Case 1: Is it Measles? Managing Risk in the ED

Setting: Emergency Department at a community hospital

Incident Overview

Your local health department has been receiving daily calls from EDs across your region, and today's call sounds familiar. A nurse manager at Riverbend Hospital's Emergency Department says:

> "We're getting a flood of people with fever, coughs, conjunctivitis, and rashes. One patient said they heard there were measles cases in the next town, so now everyone's panicking. We've put three patients in airborne isolation just in case, but we're running out of rooms. We need guidance — what are we supposed to do?"

You learn that:

- The three patients placed under precautions had a fever, cough, coryza, conjunctivitis, but no international travel history, no known exposure, and received two MMR doses, per their parents
- A fourth patient had mild fever no other symptoms and was placed in a hallway bed and evaluated without PPE; travel, exposure, and vaccination status were not assessed
- Triage nurses are confused about who to mask or isolate — the protocol is inconsistent
- Staff are anxious and want to do the right thing but feel unprepared to distinguish risk
- Some staff are calling in sick out of concern they might get exposed, even without contact
- Leadership is hesitant to restrict anyone from the waiting room without clear justification

The nurse manager says: "We don't want to overreact, but we also don't want to miss something. How do we make the right call?"

Discussion Questions

What are the potential risks in this situation, even if we don't know the germ?

- Encourages early risk recognition based on symptoms, setting, and behaviors
- Keeps the focus on what might happen, not what is confirmed

What clues can help you assess how germs might spread here?

- Think about people, surfaces, air, and movement
- Observations like hand hygiene gaps, shared equipment, or how space is used

What steps can help interrupt the chain of transmission?

- Focus on what's within control — PPE, environment, distancing, cleaning, hand hygiene

What coaching or support could you offer the facility right now?

- Reinforces LHD staff's role as coaches, not just regulators
- Encourages empathy, listening, and sharing tools

Where do you see uncertainty or mixed messages that could create confusion?

- Helps teams identify inconsistencies in policy, signage, or practice
- Opens discussion about how to clarify expectations and reinforce good habits

How can we simplify this situation to focus on risk, not fear or assumptions?

- Helps cut through "the noise" of patient history, staff resistance, or social pressures
- Encourages calm, clear decision-making based on Firstline's risk framework

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Case 2: We're Short Staffed and Supplied- Managing Diarrhea in Long Term Care

Setting: Pineside Living Center, 64-bed skilled nursing facility

Incident Overview

A nursing supervisor from Pineside calls the health department and says:

> "We've had three residents with sudden diarrhea overnight, with no other symptoms, test results are negative for norovirus. Our center has fought norovirus before and we do not want another outbreak. We don't know if it's a bug or just something they ate. But we're short-staffed, out of our usual disinfectant, and unsure what else we should be doing."

Here's what you learn:

- Residents are spread out in three separate hallways
- One of the CNAs vomited at work yesterday and went home, but hasn't officially reported it
- Housekeeping staff used bleach for cleaning and disinfecting surface areas
- Some of the PPE was not the right size for our staff but we were careful to wear it appropriately every time we came into contact with a resident.
- One nurse told you: "We haven't activated any outbreak response or anything — since labs came back negative for norovirus. We're keeping an eye on it."
- A manager asks if the facility needs to report this or post signage, but seems unsure what criteria to use
- One of the residents with diarrhea had been very active earlier that day in the dining room and the main living area playing bingo they also share a room with another person

They close the call with:

> "We just need to know what steps we should take — it feels like things are getting messy, fast."

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Case 3: Blood Spill at Dialysis Station

Setting: Sunrise Dialysis – outpatient clinic serving 30 patients per day

Incident Overview

Your health department receives a call from clinic leadership:

> "We had a patient's catheter leak blood onto the chair arm and dialysis machine console this morning. A staff tech was seen wiping it with paper towels- no disinfectant- then walked away while wearing gloves. When I asked our staff of the proper clean up procedure they we're unsure, it has been quite some time since we have had training."

You arrive to find:

- Blood residue on armrest, touchscreen, and floor.
- Gloved staff at other stations unaware and continuing patient care.
- No visible spill kits, disinfectant bottles, or signage.
- Staff uncertain about correct cleanup, glove handling, and PPE use.

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Case 4: Do Visitors Really Need Gowns? Managing Perception and Risk

Incident Overview

Setting: Evergreen Acute Rehab Center, 25-bed unit connected to a general hospital
You receive a message from the facility's infection prevention lead:

> "We have a patient who tested positive for MRSA last week, and the nurse manager insists that all visitors need to wear gowns and gloves. But the family is pushing back. They're not touching wounds or devices, and say it's overkill. The staff are split — some say it's policy, others say it's just surface germs. We don't want to cause unnecessary fear, but also don't want to make the wrong call."

You gather more details:

- The patient, Mr. Wynn, is alert and ambulatory, with a healing surgical wound
- He tested positive for MRSA in the nose and wound site
- The family is visiting daily — sometimes bringing his grandchildren
- The unit has a Contact Precautions sign on his door, but no signage is posted for visitors
- Some nurses give visitors PPE and instructions; others do not
- The unit director says: "I'm not sure we need full PPE unless they're doing direct care, but we haven't revisited our policy in years."
- A staff member shared concern that family members "might carry something out to the community" if they're not wearing gloves or gowns
- Visitors are allowed to sit on the bed, hug the patient, and walk him in the hallways
- Staff report feeling uncomfortable enforcing rules that aren't clearly written

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