

TUSCARAWAS COUNTY HEALTH DEPARTMENT

Non-Pharmaceutical Interventions (NPI)

&

Isolation and Quarantine Plan

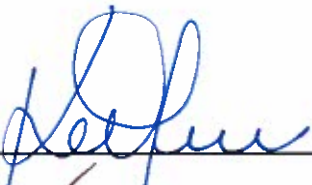


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Revision Page

Date	Revisions	Revisions Made By:
5/22/15	Significant revisions to document. Integrated components of existing Iso & Q plan into document. Reorganized sections to improve flow of document.	Jennifer McCoy
6/3/15	Added Attachments 1-5 to documents	Jennifer McCoy
6/16/16	Reviewed plan. Removed isolation and quarantine section and replaced with Isolation and Quarantine plan developed by Health Commissioner in April 2016	Jennifer McCoy
3/29/2017	Reviewed plan. Reformatted to current plan format. Added reference to Isolation and Quarantine Attachment 5. Added Approval Signatures.	Paul Westlake


Approval Signatures



 Tuscarawas County Health Commissioner

4/12/17

Date



 Board of Health President Signature

4/12/17

Date

Purpose:

The objective of the Tuscarawas County Health Department Non-Pharmaceutical Interventions (NPI) Plan/Community Containment Plan is to provide guidance on mitigation and containment of individuals infected with or potentially infected with a contagious disease. TCHD may implement this with the goal of reducing the spread of infectious agents within Tuscarawas County.

Scope:

As far as the particular incident allows, TCHD will implement non-pharmaceutical interventions in a progressive approach: that is, starting with the least restrictive measures, and working up to more restrictive—and even involuntary—measures only when absolutely necessary.

Mitigation Interventions

- **Individual infection control:** Includes recommendations such as cough and sneeze etiquette, hand washing practices, and similar measures. These measures are the easiest to recommend, and can easily be made a part of routine health campaigns.
- **Health Education:** Educating the public regarding the signs and symptoms of an illness or disease, including how and when to seek medical care.
- **Social distancing:** A voluntary protective measure that an individual takes to limit their amount of exposure to an infectious disease in public places. This can include actions either that healthy persons take to avoid exposure, or that infected persons take to avoid exposing others.
 - The basis of social distancing is to limit oneself from the public (i.e. going out in public only when necessary).
 - However, when going into public becomes necessary, an individual can still maintain social distancing by allowing six or more feet between themselves and other people. This method should greatly reduce the amount of potential exposure to an infectious disease between individuals.
 - The use of personal protective equipment (PPE such as a dust mask, surgical mask, N-95 respirator, gloves, etc.), will provide an extra layer of protection to an individual who is already practicing social distancing. TCHD should be prepared to issue messaging on the most appropriate PPE for the disease, if necessary. Section 5 of the Infection Disease Control Manual (IDCM) provides a table outlining the type and duration

of precautions needed for selected infections and conditions (*Attachment 1*). TCHD will utilize this table when making PPE recommendations.

- When TCHD recommends social distancing measures, it is important for both healthy and infected individuals to comply. This reduces the number of infected people in the public to spread the disease, as well as the number of healthy people in public to be exposed.
- **School, daycare and workplace closure:** This is a major social distancing measure that eliminates the school or workplace environment as a place of transmission. Closing schools and workplaces is a major decision, but can be very effective since such locations may be very densely populated places that can facilitate high disease transmission.

Containment Interventions

Quarantine: The IDCM, Section 5, defines quarantine as the separation and restriction of well persons, who are believed to be exposed to a case of communicable disease, during its period of communicability (i.e. contacts), to prevent disease transmission during the incubation period if infection should occur.

- TCHD may recommend voluntary quarantine in response to an individual who has sustained exposure to a disease. An individual implements voluntary quarantine when they decide based either on their own accord, or on expert advice, to restrict their contact with other people. Note that a person can transmit disease before they show symptoms, so this measure aims to reduce that risk.

Isolation: The IDCM, Section 5 defines isolation as the separation and restriction of movement or activities of ill infected persons who have a contagious disease, allowing for the focused delivery of specialized health care to those who have become ill.

- Voluntary isolation is similar to voluntary quarantine with the exception that an individual who practices voluntary isolation is one who is already ill or infectious. When that individual practices voluntary isolation, they choose to restrict their contact with other people. Like the previously discussed forms of community containment, the goal of this measure is to reduce disease transmission.

Assumptions:

- TCHD is familiar, and operates in accordance, with all other documents that may be pertinent to this type of incident. This includes, but is not limited to: the TCHD EOP Annex H, the *Infectious Disease Surveillance System Evaluation Protocol*, the *Disease Investigation and Surveillance Policy and Procedures*, the *Protocol for Disease Reports*, and the *TCHD Continuity of Operations Plan (COOP)*.
- In the event of an infectious disease outbreak, the TCHD will determine which NPI measures are appropriate based on recommendations from the ODH Infectious Disease Control Manual (IDCM), Sections 3 and 5: <http://www.odh.ohio.gov/en/healthresources/infectiousdiseasemanual.aspx>
- A situation exists in which community containment will offer the best measure(s) against further disease spread, as determined by TCHD.
- Implementing non-pharmaceutical interventions will minimize illness and death, delay disease spread, and ultimately help to preserve healthcare and public health infrastructure.
- Non-pharmaceutical interventions are accessible, affordable, and effective.

Situation:

- In the event of an infectious disease emergency, a vaccine or other form of clinical management will likely serve as the main protection against disease. However, if the disease in question is novel, a means of prophylaxis may not exist. Furthermore, once a vaccine is developed, it will likely be in very short supply. In this case, non-pharmaceutical interventions may help to facilitate the following goals:
 1. Control disease spread as much as possible until prophylaxis becomes available.
 2. Reduce the number of cases in the epidemic peak.
 3. Reduce overall morbidity and mortality.
- Timing in implementing non-pharmaceutical interventions is important. Implementing these measures too early could result in unnecessary social and economic burden, and potentially cause people to tire of the measures and thus not abide by them later. Conversely, implementing these measures too late could cause the population to experience a higher-than-necessary health impact from the epidemic.

Responsibilities and Organization:

- **Tuscarawas County General Health District (TCHD):**
 - TCHD will serve as the lead agency in an infectious disease outbreak emergency.
 - TCHD will assess the situation and determine what non-pharmaceutical interventions are necessary, and will then initiate the necessary interventions.
 - In special circumstances, TCHD may need to take the necessary legal actions to detain an individual via quarantine or isolation.
 - TCHD will be the lead in the operations on any facilities that are established for the purposes of quarantine or isolation.
 - As per Ohio Revised Code 3707.14, TCHD will address the provision of “food, fuel, and all necessities of life, including medical attendance” to all individuals who are placed under quarantine. Expenses for such provisions (except those strictly for the protection of the public health), shall be covered by the quarantined individual.
- **Local Law Enforcement**
 - Assist with service of Notice of Civil Detention to clients, if needed.
 - Provide escort for individuals requiring transportation for purposes of involuntary Isolation and Quarantine, if needed. Transportation of infectious individuals will be managed by local Emergency Medical Services (EMS) providers through coordination with the TCHD.
 - Execute arrest warrants.
- **Prosecuting Attorney’s Office (PAO)**
 - Petition the court *ex parte* to authorize involuntary detention, once need is determined by the TCHD Health Commissioner.
 - Represent Public Health in any petition or appeal hearings required to carry out involuntary isolation and quarantine of individuals.
 - Coordinate with Public Health and Local Law Enforcement to serve notice necessary to achieve isolation and quarantine.
- **Tuscarawas County Emergency Management Agency (TCEMA):**
 - TCEMA is responsible for facilitating inter-agency coordination, if necessary. Due to the nature of mandatory isolation or quarantine measures, this could potentially include law enforcement and similar agencies.

- **Ohio Department of Health:**
 - TCHD must consult the Director of Health in quarantine and isolation matters, as the Director has ultimate authority over isolation and quarantine.
- **Legal Counsel:**
 - TCHD should consult the applicable legal counsel for legal advice on any potentially restricting measures.

Direction and Control:

- TCHD may implement social distancing measures and voluntary isolation or quarantine measures at any level of HDOC activation, depending on the severity of the particular situation.
- Any mandatory community containment measures will always require HDOC level III activation, since implementation and enforcement of a mandatory measure will require inter-agency collaboration.
- TCHD and all response partners will operate under the Incident Command structure once the HDOC is activated.
- Processes as they relate to HDOC levels may be found in the *TCHD EOP ERF 1: Direction and Control*

Communications:

- TCHD will perform communications assets and protocols as outlined in *TCHD EOP ERF#2: Communications* and in accordance with all TCEMA and State of Ohio protocols.

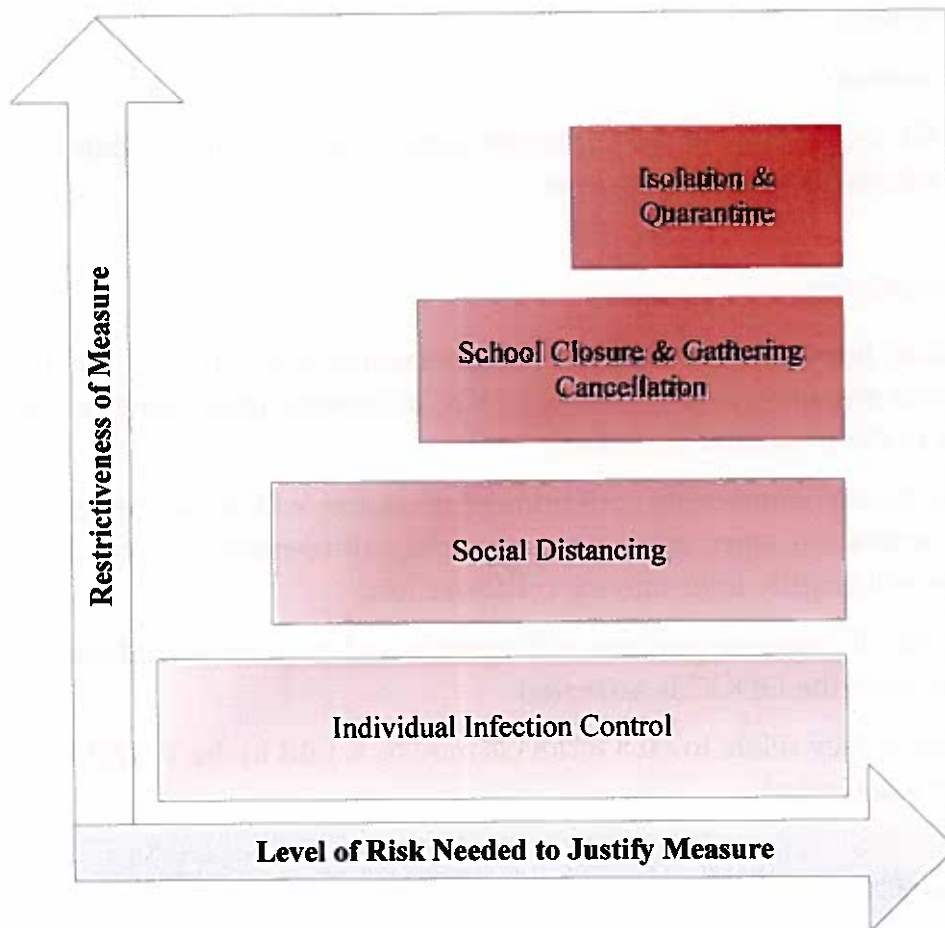
CONCEPT OF OPERATIONS:

General:

Some non-pharmaceutical interventions, such as individual infection control, may be initiated in response to a low level of risk, but remain in place through the duration of the event. Others, such as isolation and quarantine, are more restrictive of individual liberties, and thus should only be implemented if there is a very high level of health risk associated with the disease (the pathogen factors that contribute

to the level of risk may include lethality, ease of transmission, or other such factors). **Figure 1** provides a visualization of this relationship.

Figure 1. Relationship between Level of Risk Needed and the Restrictiveness of Measures.



- **Individual Infection Control:**

- Individual infection control measures are voluntary by the public.
- Recommending these measures should be relatively simple, since public health messaging often already encourages cough and sneeze etiquette, and proper hand washing.
- When utilizing individual infection control as a non-pharmaceutical intervention in an infectious disease emergency, TCHD can tailor and distribute existing messaging in accordance with the *TCHD Risk Communication Plan*. Additionally, Posters or other health messaging material provided by the CDC and other health organizations may be utilized and distributed to the appropriate locations.

- **Social Distancing:**
 - Social distancing will primarily be voluntary by the public, with the exception of school closure or similar closures.
 - When recommending social distancing measures, TCHD should determine if any vulnerable populations are being impacted more than the rest of the population. If so, TCHD should consider specialized messaging, or messaging through an alternative mode of delivery for these populations.
 - TCHD can initiate social distancing measures by outlining and recommending these actions to the public. TCHD will conduct messaging distribution for this event in accordance with *TCHD Risk Communications Plan*. Methods of communication may include radio and television, local newspapers, TCHD website, or social media (TCHD Facebook page).

Isolation and Quarantine

- See the attached Isolation and Quarantine plan for the TCHD.
- Isolation and Quarantine attachments:
 - *Attachment 2: Home Isolation Tool*
 - *Attachment 3: Home Isolation Agreement*
 - *Attachment 4: Order of Quarantine*
 - *Attachment 5: Transport Capability Form*

Legal Authorities:

- *Attachment 5 "Ohio Revised Code, Isolation and Quarantine"*, from the IDCM section 5, outlines the state and local legal authorities for non-pharmaceutical interventions.
- **Special considerations for involuntary measures:** Involuntary or mandatory measures operate under the same concepts and definitions as voluntary measures, but are NOT a voluntary protective action for the public.
 - The Health Commissioner, with the advising of other relevant individuals, may make the recommendation to the Board of Health to move from voluntary quarantine and isolation to mandatory quarantine and isolation. Situations that may warrant this shift include (but are not limited to):
 - A particularly serious disease threat, such as a bioterrorism event or cases involving a Class A agents as defined under "Know Your ABC's: A Quick Guide to Reportable Infectious Diseases in Ohio" (supported by OAC 3701.3.02).

- A case where an individual refuses to adhere to voluntary quarantine or isolation measure and poses an immediate threat to the health of others.
- The proposed mandatory measure is a reasonable and effective means of intervention to protect the health of others.
- **Right to privacy:** Isolation and quarantine both have potential to infringe upon the privacy of those being isolated or quarantined. TCHD should aim to minimize this infringement as much as possible. The primary way to do this is to continue to operate in accordance with HIPAA rules whenever possible. However, at times, others may need to be notified of an individual's isolation or quarantine status (i.e. family members, employers, etc.).

TUSCARAWAS COUNTY HEALTH DEPARTMENT

Isolation and Quarantine

PLAN AND PROCEDURES




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Revision Page

Date	Revisions	Revisions Made By:
4/21/16	Document Created	Katie Seward, Health Commissioner
12/20/16	Reviewed. No changes made.	Paul Westlake, PHEP Coordinator
3/29/2017	Reviewed and updated Attachment 5, Transport Capability Form	Paul Westlake

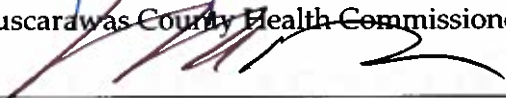
Approval Signatures



Tuscarawas County Health Commissioner

4/12/17

Date



Board of Health President Signature

4/12/17

Date

Tuscarawas County Health Department Isolation and Quarantine Plan

Community containment is a means to separate infected or exposed persons by use of isolation, quarantine or restricted movement and activities. Isolation and quarantine are public health means utilized to reduce the spread of disease and infection. Isolation means the separated of infected persons from others during the period that they can transmit the disease. Quarantine is defined as the restriction of activities or limitation on freedom, of movement of those exposes to a communicable disease to prevent contact with those not infected or exposed.

This plan provides guidance to Tuscarawas County Health Department in regards to initiation, continuation and release from Isolation and Quarantine activities. It also describes circumstances and authorities that are necessary for administrative decisions including:

- Establish decision making criteria used by TCHD's Health Commissioner
- Identify the authorities, roles and responsibilities of TCHD in the event of a disease outbreak
- Describe procedures and decision trees for accomplishing isolation and quarantine
- Describe the implementation of community education

This plan will coordinate with TCHD's Emergency Operation Plan and is in compliance with the National Incident Management System (NIMS).

Assumptions

1. Isolation and quarantine planning efforts must address unique needs and circumstances of vulnerable populations include limited English proficiency individuals, persons with special medical needs, etc
2. All policies and procedures to assure HIPAA regulations apply
3. If isolation and quarantine are necessary beyond the jurisdictional lines of the Tuscarawas County Health District then collaboration may be necessary
4. TCHD will focus on voluntary compliance first and foremost
5. Involuntary detention may be necessary if persons do not follow orders of the Health Commissioner

Authorities

Federal Authorities

- CFR Title 42, Chapter 1, Part 70 – Interstate Control of Communicable Diseases
- CFR Title 42, Chapter 1, Part 71 – Foreign Quarantine

State Authorities

- ORC 3701.13 – ODH has supreme authority in matters of quarantine
- ORC 3701.56 – Provides for law enforcement and public health officials to enforce quarantine orders
- ORC 3701.14 – General powers of the director
- ORC 3701.18 – Requiring a person to limit the spread and inform the health authorities of known contagions
- ORC 5923.21 – Governor may call up Ohio National Guard to enforce laws of Ohio
- ORC 5923.27 – Ohio National Guard called up by Governor is considered law enforcement
- ORC 5923.27 – Arrest and detention by Ohio National Guard is for purposes of escorting civil authorities

Local Authorities

- ORC 3701.04 – Authority to promulgate quarantine regulations
- ORC 3701.05 – Board must secure approval of ODH in certain cases. Local Health Departments may not close highway with ODH permission in compliance with regulations
- ORC 3707.06 – Notice to be given of prevalence of infectious disease
- ORC 3707.07 – Complaint concerning prevalence of disease; inspection by Health Commissioner
- ORC 3707.08 – Isolation of persons exposed to a communicable disease; placarding premises
- ORC 3707.09 – Establishment of quarantine guard
- ORC 3707.10 – Disinfection of house in which there has been a contagious disease
- ORC 3707.12 – Destruction of infected property
- ORC 3707.13 – Compensation for property destroyed
- ORC 3707.14 – Maintenance of person confined in quarantined house
- ORC 3707.15 – Expense caused by illegal alien with contagious or infectious disease
- ORC 3707.16 – Attendance at gatherings by quarantined person prohibited
- ORC 3707.17 – Quarantine in place other than that of legal settlement
- ORC 3707.18 – Expenses of quarantining a county public institution
- ORC 3707.19 – Disposal of a body of person who died of a communicable disease
- ORC 3707.20 – HD and BOH may make such orders as necessary to protect the health of the public

Tuscarawas County Health Department Isolation and Quarantine Plan

- ORC 3707.21 – Contagious disease in public institution; temporary building
- ORC 3707.22 - Removal of affected persons from public institution or hospital
- ORC 3707.23 – Examination of common carriers by BOH during a quarantine
- ORC 3707.25 – Application of quarantine rules to a person and good on vehicles of transportation
- ORC 3707.27 – Vaccination
- ORC 3707.28 – Expenses of the Board
- ORC 3707.31 – Establishment of a quarantine hospital
- ORC 3707.32 – Erection of temporary building by Board
- ORC 3707.33 – Inspectors, appointments, duties
- ORC 3707.53 – Fines and costs; sentences
- ORC 3707.99 – Penalties
- OAC 3701-3-02 – Disease to be reported
- OAC 3701-3-03 – Reportable disease notification
- OAC 3701-3-08 – Release of patient’s medical records
- OAC 3701-3-09 – Methods of control
- OAC 3701-3-13 – Isolation requirement

Responsibilities

TCHD will be responsible for the following activities

- The health commissioner will assess the public health threat and establish criteria and determine whether isolation and quarantine are necessary in any given outbreak
- The health commissioner may initiate the isolation and quarantine of individuals
- TCHD will seek cooperation and compliance from infected and/or exposed individuals

Local law enforcement will be responsible for the following activities:

- Assist with the service of Notices
- Provide escort for individuals requiring transportation for the purposes of involuntary isolation and quarantine
- Execute arrest warrants

The Tuscarawas County Prosecutor’s Office will be responsible for the following activities:

- Petition the court to authorize involuntary detention when ordered by the Health Commissioner
- Represent TCHD in any petition or appeal hearings necessary to carry out involuntary isolation or quarantine of individuals
- Coordinate with Public Health and law enforcement officials

Determination of Need for Isolation or Quarantine

The following would prompt the initiation of isolation and/or quarantine of whole organizations within the community:

- Declaration by Ohio Department of Health (ODH), Centers for Disease Control and Prevention (CDC), and/or the World Health Organization (WHO) that isolation and/or quarantine is appropriate

Before isolation and quarantine is initiated the Health Commissioner will:

1. Confer with ODH, CDC or WHO that isolation is appropriate
2. Contact the Director of the Tuscarawas County Emergency Agency to activate EOC if necessary

In the event the quarantine involves an organization such as a school or business, the Health Commissioner will:

1. Contact the director of the organization to inform them that their facility will be closed and/or specific activities within that facility will be cancelled
2. Provide information on the duration of the quarantine
3. Work with TCHD PIO to ensure that the media are alerted about facility closures and cancellations

Determinants that will contribute to reaching the public health threshold for initiating individual or group quarantine measures include:

- Number of cases
- Projected morbidity or mortality
- Expected spread of disease
- Current population movement in community
- Available treatment
- Risk for public panic

TCHD's epidemiologist will make recommendations to the Health Commissioner regarding the need for isolation and/or quarantine strategies to control a communicable

disease. The Health Commissioner will then authorize the use of isolation and/or quarantine strategies as recommended by the Epidemiologist. The Health Commissioner will be responsible for the activation of the Incident Command System (ICS). TCHD will seek voluntary compliance with requests for isolation and quarantine unless the Medical Director advises the Health Commissioner that the following conditions are present:

1. Reason to believe that individual or group is contaminated with a chemical, biological, or radiological agent that could be spread to others
2. Reason to believe the individual or group would pose a serious risk to the health and/or safety of others is not isolated or quarantined
3. Seeking voluntary compliance would create a risk of serious harm

If any of the above are believe to be true the Health Commissioner should seek ordered isolation and/or quarantine.

EPI Team

An Epi Team should consist of the communicable disease nurse, at least one additional nurse and at least one sanitarian. The Epi team will:

- Initiate contact with the individual or group suspected of being infected or exposed
- Determine if interpretation services will be needed
- Enter cases and contacts in ODRS
- Document all written and verbal communications
- Deliver information packet to the individual placed in isolation or quarantine
- Verbally communicate the following information with the individual or group:
 - Explain the circumstance regarding the infection or exposure, nature of the illness and potential for infection of others
 - Request that the individual or group isolate or quarantine themselves
 - Explain the process for isolation or quarantine
 - If necessary, explain that the Health Commissioner has the authority to issue an emergency detention order or petition the court for an order authorizing involuntary detention if the individual or group does not comply

TCHD will also coordinate the following tasks:

- Develop a schedule of daily check- in calls for each individual under isolation or quarantine

- Verify that the individual is at a specific location and monitor their health
- Record information gathered during check in calls until released from isolation and quarantine
- Document requests for assistance from patients. Reasonable requests may include food, water, means of communication, medication, etc
- Follow up with any agency referrals

Involuntary Detention

Health Commissioner may issue orders for involuntary detention for isolation and/or quarantine under the following conditions:

1. Reason to believe that individual or group is contaminated with a chemical, biological, or radiological agent that could be spread to others
2. Reason to believe the individual or group would pose a serious risk to the health and/or safety of others is not isolated or quarantined
3. TCHD has made reasonable efforts which have been documented to obtain cooperation and compliance from the individual or group
4. The Medical Director believes that seeking voluntary compliance would create a risk of serious harm

If the above conditions are met, the Health Commissioner may initiate involuntary detention for a specific number of days by taking one or more of the following actions:

1. Emergency detention order
2. Petition to the superior court for an order authoring involuntary detention

The prosecuting attorney's office will represent the Health Commissioner in court for involuntary detention. The Health Commissioner, Medical Director, Prosecutor's Office will resolve issues related to locations for detained persons. The Epi Team will provide monitoring and support services to the individual or group being detained.

Release from Isolation and Quarantine

The Health Commissioner, based on the advice of the Medical Director, will determine whether to release an individual or group from isolation or quarantine when there is no longer a threat to the health and safety of others.

Communications

TCHD's PIO will work with the EPI team on risk communication utilizing the TCHD's Risk Communication Plan. The TCHD PIO will:

- Assess the information needs of the public
- Identify if call centers need to be established
- Disseminate information via website, social media, newspapers, flyers, TV and/or radio broadcasts
- Coordinate with other agencies involved to send out common health messages and education materials

References

- TCHD Risk Communication Plan
- Lake County Community Containment Plan
- Kansas Community Containment for Disease Toolbox
- Seattle and King County Public Health

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration †	Comments	
Abscess				
Draining, major	C	DI	No dressing or containment of drainage; until drainage stops or can be contained by dressing	
Draining, minor or limited	S		Dressing covers and contains drainage	
Acquired human immunodeficiency syndrome (HIV)	S			
Actinomycosis	S			
Adenovirus infection, in infants and young children (also, see gastroenteritis, adenovirus)	D, C	DI		
Amebiasis	S			
Anthrax			Postexposure chemoprophylaxis; consider post-exposure vaccine(407, 644, 645)	
Cutaneous	S		Contact Precautions if large amount of drainage that cannot be contained	
Pulmonary	S			
Aerosolizable spore-containing powder	All,C	DE	Until decontamination of environment complete (644)	
Antibiotic-associated colitis (see <i>Clostridium difficile</i>)				
Arthropod-borne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus)	S		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, by breastmilk or transplacentally (646); install screens in windows and doors in endemic areas Use DEET-containing mosquito repellants and clothing to cover extremities	
Arthropod-borne viral fevers (dengue, yellow fever, Colorado tick fever)	S		Not transmitted from person to person except by transfusion, rarely Install screens in windows and doors in endemic areas Use DEET-containing mosquito repellants and clothing to cover extremities	
Ascariasis	S		Not transmitted from person to person	
Aspergillosis	S		Contact Precautions and All if massive soft tissue infection with copious drainage and repeated irrigations required (51)	
Avian influenza	All, D, C	14 days after onset of	All preferred (D if All rooms unavailable); N95 respiratory protection (surgical mask if N95 unavailable); eye protection (goggles, face shield	

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
		symptoms	within 3 feet of patient); 14 days after onset of symptoms or until an alternative diagnosis is established or until diagnostic test results indicate that the patient is not infected with influenza A H5N1 virus. Human-to-human transmission inefficient and rare, but risk of reassortment with human influenza strains and emergence of pandemic strain serious concern.
Babesiosis	S		Not transmitted from person to person except by transfusion, rarely.
Blastomycosis, North American, cutaneous or pulmonary	S		Not transmitted from person to person
Botulism	S		Not transmitted from person to person
Bronchiolitis (see respiratory infections in infants and young children)	C	DI	Use mask according to Standard Precautions and until influenza and adenovirus have been ruled out as etiologic agents
Brucellosis (undulant, Malta, Mediterranean fever)	S		Not transmitted from person to person
<i>Campylobacter</i> gastroenteritis (see gastroenteritis)			
Candidiasis, all forms including mucocutaneous	S		
Cat-scratch fever (benign inoculation lymphoreticulosis)	S		Not transmitted from person to person
Cellulitis	S		
Chancroid (soft chancre)	S		
Chickenpox (see varicella)			
<i>Chlamydia trachomatis</i>			
Conjunctivitis	S		
Genital	S		
Respiratory	S		
Cholera (see gastroenteritis)			
Closed-cavity infection			
Open drain in place; limited or minor drainage	S		Contact Precautions if there is copious uncontained drainage
No drain or closed drainage system in place	S		
<i>Clostridium</i>			
<i>C. botulinum</i>	S		Not transmitted from person to person
<i>C. difficile</i> (also see gastroenteritis, <i>C. difficile</i>)	C	DI	Assess need to discontinue antibiotics Avoid the use of shared electronic thermometers (519, 647).

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
Infection/Condition	Type *	Duration †	Comments
<i>C. perfringens</i>			Ensure consistent environmental cleaning and disinfection.
Food poisoning	S		Not transmitted from person to person
Gas gangrene	S		Not transmitted from person to person
Coccidioidomycosis (valley fever)			
Draining lesions	S		Not transmitted from person to person
Pneumonia	S		Not transmitted from person to person
Colorado tick fever	S		Not transmitted from person to person
Congenital rubella	C	Until 1 yr. of age	Standard Precautions if nasopharyngeal and urine cultures neg. after 3 mos. of age
Conjunctivitis			
Acute bacterial	S		
<i>Chlamydia</i>	S		
Gonococcal	S		
Acute viral (acute hemorrhagic)	C	DI	
Corona virus associated with SARS (SARS-CoV) (see severe acute respiratory syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease CJD, vCJD	S		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures(4, 7, 103)
Croup (see respiratory infections in infants and young children)			
Cryptococcosis	S		Not transmitted from person to person
Cryptosporidiosis (see gastroenteritis)			
Cysticercosis	S		Not transmitted from person to person
Cytomegalovirus infection, neonatal or immunosuppressed	S		No additional precautions for pregnant HCWs
Decubitus ulcer (pressure sore) infected			
Major	C	DI	If no dressing or containment of drainage; until drainage stops or can be contained by dressing
Minor or limited	S		If dressing covers and contains drainage

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration †	Comments	
Dengue fever	S		Not transmitted from person to person	
Diarrhea, acute-infective etiology suspected (see gastroenteritis)				
Diphtheria				
Cutaneous	C	CN	Until 2 cultures taken 24 hrs. apart neg.	
Pharyngeal	D	CN	Until 2 cultures taken 24 hrs. apart neg.	
Ebola viral hemorrhagic fever (see viral hemorrhagic fevers)				
Echinococcosis (hydatidosis)	S		Not transmitted from person to person	
Echovirus (see enteroviral infection)				
Encephalitis or encephalomyelitis (see specific etiologic agents)				
Endometritis	S			
Enterobiasis (pinworm disease, oxyuriasis)	S			
Enterococcus species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)				
Enterocolitis, <i>C. difficile</i> (see <i>C. difficile</i> , gastroenteritis)				
Enteroviral infections	S		Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks	
Epiglottitis, due to <i>Haemophilus influenzae</i> type b	D	U 24 hrs		
Epstein-Barr virus infection, including infectious mononucleosis	S			
Erythema infectiosum (also see Parvovirus B19)	S			
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)				
Food poisoning				
Botulism	S		Not transmitted from person to person	
<i>C. perfringens</i> or <i>welchii</i>	S		Not transmitted from person to person	
Staphylococcal	S		Not transmitted from person to person	
Furunculosis, staphylococcal	S			
Infants and young children	C	DI		
Gangrene (gas gangrene)	S		Not transmitted from person to person	
Gastroenteritis	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below	

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration †	Comments	
Adenovirus	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
<i>Campylobacter</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
Cholera	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
<i>C. difficile</i>	C	DI	Assess need to discontinue antibiotics Avoid the use of shared electronic thermometers (519, 647); ensure consistent environmental cleaning and disinfection	
<i>Cryptosporidium</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
<i>E. coli</i>				
Enteropathogenic O157:H7 and other shiga toxin-producing strains	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
Other species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
<i>Giardia lamblia</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
Noroviruses	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. Persons who clean areas heavily contaminated with feces or vomit should wear masks; ensure consistent environmental cleaning and disinfection. (648)	
Rotavirus	C	DI	Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in the immunocompromised	
<i>Salmonella</i> species (including <i>S. typhi</i>)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
<i>Shigella</i> species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
<i>Vibrio parahaemolyticus</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Viral (if not covered elsewhere)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Yersinia enterocolitica</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
German measles (see rubella; see congenital rubella)			
Giardiasis (see gastroenteritis)			
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)	S		
Gonorrhea	S		
Granuloma inguinale (Donovanosis, granuloma venereum)	S		
Guillain-Barré' syndrome	S		Not an infectious condition
Hand, foot, and mouth disease (see enteroviral infection)			
Hantavirus pulmonary syndrome	S		Not transmitted from person to person
<i>Helicobacter pylori</i>	S		
Hepatitis, viral			
Type A	S		Provide hepatitis A vaccine postexposure as recommended(649)
Diapered or incontinent patients	C		Maintain Contact Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms
Type B-HbsAg positive; acute or chronic	S		See specific recommendations for care of patients in hemodialysis centers (10)
Type C and other unspecified non-A, non-B	S		See specific recommendations for care of patients in hemodialysis centers (10)
Type D (seen only with hepatitis B)	S		
Type E	S		Use Contact Precautions for diapered or incontinent individuals for the duration of illness
Type G	S		
Herpangina (see enteroviral infection)			
Herpes simplex (<i>Herpesvirus hominis</i>)			
Encephalitis	S		

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration †	Comments	
Mucocutaneous, disseminated or primary, severe	C	Until lesions dry and crusted		
Mucocutaneous, recurrent (skin, oral, genital)	S			
Neonatal	C	Until lesions dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hrs until infant surface cultures obtained at 24-36 hrs. of age neg after 48 hrs incubation (650, 651)	
Herpes zoster (varicella-zoster)				
Disseminated disease in any patient Localized disease in immunocompromised patient	All, C	DI	Susceptible HCWs should not enter room if immune caregivers are available; if entry is required, susceptibles must wear nose/mouth protection; once disseminated disease has been ruled out discontinue All, C. Provide exposed susceptibles post exposure vaccine within 5 days or place unvaccinated exposed susceptibles on administrative leave for 10-21 days	
Localized in patient with intact immune system with lesions that can be contained/covered	S	DI	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.	
Histoplasmosis	S		Not transmitted from person to person	
Human immunodeficiency virus (HIV)	S		Post-exposure chemoprophylaxis for high risk blood exposures(353)	
Impetigo	C	U 24 hrs		
Infectious mononucleosis	S			
Influenza	D	5 days except DI in immuno compromised persons	Private room when available or cohort; avoid placement with high-risk patients; keep doors closed; mask patient when transported out of room; chemoprophylaxis/vaccine to control/prevent outbreaks (408)	
Avian influenza (see Avian influenza)				
Kawasaki syndrome	S		Not an infectious condition	
Lassa fever (see viral hemorrhagic fevers)				
Legionnaires' disease	S			
Leprosy	S			
Leptospirosis	S			
Lice (head [pediculosis], body, pubic)	C	U 24 hrs		

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration †	Comments	
Listeriosis	S		Person-to-person transmission rare (652)	
Lyme disease	S		Not transmitted from person to person	
Lymphocytic choriomeningitis	S		Not transmitted from person to person	
Lymphogranuloma venereum	S			
Malaria	S		Not transmitted from person to person except through transfusion, rarely; install screens in windows and doors in endemic areas; use DEET-containing mosquito repellants and clothing to cover extremities	
Marburg virus disease (see hemorrhagic fevers)				
Measles (rubeola)	All	DI	Susceptible HCWs should not enter room if immune care providers are available; wear nose/mouth protection regardless of immune status; no recommendation for type of protection, i.e. surgical mask or respirator; post-exposure vaccine within 72 hrs. or immune globulin within 6 days	
Melioidosis, all forms	S		Not transmitted from person to person	
Meningitis				
Aseptic (nonbacterial or viral; also see enteroviral infections)	S		Contact for infants and young children	
Bacterial, gram-negative enteric, in neonates	S			
Fungal	S			
<i>Haemophilus influenzae</i> , type b known or suspected	D	U 24 hrs		
<i>Listeria monocytogenes</i>	S		Not transmitted from person to person	
<i>Neisseria meningitidis</i> (meningococcal) known or suspected	D	U 24 hrs		
<i>Streptococcus pneumoniae</i>	S			
Tuberculosis	S		Concurrent, active pulmonary disease or draining cutaneous lesions necessitate addition of airborne precautions	
Other diagnosed bacterial	S			
Meningococcal disease: sepsis, pneumonia, meningitis	D	U 24 hrs	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only if outbreak.	
<i>Molluscum contagiosum</i>	S			
Monkeypox	All,C	Until lesions crusted	See www.cdc.gov/ncidod/monkeypox for most current recommendations.	

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
Infection/Condition	Type *	Duration †	Comments	Precautions
Mucormycosis	S		Pre- and post-exposure smallpox vaccine recommended for exposed HCWs	
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA, ESBLs)	S/C		MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions required in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings; see Recommendations and Appendix B, recommendations for management options; criteria for discontinuing precautions not established. Contact state health department for guidance regarding new or emerging MDRO	
Mumps (infectious parotitis)	D	U 9 days	After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available.	
Mycobacteria, nontuberculosis (atypical)				
Pulmonary	S			
Wound	S			
Mycoplasma pneumoniae	D	DI		
Necrotizing enterocolitis	S		Contact Precautions when cases temporally clustered (653-655)	
Nocardiosis, draining lesions, or other presentations	S			
Norovirus (see gastroenteritis)				
Norwalk agent gastroenteritis (see gastroenteritis)				
Orf	S			
Parainfluenza virus infection, respiratory in infants and young children	C	DI		
Parvovirus B19	D		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunodeficient patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined (656)	
Pediculosis (lice)	C	U 24 hrs after treatment		
Pertussis (whooping cough)	D	U 5 days	Private room preferred. Cohorting an option. Post-exposure chemoprophylaxis for household contacts and HCWs	

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Type *	Duration †	Comments	Precautions
Pinworm infection	S		with prolonged exposure to respiratory secretions.	
Plague (<i>Yersinia pestis</i>)				
Bubonic	S			
Pneumonic	D	U 72 hrs	Antimicrobial prophylaxis for exposed HCW.	
Pneumonia				
Adenovirus	D, C	DI		
Bacterial not listed elsewhere (including gram-negative bacterial)	S			
<i>B. cepacia</i> in patients with CF, including respiratory tract colonization	C	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF foundation guideline (221)	
<i>B. cepacia</i> in patients without CF (see Multidrug-resistant organisms)				
<i>Chlamydia</i>	S			
Fungal	S			
<i>Haemophilus influenzae</i> , type b				
Adults	S			
Infants and children	D	U 24 hrs		
<i>Legionella</i> spp.	S			
Meningococcal	D	U 24 hrs		
Multidrug-resistant bacterial (see multidrug-resistant organisms)				
<i>Mycoplasma</i> (primary atypical pneumonia)	D	DI		
Pneumococcal	S			
<i>Pneumocystis carinii</i>	S		Avoid placement in the same room with an immunocompromised patient.	
<i>Staphylococcus aureus</i>	S			
<i>Streptococcus</i> , group A				
Adults	S			
Infants and young children	D	U 24 hrs		
Varicella-zoster	All	DI	Contact Precautions if skin lesions present	
Viral				

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration †	Comments	
Adults	S			
Infants and young children (see respiratory infectious disease, acute)				
Poliomyelitis	C			
Prion disease (See Creutzfeld-Jacob Disease)				
Psittacosis (ornithosis)	S		Not transmitted from person to person	
Q fever	S			
Rabies	S	DI	If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis	
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	S			
Relapsing fever	S			
Resistant bacterial infection or colonization (see multidrug-resistant organisms)				
Respiratory infectious disease, acute (if not covered elsewhere)				
Adults	S			
Infants and young children	C	DI	Also see syndromes or conditions listed in Table 6	
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	DI		
Reye's syndrome	S		Not an infectious condition	
Rheumatic fever	S		Not an infectious condition	
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	S		Not transmitted from person to person except through transfusion, rarely	
Rickettsialpox (vesicular rickettsiosis)	S			
Ringworm (dermatophytosis, dermatomycosis, tinea)	S			
Ritter's disease (staphylococcal scalded skin syndrome)	S			
Rocky Mountain spotted fever	S		Not transmitted from person to person except through transfusion, rarely	
Roseola infantum (exanthem subitum; caused by HHV-6)	S			
Rotavirus infection (see gastroenteritis)	S			

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
Infection/Condition	Type *	Duration †	Comments	Precautions
Rubella (German measles) (also see congenital rubella)	D	U 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. Wear nose/mouth protection e.g., surgical mask, regardless of immune status.	
Rubeola (see measles)				
Severe acute respiratory syndrome (SARS)	All, D, C	DI plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	All preferred; D if All rooms unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-producing procedures and “supershedders” highest risk for transmission; vigilant environmental disinfection (see www.cdc.gov/ncidoc/sars)	
Salmonellosis (see gastroenteritis)				
Scabies	C	U 24		
Scalded skin syndrome, staphylococcal (Ritter's disease)	S		Contact Precautions for 24 hours after initiation of effective therapy if outbreak within a unit	
Schistosomiasis (bilharziasis)	S			
Shigellosis (see gastroenteritis)				
Smallpox (variola; see vaccinia for management of vaccinated persons)	All, C	DI	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection required for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective.	
Sporotrichosis	S			
<i>Spirillum minus</i> disease (rat-bite fever)	S			
Staphylococcal disease (<i>S aureus</i>)				
Skin, wound, or burn				
Major ^a	C	DI	No dressing or dressing does not contain drainage adequately	
Minor or limited ^b	S		Dressing covers and contains drainage adequately	
Enterocolitis	S		Use Contact Precautions for diapered or incontinent children for duration of illness	
Multidrug-resistant (see multidrug-resistant organisms)				

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Pneumonia	S		
Scalded skin syndrome	S		
Toxic shock syndrome	S		
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)	S		Not transmitted from person to person
Streptococcal disease (group A streptococcus)			
Skin, wound, or burn			
Major	C	U 24 hrs	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Endometritis (puerperal sepsis)	S		
Pharyngitis in infants and young children	D	U 24 hrs	
Pneumonia in infants and young children	D	U 24 hrs	
Scarlet fever in infants and young children	D	U 24 hrs	
Serious invasive disease, e.g. necrotizing fasciitis, toxic shock syndrome	D	U24 hrs	Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions (409)
Streptococcal disease (group B streptococcus), neonatal	S		
Streptococcal disease (not group A or B) unless covered elsewhere	S		
Multidrug-resistant (see multidrug-resistant organisms)			
Strongyloidiasis	S		
Syphilis			
Latent (tertiary) and seropositivity without lesions	S		
Skin and mucous membrane, including congenital, primary, secondary	S		
Tapeworm disease			
<i>Hymenolepis nana</i>	S		Not transmitted from person to person
<i>Taenia solium</i> (pork)	S		
Other	S		
Tetanus	S		Not transmitted from person to person
Tinea (e.g., fungus infection, dermatophytosis, dermatomycosis, ringworm)	S		
Toxoplasmosis	S		

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Type *	Duration †	Comments	Precautions
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	S			
Trachoma, acute	S			
Trench mouth (Vincent's angina)	S			
Trichinosis	S			
Trichomoniasis	S			
Trichuriasis (whipworm disease)	S			
Tuberculosis (<i>M. tuberculosis</i>)				
Extrapulmonary, draining lesion including scrofula)	All,C		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage (495, 496). Examine for evidence of active pulmonary tuberculosis.	
Extrapulmonary, no draining lesion, meningitis	S		Examine for evidence of pulmonary tuberculosis.	
Pulmonary or laryngeal disease, confirmed	All		Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears negative for acid-fast bacilli collected on separate days.	
Pulmonary or laryngeal disease, suspected	All		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either 1) there is another diagnosis that explains the clinical syndrome or 2) the results of three sputum smears for AFB are negative. Each of the three sputum specimens should be collected 8-24 hours apart, and at least one should be an early morning specimen	
Skin-test positive with no evidence of current active disease	S			
Tularemia				BSL 2 laboratory only for processing cultures
Draining lesion	S			Not transmitted from person to person
Pulmonary	S			Not transmitted from person to person
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)				
Typhus, endemic and epidemic	S			Not transmitted from person to person
Urinary tract infection (including pyelonephritis), with or without urinary catheter	S			
Vaccinia (vaccination site, adverse events following vaccination) *	S			Only vaccinated HCWs have contact with active vaccination sites and

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration †	Comments	
Vaccination site care (including autoinoculated areas)	S		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes.	care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care.
Eczema vaccinatum	C	Until lesions dry and crusted,		For contact with virus-containing lesions and exudative material
Fetal vaccinia	C	scabs separated		
Generalized vaccinia	C			
Progressive vaccinia				
Postvaccinia encephalitis	S			
Blepharitis or conjunctivitis	S/C			Use Contact Precautions if there is copious drainage
Iritis or keratitis	S			
Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	S			Not an infectious condition
Secondary bacterial infection (e.g., S. aureus, group A beta hemolytic streptococcus)	S/C			Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage
Varicella	All,C	Until lesions dry and crusted		Susceptible HCWs should not enter room if immune caregivers are available; wear nose/mouth protection regardless of immune status; no recommendation for type of protection, i.e. surgical mask or respirator; in immunocompromised host with varicella pneumonia, prolong duration of precautions after lesions crusted; post-exposure vaccine within 120 hours; VZIG within 96 hours for post-exposure prophylaxis for susceptible exposed persons for whom vaccine is contraindicated, including immunocompromised persons, pregnant women, newborns whose mother's varicella onset is ≤5days before delivery or within 48 hrs after delivery
Varicella (see smallpox)				
Vibrio parahaemolyticus (see gastroenteritis)				
Vincent's angina (trench mouth)	S			

Non-Pharmaceutical Intervention Plan – Attachment 1

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration †	Comments
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	All, C	DI	Add eye protection, double gloves, leg and shoe coverings, and impermeable gowns, according to hemorrhagic fever specific barrier precautions. See Table 4. Notify public health officials immediately if Ebola is suspected (47, 657) (www.bt.cdc.gov)
Viral respiratory diseases (not covered elsewhere)			
Adults			
Infants and young children (see respiratory infectious disease, acute)	S		
Whooping cough (see pertussis)			
Wound infections			
Major			
Minor or limited	C	DI	No dressing or dressing does not contain drainage adequately
<i>Yersinia enterocolitica</i> gastroenteritis (see gastroenteritis)	S		Dressing covers and contains drainage adequately
Zoster (varicella-zoster) (see herpes zoster)			
Zygomycosis (phycomycosis, mucormycosis)	S		

Type of Precautions: All, Airborne Infection Isolation; C, Contact; D, Droplet; S, Standard; when A, C, and D are specified, also use S.
 † Duration of precautions: CN, until off antimicrobial treatment and culture-negative; DI, duration of illness (with wound lesions, DI means until wounds stop draining); DE, until environment completely decontaminated; U, until time specified in hours (hrs) after initiation of effective therapy; Unknown: criteria for establishing eradication of pathogen has not been determined.



Tuscarawas County Health Department Home Isolation Assessment Tool

Public Health
Prevent. Promote. Protect.

Person Conducting Assessment:	
Date of Assessment:	Patient Name:
Patient DOB:	Case ID #:
Home Address:	
Phone Number:	Email:
Case Classification:	Language:
Interpreter Needed?	

Is the patient able to understand and adhere to the following infection control measures?

	Yes	No
Hand Washing		
Use of mask and gloves		
Method to take temperature		
Proper handling of soiled materials		
Proper laundering of clothes		
Cleaning of environment		
Proper cleaning of dishes		

Does the patient's home have the following?

	Yes	No
Telephone		
Electricity		
Potable water, including hot water		
Heat		
Separate bedroom for infected patient		
Accessible bathroom with sink and commode		
Waste and sewage disposal		

Is there a person inside or outside the home or service that will supply the patient with needed supplies and services? _____ Yes _____ No

Name of person or service _____

Does the patient require a caregiver while in home isolation? _____ Yes _____ No

Tuscarawas County Health Department Isolation and Quarantine Plan

Does the patient have a 2 day supply of the following items?

	Yes	No
Dishwashing soap		
Plastic garbage bags		
Laundry soap		
Household disinfectants		

Has the caregiver and other household members been given isolation information and has it be reviewed by these individuals? ____ Yes ____ No

Has the patient received educational material on the disease process and isolation? ____ Yes ____ No

Disposition: ____ Patient agrees to adhere to isolation recommendations
____ Patient refuses to adhere

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Home Isolation Agreement/Order

To: _____

Address: _____

Date: _____

The Tuscarawas County Health Department (TCHD) has clear and convincing reason to suspect that you are infected with the contagious disease _____. If in fact you are infected with this disease you pose a substantial threat to the health of the public. In order to prevent transmission of this contagious disease, TCHD orders that you be placed in isolation in accordance with section 3701.13, 3707.04 and 3707.08 of the Ohio Revised Code. Unless these precautions are taken, others may contract this infection.

Realizing this danger, you may hereby agree to the following:

- Remain in home isolation for a period of _____ days
- You shall be isolated at the following location:

Street Address: _____

City: _____ County: _____

Zip: _____ Telephone: _____

Further isolation instructions:

1. You have been educated about the disease, the reasons for the isolation in the home and the length of time you can expect to be confined to the home.
2. You shall limit the activities and interactions with persons living outside the home. You shall not go to work, school, church, stores or other public areas. Friends and relatives shall be informed not to visit you at home until further notice.
3. You shall have a separate bed, if possible, in a separate room.
4. You shall wear a surgical mask when in the same room with non-infected persons.
5. You shall cover your nose and mouth with a disposable tissue when coughing or sneezing.
6. You and others living in the same household will wash hands with soap and water after contact with you.
7. Eating and drinking utensils will be washed with hot soapy water and allow to dry by air. You will not share utensils while eating or drinking.



Public Health
Prevent. Promote. Protect.

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Dover, Ohio 44622

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WEB SITE www.tchdnow.org

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

8. Environmental surfaces in the kitchen and bathroom will be cleaned and disinfected with a household disinfectant, such as household bleach at least daily or when soiled with body fluids
9. Bed linens, towels and personal clothing shall not be shared with other members of the household.
10. Household waste, including surgical masks and tissues can be disposed in normal household waste.
11. Household members who develop symptoms must seek medical attention to prevent transmission. Prior to arrival at the physician's office, clinic, or hospital emergency room TCHD should be notified.
12. You must adhere to any additional recommendations and instructions from the Health Department which may be listed here:

You or your legal guardian must contact the Health Department representative to seek relief from, or seek clarification of any part of this agreement.

Name of Health Department Contact Person:

Telephone Number: _____

Agreement:

Last Name: _____ First Name: _____

Signature: _____ Date: _____

If you leave the place of isolation designated above without the prior consent of the Health Department, action will be taken as authorized under section 3701.56, 3707.04 and 3707.34 of the Ohio Revised Code to have you taken into custody by law enforcement officials and returned to the place of isolation. If you object to this order of isolation, you may request a hearing at the Tuscarawas County Court of Common Pleas.

Witness: I hereby certify that this order was served in hand to the above-named individual on _____ at _____ am/pm.

Health Commissioner Signature: _____

Date: _____



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EMAIL director@tchdnow.org
WEB SITE www.tchdnow.org

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

ORDER OF QUARANTINE

To: _____ Date: _____

Address: _____

City: _____ Zip: _____

The Ohio Department of Health (the "Department") has clear and convincing reason to suspect that you have come in contact with a person who has a contagious disease and, hence, that you may have or develop the disease. Specifically, you are suspected of having come into contact with a person who has _____. If you were to have this disease you would pose a substantial threat to the health of the citizens of Tuscarawas County. In order to prevent transmission of this contagious disease, the Department orders that you be placed in quarantine in accordance with section 3701.13 of the Ohio Revised Code. The location where you are to be quarantined is:

Address: _____

City: _____ Zip: _____

The Department considers this the least restrictive clinically appropriate place of quarantine given the nature of the disease with which you may have come into contact. During this period you may be required to undergo a medical exam and bodily specimens may be required for analysis.

This order will be in effect until you are deemed non-contagious by the Department and therefore do not pose a substantial threat to the health of the public. It is anticipated that you will need to be quarantined for at least _____ days.

If you leave the place of quarantine designate above without prior consent of the Department, action will be taken as authorized under section 3701.56 of the Ohio Revised Code, to have you taken into custody by law enforcement officials and returned to the place of quarantine.

If you object to this order of quarantine you may request a hearing in the Tuscarawas County Court of Common Pleas, Probate Division. Any questions regarding this order may be directed to :

I hereby certify that this order was served in-hand to the above-named individual on

_____ (date) at _____ a.m./p.m.

(Signature of Tuscarawas County Health Commissioner or designee)



897 East Iron Avenue
Dover, Ohio 44622

PHONE (330) 343- 5555
FAX (330) 343-1601
EMAIL director@tchdnow.org
WEB SITE www.tchdnow.org



Northeast Central Ohio Standardized Patient Interview Form: Transport Capability Form

ODRS ID# (if applicable): _____

Date of Interview: _____

Interviewer Name: _____

Section 1: Self Transport

Does the individual / family possess a vehicle? *(please circle)* YES / NO
If Yes, how many?

Does the individual possess a driver's license? *(please circle)* YES / NO

Does the individual have family or friends capable or willing to provide transport (operate the / a vehicle)?
If Yes, how many and do they possess a driver's license?

Vehicle Number 1 – Primary Self Transport Vehicle

Vehicle Make:	Vehicle Model:	Vehicle Year:
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Vehicle Color:	License Plate Number:
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Is the vehicle in good condition / repair and capable of driving to an Assessment Hospital?
(please circle) YES / NO

Is the vehicle regularly fueled to a level capable of driving 100 miles?
(please circle) YES / NO

Does the vehicle have a navigation system installed / available (portable)?
(please circle) YES / NO

Does the vehicle have a hands free cellular / call feature? *(please circle)* YES / NO
Primary Number: _____ / Secondary Number: _____

Vehicle Number 2 – Alternative Self Transport Vehicle

Vehicle Make:	Vehicle Model:	Vehicle Year:
---------------	----------------	---------------

Vehicle Color:	License Plate Number:
----------------	-----------------------

Is the vehicle in good condition / repair and capable of driving to an Assessment Hospital?
(please circle) YES / NO

Is the vehicle regularly fueled to a level capable of driving 100 miles?
(please circle) YES / NO

Does the vehicle have a navigation system installed / available (portable)?
(please circle) YES / NO

Does the vehicle have a hands free cellular / call feature? *(please circle)* YES / NO
Primary Number: _____ / Secondary Number: _____

General Comments / Concerns / Limitations:



Northeast Central Ohio Standardized Patient Interview Form: Transport Capability Form

Section 2: Emergency Medical Services

[Empty box for Section 2: Emergency Medical Services]

Section 3: Alternate Transport

[Empty box for Section 3: Alternate Transport]