

## **ECU Infection Control Guidelines: Contingency Plan for Suspect Smallpox After a Confirmed Case Has Been Verified<sup>a</sup>**

Dates Reviewed: 3/6/18

- A. If an index case is recognized globally:
1. Consider vaccination of healthcare personnel under the federal initiative Phase II pre-event vaccination or existing program.
  2. Consider fit testing and providing N-95 TB masks to patient access (front desk) personnel.
  3. Circulate these guidelines to clinic management at GPA, Student Health Service.
  4. Circulate link to CDC web site with diagnosis and treatment information via e-mail to providers.
  5. Place signs in clinics asking patients to inform the receptionist if they have a fever, rash or recent vaccination.
  6. Develop respiratory protection program for smallpox if clinical smallpox is recognized, when it is an actual occupational hazard.
- B. If a suspect case presents to clinic, use of contact, droplet and airborne precautions per current CDC, SPICE recommendations:
1. Have patient don a surgical mask upon arrival. Minimize time in waiting room and contact with patients/staff.<sup>a</sup>
  2. Use negative pressure exam room if available (1 in Pediatrics and 2 in Firetower; identifiable by monitor outside room).
  3. Use airborne, droplet AND contact precautions (personnel use N-95 TB mask, or air-purifying respirator (PAPR) AND gloves, gown, eye protection) during care/contact.
  4. Staff-assign vaccinated personnel (recently or ever-vaccinated) if available.<sup>b</sup> (If smallpox is diagnosed, unvaccinated staff will be offered vaccination by health department to prevent infection. This is effective if offered by day 4 and possibly longer.)
  5. Use disposable gown and sheets for patient use.
  6. Keep door closed during visit.
  7. If high suspicion of smallpox, transfer to VIDANT ED ASAP. (Serological testing can be completed by VIDANT lab to rule out HSV or VZ within 2 hours.)
  8. If hospitalization is anticipated due to severity of condition, regardless of serology result, call to arrange direct VIDANT admission to the floor, bypass Emergency Department/Admissions. Place mask on patient during transport out of exam room. Cover lesions with sheets/gown.
  9. Double bag all waste that was in contact with patient.
    - a. After patient leaves, place soiled gowns and linens and supplies into a sealed red bag in room while wearing gown, gloves and mask. Clean contaminated surfaces with approved disinfectant and add used rags or paper towels to the red bag.

- b. Remove your used gown, gloves, and mask just inside doorway and place into another red bag and seal it. Place this bag into second red bag outside the door. Wash hands thoroughly.
10. Close door after patient leaves. Do not open or enter without wearing a mask until sufficient time has passed for air cleaning. (See Appendix A.)
11. After sufficient air circulation time has passed, remove the sealed red bag containing contaminated items from the room and place into a second red bag, while wearing gloves.
12. Call housekeeping for terminal cleaning of room informing housekeeping to use contact precautions. (Housekeeper should wear mask if sufficient air cleaning time is in question or if nursing cleanup was less than optimum.)
13. Exam room is now ready to be re-used for patients.
14. Double-bagged waste to be collected ASAP. Call for special pickup by Hazardous Waste Tech. Waste will be incinerated.
15. Contact NC Division of Public Health Office of Public Health Preparedness and Response at 1-888-820-0520 for The NC Regional Response Team (PHRST) and for the Surveillance Team. For the Nurse Epidemiologist or Pitt County Health Department, call 413-1300 for assistance with diagnosis or reporting as needed.

<sup>a</sup> NOTE: Until smallpox disease is reported to exist, either in the U.S. or globally, these precautions are not needed. However appropriate isolation and infection control measures should be followed, e.g. airborne and contact precautions for patients suspected of infection with chickenpox (varicella/zoster) virus.

<sup>b</sup> Staff exposed to a documented case of smallpox who are medically unable to receive post-exposure vaccination, should be furloughed until day 17 after the exposure. If infection has not occurred they may resume work.

## Appendix A

(Call Facilities Services for advice on modifying ventilation to speed process.)

In general,

6 air changes/hr. (most exam rooms)	Wait 2-3 hours Use the longer period unless Facilities Services increases flow rate or instructed otherwise	Before cleaning and reoccupying
Negative pressure room	Wait at least 1 hours	Before cleaning and reoccupying

### **Negative Pressure Rooms Located on the Health Science Campus**

Adult Med/Pediatrics (Moye II) Room 263  
Brody Module A (Endocrinology) Room 1A25  
Brody Module B (OB/GYN) Room 1B38  
Brody Module D (Rheumatology) Room 1D17  
Family Medicine 1101A, 1202B, 1423C, L320B  
Firetower, Rooms 101,102  
Infectious Disease, (Doctors Park), Room 152  
Internal Medicine, (Moye 1), Rooms 209,263  
LJCC, Room 233 inactivated; can be reactivated  
Pediatric Outpatient Room 043  
Pulmonary, (Moye 1), Room 172