

CAROLINAS HOSPITAL SYSTEM FLORENCE, SC			
Policy/Procedure Title	#37 Informed Consent & Release of Medical Information		
Department Generating Policy	INFORMATION SYSTEM	Effective	7/6/2001
Affected Departments	CARDIAC PULM REHAB.		
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Dept/Committee Approval (If Applicable)		Dept/Title	
Medical Staff Approval (If Applicable)		Dept/Title	
Board Approval (If Applicable)		Dept/Title	

This policy is supported by the Bioterrorism Policy located on the Intranet under Infection Control.

Introduction

The Carolinas Hospital System Bioterrorism Response Preparedness Plan was developed by the Bioterrorism Planning Task Force to prepare our hospitals and community for a bioterrorism event. The task force has representation from all relevant departments. The committee is tasked with coordinating our own disaster planning with Federal, State, County and Local directives in order to insure the highest possible level of safety for our patients, physicians and staff.

Reducing the incidence of transmission of infectious agents such as plague, smallpox and viral hemorrhagic fevers to staff, patients, and the community will depend on how rapidly victims, including the worried-well, can be triaged, diagnosed, isolated when necessary, and treated. Early communication with the local health departments will be essential in controlling or preventing disease transmission and providing public assurance. As information related to recognizing, diagnosing, treating, and preventing bioterrorism is updated at the federal and state level, this plan will be revised accordingly.

What is Bioterrorism?

Bioterrorism is the deliberate release of pathogenic microorganisms (bacteria, viruses, fungi or toxins) into a community. The most likely diseases associated with bioterrorism include anthrax, smallpox, botulism, plague, and tularemia. Additionally viral hemorrhagic fever (VHF) viruses such as Lassa, Marburg, and Ebola rarely, if ever, identified in North America, may be deliberately introduced. Other potential agents include brucellosis, western and eastern equine viruses that cause encephalitis, Q fever, glanders, and toxin-producing *Staphylococcus aureus*. With the exception of small pox, VHF, and the encephalitis viruses, all bioterrorism agents can be treated with antibiotics or toxin antagonists if promptly diagnosed. Persons who received one or more smallpox vaccinations before the disease was declared eradicated worldwide have little or no immunity and virtually every living person in the world is now susceptible to the disease. There is no treatment for smallpox and, to date, there is a limited supply of vaccine available in the U.S. The above-mentioned diseases are not meant to be all-inclusive since there are many food- or water-borne agents that could potentially be used in a bioterrorist event.

Recognizing a Bioterrorist Event

The key to rapid intervention and prevention is to maintain a high level of vigilance. To minimize the number of casualties, early identification that an outbreak is from an unnatural source is

essential. A bioterrorist event may be suspected when increasing numbers of otherwise healthy persons with similar symptoms seek treatment in our hospital emergency departments, physician's offices, or clinics over a period of several hours, days, or weeks. The early clinical symptoms of infection for most bioterrorism agents may be similar to common diseases seen by health care professionals every day. The principles of epidemiology should be used to assess whether the patient's symptoms are typical of an endemic disease (influenza) currently circulating in the community or an unusual event.

The task force strongly recommends early and liberal use of laboratory tests for the rapid diagnosis of influenza and other respiratory viruses (Bactigen Flu A, B - RSV Antigens).

The most common features of an outbreak caused by bioterrorist agents include:

- A rapid increase (hours to days) in the number of previously healthy persons with A cluster of previously healthy persons with similar symptoms who live, work, or recreate in a common geographical area;
- An unusual clinical presentation;
- An increase in reports of dead animals;
- Lower incident rates in those persons who are protected (e.g., confined to home; no exposure to large crowds);
- An increased number of patients who expire within 72 hours after admission to the hospital;
- Any person with a history of recent (within the past 2-4 weeks) travel to a foreign country who presents with symptoms of high fever, rigors, delirium, rash (not characteristic of measles or chickenpox), extreme myalgias, prostration, shock, diffuse hemorrhagic lesions or petechiae; and/or extreme dehydration due to vomiting or diarrhea with or without blood loss.

Please see October 22, 2001 recommendations from SCDHEC Health Department titled, Alleged Anthrax Exposure: Guidelines for Physicians.

Physicians in the community should refrain from referring well patients to the Carolinas Hospital System Emergency Department for evaluation after an alleged biohazard exposure. They should follow the guidelines outlined by CDC.

Responding to Anthrax Threats (Letters, Packages, etc.)

Guidelines for Handling Mail and Packages

It is recommended that all individuals handling or opening mail take the following precautions.

1. Use PPE (Personal Protection Equipment) as appropriate. At a minimum if an employee is responsible for handling large volumes of mail, gloves should be worn. If a mask is desired, then by all means wear a mask.

2. Although the Mailroom personnel will be on the look out for suspicious envelopes and packages it is imperative that employees opening mail observe the exterior of each item prior to opening.

Items to watch for:

- A. No return address
- B. Return address does not match postmark
- C. Excessive tape for sealing item
- D. Exterior has visible signs of item leaking
- E. Item has odd shape contained within envelope
- F. Item has substance that will move or shift when tilted
- G. Excessive postage

3. Open items in a slower and more cautious manner paying attention to contents.

4. After opening an item that appears to contain an unknown substance, perform the following steps:

- A. Carefully put item down to minimize disruption or scattering of substance
- B. Cover item to reduce potential of substance contaminating you and surrounding area
- C. Call Administration and/or Security
- D. Move away from package or envelope in a slow and deliberate manner to ensure substance stays contained
- E. Do not allow anyone else to come into contact with the item or area immediately surrounding item
- F. Close off area and do not allow anyone to enter.

5. Keep hands away from face, do not touch mouth, nose, or eyes.

6. Wash hands thoroughly and vigorously

7. Response Team will want as much information as possible, to include:

- A. Description of substance
- B. Description of exterior of package or envelope
- C. Return Address
- D. Postmark
- E. List of individuals that may have had contact or were in close proximity

8. As soon as possible shower with soap and water and place clothing into plastic bag, preferably a biohazard bag.

* Administration and Security will take responsibility for contacting Authorities

HVAC System (Heating and Ventilation System) for Impacted and Adjacent Areas:

If there is an actual sighting of what appears to be a container or device of unknown origin, report to Hospital Security and the Local Authorities including Police and Fire Department. Be sure to state that you are calling about a possible chemical threat to the hospital and tell authorities specifically where to meet designated Hospital Personnel. After consultation with the Local Authority IF it is determined that the actual activity in and around the building, especially at the entrance of the Outside Air Intakes of air Handlers, is a real threat or could cause possible endangerment to the occupants of the hospital, then the following actions will be conducted. This same procedure should be followed immediately if there are unusual odors or visible vapor coming from the HVAC

system. Begin the procedure while someone else calls the local authorities.

1. Shut off all Exhaust Fans except Isolation Rooms immediately.
2. All Maintenance Staff should know exactly where the disconnects are located for all exhaust fans. Any Isolation room that does not have an infectious patient can also be shut down.
3. Shut off all Air Handler Units except Surgery and C-Section Rooms immediately, unless HEPA Filters (99.98% efficient) are installed in Critical Care areas.
4. Shut down Chiller Plant
5. Shut off Cooling Tower
6. Verify by physical inspection to insure that all Outside Air Dampers close when Air Handlers are shut down.
7. Isolate impacted area(s), e.g., shut doors in corridors. Do not allow any unprotected personnel into the impacted area. Public or Non-essential hospital personnel from impacted area should not leave the area until cleared by the authorities and/or hospital infection control personnel.
8. Restore all equipment back to normal as soon as WARNING or the threat of Terrorist Activity is over as determined by the local authority.

Carolinas Hospital System Emergency Department Triage Plan

Policy:

There may be many "walking well" patients reporting to the emergency department requesting evaluation and treatment for suspected exposure to a biological agent. Determining which patients have truly been exposed to a biological agent will be a formidable task.

Bioterrorism may occur as covert events where people are unknowingly exposed or announced events. Any suspected bioterrorism event must be evaluated with the assistance of the FBI and state and local health officials.

Procedure:

A. Reporting Requirements and Contact Information

1. If a bioterrorism event is suspected, the ED will notify the ED Director or Nursing Supervisor after hours.
2. The ED Director or Nursing Supervisor will notify the Internal Command Structure.
3. The Internal Command Structure will approve any further action. Internal Command Structure is responsible for ensuring that all critical contacts are notified.

a. To report Biological Threat:

- (1) Call local Law Enforcement
- (2) FBI: 803-551-4200 or 662-9363 Florence Field Office
- (3) DHEC EPI for consultations. Pager: 843-664-7434 or 843-660-8145

both numbers simultaneously. If no response in 15 minutes, call the Acute Disease Epidemiology Division at 1-888-847-0902

- (4) SC Bioterrorism Command Center 1-803-551-4418
- (5) SC Anthrax Command Center 1-803-551-4225
- (6) Bioterrorism Emergency/CDC Emergency Response 1-770-488-7100
- (7) CDC Infection Control Program 1-404-639-6413

b. Emergency Communicable disease reporting:

- (1) Contact Infection Control and Administration on call
- (2) During 8:30 - 5 PM call local Health Department Florence: 661-4835/4830
- (3) Darlington: 398-4400
- (4) After hours/weekends/holidays-24 hour pager 843-660-7432 or 803-660-8145

B. Detection of Outbreaks Caused by Agents of Bioterrorism

1. Syndrome- Based Criteria Because of the rapid progression to illness and potential for dissemination of some of these agents, it may not be practical to await diagnostic laboratory confirmation. Instead, it will be necessary to initiate a response based on the recognition of high-risk syndromes. Each of the agent specific plans includes a syndrome description (i.e., typical

combination of clinical features of the illness at presentation) that should alert healthcare practitioners to the possibility of a Bioterrorism related outbreak.

2. Epidemiologic Features

Epidemiologic principles must be used to assess whether a patient's presentation is typical of an endemic disease or is an unusual event that should raise concern. Features that should alert healthcare providers to the possibility of a bioterrorism related outbreak include:

- A rapidly increasing disease incidence (e.g., within hours or days) in a normally healthy population.
 - _ An epidemic curve that rises and falls during a short period of time.
 - _ An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints.
- An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern.
- Lower attack rates among people who had been indoors, especially in areas with filtered air or closed ventilation systems, compared with people had been outdoors.
- Clusters of patients arriving from a single locale.
- Large numbers of rapidly fatal cases.
- Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential (e.g. , pulmonary anthrax, tularemia, or plague).

C. Infection Control Practices for Patient Management

1. Isolation Precautions

Agents of bioterrorism are generally not transmitted from person to person; reaerosolization of these agents is not likely. All patients in healthcare facilities, including symptomatic patients with suspected or confirmed bioterrorism related illnesses, should be managed utilizing Standard Precautions. Standard Precautions are designed to reduce transmission from both recognized and unrecognized sources of infection in healthcare facilities, and are recommended for all patients receiving care, regardless of their diagnosis or presumed infection status. For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission.

2. Patient Placement

In small-scale events, routine facility patient placement and infection control practices will be followed. However, when the number of patients presenting to the Medical Center is too large to allow routine triage and isolation strategies (if required), triaging patients who present with similar syndromes, i.e., grouping affected patients into a designated section will be used. Triage sites will have security posted at entrances to control traffic to minimize the possibility for

transmission to other patients at the facility and to staff members not directly involved in managing the outbreak.

3. Patient Transport

The transport and movement of patients with Bioterrorism related infections, as for patients with any epidemiology important infections (e.g. pulmonary tuberculosis, chickenpox, measles), should be limited to movement that is essential to provide patient care.

4. Cleaning, Disinfecting, and Sterilization of Equipment and Environment Principles of Standard Precautions should be generally applied for the management of patient care equipment and environmental control. Routine cleaning and disinfecting procedures apply unless the infecting microorganism and the amount of environmental contamination indicate special cleaning.

5. Discharge Management Ideally, patients with bioterrorism related infections will not be discharged from the facility until they are deemed noninfectious. However, if exceptional numbers of victims who are seeking treatment exceeds the resources of the Medical Center, some patients may be discharged with home instructions for self-monitoring.

6. Post-Mortem Care

The Pathology department and clinical laboratory will be informed of a potentially infectious outbreak by the requesting department prior to submitting any specimens for examination or disposal. All autopsies will be performed carefully using all personal protective equipment and standards of practice in Precautions, including the use of masks and eye protection whenever the generation of aerosols or splatter of body fluids is anticipated. Funeral directors will be notified if the body was a victim of a bioterrorism agent.

D. Role of Infection Control Practitioner

The hospital infection control practitioner (ICP) is going to play a significant role in the rapid identification of an outbreak of community-acquired infection and the notification of local health departments. The ICP is responsible for managing the day-to-day activities of the hospital-wide infection surveillance, prevention, and control program. Because the role is highly visible in the hospital and surveillance for infections is a primary function, the ICP is in a unique position to detect rapid or subtle increases in patients admitted with unusual clinical presentations. Daily surveillance of admissions to the hospital and to the ICU's is vital to the early recognition of a bioterrorism event. The ICP will review all admission diagnoses and microbiology reports several times each week. The emergency department and ICU should communicate any unusual infectious disease patterns to the ICP as soon as possible.

E. Well (Asymptomatic) Patients Reporting to the Emergency Department

"Well" Patient(s) arriving to the emergency department (ED) by ambulance (or pre-announced) for evaluation after a potential biohazard exposure will be assessed in the ambulance bay by the ED staff wearing N95 masks, disposable yellow gown, and gloves and, if necessary, decontaminated using established guidelines.

The security guard posted at the entrance to ED will screen all patients arriving on their own, and requesting access to the ED, to determine if they are seeking evaluation for a biohazard incident. Patients who are identified by this mechanism will be assessed by the ED staff wearing N95 masks, disposable yellow gown, and gloves in the ambulance bay before the patient is allowed to enter the ED waiting room. Appropriate decontamination procedures will then be instituted if warranted by the situation.

In the event that decontamination is necessary, the ED will notify the ED Director or Nursing Supervisor.

The Florence County Fire Department HAZMAT Unit will be called by calling 911 if additional resources are needed.

If local law enforcement agencies have not been alerted to the event, then they should also be notified by the ED staff. Unless we are notified otherwise by SCDHEC, nasal swabs or other cultures will NOT be collected to screen for anthrax or other biologic agents in asymptomatic patients.

Demographic and epidemiological information will be obtained on each patient and documented by completing the Emergency Department Infectious Disease Exposure Epidemiology Tracking Form.

F. Sick Patients Reporting to the Emergency Department

1. A sick patient reporting to the ED, who is suspected of being symptomatic from a communicable bioterrorism agent, will be placed in isolation in Room 11 (negative pressure room) and infection control precautions will be used to reduce the risk of infection transmission. The patient will be placed on contact, droplet and airborne precautions. The following PPE is to be worn: Hat, gloves, mask, goggles and gown

2. Contact Infection Control Nurse immediately to facilitate management and to guide the evaluation, treatment and disposition of the patient.

3. In most cases, patient decontamination will not be necessary for sick patients. The incubation period of biological agents makes it unlikely that ill victims of a bioterrorist event will present immediately following the exposure event. An exception may be an announced release of a bioterrorist agent, with gross surface contamination of victims with a confirmed agent or material. In the cases where decontamination may be warranted, showering with soap and water is sufficient. If necessary, environmental surfaces can be decontaminated with a U.S. Environmental Protection Agency (EPA) registered sporicidal disinfectant or with a 0.5% hypochlorite solution (1 part household bleach added to 9 parts water). Bleach solution should NOT be used to decontaminate patients or pets.

G. Laboratory Support and Confirmation

1. CHS will consult with the SC Department of Health and Environmental Control on diagnostic strategies where needed.

SC DHEC Bacteriology Department

1-803-896-0805

SC DHEC Tuberculosis Lab

1-803-896-0828

CDC Bioterrorism Emergency Response Office, NCEH 1-770-488-7100

2. Obtaining Diagnostic Samples

See specific laboratory recommendations for diagnostic sampling for each agent. Sampling should be performed in accordance with Standard Precautions. In all cases of suspected bioterrorism, collect an acute phase serum sample to be analyzed, aliquotted, and saved for comparison to a later convalescent serum sample.

3. Laboratory Criteria for Processing Potential Bioterrorism Agent

Under a current proposal made to group laboratories into one of four levels according to their ability to support the diagnostic needs, CHS's laboratory is considered a Level B lab, which can provide identification, confirmation, and susceptibility testing. SCDHEC Lab is considered a Level C Lab (State and other large facility laboratories with advanced capacity for testing - some molecular technologies). CDC is considered a Level D lab (CDC or select Department of Defense laboratories, such as U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) Bio Safety Level (BSL) 3 and 4 labs with special surge capacity and advanced molecular typing techniques.)

4. Transport Requirements

Specimen packaging and transport must be coordinated with local and state health departments, and the FBI. A chain of custody document must accompany the specimen from the moment of collection. Chain of custody documents are managed by the FBI. For specific instructions, contact the Bioterrorism Emergency Number at the CDC Emergency Response Office, 1-770-488-7100.

Appendix 2
Bioterrorism Agent Exposure Epidemiology Tracking Form

While you are waiting, please complete the following form about your possible exposure to harmful germs.

We are in the process of assessing the public's risk for illnesses that could be caused by biological weapons (bioterrorism agents). In order for us to provide you with the best health care, it is important that we gather as much information as we can on possible exposures. This information is also important for local and national healthcare agencies such as the Centers for Disease Control and Prevention (CDC).

In addition, it is important that we are able to contact you if further testing or treatment is needed. Therefore, please take the time to complete the following form as neatly as possible. Thank you for your cooperation.

Today's Date: _____ Time: _____

Name: _____ Gender (please circle)
Male Female

Home
Address: _____

Local Address (if different from home): _____

Telephone number(s)
Home: (____) - ____ - _____ Work: (____) - ____ - _____
Mobile phone: (____) - ____ - _____

Please give us any other numbers with which we can contact you.

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Primary Care Physician or clinic where you go for care: _____

Suspected exposure: (please be as specific as possible: e.g. "I work in a mail room in an office building" or I opened an envelope that had powder in it and it was a threatening letter.")

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Reason for suspicion: (e.g. "I know that people who handle mail have become ill from this disease.")

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Please give us any other detailed information that you feel would help public health authorities:

Reviews:	1st	2nd	3rd	4th	5th
Date:					
By:					
Revisions:	1st	2nd	3rd	4th	5th
Date:					
By:					