

October 19, 2016
1:00-2:00 pm ET

Mystery Patient Drill Project

NYC DOHMH Guidance for the Development of Screening and Isolation Protocols

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PCEPN

Primary Care Emergency Preparedness Network (PCEPN) is a coalition of primary care providers within New York City dedicated to health care emergency preparedness and response.

The coalition is led by the Community Health Care Association of New York State, in close partnership with the New York City Department of Health and Mental Hygiene and New York City Emergency Management.



About PCEPN

- PCEPN offers resources, trainings, and technical assistance to improve primary care centers' ability to plan and prepare for, respond to and recover from emergencies and disasters.
- PCEPN also provides representation at the Emergency Support Function #8 (Public Health and Medical Services) Desk at the New York City Emergency Operation Center (EOC) when it is activated.



Mystery Patient Drill Project

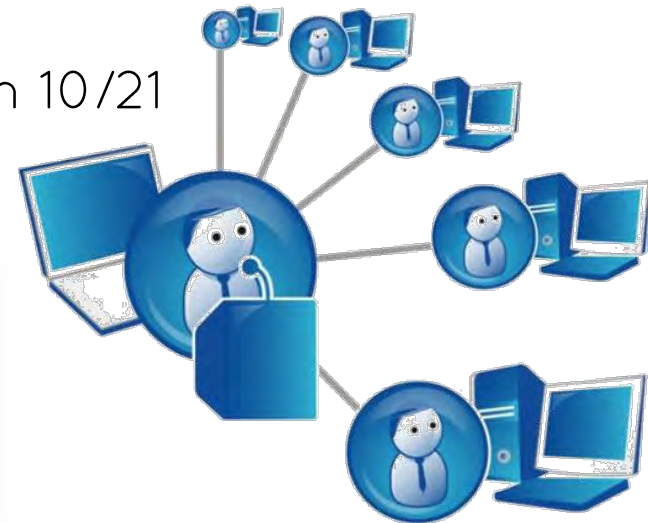
- **Introduction Webinar** (10/12/16) recording and slides are available at www.pcepn.org/mpd
- Upcoming **Exercise Plan Review Webinar** (11/10/16) for on-site drill team members
- Selection of **Drill Dates** 11/28-12/9. Due on 10/21

Registrations

Schedule On-site Drill

Please select the date and time of your on-site drill here. If you do not make your selection by October 21, 2016, PCEPN Team will assign the drill day/time slot for you.

SCHEDULE DRILL



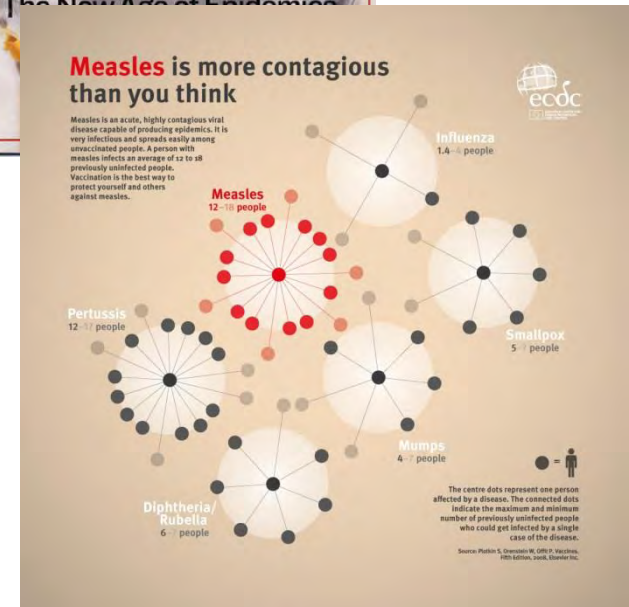
Learning Objectives

Upon completion of this webinar, participants will be able to:

- Describe the key elements of protocols for screening and isolation for communicable diseases of urgent public health concern
- Determine considerations for a positive communicable disease triage screening
- Identify actionable items for developing or enhancing screening and isolation protocols

Introduction

- Rapid recognition and isolation of patients with highly communicable diseases is critically important.
- Recent delays in identifying and isolating patients demonstrate the need to ensure effective triaging of patients with fever and respiratory or rash illnesses.



Introduction

- Because primary care centers are important and potentially vulnerable points of entry into a healthcare system, effective strategies for triage applied in these settings will have great impact on minimizing nosocomial transmission within and beyond the clinic setting.
- Best practices shared for communicable disease triage will be useful in identifying and controlling infectious diseases in other clinical settings.

Background

NYC DOHMH, in collaboration with the New York State Department of Health (NYS DOH), has prepared this guidance to assist Primary Care Centers in developing or updating their protocols for screening and isolation for communicable diseases of urgent public health concern (i.e., diseases that are easily spread to others, and have severe morbidity or mortality).



Limitations

NYC DOHMH recognizes that there are limitations to these guidelines that may make it difficult to implement routinely.

Factors that may limit the ability to adhere to this guidance include:

- Seasonal Patient Influx
- Limitations in surge capacity (limited isolation rooms or small waiting rooms)



DOHMH Recommendations

Convene a workgroup composed of staff from key departments within your Primary Care Center (clinic) to review and sign off on the finalized screening/isolation protocol.

Suggested members for your working group include:

- Clinic Medical Director
- Nursing Director
- Infection Control/ Infectious Disease
- Administration
- Security
- Housekeeping
- Facility Engineering



DOHMH Recommendations

Clinics must have a screening and isolation protocol for early identification and isolation of a single patient presenting with a communicable disease of public health concern.



DOHMH Recommendations

Clinics are encouraged to use standard terminology and approaches that are consistent with recommendations by the NYS DOH and the Centers for Disease Control and Prevention (CDC) and their Healthcare Infection Control Practices Advisory Committee (HICPAC).



Visit: <http://www.cdc.gov/hicpac/> for more information

Guidance Objectives

The primary objectives of this guidance are to:

1. Ensure early recognition of a patient who may have a communicable disease of urgent public health concern upon arrival at the clinic
2. Prompt the rapid start of infection control measures to minimize potential transmission to staff, patients and visitors
3. Provide a template from which primary care centers (clinics) may operationalize their plans

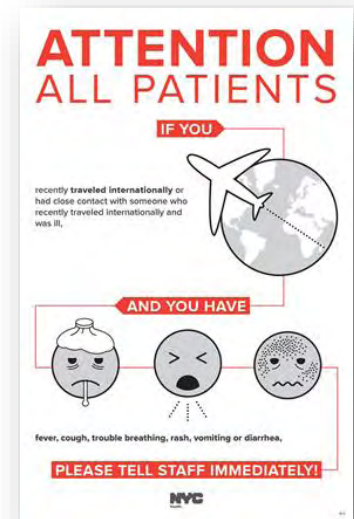
Screening for Ebola Virus Disease (EVD)

This guidance serves as the foundation for the current guidelines for screening patients for EVD based on:

- **Travel and exposure history:** “Have you traveled to an Ebola affected country or had contact with a confirmed Ebola case in the last 21 days before you started to feel sick?”
- **Signs and Symptoms:** “Do you have fever, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or unexplained bleeding?”

Patients confirming both travel/exposure history and signs/symptoms should be isolated and appropriate infection control precautions should be used.

[See: EVD-specific CDC Guidance on Screening and Isolation](#)



Screening for Zika Virus

- No local transmission in NYC. All cases are travel related. Currently 609 cases (as of 10/7/16)
- Not spread by casual contact
- Testing - Adults:
 - ✓ Pregnant women with possible exposure to Zika
 - ✓ Persons with Zika-compatible symptoms and potential exposure to Zika (travel/sex)
 - ✓ Not recommended to asymptomatic, non-pregnant individuals with potential exposure
- Testing - Infants:
 - ✓ Born to mothers with lab evidence of Zika
 - ✓ With clinical findings consistent with Zika
- Commercial labs for all non-pregnant patients with Zika-compatible symptoms and a History of travel to affected areas.



NYCDOHMH: (1-866-692-3641)
<http://www1.nyc.gov/site/doh/providers/reporting-and-services.page>
NYSDOH:
https://www.health.ny.gov/diseases/zika_virus/
CDC: <http://www.cdc.gov/zika/>

NYC DOHMH Guidance

NYC DOHMH Guidance for Screening and Isolation of a Single Patient with Fever/Rash or Respiratory Illness is composed of four sections:

1. Initial Patient Encounter (Identify)
2. Infection Control Measures (Isolate)
3. Notification and Evaluation (Inform)
4. Identification and Management of Exposed Persons in clinic settings

Section 1: Initial Patient Encounter

Effective screening for and isolation of potentially infectious patients, especially those who may transmit infectious agents to others, is critical to ensure prompt recognition and isolation as soon as possible after patient arrival.



Section 1: Initial Patient Encounter

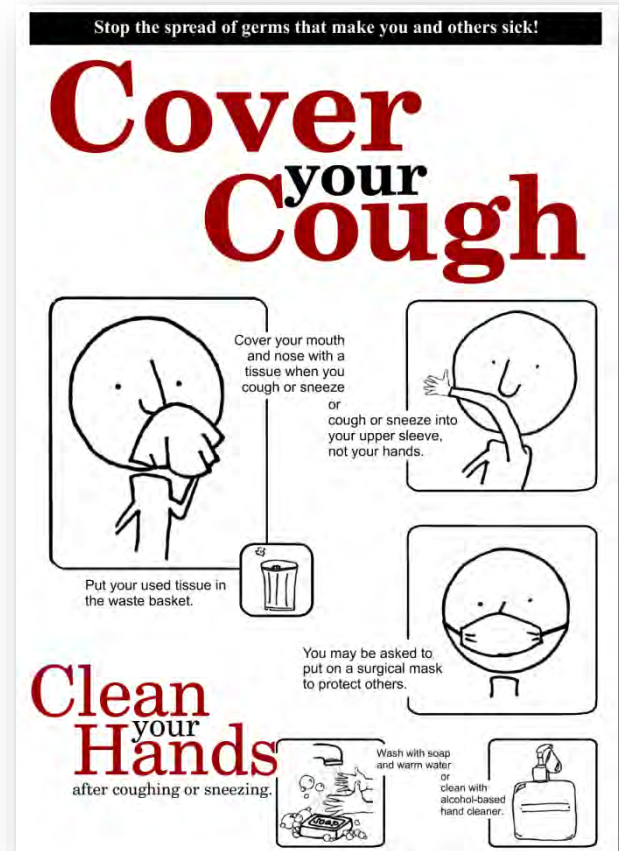
- Locate signage, surgical masks, and alcohol hand hygiene products as close as possible to all clinic entranceways so that they are available to all patients and visitors.
- Tissues, waste baskets, and alcohol-based hand hygiene products may be placed throughout the clinic waiting areas and examination rooms.



Section 1: Initial Patient Encounter

Signage Recommendations:

- Use Simple messages & large font
- List Symptoms
- Provide Clear Instructions
 - Note availability of masks and alcohol hand hygiene products and describe how to use them
 - Where to go/who to notify
 - Where to dispose of used tissues/masks



“Cover Your Cough” posters in various languages can be obtained from the [DOHMH website](http://DOHMH.gov).

Section 1: Initial Patient Encounter

Additional option: Show a streaming video on TV/media equipment in clinic waiting areas that demonstrate proper methods for hand hygiene, use of surgical mask, and how patients should alert clinic staff if they have fever and respiratory or rash symptoms.



[Cover Your Mouth Video](#)

Section 1: Initial Patient Encounter

Create a reminder system for triage/screening staff that will prompt them to perform “**communicable disease triage screening**” for respiratory or rash communicable diseases of urgent public health concern on ALL patients who present or self-identify with a fever.

Screening must include asking all patients with fever about:

- Respiratory symptoms (cough or shortness of breath)
- Rash symptoms
- Risk factors, such as recent travel



Section 1: Initial Patient Encounter

Note the time at which the patient was triaged on the patient's medical record.

At initial screening, ask all patients the following questions:

- Have you had fever (elevated temperatures) in the past two weeks?
- Have you had cough or a rash in the past two weeks?
- Have you had shortness of breath or difficulty breathing in the past two weeks?



Section 1: Initial Patient Encounter

For patients reporting fever and respiratory/rash symptoms:

- Have you **traveled outside the United States** or had close contact with someone who has recently traveled outside the United States, **in the past two weeks?** * (If yes, ask where)
- Are you a **healthcare worker** who has had a **recent exposure** to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?
- Do any of the people who you have close contact with at home, work or your friends have the **same symptoms?**

Note: Consider incorporating the above questions into your clinic's triage screening sheet or keeping as a separate but written document.

Section 1: Initial Patient Encounter

A positive communicable disease triage screen is considered for any patient who meets one of the two following criteria:

- Any patient with **fever** and **rash**
- Any patient with **fever** and **respiratory symptoms** who reports any of the epidemiologic risk factors



Section 1: Initial Patient Encounter

Epidemiologic risk factors:

- Travel to an area that is currently experiencing or is at risk for a communicable disease outbreak of urgent public health concern
- Contact with someone who is also ill and traveled to an area that is known to be at risk



Section 1: Initial Patient Encounter

Since triage/screening staff may not be aware of which countries are at risk, infection control practitioners (ICPs) may consult the following resources:



- [DOHMH Health Alert Network](#)
- [CDC Travel Website for Healthcare Providers](#)



ICPs may want to check for this information on a daily or weekly basis so that they can be posted on a nearby clinic bulletin board to update the clinic staff.

Section 1: Initial Patient Encounter

Epidemiologic risk factors (continued):

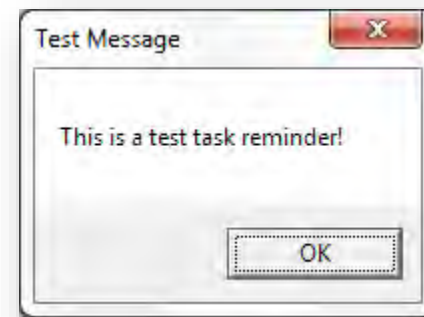
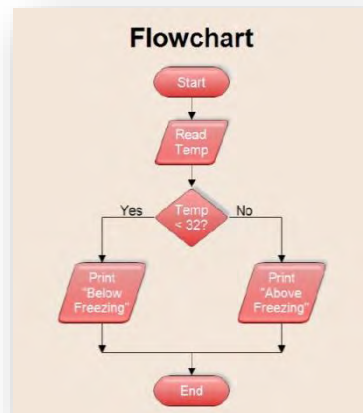
- Healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, ambulance, emergency care, or lab personnel) with a recent exposure
- Anyone who reports being part of a cluster of two or more persons with a similar febrile, respiratory illness (e.g., household, work or social cluster)



Section 1: Initial Patient Encounter

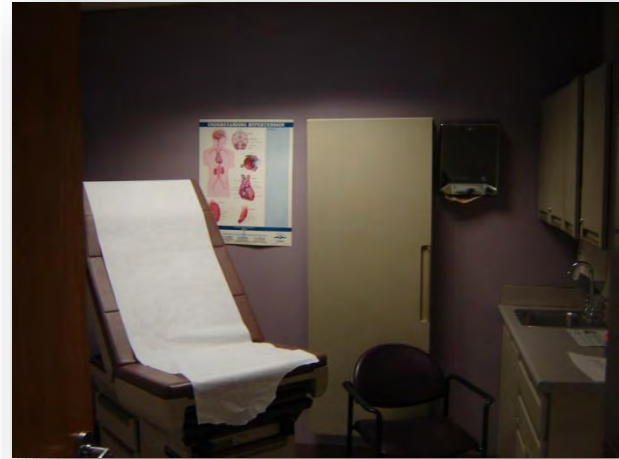
Clinics may consider any of the following methods to help prompt staff to routinely use this communicable disease triage screening tool:

- Posters /desk charts
- Communicable disease triage screening forms
- Computer prompt that asks all patients about fever symptoms



Section 1: Initial Patient Encounter

Prioritize patients with a positive communicable disease triage screen for individual placement in an Airborne Infection Isolation Room (AIIR) or private isolation room.



Both patient and triage staff must perform hand hygiene.



Section 1: Action Items

- ✓ Identify other locations (aside from waiting rooms and entry points) in clinic where signage, masks and alcohol hand hygiene products will be placed.
- ✓ Identify all languages that are appropriate for your patient community.
- ✓ Identify which staff members(s) will be responsible for posting the signage and determining the location of the signage/alcohol-based hygiene products/masks.
- ✓ Identify methods that your clinic uses or will use to ensure that triage/screening staff queries all patients regarding fever and respiratory/rash symptoms on initial encounter).

Section 2: Infection Control Measures

When a patient with a positive communicable disease triage screen is identified, prompt implementation of standard precautions (including respiratory hygiene/cough etiquette), and appropriate isolation precautions based on the suspected infection will decrease the risk of transmission to others.



Section 2: Infection Control Measures

Give the patient a surgical mask immediately.

Provide Patient Instructions:

- How to wear the mask
- Keep the mask on at all times
- How to perform hand hygiene
- Don't touch others or shake hands



Section 2: Infection Control Measures

Considerations for patients who may have difficulty breathing with a mask:

- Allow a looser fit of the surgical mask (e.g., surgical masks with ties)
- Provide them with an adequate supply of tissues
- Reinforce strict hand hygiene



Section 2: Infection Control Measures

Considerations for young children:

- Wearing surgical masks may not be feasible
- Accompanying adults must be seen as quickly as possible by the triage staff and placed in an appropriate isolation room
- The parents must be instructed when and how to wash their hands (and their children's hands)



Section 2: Infection Control Measures

Separate patients from others in an isolation room or in the waiting area pending medical evaluation.

Depending on the space resources available in the clinic, isolation options in decreasing order of preference include:

- Airborne Infection Isolation Room (AIIR): negative pressure isolation rooms.
- Pre-identified enclosed private room(s): an examination room with a door that is kept closed to the hallway. (Self-closing doors are preferable).
- Pre-identified examination area, even if not individual rooms, to cohort patients with similar symptoms. Patients should be separated from each other by at least three feet (more if possible).

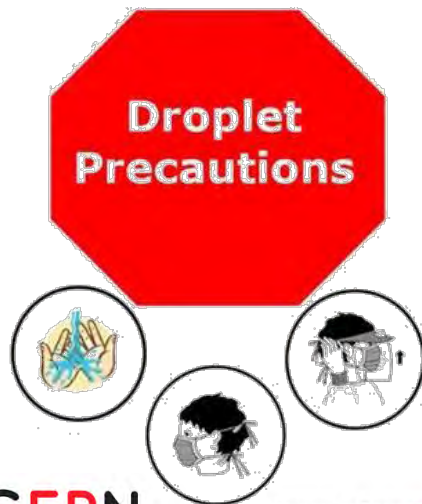
Section 2: Infection Control Measures

If an AllR, private room or pre-identified examination area is not available:

- Ask the patient to stay in an area of the waiting room that allows at least three feet of separation between the patient and others.
- Instruct the patient to keep the surgical mask on at all times while in the waiting area.
- Discourage the patient from walking around the clinic.

Section 2: Infection Control Measures

- If a patient is placed in an isolation room, appropriate infection control signage must be posted outside the room.
- At a minimum, **droplet and contact precautions** must be used for all patients with a positive communicable disease triage screen.

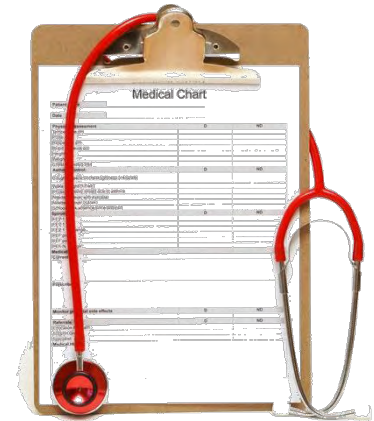


Section 2: Infection Control Measures

Once a patient has been placed in an AIIR or isolation room:

- Document the time that the patient was placed in the room
- Document the type of infection control precautions implemented (e.g., airborne, contact)

The management of PPE disposal must be consistent with your clinic's infection control policies.



Section 2: Infection Control Measures

Isolation Room recommendations:

- Stock all appropriate PPE* outside the door to the AIIR or isolation room.
- Place signage on the proper method of donning and doffing (removing) PPE outside or nearby all AIIRs/isolation rooms in the clinic.
- Ensure alcohol hand hygiene products or a sink with hot water, soap and paper towels are available.

*Consult the [CDC website](#) to determine appropriate PPE for specific pathogens

Section 2: Infection Control Measures

If available, patients with a positive communicable disease triage screen may be placed in an AIIR with an anteroom that has a sink, so that persons leaving the room can dispose of PPE immediately and wash their hands before exiting to the hallway.

In the absence of an anteroom:

- Remove gowns and gloves inside the isolation room and discard them in a waste receptacle just inside the room by the door.
- Place hand hygiene products right outside the door so that staff can use immediately after removal of PPE and/or respiratory protection equipment.
- Place a separate waste receptacle immediately outside the isolation room for disposal of respirators.

Section 2: Infection Control Measures

- As much as possible, limit the number of persons who enter the isolation room, as well as the traffic in and out.
- Limit entry to necessary clinic staff and public health personnel.
- Exclude visitors, as much as possible, from entering the isolation room.



Section 2: Infection Control Measures

After use, place all PPE into a plastic biohazard bag and in the isolation room (gowns and gloves) or outside of the room (respirators).



Section 2: Infection Control Measures

Additional Contact Precautions:

- As much as possible, dedicated patient care equipment must be assigned to and left in the isolation room.
- If equipment must be used on other patients meticulously clean and disinfect the equipment with an EPA-registered surface disinfectant for healthcare settings.
- Use disposable items whenever possible.
- Dispose of all non-sharps waste in biohazard bags for disposal or transport for incineration or other approved disposal method.

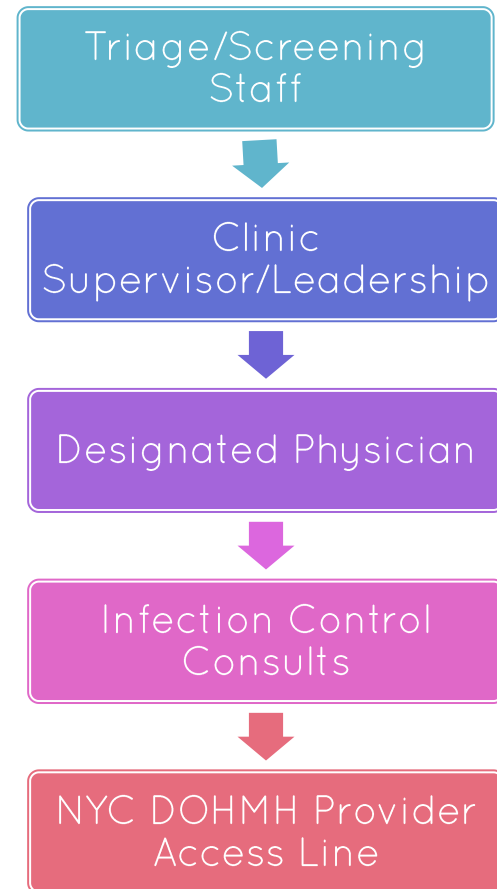
Section 2: Action Items

- ✓ Identify options that may be available in your clinic to separate or isolate patients with a positive communicable disease triage screen.
- ✓ Identify additional information regarding how your clinic will manage individuals who accompany the patients with a positive communicable disease triage screen while awaiting clinical evaluation of the patient.

Section 3: Notification and Evaluation

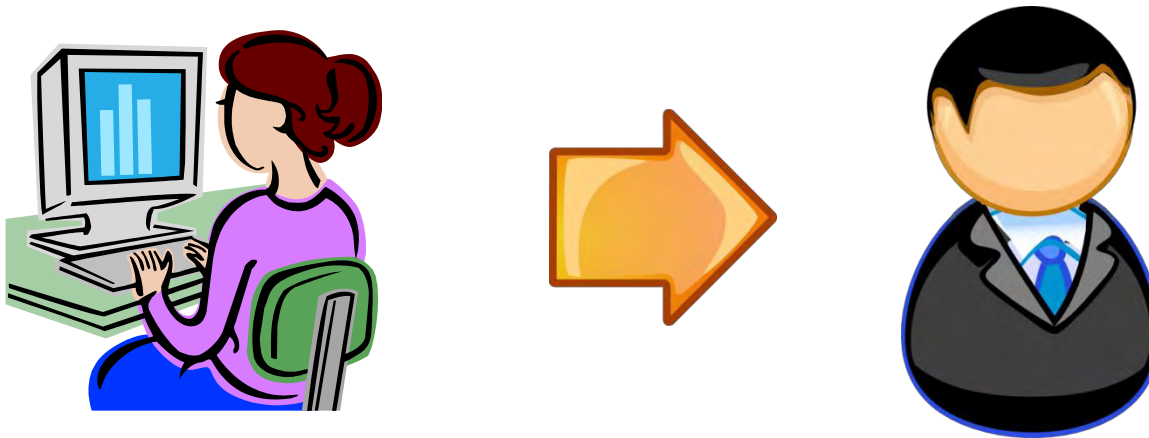
Once triage staff has identified a patient with a positive communicable disease triage screen, institute prompt notification of appropriate staff to ensure rapid evaluation of the patient for a potentially communicable disease of urgent public health concern.

For this reason, it is crucial to identify key staff ahead of time to ensure notification occurs rapidly.



Section 3: Notification and Evaluation

- Triage/screening staff notifies Clinic Supervisor who ensures that the appropriate infection control measures have been put into place.



Section 3. Notification and Evaluation

- Clinic Supervisor designates a physician to conduct the initial patient evaluation.
- The physician dons the appropriate PPE outside of the isolation room.
- The **designated physician** documents the time at which the patient evaluation is done on the patient's medical record.



Section 3. Notification and Evaluation

- If the designated physician feels that the patient potentially has a communicable disease, the physician or his/her designee will notify the **Infectious Disease Consult.**

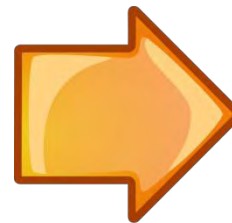


Section 3. Notification and Evaluation

- Infection Control or the designated physician will contact the NYC DOHMH Provider Access Line.
- NYC DOHMH will provide guidance on the clinical and laboratory assessment of the patient, management of clinic contacts, and/or prophylaxis/treatment.



OR



Section 3: Action Items

- ✓ Ensure appropriate staff are aware of communicable disease reporting requirements and how to contact the NYC DOHMH Provider Access Line Identify clinic supervisor/leadership, designated physician, Infection Control Consult (internal)
 - Designate points of contact for business hours and after-business hours
- ✓ Ensure designated physicians and infection control consult staff are aware of communicable disease reporting requirements and how to contact the NYC DOHMH Provider Access Line:

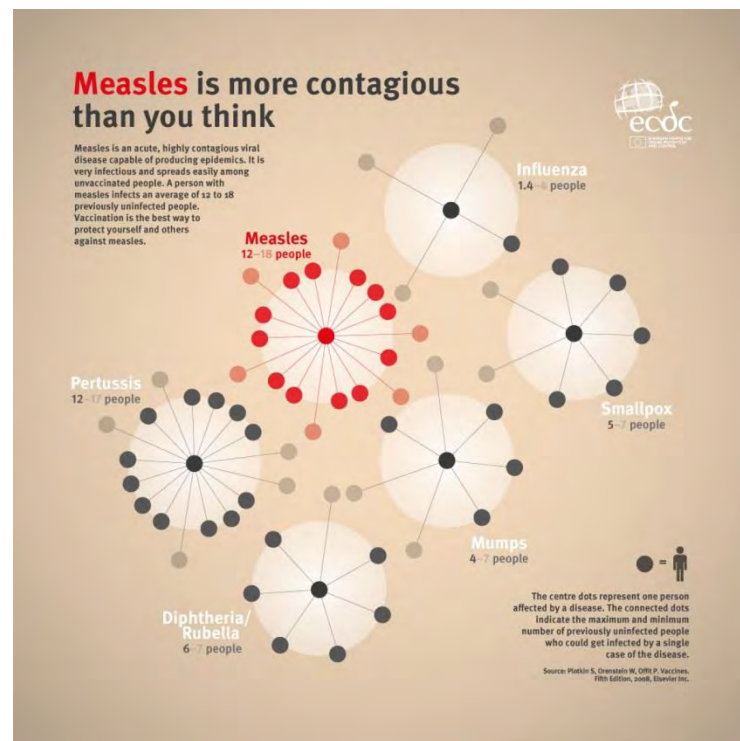
1-866-NYC-DOH1 (692-3641)



Section 4: Identification and Management of exposed persons in the clinic setting

Upon determination of a suspected or confirmed communicable disease of urgent public health concern, it will be essential to identify all contacts in the clinic including:

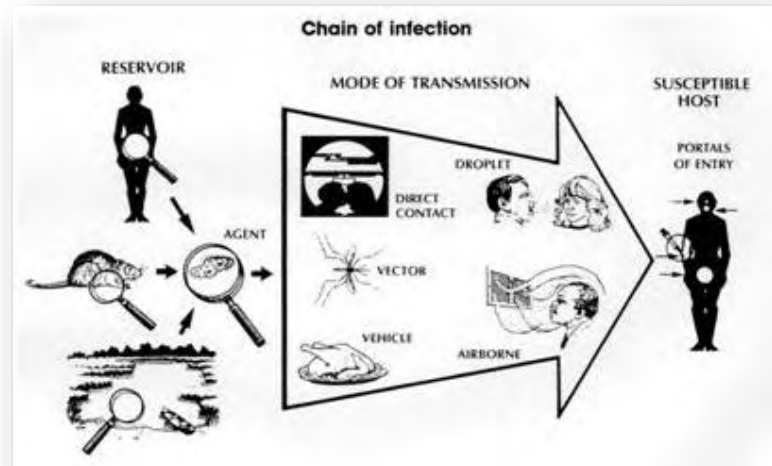
- Clinic staff members
- Other patients and visitors in the waiting area
- Persons accompanying the patient



This will be done in coordination with the NYC DOHMH.

Section 4: Identification and Management of exposed persons in the clinic setting

- After known exposure, the Infection Control Practitioner or his/her designee will notify the NYC DOHMH.
- Determination of the need for identification, monitoring and preventive care for potential contacts will be based on the epidemiology, clinical aspects, and mode of transmission.



Section 4: Identification and Management of exposed persons in the clinic setting

After consultation with the NYC DOHMH, the following measures may need to be taken regarding the risk of transmission to contacts in the clinic:

- Create a line list of patients and staff who were exposed to the index case prior to the index case being placed in isolation.

The line list* must include the following information on all contacts:

- Full name
- Address
- Telephone contacts (home, work, cell, email)
- Description of type of contact (e.g., shared waiting room)
- Vaccine Status (if the infectious agent involves a vaccine preventable agent, e.g., measles, or chickenpox)



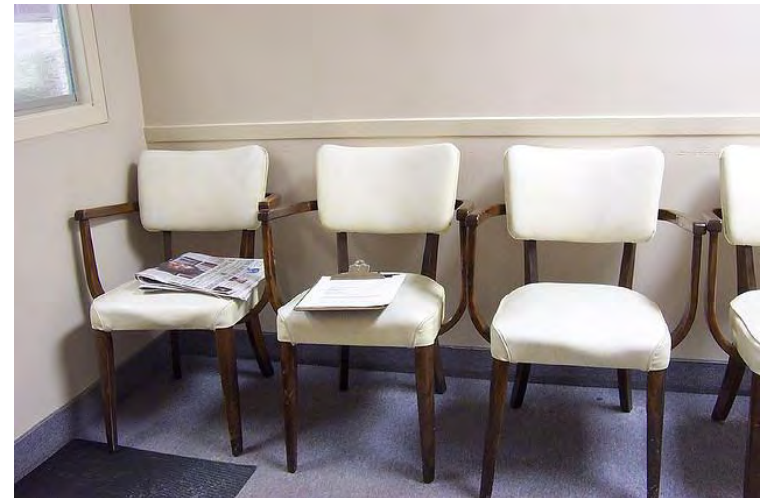
**Example will be provided in webinar materials*

Section 4: Identification and Management of exposed persons in the clinic setting

- Limit the number of persons who enter the isolation room, as well as the traffic in and out.
- Keep log to track the names and contact information for all persons who enter the isolation room.
- For individuals who accompanied the patient to the clinic:
 - Quickly evaluate for signs/symptoms and epidemiologic risk factors
 - Provide appropriate counsel and ask for contact information
 - Ask them to stay at the clinic (in case further evaluation confirms a communicable disease of urgent public health concern)

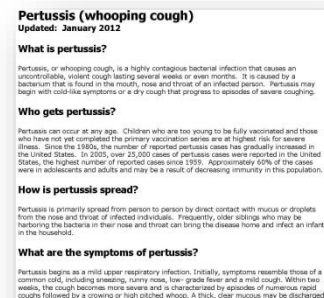
Section 4: Identification and Management of exposed persons in the clinic setting

- DOHMH may request that the clinic detain potential or confirmed contacts in the clinic facility until DOHMH personnel arrive to interview them.
- Hold all potential contacts awaiting DOHMH evaluation in a pre-identified location.



Section 4: Identification and Management of exposed persons in the clinic setting

- Infection control personnel or mental health personnel should be available to explain the situation to contacts.
- If possible, make patient-appropriate literature on the infectious agent of concern available to all contacts.
- Fact sheets for most communicable diseases of urgent public health concern are available on the NYC DOHMH or CDC websites.



Section 4: Identification and Management of exposed persons in the clinic setting

- For contacts that refuse to stay:
 - Collect information on how to reach them.
 - Inform the contact that DOHMH will be following up with them and it is extremely important to respond.
- The DOHMH may issue a Commissioner's Order that restricts movement of a contact or suspected contact as per the NYC Health Code.
 - In these cases, clinic/security staff may encourage the contact not to leave the facility.
- It is not the responsibility of the clinic to locate the contact if they leave the facility against clinic staff instructions.

Section 4: Action Items

- ✓ Ensure the Contact Identification Forms for Exposure to Communicable Disease of Urgent Public Health Concern includes all required information to be collected from potential or confirmed contacts in the clinic setting.
- ✓ Identify a location in your clinic that may be used to hold clinic contacts of a suspected case of a communicable disease of urgent public health concern pending interview by the DOHMH.

Review of Action Items for Protocol Development (1 of 2)

Based on the NYC DOHMH guidance, your Primary Care Center's Screening and Isolation Protocol will identify:

- ✓ Locations in clinic where signage, PPE and alcohol hand hygiene products will be placed
- ✓ Signage in all languages that are appropriate for your patient community.
- ✓ Staff members(s) will be responsible for posting signage and maintaining supplies
- ✓ Methods that your clinic uses or will use to ensure that all patients are screened upon initial encounter
- ✓ Options that may be available in your clinic to separate or isolate patients

Review of Action Items for Protocol Development (2 of 2)

Based on the NYC DOHMH guidance, your Primary Care Center's Screening and Isolation Protocol will identify:

- ✓ Additional information regarding how your clinic will manage individuals who accompany the patient
- ✓ Methods to ensure awareness of communicable disease reporting requirements and how to contact the NYC DOHMH
- ✓ Points of contact for business hours and after-business hours
- ✓ Required information for Contact Identification Forms
- ✓ Location in your clinic that may be used to hold clinic contacts pending interview by the DOHMH

Questions?



PCEPN Technical Assistance

PCEPN is offering virtual or in-person technical assistance hours to primary care centers to address specific questions and issues related to the development and implementation of screening and isolation protocols.

The [Screening and Isolation Protocol Checklist](#) is available for download on our website to help you prepare for the Drill.



If you would like to schedule a conference call or a meeting please send us an email - info@pcepn.org.

Important Dates

Dates	Activity	Participants
November 10, 2016 1:00 pm	<p><u>Exercise Plan Review Webinar</u></p> <p>Webinar for drill teams to review exercise plans and logistics. Drill teams will review exercise plan, Master Event Scenario List, Exercise Evaluation Guide, Actor Scripts, and Hotwash documents.</p> <p>Registration LINK</p>	Drill Team Members
November 28 – December 9, 2016	<p><u>Execution of Mystery Patient Drill</u></p> <p>Drill will be executed at the primary care site and must be conducted between these two weeks.</p>	Drill Team Members, PCEPN, Mystery Patient Actors, Primary Care Center Staff

Mystery Patient Drill Webpage

www.pcepn.org/MPD

Registrations

Schedule On-site Drill

Please select the date and time of your on-site drill here. If you do not make your selection by October 21, 2016, PCEPN Team will assign the drill day/time slot for you.

[SCHEDULE DRILL](#)

Oct 12, 2016
10:00 AM - 11:00 AM

Webinar 1 - Introduction

This webinar will introduce the Drill to participating organizations and will describe all the components of the drill implementation.

Oct 19, 2016
1:00 PM - 2:00 PM

Webinar 2 - Infection Control

Upon completion of this webinar, participants will be able to:

- Describe the key elements of protocols for screening and isolation for communicable diseases of urgent public health concern
- Determine considerations for a positive communicable disease triage screening
- Identify actionable items for developing or enhancing screening and isolation protocols

[REGISTER](#)

Nov 10, 2016
1:00 PM - 2:00 PM

Webinar 3 - Toolkit & Drill Teams Overview

This webinar is for the Drill Team members and will review the Drill Toolkit as well as review and describe the roles for different drill participants. The webinar will also discuss next steps in drill implementation.

[REGISTER](#)

Upcoming PCEPN Events

3rd Annual Primary Care Emergency Management Seminar

Date:

March 23, 2017

Time:

9:00 AM – 4:00 PM

Location:

Baruch College
151 East 25th Street – 7th Floor
New York, New York

Breakfast and Lunch will be provided



www.pcepn.org/seminar

Thank You



Alexander Lipovtsev
Activation Liaison



Michael Sardone
Activation Liaison



Gianna Van Winkle
Activation Liaison

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914-22-PCEPN

www.pcepn.org