

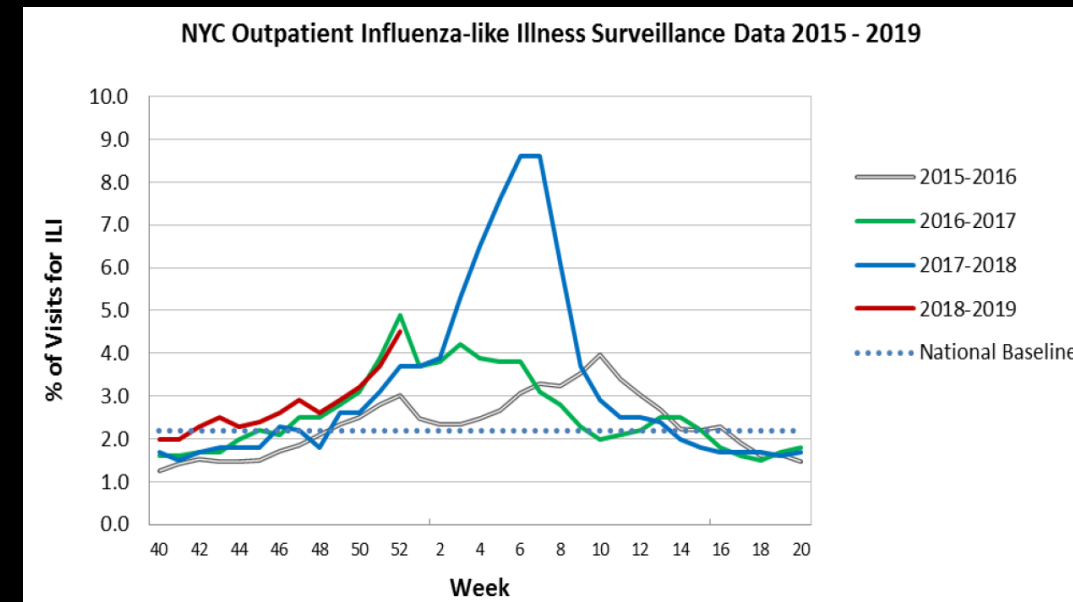
# What We're Seeing Globally

- Non-official report through Promed of outbreak of respiratory illness in Guangdong Province, China with government recommending isolation of anyone with symptoms
  - Unofficial case count of 220+ with 8 suspected deaths
- 8+ countries reporting acute respiratory syndrome with atypical pneumonia in the past 5 days
- Laboratory analyses are negative for influenza viruses
- Case definition still under consideration by national and international teams



# What We're Seeing Locally

- Number of patients presenting to Kings County Hospital with ILI has increased by 77% over last week
- Majority positive for H1N1, followed by H3N2 but some are not testing positive for influenza
- NYC flu activity is being report as elevated, with NYS DOH flu surveillance showing widespread flu activity



# Alternate Care Site (MSED)

- Given high patient volume with current flu season, all internal surge space has been occupied and hospitals in surrounding areas are also operating at 104% capacity
- Concern of influx of worried well
- Alternate care site set up (mobile satellite emergency department or MSED) for surge space



# Triage

- Patients who have presented with ILI who are presently lower acuity, ESI 3,4 &5 have been triaged and registered in the main ED and directed to the MSED trailer
- General criteria include:
  - ages 18-80
  - At presentation patients were alert, oriented and ambulatory
  - No family or visitors are permitted to accompany for infection control reasons
- MSED has its own plain radiography capability and basic POC lab. It is anticipated that more ill patients may need to be transported back into the hospital

**ATTENTION  
ALL PATIENTS**

If you have **traveled internationally** or had close contact with someone who recently traveled internationally and was ill



**And you have:**  
fever, cough, trouble breathing, rash, vomiting or diarrhea



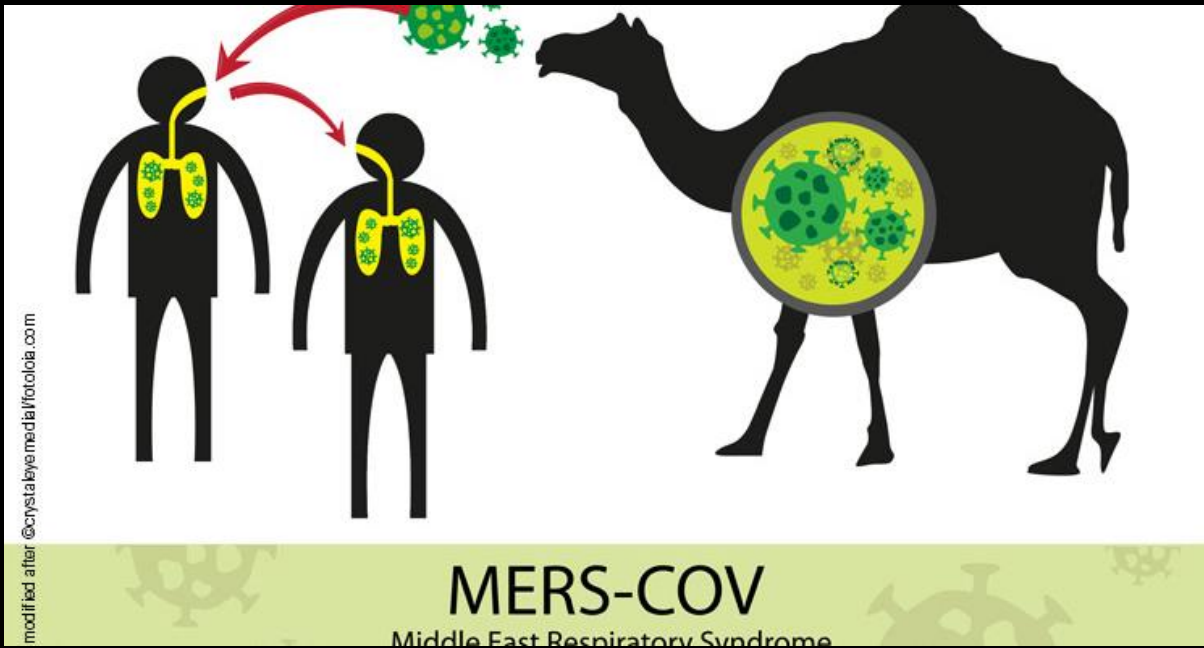
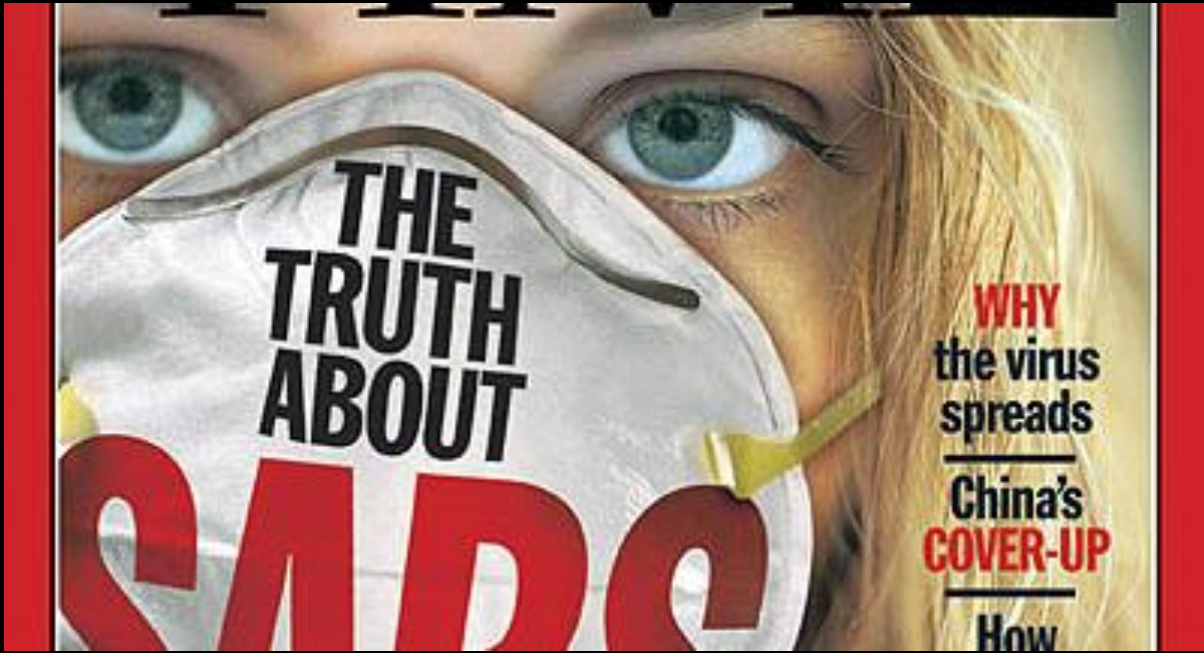
**PLEASE TELL STAFF IMMEDIATELY!**

NEW YORK  
state department of  
HEALTH

# What to Expect

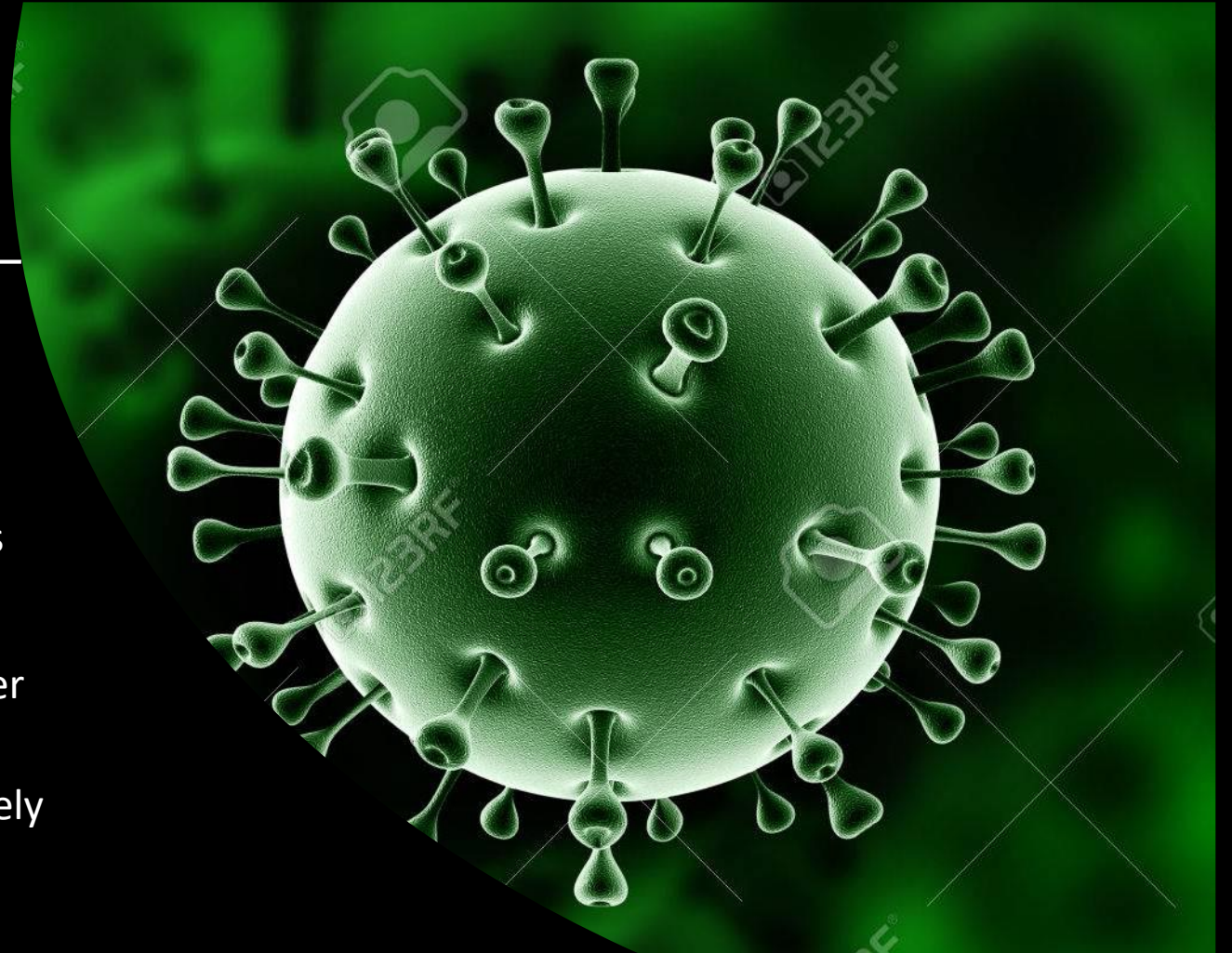
- Scenario involves bedside rounds following change of shift
- Each participant will be playing in their **current role.**
- Review history and findings for first patient closest to entry door and move along unit to subsequent patients
- **Will simulate the donning prior to entry and doffing at the rear of the MSED (gloves and gown only) between patients**
- Chest radiograph will be viewable and labs, if available, will be provided





# SARS

- 8000 cases in 2003-2004
- Affected areas: China, Hong Kong, SE Asia, Canada; US, Europe
- Case fatality rate **10%**, 43% over age 60 years
- Incubation period ~ 2-7d (up to 10d)
- Case definition: fever + pneumonia + no other diagnosis + lab confirmation X2
- Healthcare workers infected disproportionately
- No specific therapy



# MERS

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- 2000 cases, recognized in 2012
- Arabian Peninsula; 200 cases in S. Korea in 2015
- Case fatality rate **35%**, 75% over age 60 years
- Incubation period ~ 5d (2-14d)
- Case definition: fever + pneumonia + travel to Arabian Peninsula within 14d (or close contact)
- Healthcare workers infected
- No specific therapy



# Avian Influenza

H5N1, H7N9;  
also H5N6,  
H9N2, H7N7,  
H6N1, H10N8,  
H10N7

## H5N1

- Clinical cases in 1997 in Hong Kong; 860 cases since
- Sporadic cases since 2015
- China, SE Asia, Middle East
- Clusters of human-to-human transmission (not healthcare workers)
- Case fatality rate **53%**
- Therapy: oseltamavir

## H7N9

- Waves since 2013
- > 1500 cases since 2013; 750 cases in 2016-2017, three cases since
- Mostly in China
- No sustained person-to-person transmission, no clusters in healthcare workers
- Incubation period 3-7d (up to 10d)
- Case fatality rate **36%**
- Therapy: oseltamavir

	<b>SARS</b>	<b>MERS</b>	<b>Avian Influenza</b>
Fever	100%	98%	100%
Cough	66%	83%	90%
Myalgias	49%	32%	
Dyspnea	46%	72%	
Diarrhea/vomiting	20%	26%	14%

## Basic tenets

- Limit staff for patient care, visitors
- Log of persons entering the room
- Admit only if necessary (isolate in personal residences)
- HCW with unprotected exposure: exclude from work for 10-14d

# Infection Control

## Standard, Contact, Airborne precautions

- Donning: Gown, Respirator, gloves, Face shield, before entering room
- Doffing: Gloves, Face shield, Gown inside room; Respirator outside the room
- Hand hygiene before and after
- Aerosol-generating procedures: Consider Powered air purifying respirator (PAPR)

# Special Pathogen PPE Level 1



# Doffing Special Pathogen Level 1 PPE

(checklist available in designated PPE donning/doffing area in MSED)

Level 1 DOFFING CHECKLIST			
Step #	Task	Criteria	Completed
1.	Trained Observer	•	
2.	Inspect PPE	•	
3.	Perform hand hygiene	•	
4.	Doff gloves	1. 2. 3. 4.	
5.	Hand hygiene	•	
6.	Don nitrile gloves	•	
7.	Doff face shield	•	
8.	Hand hygiene	•	
9.	Doff isolation gown	•	

Level 1 DOFFING CHECKLIST			
Step #	Task	Criteria	Completed
10.	Perform hand hygiene	• Perform hand hygiene by using an EPA-registered disinfectant wipe (allow contact time per product label) or with alcohol-based hand sanitizer	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Doff gloves	1. Using gloved hand, grasp the palm area of the other gloved hand and peel off first glove 2. Hold the removed glove in the opposite, gloved hand 3. Slide fingers of the ungloved hand under the remaining glove at the wrist and peel off the remaining outer glove over the first glove 4. Discard both outer gloves in the infectious waste container	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Hand hygiene	• Clean hands with alcohol-based hand sanitizer	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Don nitrile gloves	• Don a new pair of nitrile gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Relocate	• Move to designated doffing area	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Remove N95 respirator	• Remove N95 respirator from the back to front and discard in the infectious waste container	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Doff final gloves	• Remove gloves using same procedure as first two pairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Hand Hygiene	• Wash or clean hands with an alcohol-based hand sanitizer; hands completely dry before exiting the area	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Inspect	• Inspect for any contamination of the clothing worn under the PPE. If there is contamination, shower immediately.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Follow Up	• Perform staff rehab, medical monitoring, documentation, and behavioral wellness check as indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No

# SIMULATION GUIDANCE

# OBJECTIVES



1. Practice clinical care in an alternate care site (MSED)
2. Work in a “high risk” environment with unfamiliar staff
3. Triage and management of patients with unknown respiratory disease from both a health system perspective and that of the individual care provider
4. Develop a multidisciplinary strategy to safely and effectively care for these patients including the appropriate clinical interventions



**S U S P E N D**

**YOUR  
DISBELIEF**

# Mannequin Interactions

**For this scenario,  
Sim Center staff may  
prompt you with  
alternate information  
and/or patient vitals.  
Believe the  
information that they  
are providing to you.**



Questions?