

Respiratory Virus Screening, Testing, and Isolation Precautions Summary Table 2009 -2010 Season (Enhanced Respiratory Virus Stage 2)

Effective 10/7/09 until further notice

PATIENT <u>SCREENING</u> with <u>RESPIRATORY</u> <u>VIRUS CARD*</u>	<p>Inpatient Setting and Emergency Department (adult and pediatric)</p> <ul style="list-style-type: none"> • The respiratory screening card must be completed for all patients. (The Emergency Departments complete the screening in HMED.) • Place the screening card in the patient’s medical record. • The purpose of the card is to assist with appropriate cohorting and management of patients. • Any patient with respiratory symptoms or suspected of having a respiratory virus infection should be masked at triage even if they do not have a fever. <p>Outpatient Settings (JHOC etc.)</p> <ul style="list-style-type: none"> • The respiratory screening card is not required. However, any patient with respiratory symptoms should don a mask and perform hand hygiene.
PATIENT <u>TESTING</u>	<p>Inpatients/Patients Being Admitted – An NP swab/aspirate must be obtained from anyone meeting the following criteria:</p> <ul style="list-style-type: none"> • Any patient with fever (oral temperature $\geq 37.8^{\circ}\text{C}$ or 100°F) AND cough and/or sore throat • Any patient for whom there is a clinical suspicion of respiratory virus infection • Any patient with suspected bronchiolitis or pneumonia (increasing oxygen requirement, sputum production) • Any pregnant patient with respiratory symptoms • Any adult with COPD, asthma exacerbation, respiratory failure or unexplained cardiac disease exacerbation • Any elderly patient with unexplained new onset malaise • Any child with apnea or apparent life-threatening event (ALTE) • Any child with reactive airway disease, respiratory decompensation/failure, or requiring increased respiratory support • Any child <6 years of age with HIV infection (excludes neonates with HIV during hospitalization after delivery) <p>Outpatients – Decision to obtain an NP swab/aspirate is left to the clinical discretion of the provider Prophylaxis is not recommended for patients without risk factors for serious complications from influenza infection. Providers should refer to the HEIC website for current antiviral treatment and prophylaxis guidance.*</p> <p>NP ASPIRATES (NPA)*: The provider collecting the aspirate must wear a fit-tested N95 with eye protection or a PAPR, gown and gloves. Prescription eye glasses are not considered adequate eye protection.</p> <p>NP SWABS/FLOCKED SWABS (NPS)*: The provider collecting the swab must wear a surgical/procedure mask and eye protection, gown and gloves. A fit-tested N95 or PAPR is not required.</p>
ISOLATION <u>PRECAUTIONS</u>	<ul style="list-style-type: none"> • Droplet precautions (gown, gloves, mask with eye protection) - required for all suspect and confirmed cases of respiratory virus infection. (Prescription eye glasses are not considered adequate eye protection.) <ul style="list-style-type: none"> ○ For aerosol generating procedures (e.g., NPA, bronchoscopy, nebulizer treatments, intubations, suctioning): a fit-tested N-95 with eye protection OR a PAPR are required until influenza A is ruled out. • Duration of precautions varies based on suspect/confirmed status and age and immune status of the patient (see below).

<p style="text-align: center;">Suspected Respiratory Virus Infection</p>	<ul style="list-style-type: none"> • When an NP swab/aspirate is obtained, the patient must be placed in droplet precautions. A fit-tested N95/PAPR must be used for aerosol generating procedures). • <u>Droplet precautions can be discontinued only if the antigen is negative AND the shell vial or PCR is negative AND respiratory symptoms have resolved. If the tests are negative but the patient is still symptomatic he/she must remain on isolation until respiratory symptoms resolve.</u> • To discontinue isolation before symptoms resolve: <ul style="list-style-type: none"> ○ Immunocompetent adults: if the DFA is negative AND there is an alternative diagnosis, the physician or designee must call HEIC for approval ○ Patients in the Children’s Center and all immunocompromised patients: if the DFA is negative AND the patient never had respiratory symptoms AND there is a low level of clinical suspicion, the physician or designee must call HEIC for approval
<p style="text-align: center;">Lab confirmed Influenza , RSV, Adenovirus, Parainfluenza, or Human Metapneumovirus</p>	<p>Droplet precautions are required for any patient with a positive test for influenza, RSV, adenovirus, parainfluenza, or human metapneumovirus (hMPV). <u>For patients with influenza A, a fit-tested N95 with eye protection or a PAPR is required for aerosol generating procedures.</u></p> <p>To discontinue isolation for a patient with laboratory confirmed respiratory virus infection the following criteria must be met. Call HEIC for approval before discontinuing isolation.</p> <p>Immunocompetent Adults:</p> <ul style="list-style-type: none"> • If <i>asymptomatic</i> 5 days after onset: discontinue isolation; • If <i>symptomatic</i> 5 days after onset: continue isolation until symptoms resolve. <p>Immunocompetent Patients in the Children’s Center: A single negative <u>DFA</u> is required to discontinue isolation. Obtain the specimen when the patient’s symptoms have resolved (no sooner than 5 days after symptom onset).</p> <ul style="list-style-type: none"> • If DFA is negative and patient is asymptomatic: discontinue isolation; • If DFA is positive: maintain isolation and test again in 5 days <p>Immunocompromised Patients: A single negative <u>shell vial</u> culture is required to discontinue isolation. Test the patient when symptoms have resolved (no sooner than 5 days after symptom onset.) Call HEIC to discuss any questions or concerns regarding a patient’s immune status.</p>
<p style="text-align: center;">VISITATION</p>	<ul style="list-style-type: none"> • No one with fever and respiratory symptoms may visit. Anyone with respiratory symptoms but no fever should be discouraged from visiting but if they must enter the hospital they must put on a mask as soon as they arrive. • Visitors to patients on droplet precautions should perform hand hygiene and don gown, gloves and mask before entering the patient’s room. • Visitors to patients on droplet precautions should perform hand hygiene and don a clean mask when leaving the patient’s room. The mask should be worn throughout the hospital even if the visitor is asymptomatic. • No children less than 16 years of age may visit in the Children’s Center, Obstetrical Nursing Units and the Newborn Nursery. • No children less than 12 years may visit in other areas of the hospital. • Exceptions may be made after consultation with HEIC and children are screened for fever and respiratory symptoms.
<p style="text-align: center;">PLAYROOM</p>	<ul style="list-style-type: none"> • The playroom on CSMC-6 will remain closed. • All other playrooms will remain open when a Child Life Specialist is on duty. • Children on isolation precautions and their families/visitors cannot visit the playroom or the resource library.

UNIVERSAL MASKING	Universal masking for staff and visitors entering all pediatric oncology patient rooms and all adult hematologic and BMT patient rooms is required.
HOSPITAL PERSONNEL	<p>This section applies to all employees, faculty, residents, fellows, students and volunteers working in the JHH or caring for JHH patients in inpatient and outpatient settings.</p> <ul style="list-style-type: none"> • No one with fever may work until 24 hours after fever has resolved (without antipyretics) • All personnel <i>with respiratory symptoms and a fever must call or report to their supervisor and must call Occupational Health Services (OHS)</i> (7:30 am to 4:00 pm Monday through Friday, 410-614-1620; all other times 410-955-5000 and ask for OHS nurse on-call). • OHS must clear personnel for return to work after febrile respiratory illness. After the following criteria are met, personnel must contact OHS for clearance instructions. <ul style="list-style-type: none"> ○ If NP swab/aspirate is <i>positive for influenza AND antiviral treatment was initiated</i> – contact OHS after 3 days of treatment AND at least 24 hours after fever resolved (without antipyretics). ○ If NP swab/aspirate is <i>positive for influenza AND NO antiviral treatment was initiated</i> – contact OHS 5 days after symptom onset AND at least 24 hours after fever resolved (without antipyretics) ○ Personnel with febrile respiratory illness <i>who do not get tested must also contact OHS for clearance</i> before returning to work. If treated with antivirals empirically they may contact OHS for clearance after 3 days of treatment AND at least 24 hours after fever resolved (without antipyretics). If not treated with antivirals they may contact OHS 5 days after symptom onset AND at least 24 hours after fever resolved (without antipyretics) ○ If NP swab/aspirate is <i>negative for influenza by DFA and shell vial or PCR (this includes staff who are positive for other respiratory viruses)</i> - contact OHS at least 24 hours after fever resolved (without antipyretics). • Afebrile employees who have respiratory symptoms must wear a surgical mask during patient contact (≤6 ft). • Personnel who have household members with probable/confirmed 2009 H1N1 are not prohibited from working. They must perform daily symptom checks* until 4 days after their household member is afebrile (without antipyretics). • Persons with certain conditions such as diabetes, asthma or end-stage renal disease and women who are pregnant may be at increased risk of complications from influenza, including the 2009 H1N1 strain. However, as with seasonal influenza, health care workers with these conditions are NOT restricted from caring for patients with suspected or confirmed 2009 H1N1 infection. All health care workers should strictly adhere to isolation precautions/use of personal protective equipment (PPE) and clean their hands regularly with soap and water or alcohol-based hand sanitizer.

* The Respiratory Screening Card, antiviral prophylaxis and treatment guidance, directions for obtaining NP aspirates and swabs, the Employee Symptom Diary and other H1N1 information can be found at www.hopkinsmedicine.org/heic/h1n1

For additional questions contact HEIC (office phone 5-8384, emergency pager 3-3855).