

**EAST CAROLINA UNIVERSITY**

**INFECTION CONTROL POLICY**

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Conditions of Concern: After Hours Plan

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Date Originated:

Dates Reviewed:

Date Approved Infection Control:

Date Approved Biological Safety:

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## Conditions of Concern: After Hours Plan

Reviewed March 3, 2020

I. After hours or on weekends, when the Office of Prospective Health or Environmental Health and Safety are closed, the following options are appropriate to get help in dealing with an unusual or emergency situation. Some examples of these situations are given below:

- A. Infectious Disease, unusual or requiring immediate reporting to Health Department (see B in Appendix)  
Bioterrorism Event  
Infectious Agent Release
  
- B. Chemical or leak spill at ECU  
Entry of chemically contaminated patients into ECU facility  
Suspect chemical terrorism event (see A in Appendix)
  
- C. Nuclear event in community  
Entry of radiologically contaminated patients into ECU facility  
Suspect nuclear terrorism event

II. Contacts	Capabilities
1. ECU police Call 328-6787 on East Campus or 744-2246 on West Campus or 911 (See Appendix B)	-Initiates ECU Emergency Response Cascade -After hours call back of other ECU safety personnel, e.g. Infection Control, Biological Safety, Radiation Safety or Environmental Health and Safety -Crowd control on campus, in clinic -Reassure/control public in waiting areas -Cordon off affected/contaminated areas -Link with community law enforcement
2. ECU Infectious Disease physician on call 744-2550	-Assist with clinical evaluation/diagnosis of infectious agent/disease -Advice regarding isolation precautions in clinic or with hospitalization -Contact with Pitt County Health Department or State Public Health lab. (NC Department of Health and Human Services would contact CDC.)
3. Pitt County Health Director 902-2443 or 911 operator	-Facilitate patient evaluation process, specimens to state laboratory -Contact with local or state/federal law enforcement agencies if Bioterrorism suspected -Contact with state and federal health agencies, NC PHRST (Regional Public Health Response Team) -Obtain resources like Pharmaceutical Stockpile -Institute community control, measures, e.g. quarantine, etc. -Investigation of outbreak and community contacts

**NOTE: Pitt County Health Department would wish to be notified based on suspicion – not to wait for confirmation**

- III. Each Clinic should formulate its own plan for handling the emergency conditions listed in the appendix and after-hours response guidelines.

## Appendix A

### A. Suspected Release or Terrorist incident using Nuclear, Biological or Chemical agent.\*

Examples of chemical agent's symptoms:

1. Nerve Agent
  - a. Miosis, rhinorrhea, sialorrhea, bronchorrhea, emesis, fasciculation, blurred vision
  - b. Tabun, Sarin, Soman; organophosphate or carbamate pesticide
2. Blistering Agent
  - a. Skin erythema and/or blisters, red eyes
  - b. Mustard agent, Lewisite
3. Blood Agent
  - a. Loss of consciousness, acidosis, encephalopathy, seizure, apnea
  - b. Cyanide, carbon monoxide, hydrogen sulfide
4. Choking Agent
  - a. Dyspnea, cough, pulmonary edema
  - b. Phosgene, chlorine
5. Riot Control
  - a. Burning of eyes, nose, airway, skin
  - b. Tear gas, mace, pepper spray
6. Other
  - a. Heavy metals, ricin
  - b. Unexplained death of pets, wildlife
  - c. Radiation skin burns; blood dyscrasias, hematemesis, hematochezia

\*OR a cluster of patients with unusual symptoms or a toxidrome (suggesting chemical exposure) OR presentation of illness which is epidemiologically suspicious (wrong age, season, frequency, etc).

### B. Under NC public law NCAC 130A-135, physicians are required to report the following conditions in the time frames noted:

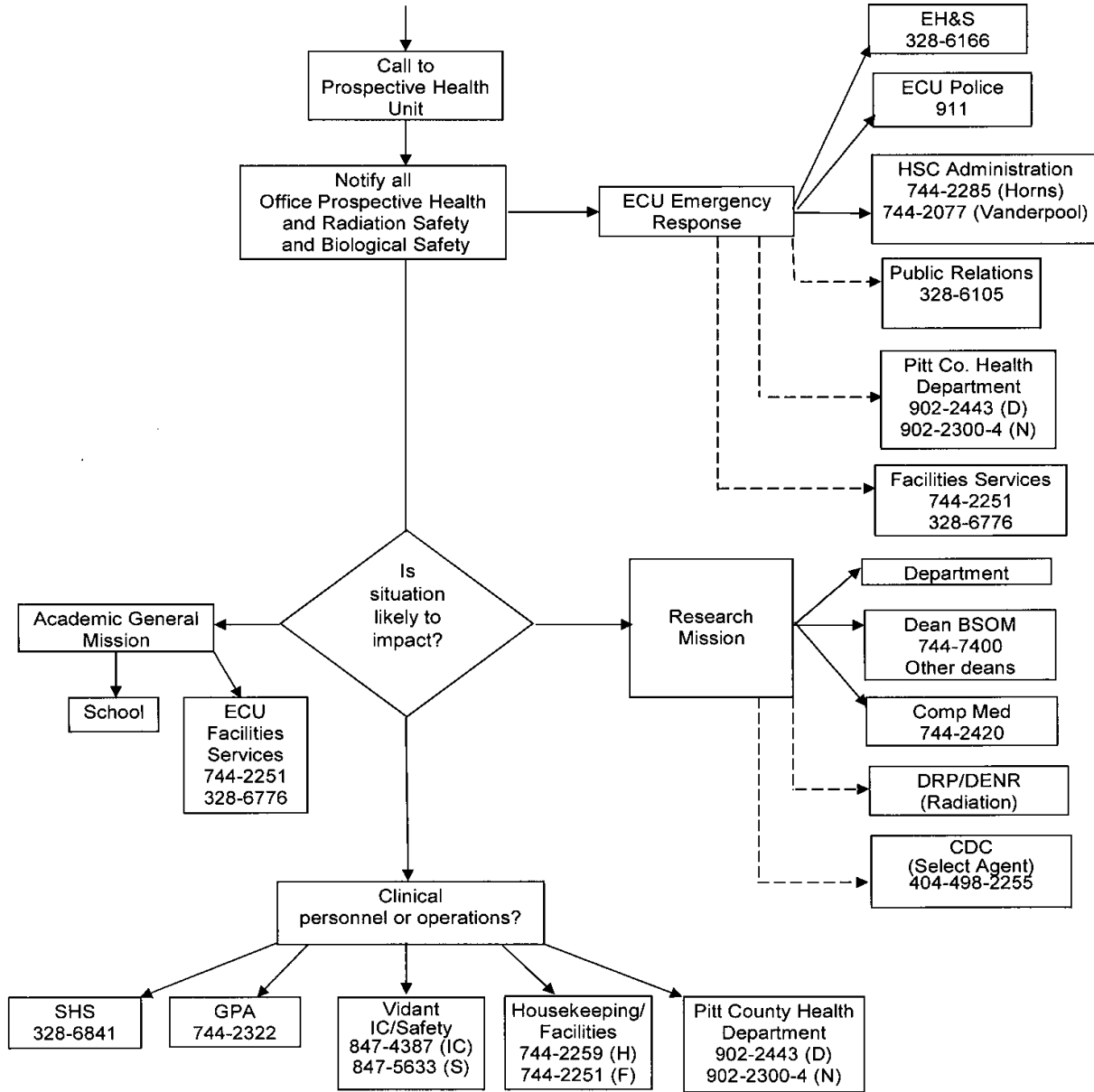
1. Requires Immediate Reporting (potential Bioterrorism agent)
  - Anthrax
  - Botulism
  - Plague
  - Smallpox
  - Tularemia
  - Viral hemorrhagic fever
2. Requires reporting within 24 hours

Campylobacter	Hemophilus influenzae,
Cholera	invasive disease
Cryptosporidiosis	Hepatitis A
Diphtheria	Hepatitis B, acute
E-coli, shiga toxin producing	Hepatitis B, perinatal
Food-borne disease	Listeriosis
Hemolytic Uremic Syndrome	Measles
Polio, paralytic	Meningococcal disease

Rabies, human	Monkey pox
Rubella	
Salmonellosis	
SARS† probable or confirmed	
Shigellosis	
Tuberculosis, active	
Typhoid, acute	
Vaccinia	
Vibrio infection, other	
Vibrio vulnificus	
Whooping cough (pertussis)	

† When SARS is recognized anywhere in the world, report if (1) clusters of unexplained pneumonia or (2) persons hospitalized with radiologic evidence of pneumonia AND at least one of the three risk factors for exposure to SARS CoV, MERS, COVID-19.

**Prospective Health Emergency Response Communications Tree**



8/22/2012