JENNIE B RICHMOND
NURSING HOME

Emerging Respiratory Infection

DEPARTMENT INITIATING POLICY/PROCEDURE: Infection Control
POLICY NUMBER:
EFFECTIVE DATE: 3/2020
REVIEWED DATES: _____
REVISED DATES:
SUBJECT: Emerging Respiratory Infection
INITIATED BY: Sheri Plummer, RN Infection Control Nurse
Signature: _____
APPROVED BY: Renna Thaine, RN Director of Nursing
Signature: _____
DISTRIBUTION: All Units

Policy:
All employees of Bertrand Chaffee Hospital/Jennie B Richmond Nursing Home will follow the policy/procedure regarding emerging respiratory infections. May include; Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Coronavirus, etc.

Purpose:
To minimize the potential for exposure and transmission of the virus which causes respiratory illness.

Clinical Criteria:
Asymptomatic or mild respiratory illness.

Moderate respiratory illness; temperature >100.4 F (38 C) oral temperature and one or more of clinical findings of respiratory illness (such as cough, shortness of breath, difficulty breathing, or hypoxia).

Severe respiratory illness: temperature >100.4 F (38 C) oral temperature and one or more findings of respiratory illness (such as cough, shortness of breath, difficulty breathing, or hypoxia) AND radiographic evidence of pneumonia, or respiratory distress syndrome without an identifiable cause.

Epidemiologic Criteria:
Travel (including transit in an airport) within 14 days of onset of symptoms to an area with current or recently documented or suspected community transmission of ***or as latest CDC released information:***

SARS (Mainland China, Hong Kong Special Administrative Region, Hanoi, Vietnam, Singapore, Toronto, Taiwan).
MERS (Travel near the Arabian Peninsula or contact with camels).

Coronavirus (MERS) (Travel history of China, Iran, Italy, Japan, South Korea or contact with positive source).

OR

Close contact within 14 days of onset of symptoms with a person known or suspected to have an emerging respiratory Infection or having cared for, lived with, or having direct contact with respiratory secretions and/or body fluids of a person known or suspected to have SARS infection.

Clinical Information:

SARS/MERS/Coronavirus are respiratory illnesses with a previously unrecognized coronavirus reported in the regions above. Coronaviruses can survive in the environment for as long as three hours. It appears to be spread through droplet transmission (coughs or sneezes). It can be transmitted more broadly though the air or from contaminated objects.

The Incubation period for SARS is typically 2-7 days; however, isolated reports have suggested an incubation period for as long as 10 days.

The incubation period for MERS/Covid-19 is typically 2-14 days.

The illness begins generally with a prodrome of fever (100.4 F or greater). Fever is associated with chills and rigors, and might be accompanied with headache, malaise, and myalgia. On the onset of illness, some persons have mild respiratory symptoms. Some patients have reported diarrhea during the febrile period.

Diagnostic testing recommended by the CDC*:

- Chest radiograph
- Pulse oximetry
- Blood cultures
- Sputum gram stain and culture
- Influenza A and B
- Respiratory Syncytial Virus (RSV)
- Covid-19 test (when available)

*Clinicians should save any available specimens (respiratory, blood, serum) for additional testing until a specific diagnosis is made.

Treatment: Transfer the Resident to BCH and defer treatment to CDC.gov and as directed by DOH.

Triage:

Surgical masks are available at the reception window/clean utility rooms at the nursing home for emergency department patients /Residents who have fever, respiratory symptoms and/or have been in contact with an infected person.

PPE (masks, gloves, and eye protection) should be worn by triage personnel/Nursing home staff in contact with the resident.

Management of Persons Under Investigation (PUI):

If the patient/resident has a fever and respiratory symptoms and meets the travel and contact conditions IMMEDIATELY:

Place a surgical mask on patient/resident

The resident will be transferred to BCH ER (the ER staff will be notified of the transfer via phone prior to transfer).

After the resident is transferred, leave the resident room door **closed** and defer for further direction from the DOH for cleaning purposes.

Use Airborne, Contact, and Standard Precautions

Use PPE for all direct patient contact: gloves, eye protection, gown, dedicated equipment (n95 or PAPR if available).

Use an alcohol rub before and after donning gloves.

Notify the infection control nurse and the nurse manager immediately.

The infection control nurse will notify the appropriate DOH agency.

Aerosol-Generating Procedures in Patient who have suspected emerging respiratory illness:
Healthcare personnel should ensure that patients have been evaluated before initiation of aerosol-generating procedures such as; aerosolized medication treatments, diagnostic sputum induction, bronchoscopy, airway suctioning, or endotracheal intubation.

Handling of Specimens:
Specimens from patients/resident with suspected illness should be labeled accordingly and the laboratory should be alerted to insure proper specimen handling.

Management of a Positively Infected Person: The DOH will direct all care of the case.

Management of Healthcare Workers Exposed to emerging respiratory illness: defer to the DOH.

If an unprotected high-risk exposure to a positively infected patient/resident occurs the HCW should be excluded from duty for 14 days following exposure. Unprotected high-risk exposure is defined as presence in the same room as a probable emerging respiratory infection patient /resident during a high-risk aerosol generating procedure or event and where the recommended infection control precautions are either absent or breached. HCW who are excluded from work should limit interactions outside the home and the management of the case will be directed by the DOH. The HCW will not be allowed to return to work until released by the DOH

HCW who have other (not high risk) unprotected exposures to a patient with SARS need not be excluded from duty, but should undergo active surveillance for symptoms as advised by the DOH. Prior to reporting to work daily, the HCW will be interviewed regarding respiratory symptoms and have their temperature measured by employee health or other designee.

HCW who have had exposures to positive patients while using proper infection control will also be monitored for respiratory symptoms and fever as directed above.

Any HCW who develops symptoms should immediately be excluded from work and the DOH will manage the case. The HCW will not be allowed to return to work until released by the DOH

Management of Family Contacts: defer to the DOH

The DOH will notify and manage contacts. Persons who arrived with patient to hospital should be given a surgical mask and be told to return to home. Tell them the DOH will contact them with further instructions.

Intimate Contacts: sharing a living space or intimate contact with patient/resident (or body fluids) during period of communicability will be notified and managed by DOH.

Close Contact: Being in a confined space for greater than 30 minutes, such as conversation, physical exam, or contact sports. Will be notified and managed by DOH.

Casual Contact: Non face-to-face contact, minimal, or passing in an enclosed space, such as walking by, sitting briefly in a waiting room or office. No follow-up is needed for casual contact.

Environmental Cleaning: defer to DOH for further direction.

Daily cleaning:
Housekeeping staff will wear N95 or PAPR and gloves when cleaning the room. The door should remain closed. Horizontal and frequently touched surfaces in the room (bed or exam table, counter tops, bedside tables, phone, call bell, toilet, sink, etc.) should be wiped down with an EPA registered low or intermediate-level disinfectant such as:

- 1:10 dilution of bleach (5.25% sodium hypochlorite) prepared fresh for use daily
- Phenolics
- Quaternary ammonia compounds

Remove gloves and perform proper hand hygiene after cleaning. The door should remain close after cleaning.

Solutions for cleaning and disinfection should be discarded after use. Thoroughly rinse and clean housekeeping equipment after use and allow equipment to dry. Launder reusable mop heads and cleaning cloths according to current practice.

Terminal Cleaning:
Clean and disinfect horizontal surfaces described above, obvious soiled vertical surfaces, and frequently touched surfaces such as light cords, switches, and door knobs. Curtain dividers should be changed and laundered.

Solutions for cleaning and disinfection should be discarded after use. Thoroughly rinse and clean housekeeping equipment after use and allow equipment to dry. Launder reusable mop heads and cleaning cloths according to current practice.

References:

CDC.gov-Guidance & Recommendations for SARS. May 2005. April 2013.
CDC.gov.MERS-CoV (June 2015).
CDC.gov Covid-19 (February 2020).