**PURPOSE:**

Timely management of patients, staff, and visitors exposed to a communicable disease is imperative to prevent nosocomial acquisition, and widespread outbreaks.

The purpose of the following policy is to establish guidelines for the step by step management of patients and others who have been exposed to a communicable disease and to define responsible persons and responsibilities as needed to assure complete, timely management in the event of an exposure. For information related to employee exposure follow-up, please refer to policy IC - 602.0 Employee Exposures.

**PROCEDURE:**

1. Unit Leadership Follow-up:
   1. Place patient in appropriate isolation precautions if not already performed.
      1. For patients with an airborne transmissible disease (Measles, Tb, Varicella, etc.)
         1. Immediately place the patient in Combined-Airborne Isolation-Negative Pressure Room.
         2. If a negative pressure room is not immediately available, place the patient in a private room and ensure that the door remains closed.
   2. Notify Infection Prevention and Control (IPC) of identified index case(s).
   3. Have a physician verify the diagnosis of disease.
   4. Identify potential exposed individuals: patients, employees, visitors and provide lists to IPC and Employee Health Services if applicable (see IC - 602.0). Report any secondary cases that have been suspected or identified to IPC.
2. IPC follow-up:
   1. IPC will determine susceptibility of contacts as applicable (i.e.: have not had the disease; have not been vaccinated, are immunocompromised, etc.)
      1. Exposure investigations for airborne infectious diseases are typically conducted for susceptible individuals who were in shared rooms or neighboring rooms (1-2 rooms on either side of the index patient if the patient is isolated in a regular pressure room).
   2. IPC will notify primary care provider to provide guidance regarding post exposure prophylaxis when indicated.
   3. IPC will notify the ASP pharmacist of the exposure to assess VariZIG/IGIV availability during business hours for exposed patients when indicated. For after hours, weekends, and holidays IPC will contact the main pharmacy.
   4. IPC will determine incubation and infectious period and provide guidance related to restricting or limiting contact to susceptible person during the incubation period.
   5. IPC will notify IS (Information Systems) to set up airborne isolation alerts for patients that were exposed or were treated with post exposure prophylaxis when indicated.
   6. IPC will issue exposure notification to primary care provider for impacted patients and recommend follow-up actions if indicated. IPC will also notify exposed employees or staff in conjunction with Employee Health Services (see IC - 602.0 for more details).

**REFERENCES**

1. HICPAC: Guidelines for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.
2. American Academy of Pediatrics Red Book: Report of the Committee on Infectious Diseases, 2018.
3. [IC - 602.0 Employee Exposures](https://secure.compliance360.com/ext/gc8lXGjBmyTG3RnT-aFRlA==)

**ATTACHMENTS:**

1. [IC – 303.1 Measles Flowchart](https://secure.compliance360.com/ext/ze4a9CxkisebHeOMuqcinA==)
2. [IC – 303.2 Varicella Flowchart](https://secure.compliance360.com/ext/62Ug7VDhqu2ixxNRfvQPMQ==)
3. [IC – 303.3 Rubella Exposure Management](https://secure.compliance360.com/ext/-Ry-IbQtTtZZrWuCv__vKQ==)

**POLICY OWNER:**

*Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*