

High-Consequence Infectious Diseases and Pandemic Response Policy

Office of Origin: Hospital Epidemiology and Infection Control (HEIP)

I. PURPOSE

- A. To guide the UCSF Medical Center in the identification of high-consequence infectious diseases (HCID), to implement appropriate measures to reduce the risk of transmission of high consequence pathogens in the healthcare setting, to communicate with appropriate officials regarding the identification of HCIDs, and to guide a strategy for pandemic preparedness.

II. REFERENCES

- A. [The Joint Commission \(TJC\) Standards. Requirements for Infection Prevention and Control for Critical Access Hospitals and Hospitals. Revised July 1st, 2024.](#)
- B. [Title 17 California Code of Regulations \(CCR\) §2500, §2593, §2641.5-2643.20, and §2800-2812 Reportable Diseases and Conditions](#)
- C. California regulatory requirement HSC1288.7(b) for seasonal and pandemic influenza
- D. [World Health Organization Global Outbreak Alert and Response Network \(GOARN\)](#)
- E. [Centers for Disease Control \(CDC\) Global Health Protection and Emergency Outbreak Response](#)
- F. [Centers for Disease Control \(CDC\) Emergency Preparedness and Response](#)
- G. [SHEA/CDC Outbreak Response Training Program \(ORTP\)](#)
- H. [UCSF Medical Center Emergency Response Plan](#)

III. DEFINITIONS

- A. **Cluster or Outbreak:** The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time. Cluster/outbreak will be referred to as outbreak throughout this policy.
- B. **Epidemic:** The occurrence of more cases of a disease than would be expected in a community or region during a given time period. Such a designation is not mutually exclusive with respect to an outbreak.
- C. **High-Consequence Infectious Diseases (HCID):** Novel or reemerging infectious agents that are easily transmitted from person-to-person, have limited or no medical countermeasures (such as an effective vaccine or prophylaxis), have a high mortality, require prompt identification and implementation of infection control activities (for example, isolation, special personal protective equipment) to prevent spread, or require rapid notification to public health authorities and special action. Examples of high-consequence infectious diseases, special pathogens, or reemerging infections include MERS, novel influenza viruses, measles, mpox, and Ebola or other viral hemorrhagic fever diseases. This list may change, however, to reflect current regional or global outbreaks or to include future emerging agents.
- D. **Pandemic:** The worldwide spread of a new or novel disease.
- E. **Screening:** process of identifying individuals who may be infected with high-consequence infectious diseases (HCIDs) and may be passive (e.g., signs at the entrance) or active (e.g., direct questioning).

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- F. **Staff:** Includes all UCSF Medical Center staff, Medical Staff, Advanced Practice Providers, contracted staff, students, and volunteers. This includes staff who provide services to or work in UCSF Medical Center patient care or clinical areas.

IV. POLICY

- A. Hospital Epidemiology and Infection Prevention (HEIP) manages the prevention and control of infectious diseases in the hospital setting, including the development of policies and procedures that will aid in the prevention and control of infection transmission.
- B. To comply with California regulatory and TJC requirements, HEIP takes a lead role to:
1. Identify and respond to outbreaks, epidemics and pandemics of HCIDs.
 2. Provide guidance on institutional training and education needed for staff to be able to identify and respond to patients who may have HCIDs.
 3. Monitor global, regional, and local infectious disease threats in collaboration with local, state and national public health agencies.
 4. Recommend actions to prevent and contain the spread of HCIDs within UCSF Medical Center healthcare settings.

V. PROCEDURES

- A. In the event of a high consequence infectious disease outbreak, provision of healthcare may shift from individual-based care to population-based care through the allocation of scarce resources (e.g., equipment, supplies, and personnel) to save the largest number of lives. In general, such decisions will be made in accordance with the UCSF Emergency Preparedness Plan and/or in accordance with the operations of a Hospital Incidence Response System (HICS).
- B. HCID screening
1. Active screening will be performed in the emergency departments and passive screening will be performed in all other access points to the healthcare organization. This screening strategy may be modified at any time based on the epidemiologic characteristics of any high consequence pathogen that may be circulating in the community and based on the recommendations of local, state and national departments of public health.
 2. All hospital staff, including those performing HCID screening, will complete an annual infection prevention training module that includes questions on proper use of standard and transmission-based precautions, as well as on the proper use of PPE and optimal hand hygiene practices.
- C. HCID Identification and Confirmation
1. HEIP should be notified of patients presenting with symptoms and/or travel histories suggestive of HCIDs and patients who are suspected or confirmed HCID cases by staff at all access points to the health system including but not limited to: the Emergency

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Department, urgent care centers, clinical units, Ambulatory Clinics, clinical laboratory, Occupational Health Services (OHS), LPPH, and Student Health Services (SHS).

2. HEIP may also receive notifications of patients with HCIDs from the San Francisco and California Departments of Public Health, Centers for Disease Control and Prevention (CDC), other public health agencies, or other healthcare facilities.
- D. Notifications and Communications
1. HEIP will collaborate with UCSF Medical Center stakeholder groups to create a standardized screening tool that will direct staff performing HCID screening to implement appropriate transmission-based isolation precautions and to alert appropriate medical staff in the event of any patient presenting with a suspected HCID.
 2. When a patient entering the healthcare organization is identified as exposed to or suspected of having a HCID, staff performing screening will be prompted to immediately notify HEIP.
 3. HEIP will serve as the point of contact to SFDPH and CDPH, as appropriate.
 4. HEIP may guide the content of written communications.
 5. Educational or situational status communications to the medical center, campus, or external to UCSF will be approved and disseminated in accordance with the UCSF Emergency Operations Plan and/or HICS. HEIP and designees may review and approve such communications as part of this process.
 6. Messaging to patients, families, and visitors is approved and implemented by UCSF Health Senior Leadership (e.g., CNO, CMO, HICS).
- E. Patient Screening, Case Identification, Tracking and Management
1. Screening
 - a. Patients entering the healthcare system will be screened for HCIDs and placed in appropriate isolation precautions for the suspected or confirmed high consequence infectious diseases (refer to the Infection Control Manual, Section 3 for disease-specific isolation procedures).
 2. Transmission control measures
 - a. HEIP:
 - i. Advises the medical center on appropriate transmission prevention and control measures that may include testing, prophylaxis, vaccination, surface disinfection, and PPE guidance.
 - ii. Communicates with and educates UCSF Medical Center staff on the application of such measures.
 3. Inpatient placement strategies
 - a. In accordance with the UCSF Emergency Operations Plan and/or HICS, HEIP may recommend patient placement strategies which may require progressive isolation

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measures based on the risk of ongoing transmission within healthcare facilities. Measures may include:

- i. Limiting patient movement
- ii. Limiting patient admissions
- iii. Limiting elective procedures
- iv. Cohorting of patients (in order of lowest to highest risk)
 - (a) Single-patient room
 - (b) Cohorting in semi-private rooms
 - (c) Cohorting by location—by patient unit
 - (d) Cohorting by location—by hospital floor
 - (e) Cohorting by location—by hospital building
 - (f) Spatial separation in large, enclosed areas (e.g., gymnasium, conference rooms).

4. HEIP may recommend alternate triage and assessment locations and make recommendations for enhancements or changes that would facilitate infection prevention and transmission control.

F. Clinical Laboratory Surveillance and Communications

1. The objective of laboratory surveillance is to identify and confirm cases of HCIDs.
2. Patient care areas with suspected cases of an HCID that could be implicated in an outbreak will contact Clinical Microbiology Laboratory @ China Basin at 415-353-1268 (7:30a-midnight) for instructions for specimen collection and submission procedures.
 - a. Back-up # (midnight-7:30a): Clinical Labs Specimen Processing at Parnassus: 415-353-1667. Night shift supervisor may contact Sr Supervisor or Microbiology Director as needed.
3. The clinical laboratories may limit the number of specimens accepted for testing and may require specific templates for specimen submittal.
4. The Clinical Microbiology Laboratory will communicate with local and state labs to remain up-to-date with protocol changes, including preparing for increases in the number of specimens processed, transportation of an increased number of specimens to state or

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local labs, or determining when specimens will no longer be tested in order to conserve critical personnel and resources

5. SFDPH, CDPH, or CDC laboratories may perform testing for novel organisms.
 - a. For suspected novel HCIDs, UCSF Medical Center clinical laboratories will submit requested reports and specimens to the SFDPH lab, who then coordinate with the CDPH lab for appropriate testing.

G. Personal Protective Equipment (PPE)

1. If a patient presenting to the healthcare organization has a positive screen for an HCID, the patient will be isolated and asked to wear a well-fitted surgical mask at the point of entry. As an alternative, a blanket or sheet may be placed loosely over the heads of patients <2 years of age or those unable to tolerate masking. Providers in contact with the patient at the point of entry will adhere to the appropriate transmission-based precautions as soon as an HCID is suspected.
2. Standard Precautions will be practiced throughout a suspected or confirmed outbreak, requiring symptom-based use of personal protective equipment (PPE) as appropriate to the suspected infection (e.g., masks, eye protection, gowns, and gloves), hand hygiene agents, and surface disinfection materials.
3. Disease-specific transmission-based isolation precautions will be implemented based on the known mechanisms of transmission for each HCID. For additional information, see the [UCSF Isolation Table](#).

H. Training and Education

1. Education regarding screening for HCIDs at entry points into the healthcare organization will be guided by recommendations from HEIP.

I. Visitor Policy and Management

1. In order to protect patients from HCIDs, the UCSF Medical Center may recommend and implement visitor access restrictions coordinated by UCSF Emergency Operations Plan and/or HICS with input from HEIP.
2. Depending upon the nature of the outbreak, additional considerations for visitor limitations may include:
 - a. Assessment and verification of vaccination and/or antiviral treatment status, if applicable
 - b. Physical space and crowding assessments
 - c. Food, water, and sanitation availability
 - d. Ability to comply with transmission-based precautions
 - e. Availability of PPE
 - f. Availability of hand hygiene agents
 - g. Availability of resources to educate visitors

J. Changes in Service Delivery

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1. Decisions related to changes in service delivery and altered levels of care may be made by Medical Center leadership and/or HICS and may include decisions such as thresholds for alterations in routine healthcare delivery.
2. Distribution of scarce resources will be determined by the UCSF Emergency Operations Plan, HICS, and/or Medical Center leadership. Input from HEIP may be used to help guide decision-making.
3. For surge planning, projected numbers of population affected and modeling of the impact of specific pathogens may be performed by HEIP in consultation with appropriate guidance and methods.

VI. RESPONSIBILITY

- A. Hospital Epidemiology and Infection Prevention (HEIP)

VII. HISTORY OF POLICY

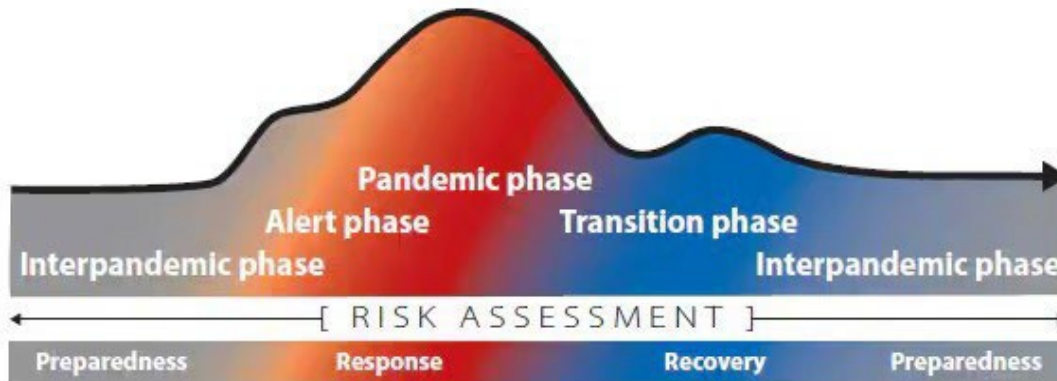
- A. Issued 12/2024

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VIII. APPENDIX

A. Pandemic phases

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.