DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P008-(01)	
TITTLE/DESCRIPTION: **INFLUX OF INFECTIOUS PATIENTS POLICY**			
EFFECTIVE DATE: May 30, 2025	**REVISION DUE:** May 29, 2025	**REPLACES NUMBER:** N/A	**NO. OF PAGES:** 1 of 13
APPLIES TO: All employees of Dr. Pablo O. Torre Memorial Hospital		**POLICY TYPE:** Administrative	

PURPOSE:

1. To provide an effective response to a real or potential risk of influx of infectious patients.
2. To provide barrier precautions and isolation procedures that protects patients, visitors, and staff from communicable diseases and protects immunosuppressed patients from acquiring infections to which they are uniquely prone.
3. To manage a sudden influx of patients with airborne infections and when negative-pressure rooms are not available or full.

DEFINITION:

Hospital Incident Command System (HICS) - is a systematic framework for managing hospital response in times of emergency or tragedy. It offers a standardized method for command, control, coordination, and communication, hospitals are better equipped to handle a variety of emergency scenarios and recover from them.

Epidemic - an excess over the expected incidence of disease within a geographical area during a specified time period.

Influx of Infectious Patients – presentation of a large number of suspected or confirmed infectious patients at the hospital that is in excess of the hospital's ability to provide routine treatment.

Emerging Infections – are those that are new to a population (infections that are new in humans) or geographical region, or have increased rapidly.

Re-Emerging Infections - are infections that occurred in the past but are now increasing in number or changing geographical area

RMCI - Riverside Medical Center Incorporated

AIIR - Airborne Infection Isolation Room

CMO - Chief Medical Officer

DOH - Department of Health

IPC - Infection Prevention and Control

CRO - Client Relation Officer

ED - Emergency Department

CNO - Chief Nursing Officer

HOD - Head of Department

DSO - Disease Surveillance Officer

PHU - Public Health Unit

SRU - Sterilization and Reprocessing Unit

CSR - Central Sterilization Room

PIO - Public Information Officer

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RESPONSIBILITY:

Staff Nurses, Nursing Attendants, Medical Doctors/Interns

POLICY:

1. Infectious disease disasters are events that result in mass casualties, such as an outbreak of an emerging or re- emerging infectious disease (i.e., MERS-CoV or Ebola). Infectious disease disasters are different from other types of disasters because they increase the risk of communicable disease spread during and after the incident. Emergency management of infectious disease disasters is a multi-departmental and multi-agency endeavor that encompasses the four principles of emergency management: mitigation, preparedness, response, and recovery.

2. Patients with known or suspected contagious diseases shall be isolated in accordance with recommended guidelines. (Refer to DPOTMH-APP-IPCU-P005 ISOLATION PRECAUTIONS POLICY).

3. RMCI shall consider the situation (influx of patients) an outbreak if:
   3.1 We have more than 11 infectious cases with airborne spread with different diagnosis (non – cohorting).

4. For non-airborne (contact & droplet isolation) infectious cases-more than 6 patients.

5. Patients with communicable diseases are separated from patients and staff who are at greater risk due to immunosuppression or other reasons.

6. Cleaning of infectious rooms during the patient's hospitalization and terminal cleaning after discharge follow infection prevention and control guidelines.

7. The IPC Committee shall be designated to manage urgent situations that can pose a risk to hospital patients, staff and property.

8. Coordination with local authorities and peer organization shall be done to manage disasters beyond the hospital capacity to manage alone.

9. The IPC Staff shall strictly monitor and record the whole process in the event that this policy will be implemented and reported to the IPC Committee for evaluations and further recommendation/ modification if required.

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10. The IPC Committee shall collaborate with DOH through the PHU-DSO and CMO when influx of infectious patients requires management.

PROCEDURE:

1. **POINT OF ENTRY:**
   - 1.1 The Emergency Department is the expected entry point of any event of an influx of the infectious disease.
     - 1.1.1 The DEM or designee immediately implement standard precaution as applicable to include but not limited to:
       - 1.1.1.1 Isolation and barrier precautions
       - 1.1.1.2 Strict Hand Hygiene
       - 1.1.1.3 Use of personal protective equipment
       - 1.1.1.4 Linen and waste management as per Isolation policy
       - 1.1.1.5 Management of the cases as per standard treatment guidelines with help of specialists where required.
       - 1.1.1.6 Notify Hospital Incident Command System (HICS)

2. **ACTIVATE THE HOSPITAL INCIDENT COMMAND SYSTEM (HICS)**
   - 2.1 The Hospital Incident Command System (HICS) consist of Responsible Official, Incident Commander, Safety Officer, Liaison Officer, Public Information Officer, Operations-(committee chairs)-Emergency Management Treatment, Nursing Service, Surveillance Unit, IPC, Health Emergency Response Team, Triage Unit Staff, Emergency Transport Medical Staff, Admin & Finance -Human Resources, Personnel Training Unit, Compensation Unit, Accounting Unit, Budget Unit, Logistics – Engineering & Maintenance, Housekeeping & Linen, Dietary Unit, Security, Admitting, Pharmacy, materials Management, Planning.
   - 2.2 The team (HICS) determines if the event exceeds the ongoing capacity of the hospital and requiring the activation of community resources. Infection Prevention and Control and other existing policies will be followed.

3. **COMMUNITY RESOURCES:**
   - 3.1 The Liaison Officer from the Hospital Incident Command System contacts the DOH. Decision-making will be coordinated with the public health department and other disaster agencies through our PHU- DSO, If community resources are necessary.

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4. **HOLDING OF THE PATIENT:**
   - 4.1 The patients will be contained in isolation rooms: 6 beds in DEM (AIIR & Decontamination Room).
   - 4.2 If in case patients are more than 6, then other resources will be activated and attempt to transfer such patients at the earliest to another hospital with isolation will be done. The patients will be temporarily contained in a designated ward area with shortest distance from the ED to reduce exposure to other patients, visitors and staff with necessary infrastructure and arranged staffing.

5. **CRITICAL PATIENT CARE ISSUES:**
   - 5.1 The following issues will be identified and addressed for managing an ongoing influx of potentially infectious patients over an extended period of time:
     - 5.1.1 Identification of the Infectious Agent:
       - 5.1.1.1 The DSO and IPC Nurse establish communication with the DOH.
       - 5.1.1.2 Identifying the infectious agent and establishing the likely mode of transmission will be prioritized.
       - 5.1.1.3 Infection control measures are established to contain the infection at the point of entry into the facility. This includes Droplet, Contact and Airborne Precautions as indicated.
   - 5.2 Education and Communication with staff will be a high priority if indicated. Advisory signs for arriving patients and visitors will be placed at the facility entrances instructing patients exhibiting symptoms or those who have risk factors to immediately notify Emergency Department staff of any possibility of infectious illness.
   - 5.3 Personal Protective Equipment Guidelines:
     - 5.3.1 Employees will be notified as to the appropriate level of precautions needed with all patients, visitors, and staff, if any additional precautions are advised in addition to standard precautions.
   - 5.4 Bed Availability:
     - 5.4.1 Each inpatient unit prepare a list of inpatients that may be discharged.
     - 5.4.2 Physicians will be contacted to discuss the need for:
       - 5.4.2.1 Possible discharge of inpatients
       - 5.4.2.2 Possible transfer of inpatients to another unit
       - 5.4.2.3 Ceasing all non-emergent hospital admissions
       - 5.4.2.4 Canceling all non-urgent surgeries
   - 5.5 Admissions:

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5.5.1 Elective admissions are cancelled until the epidemic of influx of infectious patients is determined to be under control. This will be decided upon by the Emergency & Disaster Management Team & ER physicians.

5.6 Staffing/Phase Recall:

5.6.1 Staffing levels may be adjusted as needed (recall off duty personnel) to provide adequate patient care. This will be arranged through HODs.

5.7 Pharmaceuticals and Medical Supplies:

5.7.1 Procurement Section provides medications and supplies, as indicated.

5.8 Laboratory Specimen Collection:

5.8.1 Laboratory staff consults with the PHU/DOH for recommendations regarding specimen collection, containment, and transport.

5.9 Isolation:

5.9.1 Isolation within the hospital will depend on the number of patients involved. A small number of patients can be isolated in existing isolation rooms and depending on the disease and the required level of precautions.

5.9.2 Larger numbers of patients will necessitate the conversion of other nursing unit to an isolation unit. The decision to convert a nursing unit to an isolation unit will be made collaboratively by representatives from Senior Clinical Staff, Emergency and Disaster Management Team and the ICU in conjunction with Support Services.

5.9.3 Patients with potential exposure, who may be incubating the infection, will need to be identified and separated from patients with active, symptomatic cases. Isolation Precautions (Contact, Droplet, or Airborne) shall be initiated based on the likely mode of transmission.

5.9.4 The following standards will be utilized when implementing isolation or quarantine:

5.9.4.1 Utilize appropriate levels of CDC transmission- based precautions. If airborne isolation is required, conduct verification that the airborne isolation room is under negative pressure to adjacent areas throughout every shift.

5.9.4.2 Personal protective equipment, including gloves, gowns, masks, N-95 masks, face shields, and foot coverings shall be identified through the hospital's infection prevention and control plan or DOH at time of incident.

5.9.4.3 The IPCU Nurse will make recommendations for the disposal of linens and medical waste based upon guidance from DOH.

5.9.5 In the event a patient will not comply with isolation precautions or seeks to leave against medical advice, the DOH shall be notified. The DOH will be

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responsible to investigate the case and pursue an emergency isolation order.

5.10 Employee Health Services:

5.10.1 The Unit In-Charge and the IPC Nurse monitors staff for symptoms specific to the suspected infectious agent. The staff will consult with the Employees Health Clinic for recommendations for prophylaxis of exposed staff based on the suspected infectious agent.

5.11 Visitors:

5.11.1 Hospital visitors will be restricted during an influx of infectious patients.

5.11.2 Visitors will be restricted to immediate family and only as needed to stay with patients such as elderly patients, children, or confused patients. Signs will be posted at all entrances to the hospital regarding visitor restrictions. Non-compliant visitors will be controlled by security.

5.11.3 Community Communications and Warning:

5.11.3.1 CMO with support from Public Information Officer & Marketing Department will oversee public communication warnings.

5.12 Patient Discharge:

5.12.1 Patients affected by the epidemic or infection will be discharged from the hospital when their medical condition warrants.

5.12.2 Discharge planning will be done for instructions on appropriate use of barrier precautions, hand hygiene, cleaning and disinfecting the environment, and patient care items in the event other persons may be exposed following discharge. Discharge instructions and instructions for follow-up care will be provided to patients and their caregivers upon discharge.

6. **TYPE OF INFECTIOUS DISEASE/MODE OF TRANSMISSION:**

6.1 Determination of what type of infectious disease and the mode of transmission is required where staff will follow the Isolation Precautions Policy-**DPOTMH-APP-IPCU-P005** in the IPC Manual including signage. If more than Standard Precautions are needed, make a decision on the following:

6.1.1 Are Airborne Infection Isolation Rooms (AIIR) needed: If yes, there are 11 negative pressure isolation or AIIR in the station 14 and 4 rooms in ED AIIR. If more rooms are required, then collaboration with DOH and other hospital facilities will be required. Engineering & Maintenance Department staff will be responsible for ensuring that AIIRs are functioning properly.

6.1.2 If all AIIR are in use, maintenance will investigate whether non- AIIR rooms can be modified to achieve appropriate airflow direction and/or air exchanges.

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6.1.3 If a patient leaves the AIIR, the door must be kept closed with the sign still on display for a minimum of 30 minutes prior to anyone entering without respiratory protection (N-95 mask).

6.1.4 If Droplet and Contact Precautions are needed: The facility can accommodate the patients according to the bed capacity of the of unit/station and the number of beds available.

7. **BED AVAILABILITY:**
   7.1 This will be determined within the context of the infectious disease and mode of transmission. The CMO and the Infection Preventionist – IPCU should be consulted.
8. **SIGNAGE:**
   8.1 Signs in appropriate languages may be required outside the hospital and/or the Emergency Department so that patients with event specific symptoms identify themselves to the triage nurse or assigned nursing staff.
9. **COMMUNICATION AND TRIAGE:**
   9.1 Clinicians, triage staff and other appropriate staff will be regularly updated via email, memoranda, or other methods on the status of the outbreak of the infectious disease. Triage staff will be notified of how to assess for signs and symptoms of the infectious disease.
   9.2 The HICS members will meet daily or every few days during period of epidemic when needed.
10. **ENVIRONMENTAL DISINFECTION:**
    10.1 Current policies will be followed for environmental cleaning. These guidelines may require alteration depending on the pathogen of concern and will be revised at the discretion of the IPCU.
11. **NOTIFICATION OF POTENTIAL EPIDEMICS OR NEW INFECTIONS:**
    11.1 The IPCI Nurses & PHU-DSO will monitor for potential epidemics or emerging, infectious public health threats, through routine surveillance of admissions, syndrome surveillance, and surveillance of microbiology culture results. If a potential epidemic or new infectious risk is identified, Emergency and Disaster Management Team will decide if Influx policy needs to be implemented as per patient's bed status.

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WORK INSTRUCTIONS:

KEY TASKS	PERSON RESPONSIBLE
1. Implements standard precautions.	Emergency Department
2. Determines if the event exceeds the ongoing capacity of the hospital and requiring the activation of community resources.	Hospital Incident Command System (HICS)
3. Identifies and addresses for managing an ongoing influx of potentially infectious patients over an extended period of time	
4. Contacts the DOH and Decision-making will be coordinated with the public health department and other disaster agencies through our PHU- DSO, If community resources are necessary.	Liaison Officer
5. Holdings and attempts of patient to transfer if there are more than Six patients.	Emergency Department /IPC Staff
6. Determination of what type of infectious disease and the mode of transmission is required where staff will follow the Isolation Precautions Policy in the IPC Manual including signage.	All healthcare providers
7. Determines the context of the infectious disease and mode of transmission.	CMO/IPC Unit Head/IPC Staff
8. Signs in appropriate languages are required outside the hospital and the Emergency Department so that patients with event-specific symptoms may be identified.	ED, Triage Nurse
9. Updates via email, memoranda, or other	Triage Nurse/Physician/HICS

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methods on the status of the outbreak of the infectious disease. Notifies of how to assess for signs and symptoms of the infectious disease.	
10. Meets daily or every few days during a period of epidemic when needed.	HICS/Emergency and Disaster Response Team
11. Follows policies and procedures for environmental cleaning.	Housekeeping
12. Monitors and notifies potential epidemics or new infections.	IPC/DSO/HICS

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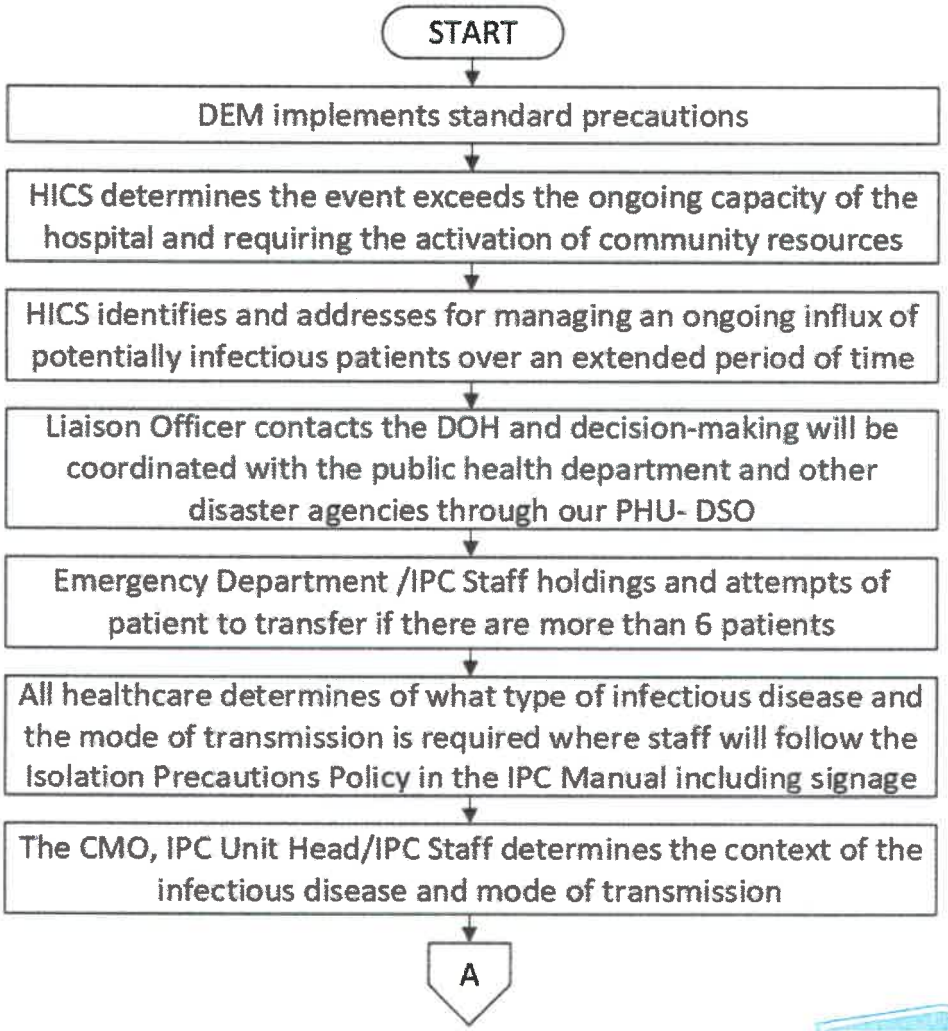
WORK FLOW:



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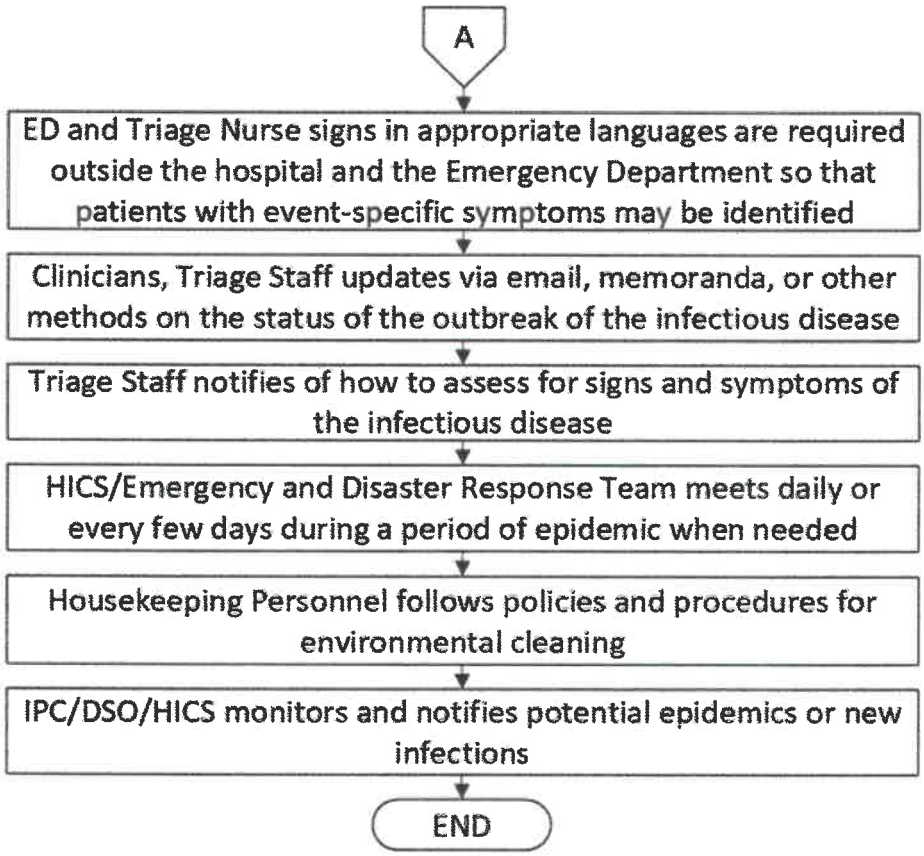

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Forms: N/A

Reference:

1. Joint Commission International Accreditation, Standards for Hospitals, 6th Edition, USA 2017 (Standard. PCI.8 & PCI.8.1)
2. APIC TEXT on Infection Control & Epidemiology 4th Edition 2014
3. RCMI Emergency and Disaster Preparedness Plan

RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

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