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Owner Sherie Goldbach:
Project Coordinator
Policy Area Infection Prevention
Applicability UNC Medical Center

High Consequence Pathogens: Preparedness and Response Plan

I. Description

This policy describes the management of patients with a high consequence pathogen.

II. Policy

A. General Information

Several pathogenic microbes that are transmitted principally by the droplet or airborne routes may lead to severe respiratory disease including highly pathogenic avian influenza (e.g., H5N1, H7N9), SARS-CoV, MERS-CoV, and pulmonary plague (etiologic agent, *Yersinia pestis*). Viral hemorrhagic fevers (e.g., Ebola, Lassa, Marburg) are also considered highly pathogenic and require additional planning and careful management. Planning and preparedness are critical to the successful management of an epidemic involving high consequence pathogens with real or perceived concern for high transmissibility or pathogenicity that would necessitate enhanced PPE usage. Perceived concern would be in the setting of a novel pathogen. Rapid implementation and strict adherence to this policy can reduce disease transmission within UNC Hospitals.

B. Definition of High Consequence Pathogens

For the purpose of this plan, high consequence pathogens will include pandemic influenza strains including highly pathogenic avian influenza (e.g., H5N1, H7N9), SARS-CoV, MERS-CoV, *Y. pestis*, agents of viral hemorrhagic fevers (Ebola, Marburg, Lassa, Congo-Crimean fever), certain Hanta

viruses, certain pox viruses (e.g., smallpox, vaccinia) and any other highly pathogenic emerging infectious disease as deemed appropriate by one of the entities below.

The Director, Associate Director, or Medical Director of Infection Prevention in conjunction with the Special Pathogen's Response Center (SPARC) team; the Centers for Disease Control and Prevention; or the North Carolina State Epidemiologist may designate other agents or specific pathogens requiring similar management. In cases of specific pathogens, after reviewing recommendations from the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO), Infection Prevention may amend this plan.

The Special Pathogens Response Center (SPARC) has been established at UNC Hospitals to admit patients who meet criteria for rule-out testing for high consequence pathogens or have been confirmed to have a high consequence pathogen.

C. Notification and Activation

1. The Hospital Incident Management Team (IMT) and Emergency Operations Plan Incident Management Annex will be activated when there are one or more cases in the community of a high consequence pathogen presenting to UNC Hospitals or UNC Outpatient Care Services.
2. In all cases of suspected or known high consequence pathogen visits or admissions, Infection Prevention, SPARC leadership, and the receiving UNC Hospitals location should be notified prior to the patient being triaged to a UNC Hospitals facility per the notification pathway (see attachments). It is the responsibility of the attending physician caring for the patient or his/her designee to notify Infection Prevention and the SPARC team.
3. All UNC Hospitals staff may be reached via hospital operator, 984-974-1000 or through the [myUNC Health Directory](#) online paging system.

D. General Surveillance and Triage

The following strategies will be used based on CDC and or NC State Health Department issued travel advisories, the current scope of the situation, the pathogen at hand, and at the recommendation of the Infection Prevention Department:

1. Tier 1 Strategies:
 - a. A mask covering the nose and mouth should be placed on a patient exhibiting respiratory symptoms at the ED or clinic intake/registration desk. Posted visual alerts will recommend "respiratory hygiene precautions." ([Attachment 2- Respiratory Hygiene Poster](#))
 - b. Clinicians, intake, and triage staff will be regularly updated via email, updates posted on the UNC Hospitals Intranet, memoranda, and meetings on the status of the high consequence pathogen locally, nationally, and internationally as necessary.

- c. Intake and triage staff will be trained and/or provided instructional tools on how to assess risks for high consequence pathogens and will use any applicable tools as directed by Infection Prevention (e.g., thermometers, respiratory signs/symptoms checklists, etc.) to screen patients.

2. Tier 2 Strategies:

- a. Signs (in appropriate languages including English and Spanish) will be placed outside the Emergency Departments (ED), clinics, and hospital entrances requesting that persons with appropriate symptoms and epidemiologic exposure identify themselves to the triage nurse or greeter/clinic intake staff.
- b. Patients with suspect or probable high consequence pathogen requiring medical evaluation should ideally be seen in the designated Airborne Infection Isolation Room (AIIR) in the Emergency Department (ED) (preferably Room-64 in the Team-D area) or another appropriate designated location for patients with suspected high consequence pathogen (i.e., with adjacent private bathroom).

3. Tier 3 Strategies:

- a. If patient capacity exceeds ED AIIR, patients with suspect or probable high consequence pathogen requiring medical evaluation should ideally be seen in either an alternate location determined by Infection Prevention and the SPARC program, in conjunction with administration or in the ED with additional engineering controls to prevent transmission.
 - The patient will be required to wear a surgical mask covering their mouth and nose upon arrival and will be given the mask by intake staff.
- b. Patients with a suspect viral hemorrhagic fever should be directed to the designated location for care of a viral hemorrhagic fever patient.

4. Tier 4 Strategies:

- a. Screening of persons (patients and visitors) entering the facility will escalate from passive (e.g., signs at the entrances) to active (e.g., direct questioning, respiratory symptoms, temperature monitoring). The electronic medical record may be used to capture the questions and responses related to screening patients for high consequence pathogens. Screening may need to be coordinated with access controls, a triage station outside the facility to screen patients before they enter the facility, and/or telephone screening of patients with appointments and/or screening of transfer requests. Separate screening entrances will be established for patients, staff, and visitors (if warranted, visitors may be excluded from entering the healthcare facility).

- b. A "Respiratory Diagnostic/Evaluation Center" may be used to separate patients with suspected highly communicable respiratory disease from other patients seeking care at UNC Hospitals.

E. High Consequence Respiratory Pathogens

1. If a patient contacts a UNC physician via phone, the physician should ascertain the level of illness and then discuss triage with the SPARC team on-call physician, and the Infectious Disease Adult/Pediatric (as appropriate) Consult Attending (mild/moderate disease). Follow the [Attachment 8 - Notification Pathway - ED](#), to determine who will be involved with initial triage of the situation. If the patient meets criteria for transfer to UNC Hospitals and SPARC team activation, the [Special Pathogens Unit \(SPU\) Activation policy](#) should be followed. Direct admissions must be coordinated with the SPARC Team, System Patient Logistics Center (SPLC), Infection Prevention, and the Incident Management Team.
2. If a patient has already presented at a local UNC Hospitals facility, the local UNC Hospitals physician should ascertain the level of illness and then discuss triage with the appropriate attending physician (severe disease), the SPARC team on-call physician, and the Infectious Disease Adult/Pediatric (as appropriate) Consult Attending (mild/moderate disease). Follow the appropriate notification pathway for ED or Clinic ([Attachment 8 - Notification Pathway - ED](#) and [Attachment 7 - Notification Pathway - Clinic](#), respectively). Infection Prevention should be notified via the 24/7 on-call pager. If the patient meets criteria for transfer to UNC Hospitals and SPARC team activation, the [Special Pathogens Unit \(SPU\) Activation policy](#) should be followed. Direct admission must be coordinated with the Patient Logistics Center (SPLC), Infection Prevention, and the Incident Management Team.
3. If a patient at a non-UNC Hospitals facility is under consideration for transfer to a UNC Hospitals facility, the SPARC on-call physician, and Infection Prevention should be involved in the triage decision. Infection Prevention must be notified via the 24/7 on-call pager by the accepting physician. If the patient meets criteria for transfer to UNC Hospitals and SPARC team activation, the [Special Pathogens Unit \(SPU\) Activation policy](#) should be followed. Infection Prevention should always be notified via direct telephone communications prior to transfer. Infection Prevention will contact Emergency Management if the patient is coming to a UNC Hospitals facility.

F. Hospital Services for Management of a Patient with a High Consequence Respiratory Pathogen

1. Nursing House Supervisor will assist in evaluating nursing coverage options and may assist in coordinating couriers for lab specimens.
2. Portable x-rays will be obtained in the ED by Radiology or the MICU by staff trained in appropriate PPE determined by pathogen.

3. Patient specimen management will be handled by the McLendon Laboratories per laboratory policies. If SPARC Laboratory activation is warranted, then specimens will be handled and processed by the SPARC Laboratory. Activation of the SPARC Laboratory is pathogen dependent. The tube system should not be used to transport specimens, unless deemed safe by the lab director.
4. Infection Preventionists, SPARC team members, and trained PPE monitors will be available to assure compliance with Isolation Precautions including proper use of personal protective equipment (PPE).
5. Infection Prevention and the SPARC team will be responsible for communication with local and state health departments and CDC.

G. Infection Control for High Consequence Respiratory Pathogens

Transmission risk of high consequence respiratory pathogens in healthcare facilities depends on the extent of disease activity in the community but also disease activity in the facility. The decision for escalating infection control measures will be based on disease activity and transmission. For infection control guidance on potential agents of bioterrorism, please refer to the Infection Prevention policy: [Infection Prevention Response to the Intentional Use of a Biothreat Agent](#).

1. Isolation Precautions

- a. All patients with suspected high consequence respiratory pathogens seen in the UNC Hospitals ED or a UNC Hospitals clinic should immediately be placed in a private room meeting airborne isolation requirements (i.e., ≥ 6 air changes per hour, air exhausted directly to the outside, negative pressure) if available. If an AIIR or negative pressure room is not available, the patient should be placed in a private room with the door closed and a portable HEPA unit if available. A surgical mask covering the nose and mouth should be placed on the patient until placement in an AIIR (Airborne Infection Isolation Room). These patients should not be placed in the general waiting room.
- b. Staff should perform and document a tissue test to ensure negative pressure before placing patient in a negative room. The tissue test must be performed and documented daily in the EMR by nursing thereafter as long as the patient remains in the room.
- c. All patients with suspected high consequence respiratory pathogen should be placed on Special Airborne/Contact Precautions, or appropriate PPE for the pathogen, in an AIIR room, unless other engineering controls have been put in place (e.g., HEPA unit placed in the room).
- d. Patients on Special Airborne/Contact Precautions should be placed in an

AIIR that has a private bathroom. If not available, a bedside commode should be placed in the room for patient use.

- e. PPE required for entering Special Airborne/Contact Precautions room.
 - i. N95 or Powered Air Purifying Respirator (PAPR)
 - ii. Gloves (extend to cover wrist of isolation gown)
 - iii. Isolation Gown
 - iv. Protective eyewear
- f. Protocols for donning and doffing of PPE for Special Airborne Contact Precautions can be found on the [High-Consequence Pathogens](#) resources page on the [Infection Prevention](#) intranet site.
- g. A log will be maintained of all persons entering the room of patients with a suspect or probable high consequence respiratory pathogen ([Attachment 6 - Entry Log for Individuals Entering the Room of a Patient with Suspected or Confirmed High Consequence Pathogen](#)). This log will be the responsibility of the nurses on the unit where the patient is admitted. Logs will be collected and maintained by Infection Prevention. Length of time logs are kept will be determined by Infection Prevention based on the pathogen and electronic reporting capabilities.
- h. Staff entering the room will be limited to essential personnel only. No trainees (i.e., medical students, nursing student, or residents) will be allowed to enter the room.
- i. Aerosol-generating procedures (e.g., sputum induction, airway suctioning, bronchoscopy, and intubation): Special Airborne/Contact Precautions must be used for performing all procedures that generate aerosols.
 - i. Limit the use of aerosol-generating procedures on high consequence respiratory pathogen patients to those that are deemed medically necessary.
 - ii. Staff performing aerosol-generating procedure will wear an N95 plus eye protection or PAPR.
 - iii. Ideally, use bacterial/viral filters on exhalation valves of mechanical ventilators.

2. Transport

- a. Whenever possible, the patients should have procedures/tests done in their own rooms, rather than transporting to other areas.
- b. Minimize intra-hospital transport of patients with suspected high consequence respiratory pathogen. When a patient is being transported for

essential diagnostic tests or from clinic/ED to hospital room, the patient should wear a surgical mask. Notify receiving area prior to patient transport. When transporting patients, identify a path segregated from the main traffic routes as much as possible and ideally use the dedicated clinical staff for the transport.

- c. Staff performing transport of patient should wear a PAPR or N95 respirator plus eye protection, clean gloves, and clean gown.

3. Laboratory

- a. Laboratory specimens for patients with high consequence pathogens will be hand carried to the laboratory (i.e., use of the tube system is prohibited) in a container marked biohazard (i.e., biohazard specimen bag). Prior notification of the Director of the Microbiology Lab must be done before any specimens are sent to the Lab.
- b. Patient specimen management will be handled by the McLendon Laboratories per laboratory policies.

4. Visitors

- Visitation will be at the discretion of the patient's care team and Infection Prevention and will be considered on a case-by-case basis.
 - i. Visitors must undergo daily health screening by a trained professional prior to visitation. Visitors should not have any symptoms of communicable disease.
 - ii. Visitors must receive infection prevention training and comply with infection prevention measures (e.g., compliance with PPE). Training will be done by unit or clinic staff.
 - iii. Symptomatic visitors exposed to high consequence respiratory pathogen patients will be excluded from visitation.

- 5. Deaths/Human Remains: Instruct staff to wear appropriate PPE, designated by the type of isolation for the disease. ([Attachment 3 - PPE Removal Process Poster](#)). Follow NC Health Department and CDC recommendations for transport and burial.

H. Patient Placement, Isolation, and Cohorting for High Consequence Respiratory Pathogens

- 1. Patients with suspect or probable high consequence respiratory pathogens should be admitted only if medically indicated (i.e., require hospital care for respiratory distress).
- 2. All patients (including pediatric patients) requiring hospitalization for high consequence pathogen should be admitted to the pre-designated Special Pathogens Unit (SPU) space in the MICU.

- Ideally, a PPE monitor will be placed outside the patient's door to assist with proper donning and doffing of PPE and maintain the entry log ([Attachment 6 - Entry Log for Individuals Entering the Room of a Patient with Suspected or Confirmed High Consequence Pathogen](#)).
3. A lack of AIIRs and/or a need to concentrate infection prevention efforts and resources may lead to a strategy that includes the following for a surge of patients with a high consequence respiratory pathogen:
- a. Cohorting patients in individual rooms on the same floor, rather than placing them in AIIRs throughout the hospital; or
 - b. A lack of hospital beds may lead to a strategy of utilizing non-licensed inpatient beds for patient management (e.g., PACU, observation beds) with direction from hospital leadership, and to the extent that staff can manage the number of hospitalized patients.
 - c. In the context of significant high consequence respiratory pathogen transmission, high patient volume or frequent unprotected exposures, patients might be divided into the following cohorts for room placement: patients who are exposed and asymptomatic; patients who are exposed and symptomatic but do not meet the high consequence respiratory pathogen case definition; patients who meet the high consequence respiratory pathogen case definition; non-exposed patients.

I. Engineering and Environmental Controls for High Consequence Respiratory Pathogens

1. Plant Engineering will be responsible for ensuring that the AIIRs are functioning properly. Nursing staff must perform a tissue test and document results prior to placing a patient in an AIIR and at least on a daily basis thereafter.
2. If all AIIRs are utilized, Plant Engineering in conjunction with Infection Prevention may investigate whether non-AIIR rooms can be modified to achieve appropriate airflow direction and/or air exchanges for care of high consequence respiratory pathogen patients.
3. If the patient must temporarily leave the AIIR, the door must be kept closed for a minimum of 30-minutes prior to anyone entering without wearing a respirator. Likewise, the door should remain closed for a minimum of 30-minutes with the isolation sign displayed when a patient is discharged from an AIIR. The 30-minute time period will allow the room ventilation system to remove any droplets/droplet nuclei.
4. Environmental disinfection policies should be followed:
 - a. Following discharge, hospital rooms housing high consequence respiratory pathogen patients should receive terminal cleaning and disinfection using

UNC Hospitals Infection Prevention policy: [Environmental Services](#).
Environmental Service staff must wear gloves, gowns, a PAPR or a N95 respirator, and eye protection (i.e., goggles or face shield) until cleaning/disinfection is complete.

- b. In clinics and procedure areas (e.g., Radiology), all equipment (e.g., stretchers) having direct or close contact with patients with suspected high consequence respiratory pathogens must be disinfected immediately after use with an EPA-registered disinfectant.
- c. These environmental guidelines may require alteration depending on the pathogen of concern and will be revised at the discretion of the Infection Prevention.

J. Exposure Reporting and Evaluation for High Consequence Respiratory Pathogens

1. Occupational exposure consists of:
 - a. providing care or being in the room with a high consequence respiratory pathogen patient without wearing proper PPE or
 - b. entering a vacated high consequence respiratory pathogen patient's room without wearing a respirator when the patient has not been out of the room for a minimum of 30-minutes.
 - c. disease-dependent exposure definitions will be maintained by Infection Prevention and Occupational Health Services (OHS) to reflect the most up to date information on disease transmission. The definitions will be based on CDC or WHO definitions as determined by Infection Prevention department.
2. All occupational exposures must be reported to the appropriate occupational health service provider. Infection Prevention and Occupational Health Service will work in conjunction with one another to evaluate and determine the most appropriate method for staff exposure notification and management to high consequence pathogens.
3. Management of asymptomatic staff with unprotected exposure to high consequence respiratory pathogens:
 - a. Persons who have been exposed to a high consequence respiratory pathogen should notify their occupational health service provider. They should also be vigilant for fever or respiratory symptoms following exposure for a period of time that varies depending on the possible respiratory pathogen. Those who develop fever or respiratory symptoms should not go to work.
 - b. Exposed, unprotected staff, who are asymptomatic, depending upon the disease, may be furloughed at the discretion of the Medical Director of the

applicable occupational health service, in consultation with the Medical Director of Infection Prevention during the incubation period of the disease.

- c. Exposed, unprotected staff who are asymptomatic and who are allowed to work must be evaluated prior to work each day by the appropriate occupational health service.
 - i. Occupational Health Service: UNC Health staff
 - ii. University Staff Occupational Health Clinic: UNC physicians and other staff employed by the university.
 - d. Such examinations will be performed for a period of time that varies depending on the possible respiratory pathogen (e.g., influenza = 5 days; SARS = 10 days) following the last unprotected exposure. In addition, exposed asymptomatic staff should monitor themselves for signs and symptoms of the pathogen to which they were exposed.
4. Management of symptomatic staff exposed to a high consequence respiratory pathogen.
- a. Exposed staff who develop fever and/or respiratory tract symptoms should not report to work. Rather they should immediately report by phone the development of fever and/or respiratory tract symptoms to the appropriate healthcare provider (e.g., Medical Director of Occupational Health, Nurse Practitioner of Occupational Health). The healthcare provider will evaluate symptomatic persons as medically necessary by telephone.
 - b. If symptoms do not progress to meet the suspect high consequence respiratory pathogen definition within the time period to be determined by the specific infectious agent, the person may be allowed to return to work (depending on the pathogen) at the discretion of the Medical Director of Occupational.
5. Management of asymptomatic staff with a high-risk exposure to a high consequence respiratory pathogen.
- a. Should be excluded from duty for a time period that depends on the specific respiratory pathogen (e.g., influenza = 5 days; SARS = 10 days) and at the discretion of OHS.
 - b. Need not limit activities outside the health care setting but should be vigilant for development of fever and/or respiratory symptoms.
 - c. Will document active surveillance for the development of fever or respiratory symptoms, and the frequency of recording health status measures will be determined by occupational health service providers.
6. University staff who are exposed to a high consequence respiratory pathogen (e.g., SARS, avian influenza) in a University research lab should contact the University

K. Pre- and Post-Exposure Prophylaxis for Respiratory Diseases

1. Pre-exposure and post-exposure antiviral prophylaxis may be made available to selected staff by the appropriate occupational health service. Guidelines published by CDC, the NC State Health Department and professional organizations will be used by Infection Prevention and the appropriate occupational health service in determining which groups are to be offered prophylaxis.
2. Vaccines may be made available for staff as recommended by the Advisory Committee on Immunization Practices (ACIP), state, and federal guidelines. Prioritization may occur based on state and local regulations. All vaccine will be provided to staff with informed consent and at the healthcare system's expense.
3. In the event we are unable to obtain antivirals from usual vendors, a request will be made to local authorities for antivirals from state or federal reserves. Prioritization may occur based on local needs, state, and federal regulations.

L. Staffing Needs and Policies for High Consequence Respiratory Pathogens

1. Following appropriate infection prevention and personal protection equipment training and fit testing all staff are expected to conduct their normal level of job activities in order to provide care for patients with known or suspected high consequence respiratory pathogens.
2. During a high consequence respiratory pathogen outbreak of any size, staffing shortages may occur. Staffing shortages are likely to escalate as an outbreak progresses. Decisions regarding staffing will be made and direction provided by the Incident Management Team.
3. Quarantine authority belongs to the health department. Should quarantine be necessary, staff will be instructed by the health department regarding details on the restriction.
4. Staff have access to mental health professionals to help them cope with the emotional strain of managing a high consequence respiratory pathogen outbreak (e.g., Employee Assistance Program, Critical Incident Stress Management, and Psychiatry).

M. Viral Hemorrhagic Fevers

- Hemorrhagic Fevers
 - a. If a patient contacts a UNC physician via phone or presents to a local UNC

Hospitals facility, the physician should ascertain the level of illness and page the SPARC team on-call physician and the Infection Preventionist on-call to review if the patient meets case definition. Infection Prevention will follow internal protocol for notification via the notification pathway (see [Attachment 7 - Notification Pathway - Clinic](#) and [Attachment 8 - Notification Pathway - ED](#)). The patient will be triaged to the designated Special Pathogens Unit (SPU) location in coordination with Infection Prevention.

- b. If a patient at a non-UNC Hospitals facility is under consideration for transfer to a UNC Hospitals facility, the SPARC team on-call physician and Infection Prevention, must be involved in the triage decision. If transfer to UNC Hospitals is warranted the patient will be admitted to the SPU.

N. Hospital Services for Management of Patients with Viral Hemorrhagic Fever

- Viral Hemorrhagic Fever
 - a. A dedicated group of staff from the SPARC team will care for a patient with suspect or confirmed viral hemorrhagic fever.
 - b. All diagnostic testing and specimen management will be handled within the SPARC Laboratory.
 - c. SPARC leadership and Infection Prevention will be responsible for communication with local and state health departments and CDC.

O. Infection Controls for Highly Communicable Viral Hemorrhagic Fever

1. Isolation Precautions

- a. All patients with suspected or confirmed viral hemorrhagic fever (VHF) will be placed in a predesignated area in the Emergency Department (Room-64) or the SPU, if admitted.
- b. Staff caring for patients with suspected viral hemorrhagic fever must be trained and follow strict donning and doffing protocol ([Attachment 5 - Special Precautions Isolation Sign](#) for appropriate isolation sign).
- c. Staff entering the room will be limited to essential personnel only. No trainees (i.e., residents, students) or volunteers will be allowed to enter the room.
- d. A log will be maintained of all persons entering the room of patients with a suspect or probable high consequence pathogen ([Attachment 6 - Entry Log for Individuals Entering the Room of a Patient with Suspected or Confirmed](#)

High Consequence Pathogen). This log will be the responsibility of the PPE monitor on the unit where the patient is housed. Logs will be collected by Infection Prevention.

2. Transport

- Intra-hospital transport of a patient with known or suspected VHF will be performed utilizing the SPARC Patient Containment Wrap and Transport Standard Operating Procedures (SOP).

3. Visitors

- Visitation will be at the discretion of the patient's care team and Infection Prevention. Parents of minors will be allowed to visit with strict adherence to PPE.

P. Patient Placement, Isolation and Cohorting for Hemorrhagic Fever

- The patient will be placed in the designated High consequence pathogens Unit (SPU) location. Refer to the [Special Pathogens Unit \(SPU\) Activation policy](#).

Q. Engineering and Environmental Controls for Viral Hemorrhagic Fevers

- Viral Hemorrhagic Fever
 - a. Refer to [SPARC SOP: Special Pathogen Terminal Room Disinfection](#).
 - b. Use signage to restrict access to areas of suspected or known contamination until decontamination is completed to minimize exposure to individuals not performing the work.
 - c. Cleaning and Decontamination of Viral Hemorrhagic Fever Patient Spills on Surfaces: [SPARC SOP: Special Pathogen Cleaning and Disinfection](#) and [SPARC SOP: Special Pathogen Terminal Room Disinfection](#).
 - d. Management of Viral Hemorrhagic Fever Solid Waste per Department of Transportation (DOT) guidance on regulations for the Transport of Infectious Substances (Category A): [SPARC SOP: Waste Management](#).
 - e. Disposal of Liquid Human Waste from Patients with Viral Hemorrhagic Fever Patients in Orange County: [SPARC SOP: Handling Liquid Waste](#).

R. Exposure Reporting and Evaluation for Viral Hemorrhagic Fevers

- Refer to [SPARC SOP: Occupational Health for Staff Working with Special Pathogens Patients.](#)

S. Staffing Needs and Policies for Viral Hemorrhagic Fever

- High consequence pathogen Response Center (SPARC) team Member Requirements:
 - a. Be approved by your supervisor or manager to be considered for the team.
 - b. Healthcare providers who are pregnant, immunocompromised, have non-intact skin, or cannot safely wear personal protective equipment (PPE) are excluded from providing care to a patient with a high consequence pathogen.
 - c. While you are providing care, you may not wear any jewelry (including wedding rings), or carry a pager or cell phone. Jewelry may interfere with proper cleaning and/or damage your PPE. Pagers and cell phones may distract you and increase your risk of contaminating yourself.
 - d. During the time you provide care to a viral hemorrhagic fever patient, you will perform active self-monitoring 2x per day (e.g., check of your temperature and possible symptoms) using a special form.
 - e. Additional restrictions may be required by the NC State Health Department or UNC Hospitals. If you develop any fever or symptoms, we will arrange for you to have a medical evaluation and testing.

T. Hospital Access Controls for Viral Hemorrhagic Fever

- Hospital Police will manage all restrictions on movement of visitors, patients, and staff. The decision to implement controlled access will be made by the Incident Commander in conjunction with the Director of Hospital Police or delegate.

U. Communication and Reporting

1. In accordance with the Crisis Communication Annex of the Emergency Operations Plan, and on an as needed basis healthcare staff will have a conference call with the state and local health department and University personnel to report and receive information on high consequence pathogen activity in the healthcare facility and the community. This call may also discuss discharge planning of high consequence

pathogen patients with health department officials to ensure appropriate follow-up and case management in the community.

2. UNC Health Public Affairs will manage all press releases and communications with the general public, news media, and staff.

III. References

Ebola (Ebola Virus Disease). Center for Disease Control and Prevention: <http://www.cdc.gov/vhf/ebola/index.html>

Ebola outbreak-home. World Health Organization <http://www.who.int/csr/disease/ebola/en/>

NCDHHS Ebola Information. NC Division of Public Health. <https://www.ncdhhs.gov/divisions/public-health/ebola-information>

HHS Pandemic Influenza Plan. US Department of Health and Human Services. November 2005. [HHS Pandemic Influenza Plan \(cdc.gov\)](https://www.cdc.gov/pandemic-influenza/)

NC Pandemic Influenza Plan. NC Division of Public Health. January 2006, last updated December 2016. [NC DPH: N.C. Pandemic Influenza Plan](https://www.ncdhhs.gov/divisions/public-health/pandemic-influenza/)

Managing Solid Waste Contaminated with a Category A Infectious Substance. April 2024. [Managing Solid Waste Contaminated with a Category A Infectious Substance \(dot.gov\)](https://www.ncdhhs.gov/divisions/public-health/solid-waste-contaminated-with-a-category-a-infectious-substance/)

IV. Related Policies

[Infection Prevention Policy: Environmental Services](#)

[Infection Prevention Policy: Infection Prevention Response to the Intentional Use of a Biothreat Agent](#)

[Infection Prevention Policy: Special Pathogen Unit \(SPU\) Activation](#)

[Lab - SPARC Policy: Special Pathogen Unit \(SPU\) Mobile Lab Activation](#)

[Special Pathogens Response Center \(SPARC\): Occupational Health for Staff Working with Special Pathogen Patients](#)

[Special Pathogens Response Center \(SPARC\) SOP: Handling Liquid Waste](#)

[Special Pathogens Response Center \(SPARC\) SOP: Special Pathogen Cleaning and Disinfection](#)

[Special Pathogens Response Center \(SPARC\) SOP: Special Pathogen Terminal Room Disinfection](#)

[Special Pathogens Response Center \(SPARC\) SOP: Waste Management](#)

All Revision Dates

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Attachments

- [!\[\]\(73b059f51b6349c47bd4937a81c667dc_img.jpg\) 1: Definitions and Acronyms](#)
- [!\[\]\(cf0b37f1a8f854496f0b636ec9c8432f_img.jpg\) 2: Respiratory Hygiene Poster](#)
- [!\[\]\(c2f638f1188766e0c35f13ca98c918aa_img.jpg\) 3: PPE Removal Process Poster](#)
- [!\[\]\(0617b142a149573c451d40d730e3b30e_img.jpg\) 4: Important Contacts](#)
- [!\[\]\(f0e01c69254bba9f2d0bab606cc0e6c7_img.jpg\) 5: Special Precautions Isolation Sign](#)
- [!\[\]\(d00d0f0c7559ae197f8aa71d60e74c6a_img.jpg\) 6: Entry Log for Individuals Entering the Room of a Patient with Suspected or Confirmed High Consequence Pathogen](#)
- [!\[\]\(5b05ae3b364ebae4723d50fc48becd12_img.jpg\) 7: Notification Pathway - Clinic](#)
- [!\[\]\(7c80cd023a2dad0d35767389ae7d829c_img.jpg\) 8: Notification Pathway - ED](#)

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Judith Strubin: Mgr Program-IP	09/2025
AVP Quality UNCMC	Erin Burgess: HCS Exec Dir Quality Improvement Complex AMC	09/2025
Dir Epidemiology	Emily Vavalle: HCS Exec Dir Infection Prevention	09/2025
	Sherie Goldbach: Project Coordinator	09/2025

Applicability

UNC Medical Center

Standards

No standards are associated with this document