Behind the Mask:

Fundamentals of Identify-Isolate-Inform

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University of Nebraska Medical Center
Nebraska Medicine

Meet Our Subject Matter Experts

Alisha Sheffield BSN, RN CIC

Alisha is an Infection Preventionist and Registered Nurse with 21 years of experience in a variety of healthcare settings including ambulatory, acute care, and surgical areas. Over the past 13 years, she has worked as an Infection Preventionist in outpatient surgery as well as at a large academic medical center. Her recent work has focused on utilizing her IPC expertise to develop infection control tools and resources to assist Infection Preventionists in under-resourced settings.

Lauren Musil BSN, RN

Lauren is a Registered Nurse who has a wide variety of healthcare experience having worked in infection prevention, transplant, neurology, neurosurgery, ambulatory surgery, and with the Nebraska Biocontainment unit. As an IP, her primary focus has been in critical care, oncology, VAE prevention and as the IP to the Nebraska Biocontainment Unit. Her recent work has been spent in a grant funded role to develop innovative tools to aid IPs in rural and remote settings.

Angela Vasa MSN, RN

Angela is the Director for Emergency Preparedness and Special Pathogen Programs at the Nebraska Medical Center. Her nursing background includes over a decade of clinical experience with specialized expertise in areas of trauma, critical care, solid organ transplant, and high consequence infectious diseases. She serves as the director of consultative services and metrics development for NETEC. She leads a team in the development of readiness assessment tools to evaluate programmatic capacity and capability to respond to special pathogen events in hospitals, long term care centers, and EMS agencies in the United States.

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  - Email
  - Discipline/Role
    - E.g., RN, BSN

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Disclosure Declaration

- We have no financial disclosures or conflicts related to this presentation.

- The views and opinions expressed during this webinar are those of the presenters and do not necessarily reflect those of the University of Nebraska Medical Center or The Nebraska Medical Center.

Objectives

Review core principles of the Identify-Isolate-Inform (III) framework and its application in early detection and management of patients with suspected high-consequence infectious diseases.
Interpret relevant guidelines, regulatory expectations, and public health reporting requirements to ensure timely communication, safe patient management, and coordinated preparedness efforts.
Implement effective strategies within clinical workflows to support rapid identification, immediate isolation, appropriate PPE use, and clear escalation pathways.
Discuss the Infection Preventionist's role in planning, training, monitoring, and interdepartmental collaboration to strengthen organizational readiness for III activation.
Synthesize III knowledge to build a strong preparedness foundation that supports more advanced learning in infection prevention and special pathogen response

Three-Part Webinar Series

Foundations of Isolation:

Precautions, Protection, Preparedness

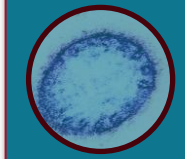
January	February	**Today**
Standard & Transmission-Based Precautions	Personal Protective Equipment	**Identify-Isolate-Inform**

What is Identify, Isolate, Inform?

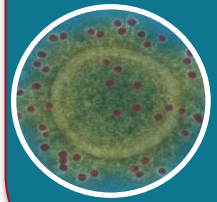
- Framework of actions developed during the Ebola outbreaks of 2014
- Goal to rapidly identify potential infectious persons based on symptomology and travel history
- Adaptation and expansion
    - High-consequence Infectious Diseases
    - MERS, Lassa Fever, Zika
- Can and should be broadly applied and used for IPC practices

Challenges with Non-Specific Symptoms

Ebola
Marburg
Lassa
Crimean Congo



South American
VHFs
Andes Hanta



MERS
SARS
Novel Coronovirus

Diarrhea

Rash

Nausea

Headache

FEVER

Fatigue

Muscle Aches

Cough

Norovirus
Rotavirus

Adenovirus
RSV
Measles

Varicella
Epstein-Barr

Pertussis
Influenza
Nisseria meningitidis

Special Pathogens or HCID

- Novel or re-emerging infectious agents
- Easily transmitted person-to-person
- Limited or zero medical countermeasures
- High mortality
- Require prompt identification and enhanced infection control activities

Special Pathogen (e,g,. Orthoebolaviruses) → High-Consequence Infectious Disease (e.g., Ebola Virus Disease)

Why do we care?

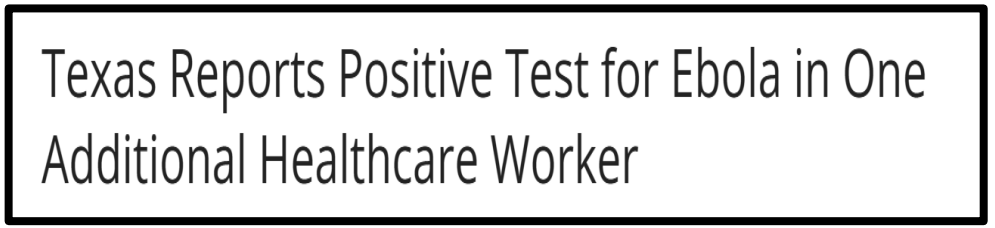
- Unrecognized illness has led to:
  - Outbreaks
  - Nosocomial transmission
  - Healthcare Worker infection and fatalities
- Highlights importance of all facilities having protocols in place

Iowa reports fatal Lassa fever case in a traveler

News brief | October 28, 2024

Lisa Schnirring

Topics: Lassa , Viral Hemorrhagic Fever



Texas Reports Positive Test for Ebola in One Additional Healthcare Worker

Why do we care?

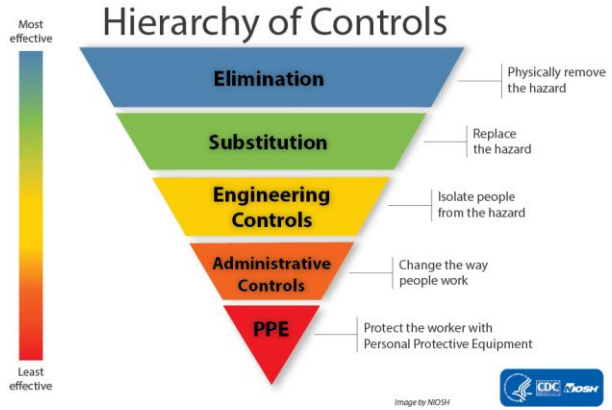
Regulation

The Joint Commission Standard

- Effective July 1, 2024
- IC 07.01.01
- The hospital implements processes to support preparedness for HCID(s) or special pathogens.

CMS

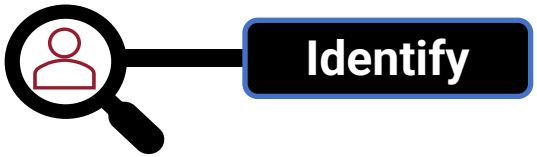
- 482.42
- “Employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institution settings”



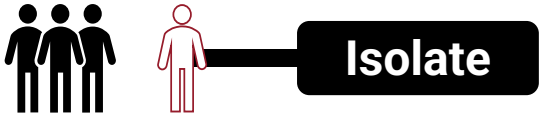
Key Principles for IPs

- Be proactive in developing SOPs
- Know current risks and outbreaks
- Utilize case definitions
- Collaborate with departments on process and algorithm development with directions and guidance:
- Focus on Relationship Development
    - Internal and External
- Know your Resources
    - Regional Treatment Centers
    - Public Health

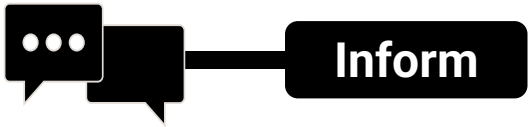
How to Identify, Isolate, and Inform



Recognize the signs, symptoms, and epidemiological risks that indicate a high consequence infectious disease



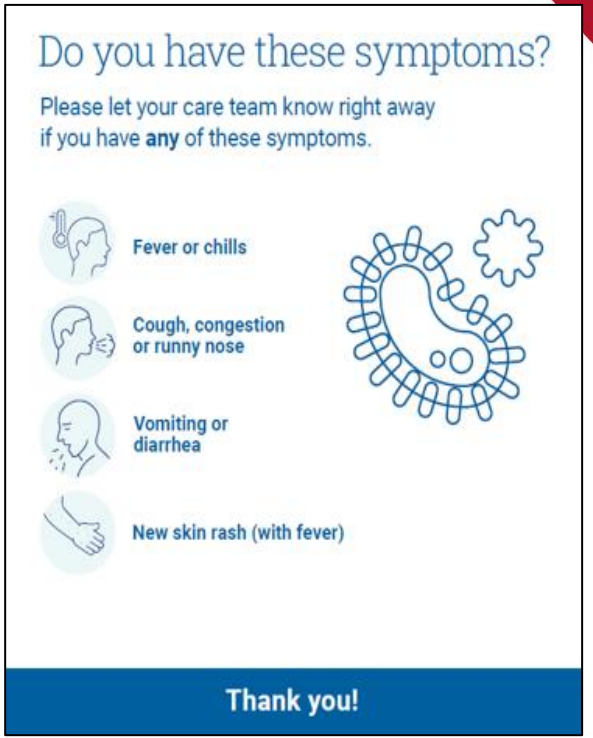
Promptly and effectively isolate the individual(s) suspected to have HCID from the general patient population and healthcare personnel



Utilize facility-specific developed algorithm for internal and external communication

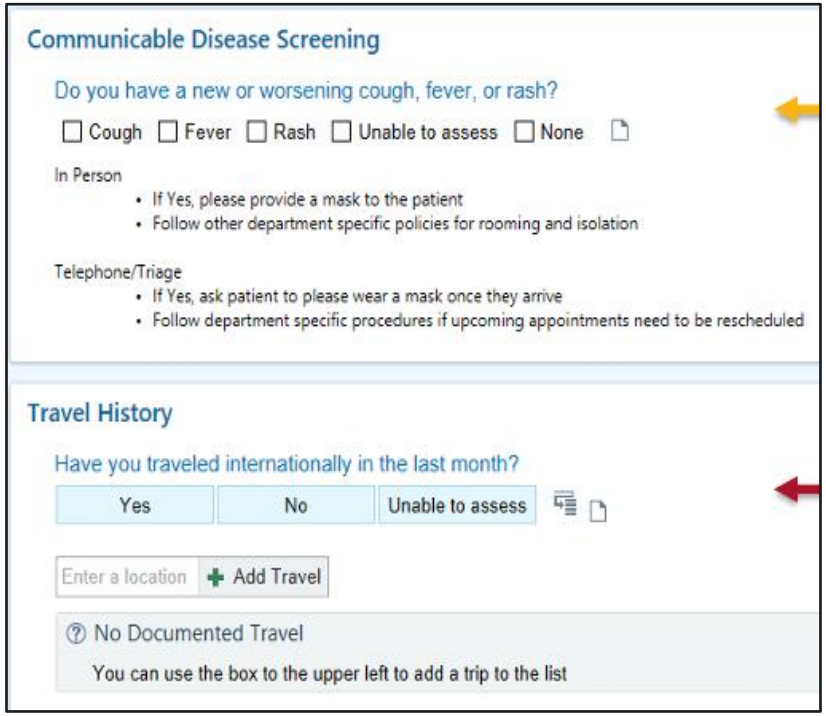
Identify- Screening Upon Entry

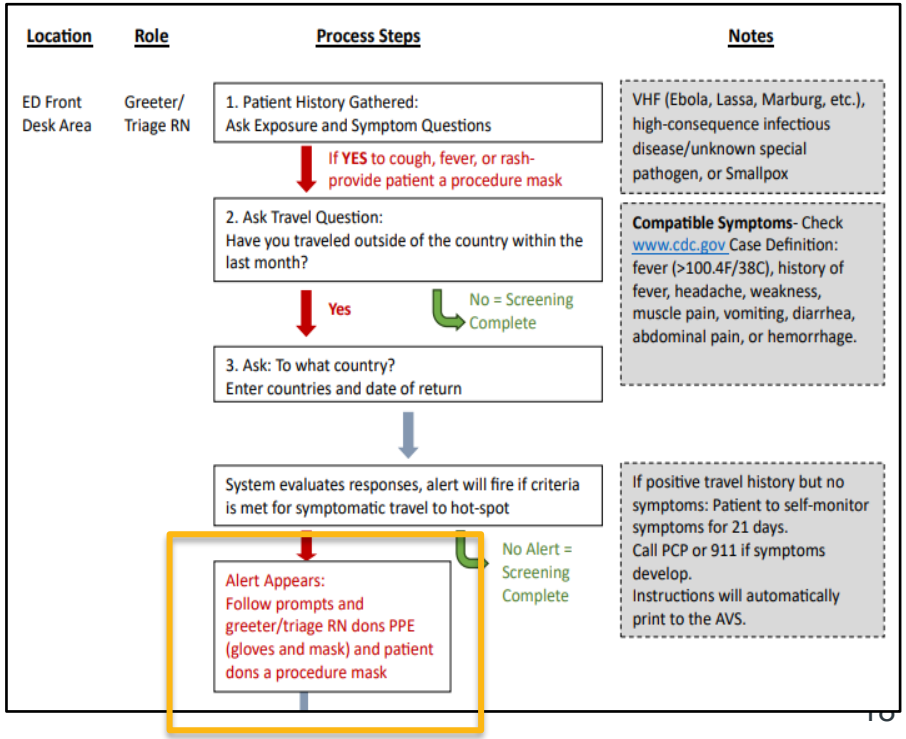
- Screen ALL patients EVERY TIME
- At arrival or first point of entry
  - In the emergency department
  - In urgent care centers
  - In clinics
  - Direct admissions
  - In the field by first responders
- Screening includes Symptoms AND Exposure Risk
- Utilize tools (e.g., signage, numerous languages)



Identify- Initial Screening

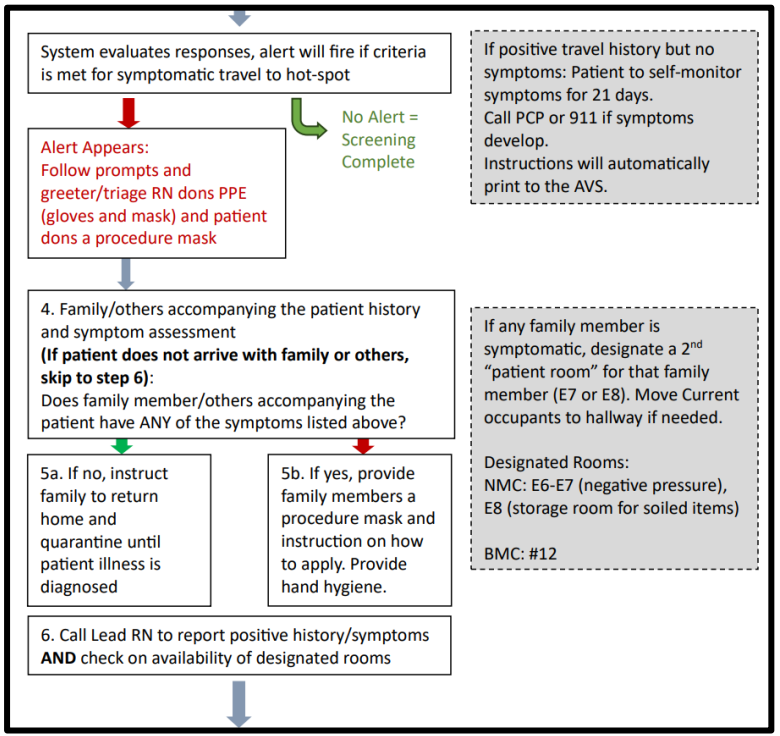
Symptom and Travel Screen





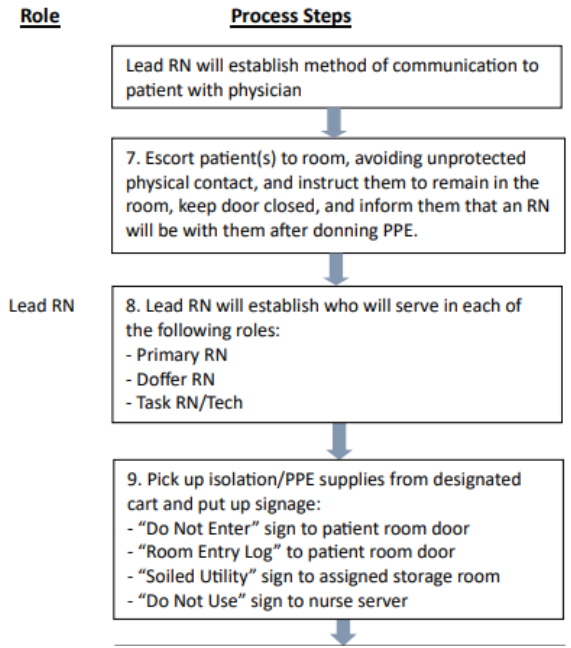
Identify- When screening is positive

- Healthcare worker dons PPE
- Provide patient with procedure mask and provide hand hygiene
- Evaluate visitors if present
- Remove from the general population
- Communicate to deploy rapid isolation



Isolate- Room Preparation

- PPE/Isolation readily available at room entrance
- Remove excess supplies and equipment
- Validate hand hygiene products and stations available
- Commode or private bathroom available
- Identify waste bins to hold and segregate waste if needed
- Post isolation signs with appropriate precautions
- Print log sheet for personnel monitoring



Role	Process Steps
	Lead RN will establish method of communication to patient with physician
	7. Escort patient(s) to room, avoiding unprotected physical contact, and instruct them to remain in the room, keep door closed, and inform them that an RN will be with them after donning PPE.
Lead RN	8. Lead RN will establish who will serve in each of the following roles: - Primary RN - Doffer RN - Task RN/Tech
	9. Pick up isolation/PPE supplies from designated cart and put up signage: - "Do Not Enter" sign to patient room door - "Room Entry Log" to patient room door - "Soiled Utility" sign to assigned storage room - "Do Not Use" sign to nurse server

Isolate- Transport to Isolation Room

- Receiving staff don PPE
- Secure the route to the identified isolation room
- Request other patients, staff, and families to vacate the route
- Orient the patient to the isolation precautions and expectations to remain in the designated room
- Establish means of communication

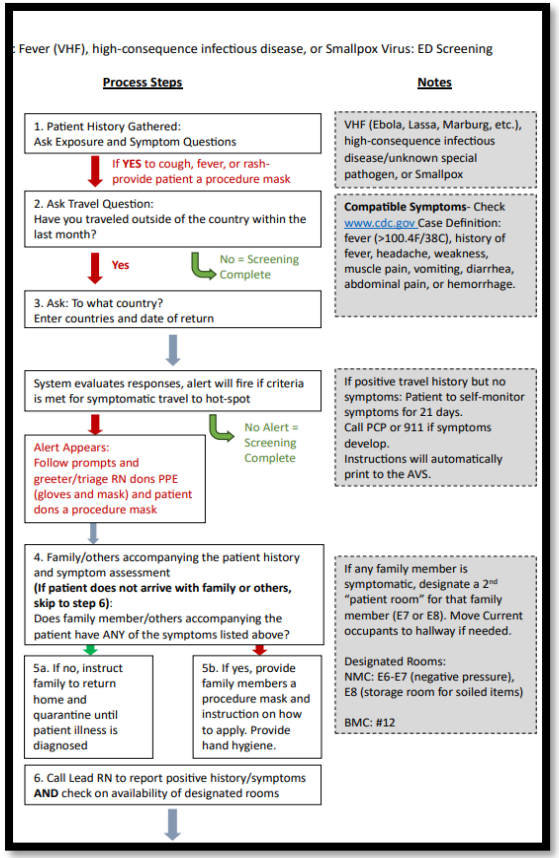
Communication- Who to Inform

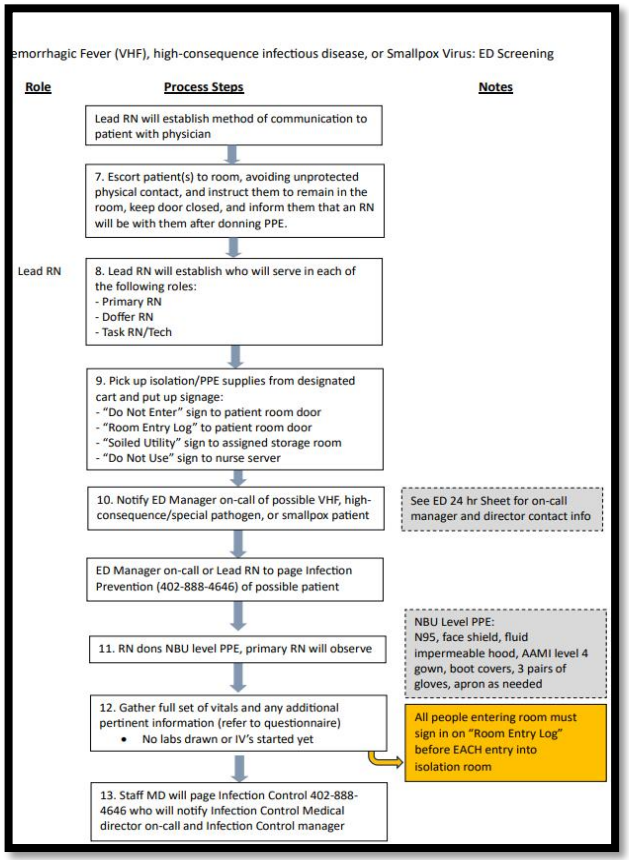
Identify and develop a list of key personnel who need to be notified

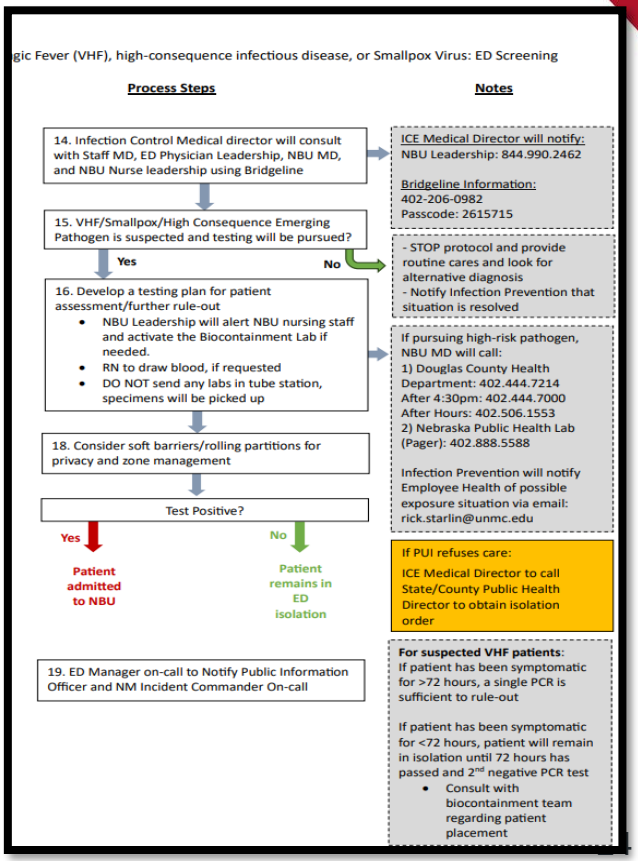
- Internal Personnel:
  - Infectious Disease Physician
  - Infection Preventionist
  - Charge Nurse
  - Laboratory
  - EVS
  - Hospital administration
- External Partners:
  - Public health authority
  - Reference laboratory for diagnostics
  - Emergency medical services for transportation
  - Waste vendor

Inform in Action Example

Pathway and Algorithm Example





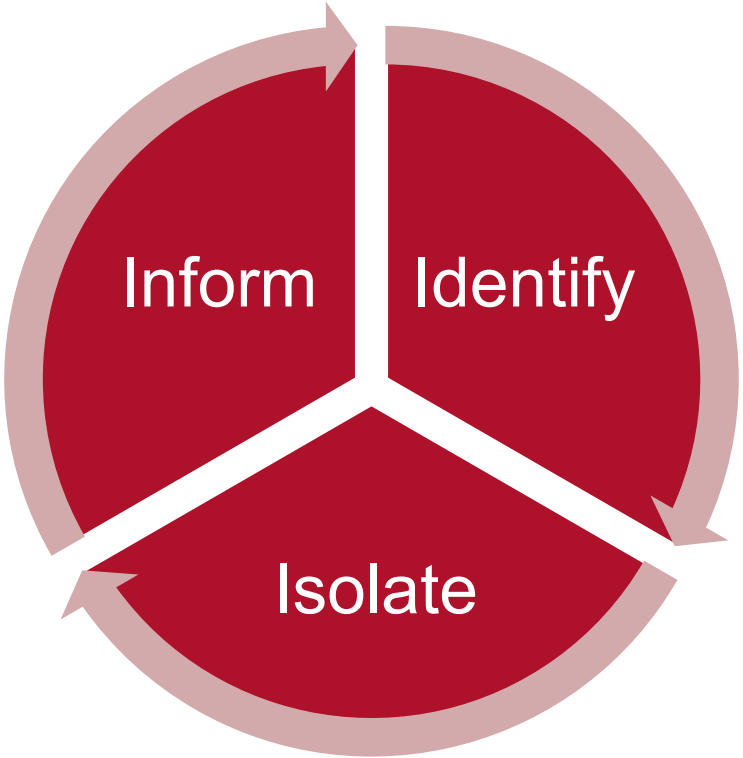


What is Next

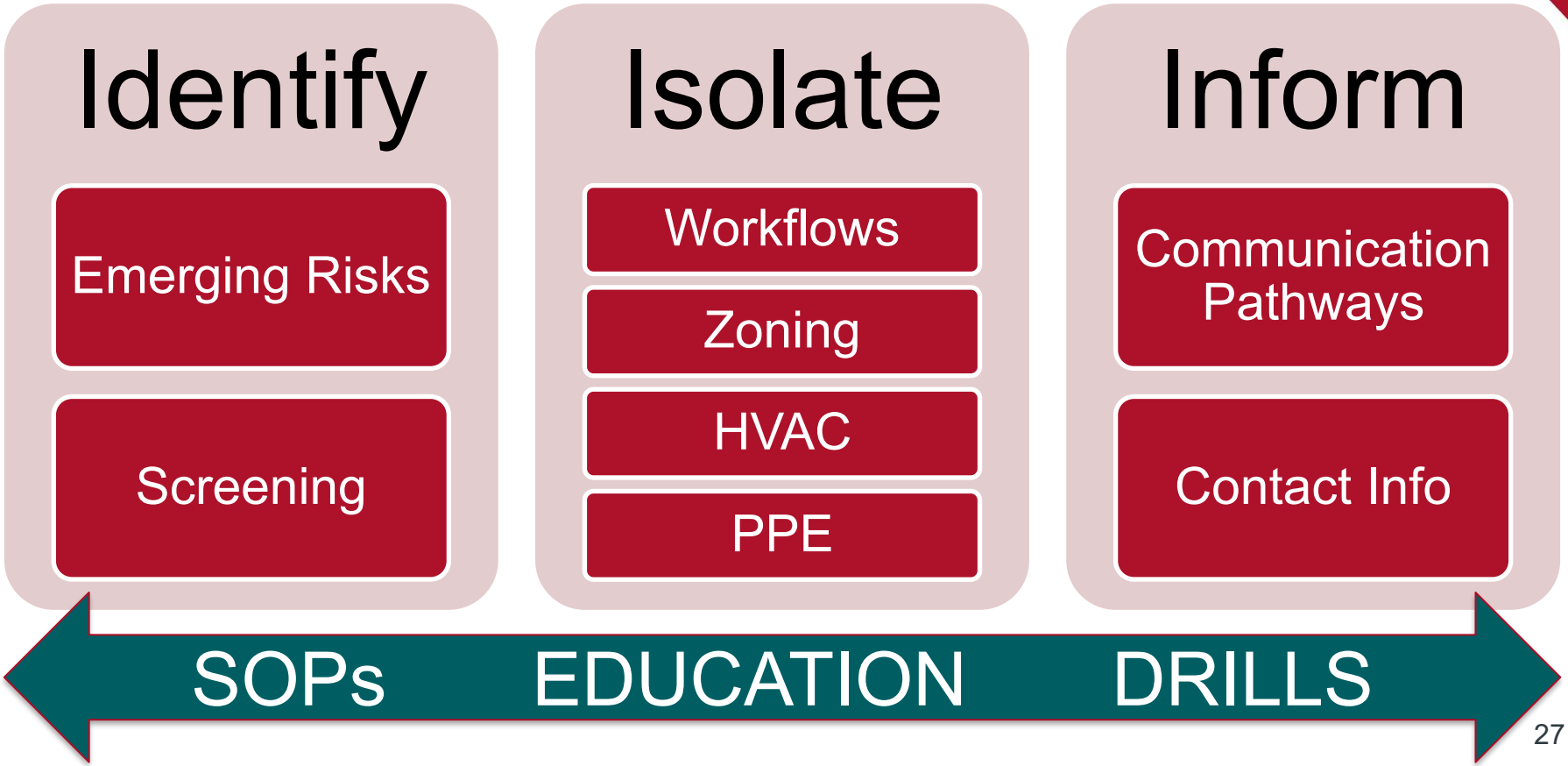
- ❑ **Identify-Isolate-Inform**
  - Screening processes in place
  - Designated care space
  - Internal/external notifications
  - Document training/education
- ❑ **PPE**
  - Appropriate ensembles
  - Competency-based training
  - Cadence and documentation
- ❑ **IPC**
  - Protocols for cleaning/disinfection
  - Disposable/reusable equipment
  - Reducing risk and bioburden
  - Terminal cleaning/decontamination

- ❑ **Fourth I - Initiate care**
  - IV access, fluids, electrolytes
  - Plan for diagnostics
- ❑ **Basic lab support**
- ❑ **Staff monitoring**
- ❑ **Drills & Exercises**
- ❑ **Waste management plan**
- ❑ **CONOPS for Transfer**

IP Role in Identify-Isolate-Inform

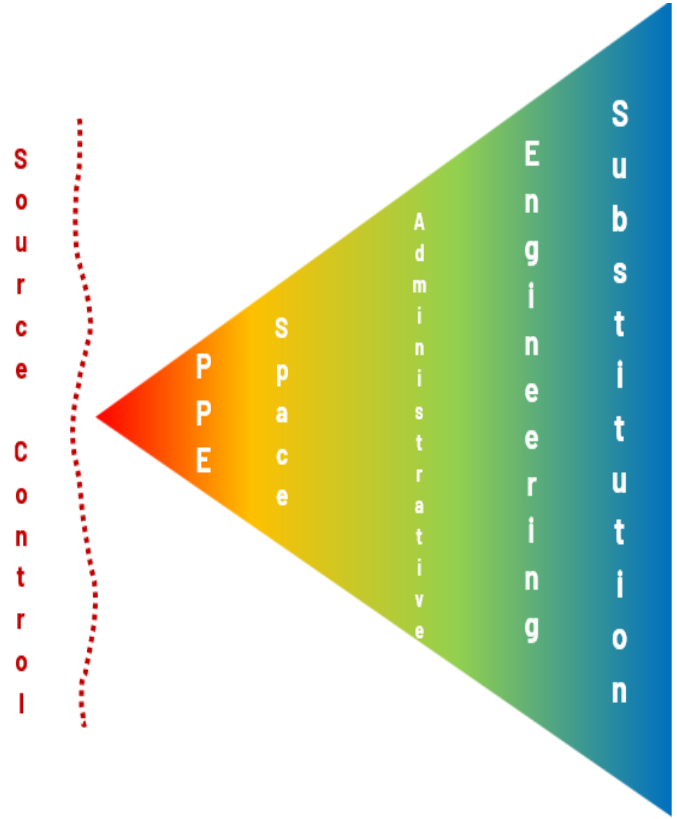


IP Role in Identify-Isolate-Inform



IP Role in Initiation of Care

- Shift to standard IP practice
- Surveillance
- Environment of Care Rounds
- Process evaluation



IP Role in III

Policy & Procedure

- Partner and collaborate with relevant departments to develop and implement policies and protocols to address ***Identify, Isolate, Inform*** procedures

Education & Training

- Stay informed on current and emerging risks, including local and global pathogens of concern
- Register for Health Alert Network (HAN) for your state and other relevant notification systems
- Understand the rapid identification, isolation and notification processes
- Ensure staff have up-to-date training on relevant pathogens and infection control measures

Surveillance & Reporting

- Understand the process for identifying transmissible illness in your facility
  - *Clarify who is responsible for reporting cases*
  - *Clarify whom they should report to*

Communication & Collaboration

- Collaborate with departments to implement transmission-based precautions, especially at high-risk entry points
  - *e.g., Emergency Department*
- Partner with hospital access and patient entry areas to the facility
  - *e.g., front desks, Emergency Department*
- Ensure clear internal and external communication pathways for timely reporting and coordination

Exercises and Drills

SAMPLE DRILL- MYSTERY PATIENT
Arrive at registration
Symptom/Travel Screen
Patient dons mask
Waiting Room/6ft from others
Isolated in AII Room
Provider enters AII Room in PPE (List PPE)

What are your resources?

NETEC | NSPS

Zero Preventable Deaths

Two-hour Mobilization

100% Access

National Special Pathogen System (NSPS)

Group Poll

Do you know your NSPS level?

- Level 1
- Level 2
- Level 3
- Level 4
- I have no idea

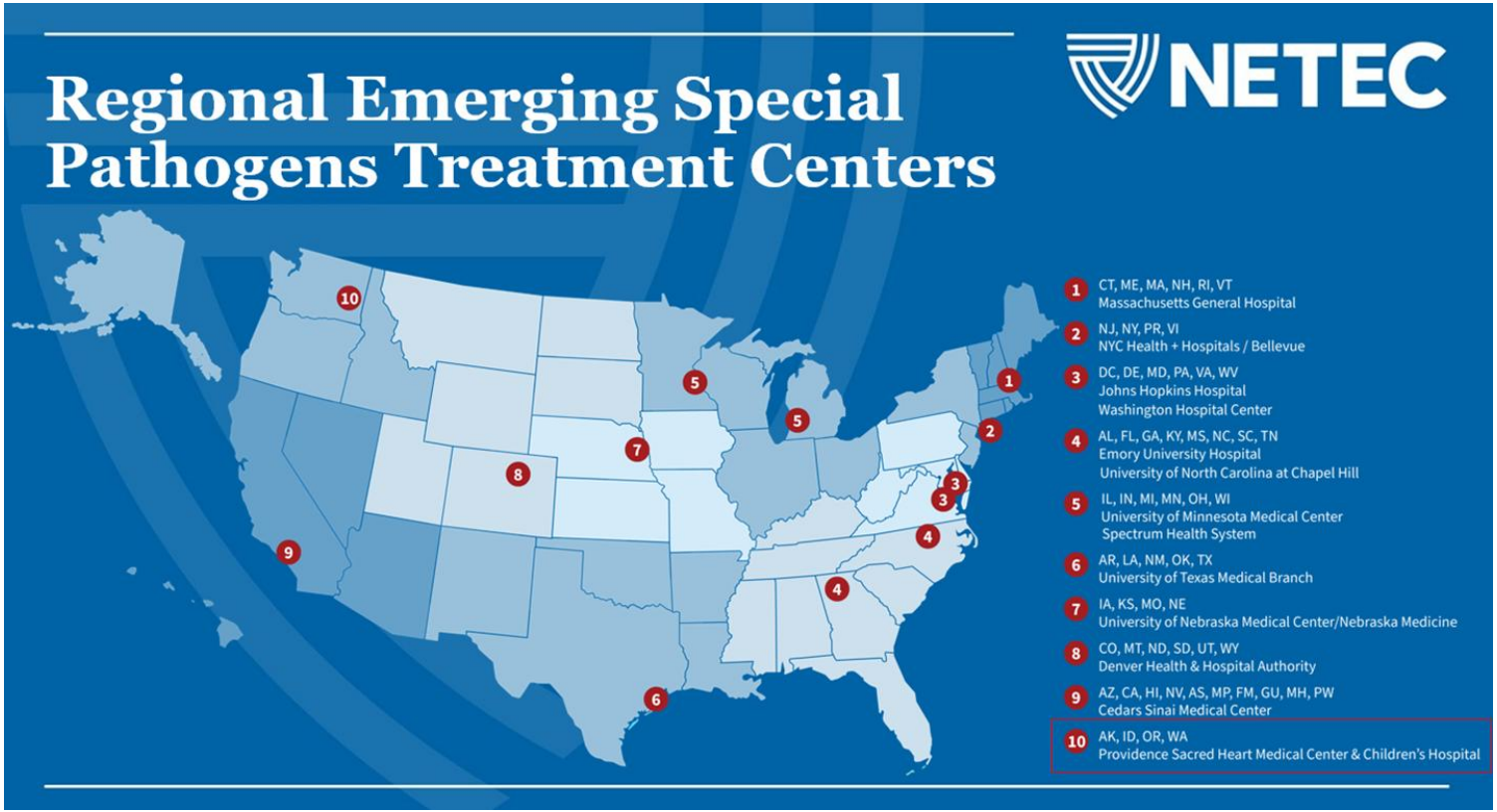
Minimum Capabilities

The table is intended to provide a high-level sample of quantifiable difference across levels and does not include all minimum capabilities.

Capabilities	Level 1	Level 2	Level 3
Care Duration	Duration of illness	Duration of illness	12-36 Hours
Capacity for VHF, airborne	2 VHFs 10 airborne	1-2 VHFs 4 airborne	1+ isolation space
PPE Supply	2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	1-2 VHF cases for at least 7 days onsite (with plans to support 21 days of care)	3 VHF cases for 12-36 hours (before resupply)
Exercises	Quarterly	At least twice annually	At least once annually for mystery patient exercise
PPE Training	Quarterly	At least 2x annually	At least 1x annually
Skills Training	Quarterly	At least annually	--
Lab Testing Ability	Clinical lab testing	Clinical lab testing	Point-of-care onsite clinical lab testing

Level 4- All other Healthcare Facilities
Identify-Isolate-Inform
Stabilize/Initiate Care
Protect Staff
Arrange Transfer

National Map of RESPTCs



Know Your Resources

- Local & State Health Department contacts for infectious disease & emergency response
- Your Regional RESPTC https://netec.org/about-netec/partners-regional-contacts/
- Centers for Disease Control and Prevention https://www.cdc.gov/outbreaks/index.html
- Beacon https://beaconbio.org/en
- ASPR TRACIE https://asprtracie.hhs.gov/
- NETEC https://netec.org/
- Infectious Disease Briefing- Region 7 https://www.unmc.edu/healthsecurity/health-emergencies/index.html
- The Transmission https://www.unmc.edu/healthsecurity/transmission/


Physical Infrastructure
Personnel Management
IPC
PPE
Training
Lab
Emergency Management
Treatment and Care
Waste
Research
Decedent Management
Preparedness

Next Webinar:
Emerging Infectious Disease Update and IP Role in Special Pathogen Response
May 21st from 12-1300CST

Office Hours:
June 18th from 12-1300CST

Questions

References

- https://archive.cdc.gov/www_cdc_gov/media/releases/2014/s1015-texas-second-health-care-worker.html
- https://www.nationalnursesunited.org/news/real-story-how-dallas-nurse-got-ebola-could-be-worse-we-ever-imagined
- https://www.jointcommission.org/en-us/knowledge-library/support-center/standards-interpretation/standards-faqs/000002503
- National Special Pathogen System (NSPS) | NETEC
- https://www.cdc.gov/mmwr/volumes/66/wr/mm6636a2.htm

Office Hours

- If you have a questions
  - Raise hand and our admin will take you off mute

    OR
  - Enter your question into the chat

- If you have additional questions that are not answered, you can email us at ***infoforipslice@nebraskamed.com***

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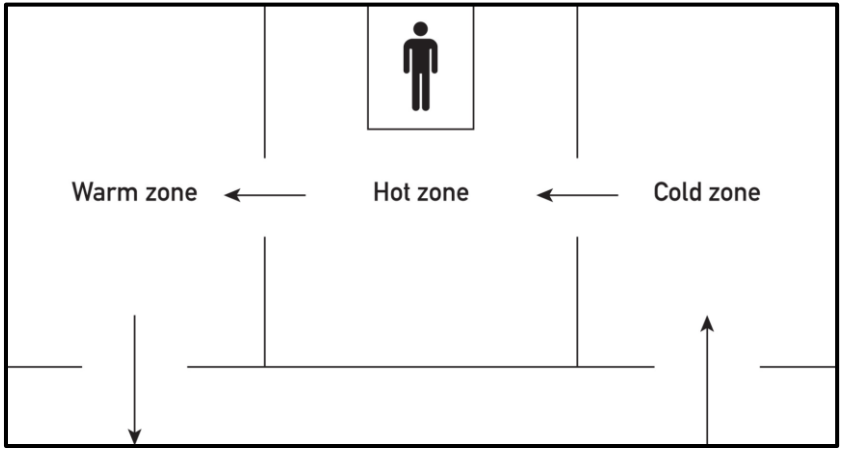
Region 1	Massachusetts's General Hospital
Region 2	NYC H+H Bellevue
Region 3	John Hopkins Medstar Children's National
Region 4	Emory Healthcare Children's Healthcare of Atlanta University North Carolina
Region 5	Corewell Health University of Minnesota Medical Center Fairview Health
Region 6	UTMB Galveston
Region 7	Nebraska Medicine
Region 8	Denver Health
Region 9	Cedars Sinai Medical Center
Region 10	Providence Sacred Heart Medical Center

IP Role in Identify

- Act as a subject matter expert for the emerging risks
- Review screening questionnaire
- Stay informed on current and emerging risks
- Help to develop and execute testing drills
- Partner to develop & deliver training for staff that will have to implement these protocols

IP Role in Isolate

- Help to identify the workflow for rapid isolation
- Location of isolation rooms/ zoning
- Monitoring of occupied rooms/ maintenance of HVAC
- Partner on identification of PPE to use and locations for point of use storage
- Help to develop and execute testing drills



IP Role in Inform

- Partner on:
  - Communication protocols
  - Pathways and algorithms
- Ensure processes are up to date
- Stay informed