

Respiratory Virus Screening, Testing, and Isolation Precautions Summary Table

2011-2012 Respiratory Virus Season: Stage 1

Effective 04-24-12 until further notice

PATIENT TESTING	<p>Inpatients/Patients Being Admitted - An NP flocked swab or aspirate must be obtained from anyone that meets the stage specific criteria described below.</p> <p>Outpatients – Decision to obtain an NP flocked swab or aspirate is left to the clinical discretion of the provider.</p> <p>Respiratory virus test panels available:</p> <ul style="list-style-type: none"> • Order “Resp Virus Panel – Standard Pt. LAB (7961)” for patients not listed below. • Order “Resp Virus Panel – High risk immunocomprom. Pt. LAB (7962)” for any of the following patients: oncology, organ transplant, HIV, immunomodulatory therapy, ICU, pregnant, neonate or normal host with sudden onset respiratory failure. <p>Respiratory virus specimen collection options:</p> <ul style="list-style-type: none"> • NP flocked swab (NPS) - PREFERRED: The provider collecting the swab must wear a mask with eye protection, gown and gloves. A fit-tested N95 or PAPR is not required. • NP aspirate (NPA) – Not acceptable for PCR/Immunocompromised Panel: The provider collecting the aspirate must wear a mask with eye protection, gown and gloves. A fit-tested N95 or PAPR is not required.
	<p>A specimen will be obtained from:</p> <ul style="list-style-type: none"> • Any patient for whom there is a clinical suspicion of respiratory virus infection • Any patient with influenza-like symptoms (fever $\geq 100^{\circ}\text{F}$ and other symptoms such as cough, runny nose, sore throat, body aches) • Any patient with bronchiolitis or pneumonia (increasing oxygen requirement, sputum production) • Any child with apnea • Any child with reactive airway disease • Any child <6 years of age with known HIV infection (excluding neonates with known HIV during hospitalization after delivery)
ISOLATION PRECAUTIONS	<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.). • For aerosol generating procedures (e.g., bronchoscopy, sputum inductions, intubation and extubation, open suctioning, cardiopulmonary resuscitation and autopsies): a fit-tested N-95 with eye protection OR a PAPR are required for all influenza positive patients and until influenza is ruled out. • Duration of isolation varies based on suspect/confirmed status, age and immune status of the patient, and degree of respiratory virus activity in the community (see below).
Duration of Isolation for SUSPECTED Respiratory Virus Infection	<ul style="list-style-type: none"> • Isolation can be discontinued if the DFA is negative AND respiratory symptoms have resolved. If the tests are negative (including shell vial/PCR) but the patient is still symptomatic he/she must remain on isolation until respiratory symptoms resolve. <ul style="list-style-type: none"> ○ Isolation can be discontinued before respiratory symptoms resolve ONLY if the patient is an immunocompetent adult AND the DFA is negative AND there is an alternative diagnosis AND the physician or designee calls HEIC for approval.

<p>Duration of Isolation for LAB CONFIRMED Influenza, RSV, Adenovirus, Parainfluenza, or Human Metapneumovirus</p>	<p>To discontinue isolation for a patient with laboratory confirmed influenza, RSV, adenovirus, Parainfluenza or human metapneumovirus 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 asymptomatic 5 days after onset: discontinue isolation; • If symptomatic 5 days after onset: continue isolation until respiratory symptoms resolve; <p>Immunocompetent Patients in the Children’s Center: A single DFA negative test is required to discontinue isolation. Obtain the specimen when the patient’s respiratory 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 shell vial culture is required to discontinue isolation. Order “Resp Virus Panel – Standard Pt. LAB.” Test the patient when respiratory 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>Duration of Isolation for LAB CONFIRMED Rhinovirus</p>	<ul style="list-style-type: none"> • Isolation is only required if patient is symptomatic. Contact HEIC for approval to discontinue isolation when patient’s symptoms resolve. • If patient is asymptomatic at time of initial positive test: no isolation and no additional testing is required.
<p>VISITATION</p>	<ul style="list-style-type: none"> • No one with fever and respiratory symptoms may visit. Exceptions shall be granted only with permission from the attending physician and nurse manager after consultation with HEIC. • 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 shall (1) perform hand hygiene and don gown, gloves and mask before entering the patient’s room and (2) perform hand hygiene and don a clean mask when leaving the patient’s room. The mask shall be worn throughout the hospital even if the visitor is asymptomatic.
<p>PATIENT PLACEMENT</p>	<ul style="list-style-type: none"> • A private room is preferred for any patient requiring droplet precautions. • If cohorting is necessary, the following options are acceptable: <ul style="list-style-type: none"> ○ Patients being ruled out for respiratory virus infection and not positive for another organism that requires isolation can be cohorted. If/when an organism is identified, patients shall be moved to an appropriate cohort. ○ Patients with RSV and no other organisms that require isolation can be cohorted. ○ Patients with Influenza A and no other organisms that require isolation can be cohorted. ○ Patients with Influenza B and no other organisms that require isolation can be cohorted. ○ If necessary, patients with different respiratory viruses (i.e., Parainfluenza, adenovirus, human metapneumovirus, rhinovirus) and no other organisms that require isolation can be cohorted as long as neither patient is positive for influenza or RSV. • Please refer to the bed placement algorithm or call HEIC if you have questions about bed placement.
<p>PLAYROOM and RESOURCE LIBRARY</p>	<ul style="list-style-type: none"> • The Family Resource Library and the playrooms in the Children’s Center will remain open. • Children on isolation and their families/visitors cannot visit the playroom or the resource library.
<p>UNIVERSAL MASKING</p>	<p>None</p>

HOSPITAL PERSONNEL – INFLUENZA VACCINATION	<p>This applies to employees, faculty, residents, fellows, students and volunteers working in JHH or caring for JHH patients in inpatient and outpatient settings.</p> <ul style="list-style-type: none"> • All persons with direct patient contact or working in clinical areas shall receive the influenza vaccine or complete a declination document annually. Any person with direct patient contact or working in clinical areas who has not been vaccinated for influenza in the current year must wear a mask within 6 feet of a patient. The dates of the mask requirement shall be determined by HEIC and based on influenza activity in the local community.
HOSPITAL PERSONNEL WITH RESPIRATORY ILLNESS	<p>This section applies to all employees, faculty, residents, fellows, students and volunteers working in JHH or caring for JHH patients in inpatient and outpatient settings.</p> <p>Personnel with febrile (greater than 100°F (38°C)) respiratory illness</p> <ul style="list-style-type: none"> ○ Shall not work until 24 hours after fever has resolved (without antipyretics). ○ Shall be cleared by OHS for return to work. ○ Shall call or report to their supervisor and shall call or report to Occupational Health Services (OHS) (7:30am to 4:00pm, Monday –Friday, 410-614-1620; all other times 410-955-5000 and ask for the OHS nurse on-call) if they become ill at work . <p>Afebrile personnel who have respiratory symptoms</p> <ul style="list-style-type: none"> ○ Shall wear a mask during patient contact (≤6 feet).

* Definition of Immunocompromised for the Purposes of Isolation for Respiratory Viruses

Adult Immunocompromised Patient Definition

- Solid organ transplant
- Bone marrow transplant within the past year
- Cancer chemotherapy (within the last month)
- High dose steroid therapy (greater than 1 month or longer duration) being at a minimum dose (or higher) of: dexamethasone 3 mg daily, cortisone 100 mg daily, hydrocortisone 80 mg daily, and/or prednisone 16 mg daily
- Receiving anti-rejection drugs such as cyclosporine, imuran, etc.
- White blood cell count (WBC) \leq 1000 and / or absolute neutrophil count (ANC) \leq 500 for greater than 7-days.
- HIV positive/AIDS patient with CD4 counts less than 200

Pediatric Immunocompromised Patient Definition

- Solid organ transplant
- Bone marrow transplant within the past year
- Cancer chemotherapy (within the last month)
- High dose steroid therapy (greater than 1 month or longer duration) being at a minimum dose (or higher) of: dexamethasone 0.15 mg/kg/day, cortisone 5 mg/kg/day, hydrocortisone 4 mg/kg/day, and/or prednisone 0.8 mg/kg/day
- Receiving anti-rejection drugs such as cyclosporine, imuran, etc.
- White blood cell count (WBC) \leq 1000 and / or absolute neutrophil count (ANC) \leq 500 for greater than 7-days.
- HIV positive/AIDS patient with CD4 counts less than 200
- Genetically determined immunodeficiency syndromes causing no lymphoid function or requiring gamma globulin replacement therapy
- Neonates in the NICU