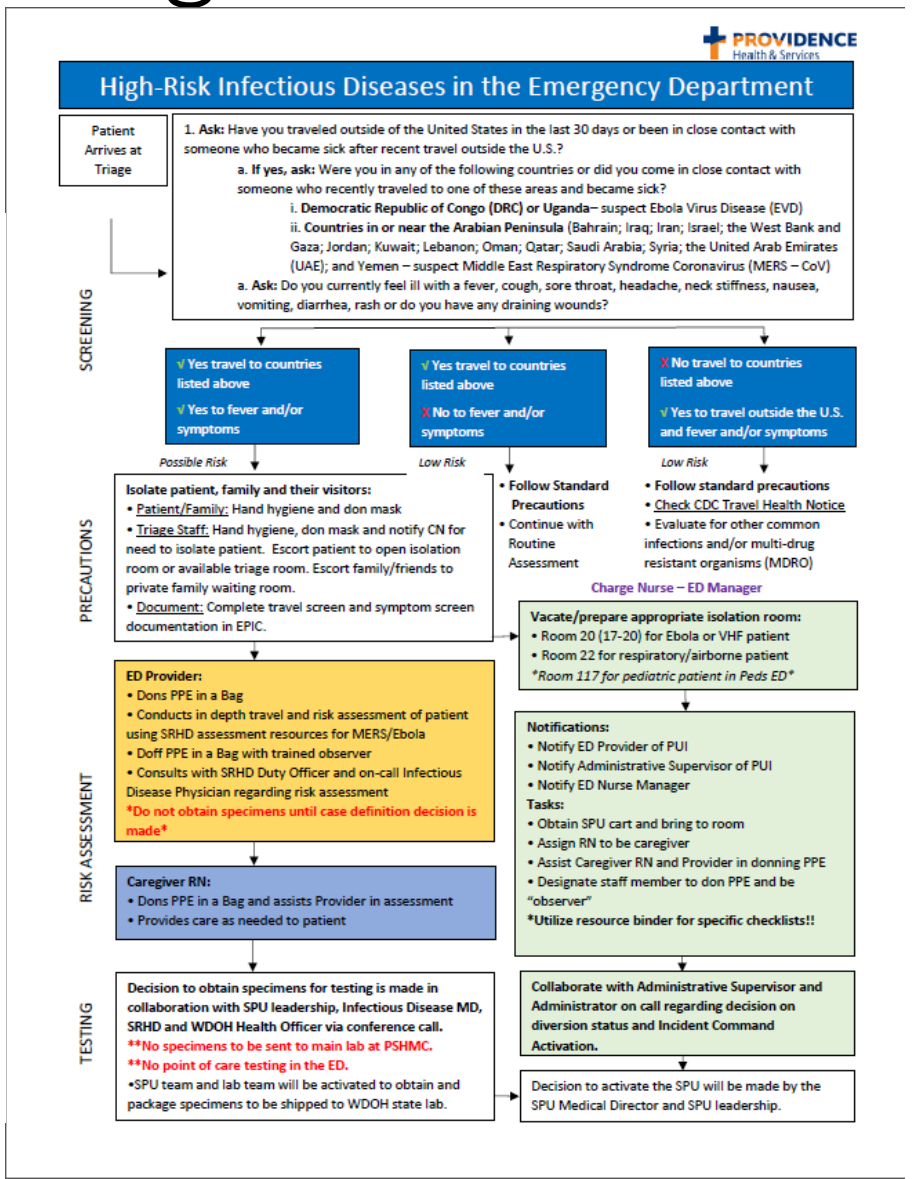
Ebola Virus Disease (EVD, Ebola)
Patient Questions

The Spokane Regional Health District (SRHD) is required to be made aware of any patient under investigation (PUI) for Ebola Virus Disease (EVD, Ebola). If a patient is suspected to be a PUI, please collect the following information to give to SRHD:

1. **General Information:** Obtain patient name and date of birth
2. **Symptom Onset Date**
3. **Symptoms:** Fever >38.6°C (101.5°F) and additional symptoms to include severe headache, muscle pain, vomiting, diarrhea, abdominal pain, unexplained hemorrhage, or other applicable symptoms (rash, chest pain)
4. **Extensive Travel History:** Provide exact dates, locations visited, especially international travel, and when patient returned to the United States; specifically, if patient is returning from a country with an active Ebola outbreak
5. **Possible Exposures:** Obtain specific information from the patient for the last 21 days, such as direct contact with body fluids (if direct contact with semen, look back for the last 10 weeks), direct contact with human remains, residence in risk area, handled laboratory specimens, or handled wild animal meat

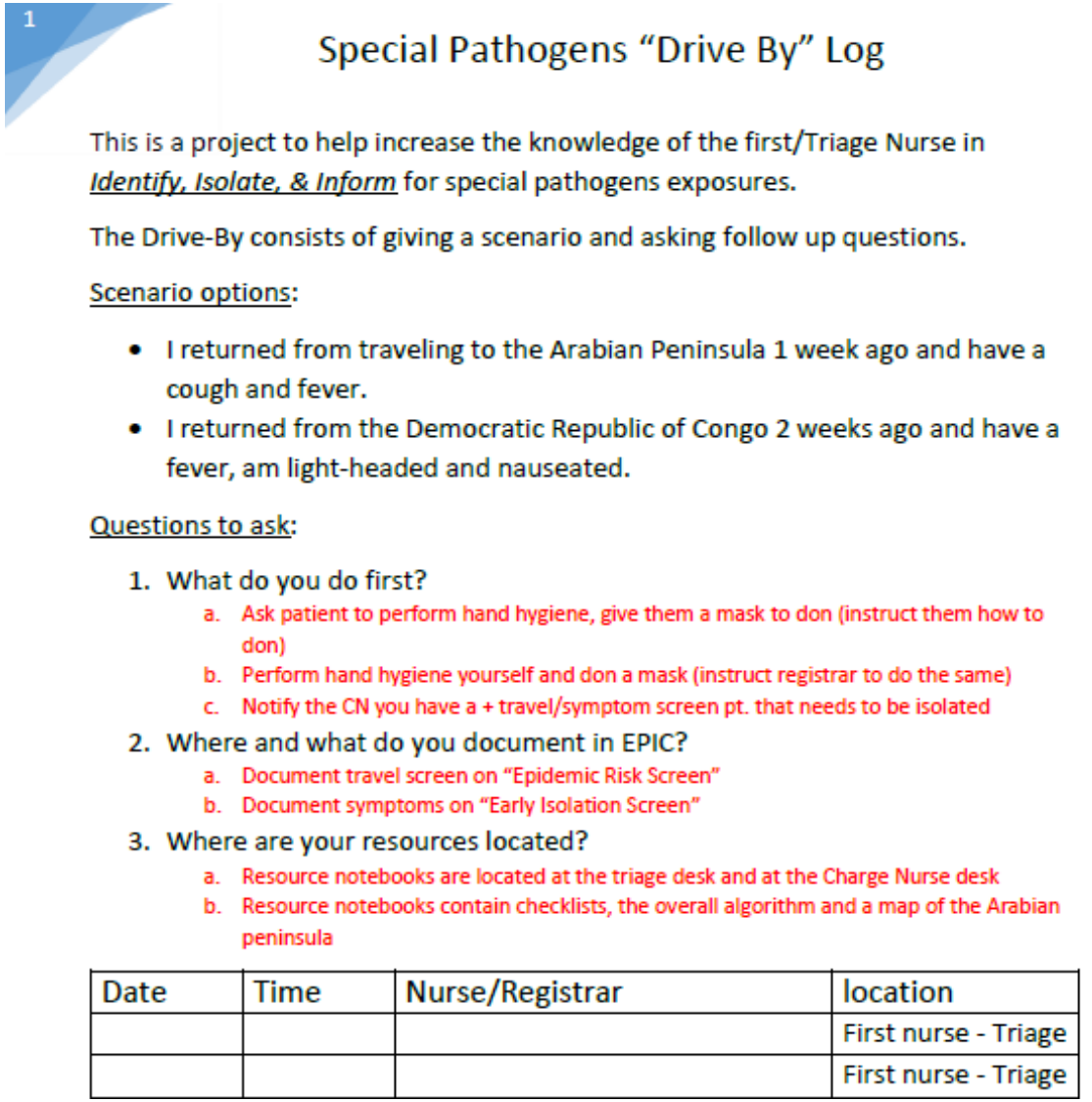
   If yes to any of these possible exposures plus positive travel history and symptomology, SRHD Epidemiologists will pursue additional information to determine level of risk:
   a. *High risk: direct contact with patient or body in any setting without PPE; percutaneous or mucous membrane exposure; laboratory processing without PPE; household contact of an ill individual*
   b. *Some risk: in country with widespread transmission; direct contact or laboratory processing with PPE; any patient care in any healthcare setting*
   c. *Low risk: brief direct contact or brief proximity to case; travel on aircraft with case*
6. **Contacts:** Obtain contacts, if PUI is identified as a probable case

Please contact the SRHD Communicable Disease Epidemiology Duty Officer immediately 24/7 at (509) 869-3133 when PUI is suspected. SRHD must approve specimen testing prior to sending to Washington State Public Health Lab.



Providence Sacred Heart Screening

- Education:
  - Huddle Highlights
  - Skills Fair
  - TIPS class quarterly
  - One on one after PUI event
  - Drive by training
  - Mystery Patient Drills
    - Ebola/MERS



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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:

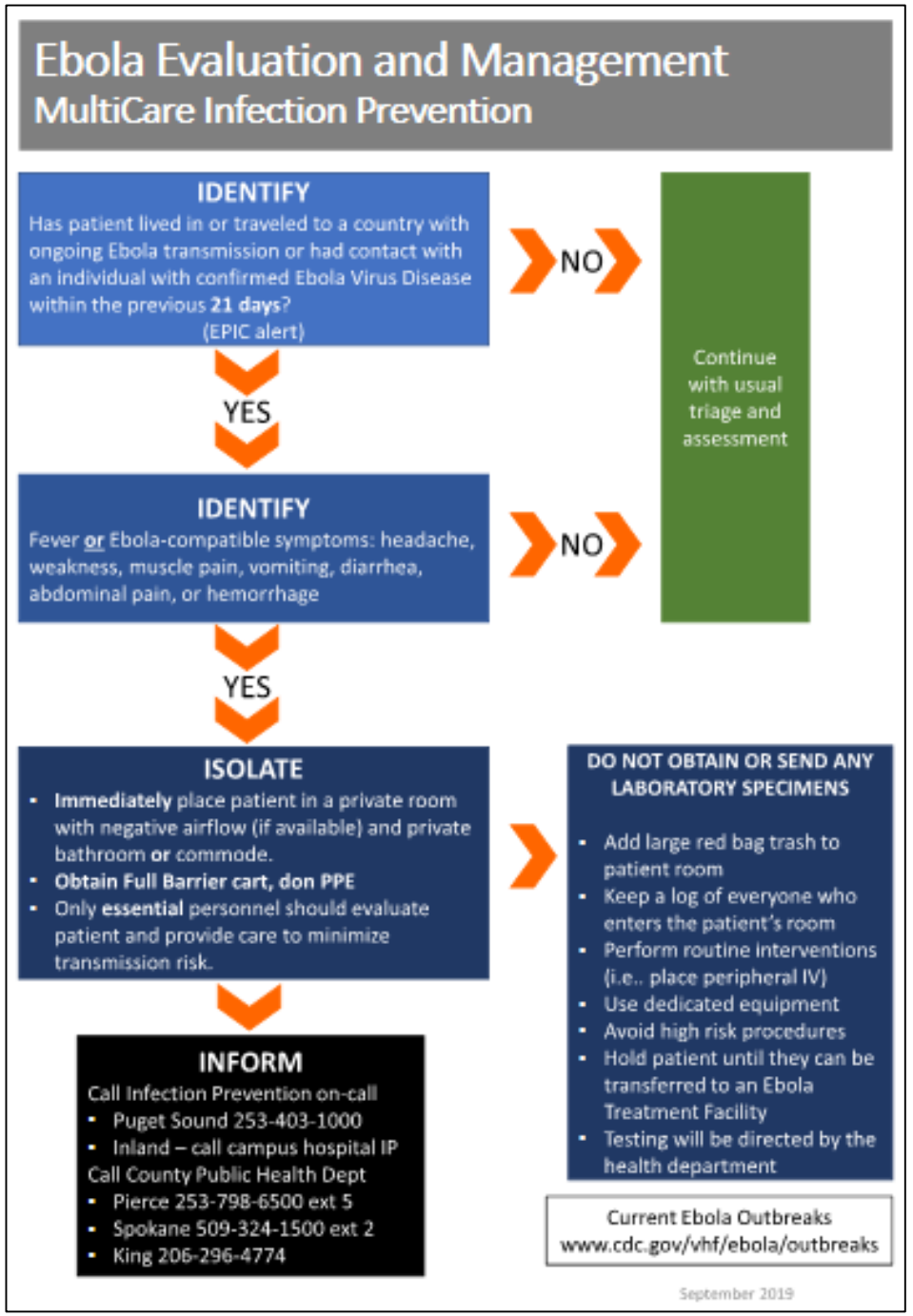
1. What do you do first?
   a. Ask patient to perform hand hygiene, give them a mask to don (instruct them how to don)
   b. Perform hand hygiene yourself and don a mask (instruct registrar to do the same)
   c. Notify the CN you have a + travel/symptom screen pt. that needs to be isolated
2. Where and 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

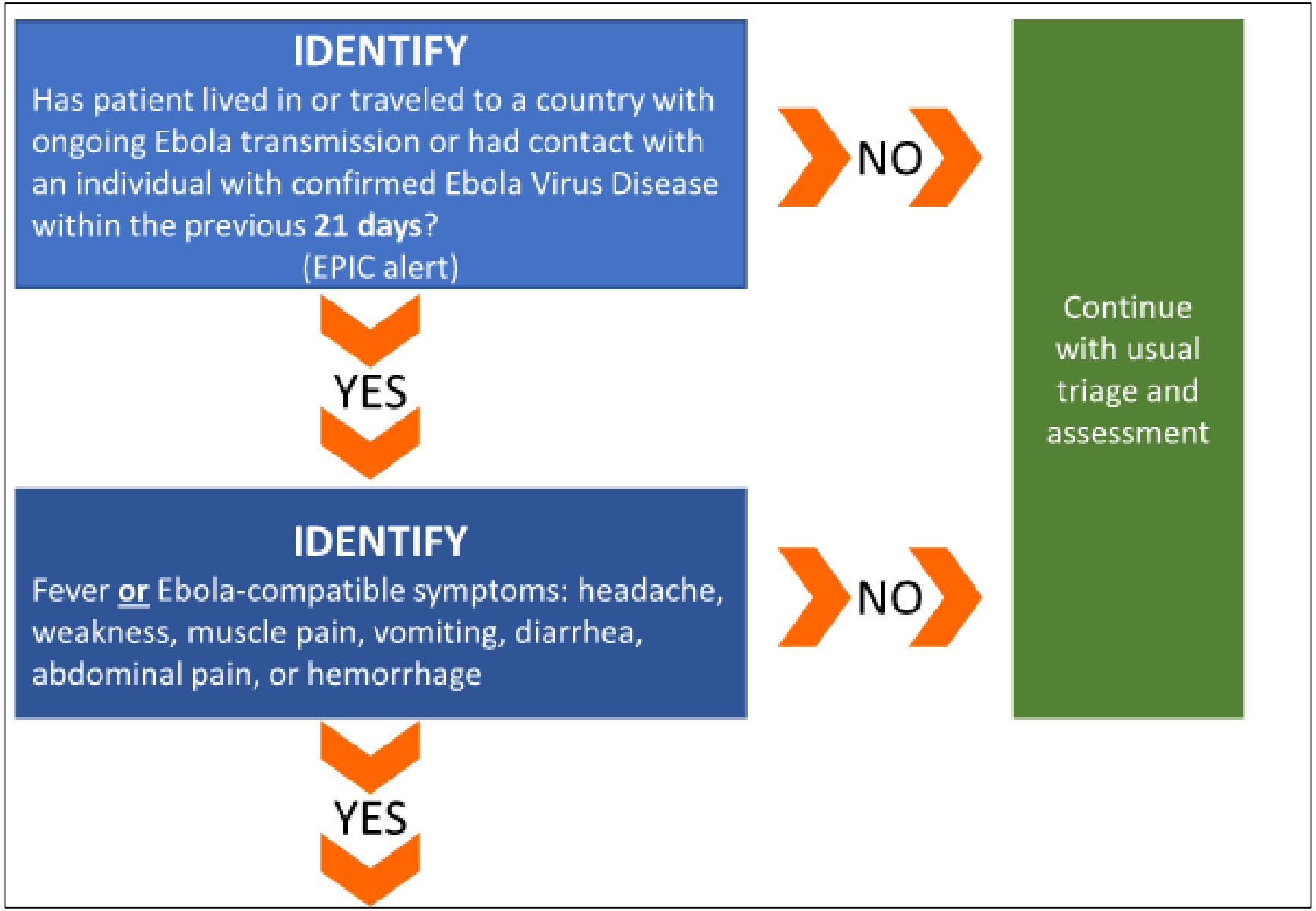
Date	Time	Nurse/Registrar	location
			First nurse - Triage
			First nurse - Triage

MultiCare

Identify, Isolate, Inform

- Frontline Facility
- Anticipated hold 24-48 hrs
- Training ED Charge RNs across system
  - Train the Trainer model
- Recent Learnings
  - Do not collect specimens
  - Added an apron to PPE




IDENTIFY
Has patient lived in or traveled to a country with ongoing Ebola transmission or had contact with an individual with confirmed Ebola Virus Disease within the previous 21 days?
(EPIC alert)
NO
YES
IDENTIFY
Fever or Ebola-compatible symptoms: headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage
NO
YES
Continue with usual triage and assessment

YES

ISOLATE

- **Immediately** place patient in a private room with negative airflow (if available) and private bathroom **or** commode.
- **Obtain Full Barrier cart, don PPE**
- Only **essential** personnel should evaluate patient and provide care to minimize transmission risk.

INFORM

Call Infection Prevention on-call

- Puget Sound 253-403-1000
- Inland – call campus hospital IP

Call County Public Health Dept

- Pierce 253-798-6500 ext 5
- Spokane 509-324-1500 ext 2
- King 206-296-4774

DO NOT OBTAIN OR SEND ANY LABORATORY SPECIMENS

- Add large red bag trash to patient room
- Keep a log of everyone who enters the patient's room
- Perform routine interventions (i.e.. place peripheral IV)
- Use dedicated equipment
- Avoid high risk procedures
- Hold patient until they can be transferred to an Ebola Treatment Facility
- Testing will be directed by the health department

Current Ebola Outbreaks
www.cdc.gov/vhf/ebola/outbreaks

September 2019

HAMC - Effective Screening

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Ebola Virus Disease (EVD) Screening

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Ask patients the following questions:

IN THE LAST 30 DAYS:

1. Have you **traveled to the North Kivu and/or Ituri provinces within the Democratic Republic of Congo OR**
2. Been in close contact with someone who has travelled there? **OR**
3. Have you travelled to other countries (e.g., Uganda) where Ebola Virus Disease transmission has been reported by WHO

AND

4. Are you experiencing any of the following: **Fever (greater than 100.4)** **AND/OR** additional symptoms such as headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, abdominal pain, lack of appetite and/or unexplained bleeding?

If BOTH travel/contact and symptom answers are YES:

1. Mask the patient immediately **AND**
2. Place in a private room with a bathroom. **KEEP THE DOOR CLOSED.**
3. Implement Standard, Contact and Droplet Precautions (when negative pressure room available use Standard, Contact and Airiborne Respirator Precautions)

NOTIFY

1. Infection Prevention, Hospital Supervisor or Hospital Resource Nurse **AND**
2. Contact your local Public Health Department for patient care management:
   a. Tacoma/Pierce County Public Health: **253-798-6410**
   b. Seattle/King County Public Health: **206-296-4774**
   c. Kitsap County Public Health: **360-728-2235**

Sources: http://www.cdc.gov/vhf/ebola/hcp/case-definition.html, http://www.bt.cdc.gov/han/han00364.asp, http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html

We are screening for Ebola

If you have traveled outside of the country in the last 30 days to the North Kivu and/or Ituri Provinces within the Democratic Republic of Congo or to Uganda

OR been in close contact with someone who has traveled to the North Kivu and Ituri provinces within the Democratic Republic of Congo (DRC) or to Uganda in the last 30 days

AND have a fever, please inform a staff member right away.

Symptoms to watch for include:

- Fever
- Headache
- Vomiting
- Diarrhea
- Unexplained bleeding
- Stomach pains
- Muscle pains

Education/Training Tools – On-line training

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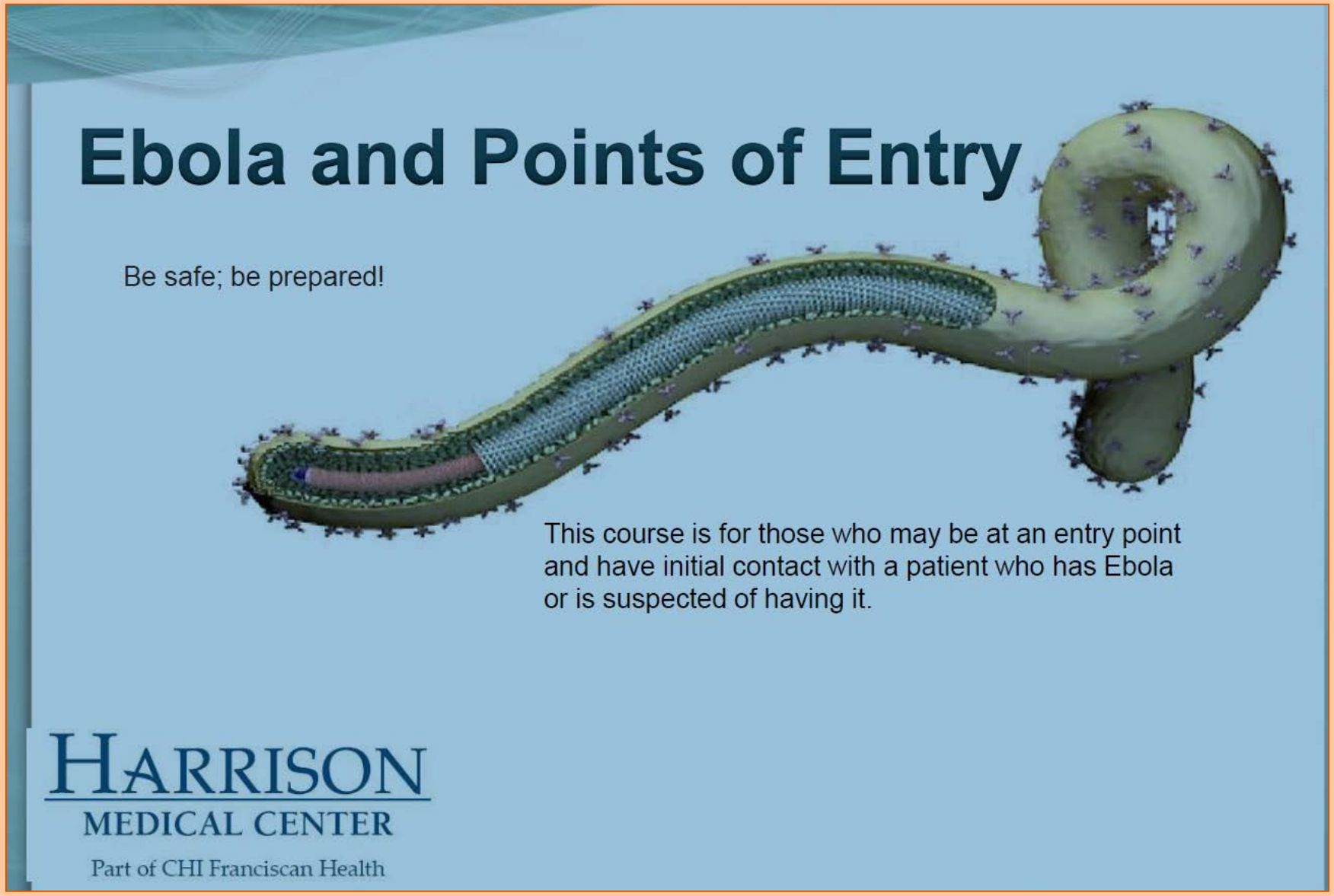

HAMC Education/Training Tools – Competency Check Lists

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Appendix E Individual Competency Profile for High Level Containment Environment

Patient Care in a High Level Containment Environment

Name: _____ **Employee ID:** _____ **Position:** _____ **Department:** _____ **Review Date:** _____

Purpose: To document initial or ongoing competency for the provision of care in a high level containment environment. Note: Documentation on initial personal protective equipment (PPE) training and initial/ongoing iSTAT and powered air purifying respirator (PAPR) competency is electronically maintained.
Background: Only designated clinicians well-versed in infection control practices will provide patient care in a high level containment environment.
Competency assessment frequency: Biannually, at a minimum.
Method of evaluation: Direct Observation (DO) or Return Demonstration (RD).
Evaluation outcome: Meets Expectations (ME) or Needs Remediation (NR). Note: If NR, identify deficiencies, imple
deficiencies as soon as appropriate (may use original evaluation form for re-evaluation of deficiencies with second evaluatio
Evaluation Date: Date element evaluated (or re-evaluated)
Trainer: This is an individual clinician or non-clinician recognized by the organization as a subject matter expert
related processes.

	Competency Element	Method of Evaluation (DO or RD)	Evaluation Outcome (ME or NR)	Eval D
1.	Participates in health care provider pre-exposure, active exposure, and post-exposure monitoring and management (as directed).			
2.	Locates high level containment (HLC) PPE and supplies.			
3.	Utilizes written, personnel, and material resources to correctly and completely don HLC PPE.			
4.	Demonstrates slowly and deliberately the proper HLC PPE donning sequence and technique. a. Trained observer reads step-by-step instructions and assists as needed. b. Member and trained observer assess PPE integrity throughout process. c. Member ensures fully charged PAPR battery and helmet switch on highest flow rate. d. Trained observer performs final assessment of PPE integrity prior to active exposure.			
c.	Verbalizes immediate movement to the designated post-exposure PPE doffing area if there is a breach in PPE integrity, a needle stick, physical symptoms			

Ebola Donning (Put on EVD PPE) Competency

Employee Name:_____ **Department:**_____ **Facility:** SAH SCH St EH SFH SJMC

This form when complete will be placed in the education file. FMG HHP Highline Harrison B Harrison S

		1	2	3	Comments	Signature/Date		
CHI/FHS Enhanced precautions • Scrubs • N95 respirator or PAPR with hood • Head Cover • Body suit • 2 sets of long gloves size appropriate • Full face shield with neck drape • Boots if no feet in body suit or surgical foot covers • Work in pairs, with an observer to ensure you are suited correctly EVD PPE Assist Contact precautions:	Completes medical screen							
	Gathers supplies. Check suit to determine if there are feet in the suit							
	Put on scrubs, remove rings from fingers, and ensure nails do not extend beyond the fingertip. Remove any sharp objects, pins, pens, cell phones from pockets.							
	Step into suit and pull up to waist.							
	Step into boots if needed and pull suit down over boots OR Place shoe covers over							

Education/Training Tools – Job Action Checklist, PPE Donning and Doffing Instructions

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Appendix D

Ebola Readiness Job Action Checklist

1. **Bremerton Nursing Supervisor (AC)**
   - Request Switchboard send out Code Containment notification. (Group includes inpatient treatment teams: EVS, Facilities, Security, Emergency Preparedness, Executive Director Acute Care, Director Critical Care, Chief Nursing Officer, Director Infection Prevention, and Marketing).

2. **Switchboard**
   - Receives request to send Everbridge notification labeled Code Containment.
   - Send Everbridge notification labeled Code Containment.

3. **Charge Nurse/Assistant Nurse Manager**
   - Assigns RN to the patient; Nurse (A) High Containment/ (B) Enhanced PPE/ (C) RM 8
   - Prepares designated isolation room (Reassigns existing patient if needed and gets room cleaned).
   - Posts designated isolation sign outside the room.
   - Calls in this order: 1) Kitsap Public Health, 2) Bremerton Nursing Supervisor, 3) Infection Prevention.
   - Records the name of ***any*** staff that had contact with the patient on the Code Containment isolation room log sheet. If the location is other than the Bremerton ED, fax the completed log sheet to Bremerton Nursing Administration – attention Infection Prevention.

4. **Inpatient Care Team** – *Bremerton ED only, minimum 3 RN's at all time*
   - Respond to Everbridge Code Containment notification
   - Nurse (A), (B), and (C) report to the decon room

5. **Nurse (A)**
   - Don High Containment PPE
   - Record name in the Code Containment Isolation room log sheet

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Harrison Instructions for DONNING *HIGH CONTAINMENT* PPE

7. Don disposable head cover to cover hair. Plug in hood. Ensure air flow is on high and lights come on.	 
8. Don PAPR. Zip suit up to neck (roll the suit hood to the inside of the suit). Remove adhesive strip along the zipper cover and adhere cover to suit. Adjust PAPR to fit	 

HAMC - Physical Space

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Questions??

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