**Appendix A: Incubation Periods for HAVI Surveillance**

|  |  |
| --- | --- |
| **Organism** | **Incubation Period for  HAI Surveillancea** |
| Adenovirus | 8 days after admission |
| Astrovirus | 48 hours after admission |
| Coronavirus | 72 hours after admission |
| Human Metapneumovirus | 96 hours after admission |
| Influenza | 72 hours after admission |
| Norovirus | 48 hours after admission |
| Parainfluenza | 120 hours after admission |
| Respiratory Syncytial Virus (RSV) | 120 hours after admission |
| Rhinovirus | 96 hours after admission |
| Rotavirus | 48 hours after admission |
| Sapovirus | 48 hours after admission |

aInfections are called using mean incubation periods according to the Red Book; however, to be considered hospital-acquired per NHSN definitions, incubation periods must be longer than 2 full days.

**Appendix B: Visitor Screening Script**

**Visitor Screening Instructions**

**Why we screen visitors:**

For the safety of our patients, it is necessary to screen visitors for signs of viral illness all year round. In doing so, we can reduce the transmission of infectious diseases to our patients.

**Who should screen visitors:**

Welcome Desk during normal business hours, Security after hours, Inpatient Clerks, and Staff.

**Exception**: Parents/Guardians who wish to stay with their child shall be instructed on how to minimize risk of spreading their infection.

Upon entrance, please ask the following questions:

1. In the past 48 hours, have you had any of following symptoms?
   1. Fever
   2. Cough/Sneezing
   3. Runny nose
   4. Diarrhea/Vomiting
   5. Rash
2. Please advise visitors who disclose/demonstrate any of the above symptoms not to visit our patients.
   1. For assistance in discerning whether or not a visitor should be allowed to visit, contact the Charge Nurse or his/her designee.
   2. Inform them that symptoms must have resolved for 48 hours before they can visit.
3. Provide symptom free visitors with a screening sticker.
4. Instruct screened visitors to perform hand hygiene immediately before and after contact with the patient.

Supplemental Guidance:Includes individuals and groups who visit the Hospital for interviews, tours, and public relations purposes such as celebrity appearances and performances.

**Appendix C: Bedside Review**

The bedside review process is initiated upon confirmation of a HAVI by IP&C.

| **Question** | **Supplemental Information** |
| --- | --- |
| Patient Last Name |  |
| Patient First Name |  |
| MRN |  |
| DOB |  |
| Gender |  |
| Admission date |  |
| Unit Location |  |
| Service |  |
| Date of symptom onset? |  |
| Organism 1 |  |
| Organism 2 |  |
| Did the patient have contact with sick primary caregivers? | Primary caregiver = parent or legal guardian |
| Did the patient have contact with a visitor with upper respiratory/gastrointestinal illness in the last 4 days? | Visitor = any one not a primary caregiver; includes siblings and extended family |
| Is there daily documentation of visitors being screened? | All units have a daily visitor log at the inpatient clerk desk. |
| Did any healthcare workers caring for the patient have any known viral symptoms in the last 4 days? | Symptoms include fever, diarrhea, runny nose, coughing, sneezing, vomiting, exposure to other illnesses (e.g. pertussis, chicken pox, tuberculosis) |
| Did the family require frequent re-education by staff about isolation, sick visitors, and/or hand washing? | Guidelines are in place to limit patients and their siblings from common spaces (including playrooms) if placed on transmission-based precautions |
| Did family have a language barrier? | Primary language not English |
| Was there any other barrier to cleanliness of environment? | Clean environment = void of food and/or trash, patient and limited family belongings appropriately stored in designated bins/cabinets |
| Did the patient travel off the unit in the last 3 days? If yes, specify location(s) |  |
| Is the patient in a shared room? |  |
| Was the affected patient's roommate on precautions for a similar viral illness? |  |
| Did the patient have the same nursing assignment as another patient diagnosed with the same organism? |  |
| Were there any difficulties or challenges in caring for the patient over the past 3 days? --Patient required 1:1 care --Patient was acute and required many interventions --Patient had multiple caregivers | 1:1 care = designated staff to watch patient due to behavioral or developmental concerns.  Multiple caregivers = seen by many consults, departments |
| Was there known poor hand hygiene compliance? | Unit hand hygiene compliance as measured by Hand Hygiene Program observers |
| Did the infection require any of the following: --Escalation of care --Delay of discharge --Delay of procedure/surgery/imaging --Transfer to ICU --Intubation --Readmission --Other (explain) | Escalation of Care = required interventions above baseline or above expected? Or additional treatment that was not originally part of plan of care? |

**Appendix D: Process Metric Compliance**