

Position Statement

915 Lee Street, Des Plaines, IL 60016-6569 = 800.900.9659 = www.ena.org

Emerging Infectious Diseases in the Emergency Care Setting

Description

The evolving nature of infectious diseases makes this position statement a living document, not intended to represent all possible infectious processes, but to provide guidance to available national resources. ENA highly recommends that readers refer to the specific resources as this topic is rapidly evolving.

In 2015–2016, The National Institutes of Health (NIH) identified several broad categories of infectious agents and the diseases they cause:¹

- Bacterial Unicellular prokaryotic organisms, frequently divided into two broad classes: gram negative and gram positive.
 - Examples include *Salmonella typhi*, which causes typhoid fever; *Yersinia pestis*, plague; *Staphylococcus aureus*, skin and wound infections; and *Clostridium tetani*, tetanus.¹
- Viral Not organisms themselves as they have no metabolism and cannot reproduce without the host cell.
 - Examples include the herpes viruses that cause chicken pox; the poxvirus, smallpox; rotaviruses, gastroenteritis; and retroviruses, AIDS and several types of cancer.¹
- Fungal Caused by fungi in the environment that can live outdoors in soil and on plants, on indoor surfaces, and on human skin.
 - Examples include histoplasmosis, a mild to severe lung infection transmitted by bat or bird droppings, and ringworm.¹
- Protozoa An organism that lives on or in a host organism, they can be acquired through contaminated food or water or by the bite of an infected arthropod, such as a mosquito, tick, or flea.
 - Examples include *Giardia lamblia*, which causes diarrheal disease, and *Cryptosporidium parvum*, which causes malaria.¹
- Helminths Parasitic worms, some of which are infectious, infiltrate the intestinal tract and are transmitted via contaminated soil.
 - Examples include *Schistosoma*, which causes schistosomiasis or swimmer's itch, is endemic in Africa and Latin America, and *Trichinella spiralis*, which causes trichinosis.¹
- Prions Rare, cause progressive neurodegenerative disorders of the central nervous system, with infectious particles that consist only of protein and affect both humans and animals.
 - \circ Example is Creutzfeldt-Jakob disease (in humans), scrapie (in sheep), and bovine spongiform encephalopathy (mad cow disease in cattle).¹

Despite advances in research and treatments, infectious diseases remain the leading cause of illness and death worldwide.^{2–5} The speed at which infectious diseases spread today is due, in part, to global migration and travel. Diseases typically thought to exist only in specific areas of the world are now being seen in non-traditional areas. Factors contributing to disease emergence include population growth, climate and ecological changes, increasing contact with animals, international trade, and inadequate public health infrastructure. In addition, there are multiple other factors that affect the spread of infectious diseases, including mutation, cultural practices,⁶ poor living conditions, the availability of clean water and proper sanitation in less developed countries, drug resistance, natural disasters, immunization practices, and distrust of the medical community. Diseases previously brought under control by vaccinations in the United States may be transported into the country by travelers from other countries.⁶ Education on methods for infectious disease control and containment is a priority. In planning for infectious disease outbreaks, it is essential to include local public health and private resources.³





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It is the position of the Emergency Nurses Association that:

- 1. Protection of patients, staff, and family members from infectious diseases is of utmost importance.
- 2. Emergency nurses monitor current health advisories in their country of practice and other countries.
- 3. ED surveillance for increased cases of infectious diseases serves as an early warning to health care facilities and can facilitate coordination of appropriate jurisdictional response partners.
- 4. Screening patients for a potential infectious disease includes their immunization status, recent travel history, and exposure to ill persons.
- 5. Healthcare workers have adequate antibody titers or receive available immunizations for infectious diseases as recommended by national health experts.
- 6. Healthcare workers, patients, and visitors are educated in basic infection prevention measures to stop the spread of infectious diseases.
- 7. Emergency nurses advocate for educating and training all staff to recognize disease-specific signs and symptoms that require isolation precautions.
- 8. Emergency nurses comply with mandatory reporting requirements for infectious diseases confirmed in the emergency care setting.
- 9. Healthcare facilities have an adequate supply of medications, personal protective equipment, and laboratory sampling kits to use until the Strategic National Stockpile is available.

Background

Rapid identification and isolation of patients presenting to the emergency care setting with a potentially infectious disease reduces the risk of exposure and disease transmission to patients, visitors, and staff. The Centers for Disease Control and Prevention (CDC) recommends appropriate precautions to prevent contact with blood or body fluids.^{3,7} Specific support for nurses caring for a variety of emerging infectious diseases is further delineated in the most current research and resources listed below.

The span of emerging infectious diseases is changing at a rapid rate, requiring multiple resources for risk assessment, evaluation of patient care processes, and necessary supplies within the healthcare facility. A pandemic plan is recommended that ensures business continuity in the event of a widespread outbreak of an infectious disease. Such plans are implemented in concert with appropriate jurisdictional agencies and include procedures for the care of exposed, infected, and deceased individuals.⁸ The CDC standards limit transport of patients who require diagnostic and therapeutic procedures that cannot be performed in their rooms.⁹

Pandemic threats are forecast to appear at faster rates, so preparation times between pandemics will grow shorter and emergency nurses must be ready to respond.⁵

The impact of an infectious disease outbreak may be mitigated by advanced planning and preparedness. It should start with



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