



Position Statement

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Infectious Diseases in the Emergency Care Setting

Description

The evolving nature of infectious diseases means that this position statement will be a living document, not intended to represent all possible infectious diseases at any specific point in time but instead to provide guidance toward available international and reputable resources. Now, more than ever, emergency nurses are subjected to greater potential exposure to a vast array of infectious diseases due to the nature of the practice. As infectious diseases continue to evolve, as witnessed by the SARS-COV-2 virus, the Emergency Nurses Association (ENA) strongly suggests that readers refer to the specific resources recommended in this document for guidance.

Despite advances in research and treatments, infectious diseases remain the leading cause of illness and death worldwide (Centers for Disease Control and Prevention [CDC], nd-c). 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 change, ecological change (e.g., increased interaction between humans and animals), international trade, and public health guidance and action (World Health Organization [WHO], 2021, October 21). According to the World Health Organization, climate change is the single biggest health threat facing humanity, with infectious diseases as a component of that threat. Between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhea, and heat stress. Health professionals worldwide are already responding to the harms caused by this unfolding crisis (WHO, October 21). In addition, there are multiple other factors that affect the spread of infectious diseases, including organism mutation, cultural practices, availability of clean water, adequate sanitation in low- and middle-income countries, drug resistance, natural disasters, immunization practices, and distrust of the medical community (McGuigan, 2016). A 2021 report from *The Lancet* further explains that climate conditions are becoming increasingly suitable for the transmission of multiple infectious diseases by directly affecting biological features of infectious diseases such as growth, survival, and virulence, as well as their vectors (The Lancet Microbe, 2021). Diseases previously brought under control by vaccinations in the United States may now be transported into the country by travelers from other countries (McGuigan, 2016; WHO, October 21). 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 (Lam et al., 2016; WHO, July 14). Pandemic response highlights a need for pre-pandemic planning and post-pandemic debrief, education, and evaluation of where opportunities arise for further outbreaks and disease management.

ENA Position

It is the position of the Emergency Nurses Association that:



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1. Protection of patients, family members of patients, visitors, and staff from infectious diseases and the stigma that may arise from them are addressed appropriately.
2. Emergency nurses monitor current global health advisories.
3. Emergency department surveillance for increased cases of infectious diseases serves as an early warning to healthcare facilities and can facilitate coordination with appropriate jurisdictional response partners.
4. Emergency nurses identify patients with an infectious disease by implementing a screening process for symptoms and travel history, isolate individuals, and apply necessary infection control measures immediately for patients who screen positive and inform appropriate authorities by complying with mandatory reporting requirements for infectious diseases in the emergency care setting.
5. Emergency departments have plans in place to expedite appropriate isolation of patients with infectious diseases from waiting rooms that may have long wait times and crowding due to staffing and bed shortages.
6. Emergency nurses be trained regularly on how to safely don and doff appropriate levels of personal protective equipment to manage patients with infectious diseases.
7. Emergency nurses advocate and participate in recurrent education and training to recognize disease-specific signs and symptoms that require infection control precautions.
8. Healthcare facilities maintain an adequate supply of biological products, medications, personal protective equipment, and medical devices to manage initial incident response.
9. Healthcare workers demonstrate adequate antibody titers or receive immunizations for infectious diseases as recommended by national health experts in alignment with the ENA position statement *Immunizations and the Responsibilities of the Emergency Nurse*.

Background

As seen with the COVID-19 pandemic, emerging infectious diseases have highlighted an increasing impetus for reinforcement of infectious disease preparedness and response (CDC, n.d.-b). 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. It is also critical that ED nurses inform appropriate public health officials when a patient suspected of having a novel or serious infectious disease presents. The CDC recommends appropriate precautions to prevent contact with blood, body fluids, or any airborne droplet contamination from aerosol-generated medical procedures (n.d.-b). Knowing how to put on (don) and remove (doff) appropriate personal protective equipment (PPE) is critical regardless of the infectious disease.

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 and biological mass incident plan is recommended to ensure continuity of care 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 (CDC, n.d.-c). For example, the CDC standards encourage limiting transport of patients who require diagnostic and therapeutic procedures if they can be performed in the patient room (CDC, n.d.-b).

The 2014–2016 Ebola outbreak highlighted the importance of and need for infection prevention and control training for healthcare workers, especially those on the frontlines who will likely encounter patients with infectious diseases first (CDC, n.d.-a). The SARS-CoV2 virus pandemic reinforced this need for ongoing infection prevention and control training. With migration of people growing globally, infectious diseases can now spread at an unprecedented rate (McGuigan, 2016; WHO, October 21). Well-trained staff, educated in the importance of taking a detailed exposure history, including recent travel or exposure to ill persons as well as exposure to pets or other animals, can be the first line of defense in preventing the spread of disease. Respiratory hygiene and cough etiquette, in addition to hand hygiene and PPE, are now considered part of standard precautions (U.S. Department of Health & Human Services, n.d.). The spread of SARS-CoV2 by patients and their family members highlights the need for prompt implementation of standard precautions along with patient, family, and visitor education (CDC, n.d.-b).

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 (CDC, n.d.-d). The COVID-19 pandemic showed the world the importance of proactive preparations and the ability to quickly react to changing needs. The impact of an infectious disease outbreak may be mitigated by advanced planning and preparedness. It should start with screening newly hired employees' health, including immunization history, antibody titer assessment, and respirator fit testing requirements (CDC, n.d.-d). According to WHO, one way to ensure a healthy workforce is to generate immunity to infectious disease-specific vaccinations (2021, July 14).

Seven major human diseases have come under some degree of control worldwide because of vaccines: smallpox, diphtheria, tetanus, yellow fever, whooping cough, polio, and measles (Baker et al., 2022). While vaccinations may be available, some individuals choose not to vaccinate due to fear of side effects or because of religious or personal beliefs. Travelers from countries where vaccination rates are very low pose a risk to emergency care providers and the public in other countries (WHO, 2021, July 14). Mandatory reporting requirements for confirmed infectious diseases, which vary from state to state, help to control these diseases. According to Jit et al. (2021) international coordination when responding to infectious disease outbreaks has greater overall benefit than if each country independently pursues its own self-interest. It is critical that emergency nurses globally remain vigilant and continue work-related preparedness for infectious diseases.

Several resources are available in the event of a public health emergency such as a flu outbreak, natural disaster, or a terrorist attack through the Strategic National Stockpile (SNS), under the office of the Assistant Secretary for Preparedness and Response (U.S. Department of Health & Human Services, 2021). The SNS includes medications, PPE, and supplies that can be released to individual states in need at the direction of the federal government (U.S. Department of Health & Human Services, 2021). Since the SNS may not be immediately available or have adequate supplies to meet the needs of the entire country, as we learned during the COVID-19 pandemic, each facility is expected to have a source for supplies and medications to last until the federal government can provide additional resources. In Canada, people can access a national website to the Public Health Agency of Canada for resource management and precautions related to any emerging health issues (Government of Canada, 2022).

Resources

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