

**NYC DOHMH Guidance Document for
Development of Protocols for Management of Patients Presenting to
Hospital Emergency Departments and Clinics with
Communicable Diseases of Urgent Public Health Concern**

Table of Contents

Section I.

Triage protocol for prompt recognition and isolation of a single patient presenting to the ED/Clinic with fever/rash or fever/respiratory illness suggestive of a communicable disease of urgent public health concern (e.g., measles, meningococcal disease, SARS, avian influenza, smallpox, or plague)

	Page
Introduction/Background for this Guidance Document	3-4
How to Use this Guidance Document	4-5
1. Initial Patient Encounter	6-8
2. Infection Control Measures on Arrival	9-11
3. Notification (internal and external)	12-13
4. Identification and Management of Exposed Persons in the ED/clinic	14-15
Appendix:	
Appendix A. Examples of Communicable Diseases of Urgent Public Health Concern	16
Appendix B. Generic Notification Job Action Sheets	17-20
Appendix C. Sample Contact Tracing Collection Form	21

Section II.

Surge triage protocol for prompt recognition and isolation in the event of an influx of patients presenting to the ED/Clinic with a suspected or confirmed communicable disease of urgent public health concern (e.g., an outbreak of SARS or pandemic influenza, or a bioterrorist attack involving plague or smallpox). **[NOTE: This section of the guidance document is currently being developed and will be shared at a later date.]**

Introduction

The impact on hospitals affected by the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS) highlighted the critical importance of rapid recognition and isolation of patients with more highly communicable diseases to prevent nosocomial spread to other patients, staff and visitors. Although New York City (NYC) was spared during the international outbreak of SARS, recent delays in identifying and isolating patients with measles in NYC emergency departments and clinics demonstrate the need to ensure that effective measures are routinely in place for triaging potential contagious patients with fever and respiratory or rash illnesses.

Because emergency departments (ED) and clinics are important and vulnerable points of entry into a hospital, effective strategies for triage applied in these settings will have great impact on minimizing nosocomial transmission within and beyond the ED and clinics. Also, expertise gained in planning for ED/Clinic communicable disease triage will be useful in identifying and controlling infectious diseases in other clinical settings.

Background for this Guidance Document

The following guidance document has been prepared to assist hospitals in developing or updating their protocols for screening and isolation for communicable diseases of urgent public health concern (i.e., diseases with greater likelihood of spread to others, and with higher likelihoods of more severe morbidity or mortality; See Appendix A: *Examples of Communicable Disease of Urgent Public Health Concern*) in their EDs and clinics. Separate guidance is provided for the following two situations:

- ❑ A single patient presenting to the ED/clinic with fever/rash or fever/respiratory symptoms suggestive of a communicable disease of urgent public health concern (e.g., measles, meningococcal disease, SARS, avian influenza, smallpox, or plague)
- ❑ An influx of patients coming to the ED/clinic after an outbreak of a communicable disease of urgent public health concern is confirmed (e.g., SARS, pandemic influenza, possible bioterrorist attack involving plague or smallpox) [**NOTE: This section of the guidance document is currently being developed and will be shared at a later date.**]

How to Use this Guidance Document: This guidance document is meant to serve as a standardized template format for hospitals to customize their institution’s ED/Clinic screening/isolation protocols and should be considered a living document (i.e., one that evolves as needed to fit the needs and culture of each hospital).

The primary objectives of this guidance are to

- 1.) Enhance early recognition of a patient who may have a communicable disease of urgent public health concern upon arrival at the hospital ED or clinic;
- 2.) Prompt the rapid institution of infection control measures to minimize potential transmission to staff, patients and visitors.
- 3.) Provide a template from which hospitals may operationalize their plans.

The New York City Department of Health and Mental Hygiene (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:

- During the winter respiratory viral season, when larger numbers of patients present with fever and respiratory symptoms, it may be more difficult to recognize patients who may present with nonspecific, prodromal symptoms of communicable diseases that are of urgent public health concern (e.g., index patient with SARS presenting at the peak of the winter influenza season)
- Limitations in hospital surge capacity to handle larger numbers of potentially contagious patients (e.g., limited airborne infection isolation rooms {AIIRs}, or small waiting rooms that do not easily allow hospitals or clinics to separate patients with fever and cough or rash symptoms)

However, given the potential implications of delayed recognition of a patient with a more highly communicable disease, this guidance document provides a standardized format for hospitals to use for their triage protocols for infectious diseases in their ED and clinics. Regular trainings and drills for frontline staff (triage, reception, security as well as nursing and medical staff) on the measures outlined in this protocol, including notification procedures, are essential to ensure compliance with these measures.

Working with the Guidance Document: The first part of this guidance document is composed of four sections:

- 1.) Initial Patient Encounter
- 2.) Infection Control Measures on Arrival
- 3.) Notification
- 4.) Identification and Management of Exposed Persons in ED/Clinics.

In each section, the DOHMH provides suggested text and/or examples. Sections that the DOHMH considers critical to an effective triage protocol for patients who may have a communicable disease of urgent public health concern are highlighted in **bold and underlined** text. If appropriate for your facility, the text and/or examples can be incorporated directly into your hospital protocol. If needed, space is provided after each section to allow hospitals to add information from their own facility-specific plans.

NYC DOHMH recommends that each hospital convene a working group composed of staff from key hospital departments to review and sign off on the finalized hospital screening/isolation protocol. Suggested members for your hospital working group would include Emergency Department, Infection Control/ Infectious Disease, Hospital Administration, Security, Housekeeping, and/or Facility Engineering.

Hospitals are encouraged to use standard terminology and approaches that are consistent with recommendations by the Centers for Disease Control and Prevention (CDC) and their Healthcare Infection Control Practices Advisory Committee (HICPAC). A copy of the *Draft Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* from HICPAC is electronically attached.

A. Single Patient Entering the ED or clinics with Fever/Rash or Fever/Respiratory Illness

1. Initial Patient Encounter: Effective screening for and isolation of potentially infectious patients, especially those who may be at risk for airborne or droplet transmission of infectious agents to others, is critical to ensure prompt recognition and isolation as soon as possible after patient arrival. The following measures are recommended to be routinely in place to help decrease transmission of infectious agents to staff, visitors and other patients:

(Note: Sections a and b below should be considered standard measures for all EDs and clinic to routinely have in place.)

- a. **Place surgical masks and alcohol hand hygiene products as close as possible to all entranceways to ED/Clinics so that they are available to all patients and visitors coming to the hospital/clinic.**

Signage (see below) should be placed next to these items and be clearly visible.

Boxes of tissues, waste baskets, and alcohol-based hand hygiene products should be placed throughout the ED/clinic waiting areas and examination rooms.

- 1) Signage should have a simple, clear message in large font stating that all patients who come in with fever and respiratory symptoms or rash should wear a mask and perform hand hygiene with the alcohol hand hygiene products available at the entranceway. They should then proceed directly to the registration desk and/or triage nurse and alert staff to their symptoms.
- 2) Signage should show patients how to wear the mask correctly and how to use the alcohol hand hygiene products.
- 3) Other options: Show a streaming video on TV/media equipment in ED/clinic waiting areas that demonstrate proper methods for hand hygiene, usage of surgical mask, and how patients should alert ED/clinic staff if they have fever and respiratory or rash symptoms. “Cover Your Cough” posters in various languages can be obtained from the DOHMH website:
<http://www.nyc.gov/html/doh/html/cd/cd-cough.html>.

(Note: List other locations in hospital where signage, masks and alcohol hand hygiene products will be placed):

- b. **Signage should be in all languages that are appropriate for your patient community.**
(Note: List languages that will be used for signage at your facility):

- c. Which title(s) in your hospital will be responsible for posting the signage and determining the location of the signage/alcohol-based hygiene products/masks?
-
-
-

- d. **Triage/screening staff should have a reminder system 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 should include asking all patients with fever about the presence of respiratory symptoms (cough or shortness of breath) and rash symptoms, as well as epidemiologic risk factors, such as recent travel.

The following questions should be asked of all patients at the initial screening:

- ❖ *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?*

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 (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory 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 hospital’s triage screening sheet or keeping as a separate but written document.)

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

1-- Any patient with fever and rash.

2 – Any patient with fever and respiratory symptoms who reports any of the following 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 (e.g., country currently experiencing an outbreak of avian influenza, or country at higher risk for re-emergence of SARS, such as mainland China) [NOTE: Since triage/screening staff may not be aware of which countries are at risk, infection control practitioners (ICPs) should be instructed to consult the DOHMH website for recent health alerts: <http://www.nyc.gov/html/doh/> or the CDC website at <http://www.cdc.gov/travel/>. ICPs may want to check for this information on a daily or weekly basis so that they can be posted on a nearby ED/clinic bulletin board to update the ED/clinic staff.];

- ❖ Contact with someone who is also ill and traveled to an area that is known to be or is at risk for a communicable disease outbreak of urgent public health concern as outlined above;
- ❖ Healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer) with a recent exposure to a potential communicable disease of urgent public health concern;
- ❖ 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).

d. **Patients who meet either of the criteria above for a positive communicable disease triage screen should be prioritized for individual placement in an AIIR or private room pending clinical evaluation. Both patient and triage staff should perform hand hygiene.**

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

- 1 - A poster or desk chart that is placed in a location that is easily seen by the triage or registration staff.
- 2 – Including the communicable disease triage screening questions on all paper-based registration or triage forms, or a sticker that is placed on all forms for patients who report fever.
- 3 -- In hospitals with computerized ED or clinic registration systems, adding a computer prompt that asks all patients about fever symptoms. For patients that report fever, the communicable disease triage screening tool will automatically pop-up on the computer screen.

(Note: List methods that your hospital uses or will use to ensure that triage/screening staff queries all patients regarding fever and respiratory/rash symptoms on initial encounter.)

- i. _____
- ii. _____

2. **Infection Control Measures on Arrival:** When a patient with a positive communicable disease triage screen is identified, prompt implementation of Standard Precautions, respiratory hygiene/cough etiquette [standard respiratory precautions], and appropriate isolation precautions based on the suspected infection will decrease the risk of transmission to others.

- a. **The patient should be given a surgical mask immediately, if not already wearing one.** The patient should be shown how to wear the mask and instructed to wear this mask at all times. The patient should keep the mask on at all times while in the isolation room (unless it is an AIIR) in order to minimize contamination of the room. The patient should be instructed on how to perform hand hygiene after coughing or other contact with respiratory secretions or their rash.

[NOTE: The following considerations should be made for patients who may have difficulty breathing with a mask on, such as allowing a looser fit of the surgical mask (e.g., surgical masks with ties) or providing them with their own supply of tissues. Strict hand hygiene should be reinforced for these individuals.]

Surgical masks may not be feasible for young children with a positive communicable disease triage screen to wear. In these situations, the child and accompanying adults should be seen as quickly as possible by the triage staff and placed in an appropriate isolation room or an area in the waiting room in a way that allows at least 3 feet separation from other persons. The parents should be instructed to wash their hands and their children's hands with soap and water, or alcohol hand hygiene products frequently, especially after the child coughs, sneezes or has other direct contact with oral secretions.

- b. **Patients need to be separated from others in an isolation room or in the waiting area pending medical evaluation.** Depending on the space resources available in the hospital ED or clinic, isolation options in decreasing order of preference include:
1. Airborne Infection Isolation Room (AIIR): negative pressure isolation rooms with a minimum of 6-12 air exchanges per hour and direct exhaust to the outside which is located more than 25 feet from an air intake and from where people may pass (if air cannot be exhausted directly to the outside more than 25 feet from an air intake and from where people may pass, then air should be filtered through an appropriately installed and maintained HEPA filter). These rooms should be tested monthly (and daily when in use) to verify negative airflow.
 2. Pre-identified enclosed private room(s): an examination room with a door that is kept closed to the hallway. (Self-closing doors are preferable). **(Note: These rooms should be tested by Facility Engineering beforehand to ensure that the rooms are exhausted appropriately (i.e., not positive pressure and do not share airflow with other rooms.)**
 3. 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).
 4. If an AIIR, private room or pre-identified examination area is not available, the patient should be asked to stay in an area of the waiting room that allows at least

three feet of separation between the patient and others in the waiting area. The patients should be instructed to keep the surgical mask on at all times while in the waiting area and discouraged from walking around the ED/hospital.

5. Portable isolation chambers can also be considered as an alternative if neither AIIR nor private rooms are available.

[Note: List options that may be available in your hospital to separate or isolate patients with a positive communicable disease triage screen]

- c. **If patients are placed in an AIIR or isolation room, appropriate infection control signage based upon the route of transmission for the suspected disease of concern and/or Hospital Infection Control policies should be posted outside the patient's isolation room signifying the need for precautions until a medical evaluation determines that the patient does not have a contagious disease requiring isolation. At a minimum, droplet and contact precautions should be used for all patients with a positive communicable disease triage screen.**

The management of PPE disposal should be consistent with your hospital's infection control policies.

1. All appropriate PPE should be stocked outside the door to the patient's AIIR or isolation room. Appropriate PPE for select pathogens can be found at the CDC website: <http://www.cdc.gov/ncidod/hip/ISOLAT/ISOLAT.HTM> as well as in the 2004 DRAFT HICPAC Infection Control Guidelines: Appendix B. Type and Duration of Precautions Recommended for Selected Infections and Conditions.

Signage on the proper method of donning and removing PPE should be prominently displayed outside or nearby all AIIRs in the ED and clinics. Alcohol hand hygiene products or a sink with hot water, soap and paper towels should be available.

2. If available, patients with a positive communicable disease triage screen should 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.
3. **In the absence of an anteroom, gowns and gloves should be removed inside the patient's room and discarded in a waste receptacle just inside the room by the door. Hand hygiene products should be placed right outside the door so that staff can use immediately after removal of respiratory protection equipment. Doing this prevents staff from wearing the same gloves and gowns after leaving the isolation room and contaminating other areas of the ED/clinic.** Signage should be placed to remind staff of this protocol. A separate

waste receptacle should be placed immediately outside the patient's room for disposal of respirators.

- d. Limit as much as possible the number of persons who enter the patient's room, as well as the traffic in and out. Entry should be limited to necessary hospital staff and public health personnel. Visitors should be excluded, as much as possible, from entering the patient's room.

(NOTE: Please add any additional information regarding how your hospital will manage individuals who accompany the patients with a positive communicable disease triage screen while awaiting clinical evaluation of the patient.)

- e. After use, all PPE should be placed into a plastic biohazard bag and left in the patient's room (gowns and gloves) or outside of the room (respirators) --- ideally, in the anteroom, if an isolation room with anteroom is available. If positive air pressure respirators (PAPR) are used, the PAPR should be cleaned and disinfected prior to entering another patient's room. **Please note that PAPRs should not be considered a higher level of protection and their use should be limited to men with facial hair or for those individuals who are have documented poor fit for N95 respirators.**
-
-
-

- f. As much as possible, when contact precautions are indicated, dedicated patient care equipment (e.g., blood pressure cuffs and stethoscopes) should be assigned to and left in the patient's room. **If equipment must be used on other patients (e.g., portable X-ray machine), meticulously clean and disinfect the equipment with EPA-registered hospital disinfectants (e.g., quaternary ammonium compounds) or sodium hypochlorite.**
-
-
-

- g. Use disposable items whenever possible.
- h. Dispose of all non-sharps waste in biohazard bags for disposal or transport for incineration or other approved disposal method.
- i. All used laundry and linens should be handled carefully to prevent aerosolization or direct contact with potentially infectious material. **Anyone directly handling the patient's linen or laundry should wear appropriate PPE.**

3. Notification and Evaluation: Once triage staff has identified a patient with a positive communicable disease triage screen, prompt notification of appropriate staff should be instituted to ensure rapid evaluation of the patient for a potentially communicable disease of urgent public health concern. It is crucial to identify key staff ahead of time to ensure notification occurs rapidly. [NOTE: *The following notification format should be revised for your own hospital. Generic Job Action Sheets for this notification section are included in the Appendix. Hospitals should develop additional Job Action Sheets as needed: Housekeeping, Security.*]

- a. Triage/screening staff (or person who has initial encounter with the patient and conducts communicable disease triage screening) notifies ED Supervisor (i.e., person in leadership position in ED) who ensures that the appropriate infection control measures have been put into place.

Title of ED Supervisor: (Business Hours): _____

Title of ED Supervisor: (After-Business Hours): _____

- b. ED Supervisor designates an ED physician to conduct the initial patient evaluation. The ED physician should don the appropriate PPE outside the patient's AIIR/isolation room to examine the patient and determine if patient is at risk for a communicable disease of urgent public health concern.

- c. If ED Physician feels that the patient potentially has a communicable disease of urgent public health concern, the ED physician or his/her designee will notify the Infectious Disease Consult/Infection Control Practitioners, Hospital Administrator On-Duty, Nursing Head, and Housekeeping.

Contact Information for Infectious Disease Consult

(Business Hours): _____

(After-Business Hours): _____

Contact Information for Infection Control Practitioners

(Business Hours): _____

(After-Business Hours): _____

Contact Information for Administrator On-Call

(Business Hours): _____

(After-Business Hours): _____

Contact Information for Nursing Administration

(Business Hours): _____

(After-Business Hours): _____

Contact Information for Housekeeping

(Business Hours): _____

(After-Business Hours): _____

Infection Control or the ED physician will notify the NYC DOHMH. NYC DOHMH will provide guidance on the clinical and laboratory assessment of the patient, management of ED or clinic contacts, and/or prophylaxis/treatment. Depending on the situation, a medical epidemiologist from the DOHMH may need to come on site to coordinate the case and contact investigation with the hospital staff.

Contact Information for NYC DOHMH

(Business Hours): Provider Access Line: 1-866-NYC-DOH1 (692-3641)

(After-Business Hours): POISON Control Center: 1-800-222-1222

4. Identification and Management of Exposed Persons in the ED/clinic: As soon as it is determined that a patient has a suspected or confirmed communicable disease of urgent public health concern, it will be essential to identify all contacts in the ED or clinic (including other patients and visitors in the waiting area during the time the patient was there). This should be done in coordination with the NYC DOHMH. (NOTE: The NYC DOHMH will be responsible for identifying close contacts outside of the hospital or clinic setting, such as home, social and workplace contacts).

- a. If not already done, the Infection Control Practitioner or his/her designee should notify the NYC DOHMH. Contact Information for NYC DOHMH:

Business Hours: Provider Access Line: 1-866-NYC-DOH1 (692-3641)

After-Business Hours: POISON Control Center: 1-800-222-1222

Determination of the need for identification, monitoring and preventive care for potential contacts will be based on the epidemiology and clinical aspects of the suspected or confirmed communicable disease and its probable mode of transmission.

- b. The following measures may need to be taken after consultation with the NYC DOHMH regarding the risk of transmission to contacts in the ED/clinic. The Infection Control Practitioner or his/her designee will 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 should include the following information on all contacts: full name, address, telephone contacts (home, work, cell, email) and description of type of contact (e.g., shared waiting room). If the infectious agent involves a vaccine preventable agent (e.g., measles, chickenpox), a column on the line list should include the vaccine status for the agent of concern. (*A sample Contact Identification Form for Exposure to Communicable Disease of Urgent Public Health Concern is included in the Appendix.*)
- c. Consistent with your hospital's policy, the number of persons who enter the patient's room should be limited, as well as the traffic in and out. Entry should be limited to necessary hospital staff and public health personnel. Visitors should be excluded from entering the patient's room.

A log should be kept to track the names and contact information for all persons who enter the room, in the event that follow up is needed.

Individuals who accompanied the patient to the hospital should be quickly evaluated for signs/symptoms, counseled, asked for contact information, and asked to stay in case further evaluation confirms a communicable disease of urgent public health concern.

- d. For certain suspected communicable diseases of urgent public health concern, such as smallpox, during the initial consultation with the DOHMH, the DOHMH may request that the hospital detain ED and clinic contacts in the hospital until DOHMH

personnel arrive to interview them. A detention order may be issued, if needed, for non-compliant contacts:

- i. A location in the hospital should be pre-identified that can be used to hold all ED or clinic contacts that are awaiting evaluation by the DOHMH. [NOTE: *Please note location in your hospital that may be used to hold ED or clinic contacts of a suspected case of a communicable disease of urgent public health concern pending interview by the DOHMH*]

Location: _____

- ii. Infection Control Personnel or Mental Health personnel should be available to explain the situation to contacts. If possible, patient-appropriate literature on the infectious agent of concern should be made available to all contacts. Fact sheets for most communicable diseases of urgent public health concern are available on the NYC DOHMH or CDC websites:

NYC DOHMH www.nyc.gov/health

CDC www.cdc.gov

- iii. For contacts that refuse to stay, the Infection Control staff should collect information on how to reach the person (including address and home, work and cell phones or beepers). Inform the contact that DOHMH will be getting in contact with them and it is extremely important that they respond.
- iv. The DOHMH may issue a Commissioner's Order that permits the hospital to prevent the contact or suspected contact from leaving as per Section 11.55 of the NYC Health Code. While this is being faxed over to Hospital, it may be necessary for the Hospital to notify hospital security to detain the contact.

Appendix A. Examples of Communicable Diseases of Urgent Public Health Concern:
Diseases with greater likelihood to spread to others, and with higher likelihood of more severe morbidity or mortality (Taken from HICPAC Guideline for Isolation Precautions).

	Potential Pathogens: <i>The organisms listed in this column are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.</i>	Empiric Precautions: <i>Infection control professionals should modify or adapt this table according to local conditions.</i>
Rash or Exanthems, generalized, etiology unknown		
Petechial/ecchymotic with fever	Neisseria meningitidis	Droplet for first 24 hours of antimicrobial therapy
Vesicular	Varicella, smallpox, or vaccinia virus	Airborne infection isolation plus Contact; Contact if vaccinia
Maculopapular with cough, coryza and fever	Rubeola (measles) virus	Airborne infection isolation
Respiratory Infections		
Cough/fever/upper lobe pulmonary infiltrate in HIV-negative patient or a patient at low risk for HIV	M. tuberculosis; SARS	Airborne infection isolation; add Contact plus eye protection if history of SARS exposure; travel
Cough/fever/ pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	M. tuberculosis	Airborne infection isolation
Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Influenza virus	Contact plus Droplet; Droplet may be discontinued when adenovirus and influenza have been ruled out

Appendix B. Generic Notification Job Action Sheets

Job Action Sheet

(Triage Staff) _____

Responsible Staff: _____

- Perform Communicable Disease Triage Screen on patients who self-identify as having fever or who have fever on triage exam.
 - Have you had fever (elevated temperatures) in the past two weeks?
 - Have you had cough in the past two weeks?
 - Have you had shortness of breath or difficulty breathing in the past two weeks?
 - Have you had a rash or unusual skin lesions in the past two weeks?

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 (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory 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?

Based on the responses to these questions, a **positive communicable disease triage screen** is considered for any patient who meets one of the following two criteria:

1- Any patient with fever and rash

2 – Any patient with fever and respiratory symptoms who reports any of the following epidemiologic risk factors:

- Travel to an area that is known to be currently experiencing or at risk for a communicable disease outbreak of urgent public health concern (e.g., country currently experiencing an outbreak of avian influenza, country at higher risk for re-emergence of SARS, such as China) [*NOTE: Since triage/screening staff may not be aware of which countries are at risk, infection control practitioners (ICPs) should be instructed to consult the DOHMH website for recent health alerts: <http://www.nyc.gov/html/doh/> or the CDC website at <http://www.cdc.gov/travel/>. ICPs may want to check for this information on a daily or weekly basis so that they can update the ED/clinic staff.];*
- Contact with someone who is also ill and traveled to an area that is known to be or is at risk for a communicable disease outbreak of urgent public health concern as outlined above;
- A healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) with a recent exposure to a potential communicable disease of urgent public health concern;;
- 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).

- If communicable disease triage screen:

- **Positive**: Patients with a positive communicable disease triage screen should be given a surgical mask and prioritized for placement in an AIIR or private room pending clinical evaluation. Both patient and triage staff should perform hand hygiene.
- **Negative**: Note negative communicable disease triage screen on ED form or sheet.
- If communicable disease triage screen positive, notify *ED Supervisor* _____.
- Bring patient to pre-identified area for separating positive communicable disease triage screen patients to await medical evaluation.
- Perform hand hygiene after last contact with patient.

Job Action Sheet
ED Supervisor _____

Responsible Staff: _____

- When notified by *Triage Staff* concerning patient with positive communicable disease triage screen, ensure that appropriate infection control measures have been taken.
 - **Patient placed in AIIR or private isolation room**
 - Signage on door of isolation room.
 - Signage showing proper donning and removing of PPE outside of room.
 - Appropriate PPE placed outside door.
- Identified appropriate ED medical staff to conduct clinical evaluation to determine if patient has a communicable disease of urgent public health concern
- If ED medical staff reports that patient is suspected to have potentially communicable disease of urgent public health concern, then notification to be done by *ED Supervisor* or designees to:
 - Infectious Disease Consult
 - Infection Control Practitioners
 - Administrator On Duty
 - Nursing Administrator
 - NYC DOHMH
 - If communicable disease of concern has potential for airborne transmission, patient should be moved to an AIIR, if not already in one, and Engineering should be contacted to verify that airflow is negative.