Policy:

Community Health Center (CHC) has a well-developed plan for the management of patients presenting with potentially communicable diseases of public health concern.

Purpose:

Primary care centers are among the first to see measles, influenza and other communicable diseases in the communities they serve. Thus, effective strategies for triage applied in these settings will have great impact on early recognition of a communicable disease of urgent public health concern and in minimizing transmission within and beyond the primary care center.

The primary objectives of these procedures are to:

1) Enhance rapid recognition of a patient who may have a communicable disease of urgent public health concern upon arrival at the primary care center;
2) Prompt the rapid institution of infection control measures to minimize potential transmission to staff, patients and visitors.

Procedure:

Summary:

Triage protocol for prompt recognition and isolation of a single patient presenting to a primary care center with fever/rash or fever/respiratory illness suggestive of a communicable disease of urgent public health concern (e.g., measles, meningococcal disease, SARS, avian influenza, smallpox, or plague).

A Single Patient Entering the Primary Care Center with Fever/Rash or Fever/Respiratory Illness

1. Initial Patient Encounter: Effective screening for and isolation of potentially infectious patients, especially those who may be at risk for airborne or droplet transmission of infectious agents to others, is critical to ensure rapid, recognition, separation and isolation. The following measures are recommended to be routinely in place to help decrease transmission of infectious agents to staff, visitors and other patients:

   A). Source control measures:

      i. Signs will be posted that promote respiratory hygiene/cough etiquette in common areas (e.g., elevators, waiting areas, bathrooms, cafeterias) where they can serve as reminders to all persons in the facility. Signs should instruct persons to:

         a) Cover the nose/mouth when coughing or sneezing.
         b) Use tissues to contain respiratory secretions.
         c) Dispose of tissues in the nearest waste receptacle after use.
         d) Perform hand hygiene after contact with respiratory secretions.

      ii. Facilitate adherence to respiratory hygiene/cough etiquette. Ensure the availability of materials in waiting areas, at triage desk, security/greeters desk and examination rooms for patients and visitors.

         a) Provide masks/tissues and no-touch receptacles (e.g., waste containers with pedal-operated lid) for used tissue disposal.
         b) Provide conveniently located dispensers of alcohol-based hand rub.
         c) Provide soap and disposable towels for hand washing where sinks are available.
iii. Promote the use of procedure or surgical masks and spatial separation by persons with fever/respiratory or fever/rash symptoms.
   a) Offer and encourage the use of either procedure masks or surgical masks by symptomatic persons to limit dispersal of respiratory droplets.
   b) Encourage symptomatic persons to sit at least 3 feet away from other persons in common waiting areas.

B). **Patient placement**
   i. Where possible, designate separate waiting areas for symptomatic patients. Place signs indicating the separate waiting areas.

C). **Signage**
   i. Signage should have a simple, clear message in large font stating that all patients who come in with fever and respiratory symptoms or rash should wear a mask (or use tissue) and perform hand hygiene with the alcohol hand hygiene products available. Signs should direct patients to proceed directly to the registration desk and/or triage nurse and alert staff to their symptoms.
   ii. Signage should show patients how to wear the procedure or surgical mask correctly and how to use the alcohol hand hygiene products.
   iii. Other options: Show a streaming video on TV/media equipment in waiting areas that demonstrate proper methods for hand hygiene, respiratory hygiene/cough etiquette, use of surgical mask, and how patients should inform center staff of fever and respiratory or rash symptoms. Also, “Cover Your Cough” posters in various languages can be obtained from the New York City Department of Health and Mental Hygiene (NYC DOHMH website: http://www.nyc.gov/html/doh/html/cd/cd-cough.shtml).

Locations in center where signage, tissues, masks and alcohol hand hygiene products will be placed:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

D). **Signage should be in all languages that are appropriate for our patient community.**

Languages that will be used for signage include:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

E). **Staff responsible for posting the signage and determining the location of the signage/alcohol-based hygiene products/masks:**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

F). **Triage/screening staff should have a reminder system that will prompt them to perform “communicable disease triage screening” for respiratory or rash communicable diseases of urgent public health concern on ALL patients who present or self-identify with a fever.**

Screening should include asking all patients with fever about the presence of respiratory symptoms (cough or shortness of breath) and rash symptoms, as well as epidemiologic risk factors, such as recent travel. Triage/screening staff should note the time at which the patient was triaged on the patient’s chart.

The following questions should be asked of all patients at the initial screening:
- Have you had fever (elevated temperatures) in the past two weeks?
- Have you had cough or a rash in the past two weeks?
- Have you had shortness of breath or difficulty breathing in the past two weeks?
For patients reporting fever and respiratory/rash symptoms:

- Have you traveled outside the United States or had close contact with someone who is ill and has recently traveled outside the United States, in the past two weeks? If yes, ask where and dates of travel: ____________________________
- Are you a healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?
- Do any of the people with whom you have close contact at home, at work or socializing have the same symptoms?

A positive communicable disease triage screen is considered for any patient who meets one of the two following criteria:

1. Any patient with fever and rash.
2. Any patient with fever and respiratory symptoms who reports any of the following epidemiologic risk factors:
   - Travel to an area that is currently experiencing or is at risk for a communicable disease outbreak of urgent public health concern (e.g., country currently experiencing an outbreak of avian influenza, or country at higher risk for re-emergence of SARS, such as mainland China) or other epidemiologically significant communicable disease.
   [NOTE: Since triage/screening staff may not be aware of which countries are at risk, the medical director and/or head nurse should be instructed to consult recent health alerts either through the CDC website http://www.cdc.gov/travel/ or the NYC DOHMH website http://www.nyc.gov/html/doh/; also, individuals with New York State Department of Health HPN accounts can get health alerts by logging in to HPN and those with New York City Department of Health and Mental Hygiene HAN accounts can receive emails with health alert updates. The assigned person may want to be sure to check for this information on a daily or weekly basis so that alerts can be posted on nearby bulletin boards to update center staff.]
   - Contact with someone who is also ill and traveled to an area that is known to be or is at risk for a communicable disease outbreak of urgent public health concern as outlined above;
   - Healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer) with a recent exposure to a potential communicable disease of urgent public health concern;
   - Anyone who reports being part of a cluster of two or more persons with a similar febrile, respiratory illness (e.g., household, work or social cluster).

G). Patients who meet either of the criteria above for a positive communicable disease triage screen should be prioritized for individual placement in an AIIR or private room pending clinical evaluation. Both patient and triage staff should perform hand hygiene.

Center sites may consider any of the following methods to help prompt staff to routinely use this communicable disease triage screening tool:

1. A poster or desk chart that is placed in a location that is easily seen by the triage or registration staff.
2. Including the communicable disease triage screening questions on all paper-based registration or triage forms, or a sticker that is placed on all forms for patients who report fever.
3. In centers with computerized registration systems, adding a computer prompt that asks all patients about fever symptoms. For patients that report fever, the communicable disease triage screening tool will automatically pop-up on the computer screen.

Method(s) currently in use to ensure that triage/screening staff queries all patients regarding fever and respiratory/rash symptoms on initial encounter:
2. **Infection Control Measures on Arrival:** When a patient with a positive communicable disease triage screen is identified, immediately implement Standard Precautions, respiratory hygiene/cough etiquette [standard respiratory precautions], and appropriate isolation precautions based on the suspected infection to decrease the risk of transmission to others.

A). **The patient should be given a surgical mask immediately, if not already wearing one.** The patient should be shown how to wear the mask and instructed to wear this mask at all times. The patient should keep the mask on at all times while in the isolation room (unless it is an AIIR) in order to minimize contamination of the room. The patient should be instructed on how to perform hand hygiene after coughing or other contact with respiratory secretions or with rash.

[NOTE: The following considerations should be made for patients who may have difficulty breathing with a mask on, such as allowing a looser fit of the surgical mask (e.g., surgical masks with ties) or providing them with their own supply of tissues. Strict hand hygiene should be reinforced for these individuals.]

Surgical masks may not be feasible for young children with a positive communicable disease triage screen to wear. In these situations, the child and accompanying adults should be seen as quickly as possible by the triage staff and placed in an appropriate isolation room or an area in the waiting room in a way that allows at least 3 feet separation from other persons. Patients should remain masked during this time. The parents should be instructed to wash their hands and their children’s hands with soap and water, or alcohol hand hygiene products frequently, especially after the child coughs, sneezes or has other direct contact with oral secretions.

B). **Patients need to be separated from others in an isolation room or in the waiting area pending medical evaluation.** Depending on the space resources available at the health center site, isolation options in decreasing order of preference include:

i. Airborne Infection Isolation Room (AIIR): negative pressure isolation rooms with a minimum of 6-12 air exchanges per hour and direct exhaust to the outside which is located more than 25 feet from an air intake and from where people may pass (if air cannot be exhausted directly to the outside more than 25 feet from an air intake and from where people may pass, then air should be filtered through an appropriately installed and maintained HEPA filter). These rooms should be tested monthly (and daily when in use) to verify negative airflow.

ii. Pre-identified enclosed private room(s): an examination room with a door that is kept closed to the hallway. (Self-closing doors are preferable). *(Note: These rooms should be tested by Facility Engineering beforehand to ensure that the rooms are exhausted appropriately (i.e., not positive pressure and do not share airflow with other rooms.)*

iii. Pre-identified examination area, even if not individual rooms, to cohort patients with similar symptoms. Patients should be separated from each other by at least three feet (more if possible).

iv. If an AIIR, private room or pre-identified examination area is not available, the patient should be asked to stay in an area of the waiting room that allows at least three feet of separation between the patient and others in the waiting area. The patients should be instructed to remain in the isolation room and to keep the surgical mask on at all times.

Options that are available at current health center site(s) to separate or isolate patients with a positive communicable disease triage screen include:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

C). **If patients are placed in an AIIR or isolation room, appropriate infection control signage based upon the route of transmission for the suspected disease of concern and/or our Center’s Infection Control policies should be posted outside the patient’s room signifying**
the need for precautions until a medical evaluation determines that the patient does not have a contagious disease requiring isolation.

At a minimum, droplet and contact precautions should be used for all patients with a positive communicable disease triage screen.

Once a patient has been placed in an AIIR or isolation room, the nurse should document the time that the patient was placed in the room, as well as the type of infection control precautions implemented (e.g., airborne, contact) on the patient’s chart.

The management of PPE disposal should be consistent with center’s infection control policies.

i. All appropriate PPE should be stocked outside the door to the patient’s AIIR or isolation room. Appropriate PPE for select pathogens can be found at the CDC website: http://www.cdc.gov/ncidod/hip/ISOLAT/ISOLAT.HTM as well as in the 2004 DRAFT HICPAC Infection Control Guidelines: Appendix B. Type and Duration of Precautions Recommended for Selected Infections and Conditions.

Signage on the proper method of donning and removing PPE should be prominently displayed outside or nearby all AIIRs. Alcohol hand hygiene products or a sink with hot water, soap and paper towels should be available.

ii. If available, patients with a positive communicable disease triage screen should be placed in an AIIR with an anteroom that has a sink, so that persons leaving the room can dispose of PPE immediately and wash their hands before exiting to the hallway.

iii. In the absence of an anteroom, gowns and gloves should be removed inside the patient’s room and discarded in a waste receptacle just inside the room by the door. Hand hygiene products should be placed right outside the door so that staff can use immediately after removal of respiratory protection equipment. Doing this prevents staff from wearing the same gloves and gowns after leaving the isolation room and contaminating other areas of the center. Signage should be placed to remind staff of this protocol. A separate waste receptacle should be placed immediately outside the patient’s room for disposal of respirators.

D). Limit as much as possible the number of persons who enter the patient’s room and the number of times the door is opened and closed. Entry should be limited to necessary center staff and public health personnel. Visitors should be excluded, as much as possible, from the patient’s room.

Additional information regarding how center site will manage individuals who accompany the patients with a positive communicable disease triage screen while awaiting clinical evaluation of the patient:

E). After use, all PPE should be placed into a plastic biohazard bag and left in the patient’s room (gowns and gloves) or outside of the room (respirators) --- ideally, in the anteroom, if an isolation room with anteroom is available.

F). As much as possible, when contact precautions are indicated, dedicated patient care equipment (e.g., blood pressure cuffs and stethoscopes) should be assigned to and left in the patient’s room.
If equipment must be used on other patients (e.g., portable X-ray machine), meticulously clean and disinfect the equipment with EPA-registered disinfectants (e.g., quaternary ammonium compounds) or sodium hypochlorite.

G). Use disposable items whenever possible.

H). Dispose of all non-sharps waste in biohazard bags for disposal or transport for incineration or other approved disposal method.

I). All used laundry and linens should be handled carefully to prevent aerosolization or direct contact with potentially infectious material. **Anyone directly handling the patient’s linen or laundry should wear appropriate PPE.**

J). Environmental measures:
   i. Housekeeping staff should don appropriate PPE when cleaning the room.
   ii. Cleaning and disinfection of all patient-care areas should especially focus on frequently touched surfaces and those most likely to be contaminated (e.g., bedrails, bedside tables, doorknobs, sinks, surfaces and equipment in close proximity to patient).
   iii. The frequency or intensity of cleaning may need to be based on the patient’s level of hygiene (i.e., was the patient masked during the entire stay in the room) and the degree of environmental contamination.

3. **Notification and Evaluation:** Once triage staff has identified a patient with a positive communicable disease triage screen, prompt notification of appropriate staff should be instituted to ensure rapid evaluation of the patient for a potentially communicable disease of urgent public health concern. It is crucial to identify key staff ahead of time to ensure notification occurs rapidly.  
   [NOTE: The following notification format should be revised for each center site. Generic Job Action Sheets for this notification section are included in the pages near the end of this section. Centers should develop additional Job Action Sheets as needed: Housekeeping, Security; additional generic Job Action Sheets are included in the CHCANYS Emergency Management Manual Template in the Job Action Sheet section. ]

   A). Triage/screening staff (or person who has initial encounter with the patient and conducts communicable disease triage screening) notifies Nursing Supervisor (i.e., person in leadership position in Center) who ensures that the appropriate infection control measures have been put into place.

   Contact Information for Nursing Supervisor: ____________________________

   B). Nursing Supervisor conducts or designates another health care provider to conduct the initial patient evaluation. The provider should don the appropriate PPE outside the patient’s A1IR/isolation room to examine the patient and determine if patient is suspected of having a communicable disease of urgent public health concern. The provider should document the time at which the patient evaluation is done on the patient’s chart.

   C). If Nursing Supervisor or designated provider suspects that the patient potentially has a communicable disease of urgent public health concern, the Nursing Supervisor or his/her designee will notify the Medical Director, Center Administrator On-Duty, Facility Engineer, and Housekeeping.

   Contact Information for Medical Director
   Phone: ___________________________________________________________
   Cell: ___________________________________________________________
Contact Information for Center Administrator
Phone: ___________________________________________________________
Cell: _____________________________________________________________

Contact Information for Facility Engineer
Phone: ___________________________________________________________
Cell: _____________________________________________________________

Contact Information for Housekeeping
Phone: ___________________________________________________________
Cell: _____________________________________________________________

The Medical Director or his/her designee will notify the local Department of Health (DOH). DOH will provide guidance on the clinical and laboratory assessment of the patient, management of center contacts, and/or prophylaxis/treatment. Depending on the situation, a medical epidemiologist from the DOH may need to come on site to coordinate the case and contact investigation with the center staff.

Contact Information

New York City Department of Health and Mental Hygiene:
(Business Hours): Provider Access Line: 1-866-NYC-DOH1 (692-3641)
(After-Business Hours): POISON Control Center*: 1-800-222-1222
*(in all areas- connects w/ local poison control center)

New York State Department of Health – Bureau of Communicable Disease Control:
(Business Hours): 518-473-4436:
(Nights/Weekends- all matters): 518-465-9720 or 1-866-881-2809

Albany County Department of Health - Communicable Disease Program:
518-447-4640

Cortland County Department of Health:
607-753-5036

Dutchess County Department of Health:
(Business Hours): 845-486-3401
(Nights/Weekends): 845-431-9111

Erie County Department of Health - Disease Control:
716-858-7697

Essex County Department of Health:
(Business Hours): 518-873-3500
(Nights/Weekends): 1-888-270-7249

Hamilton County Department of Health:
518-648-6141

Hauppauge Area Office:
631-231-1880

Metropolitan Regional Office (NYC, Long Island, & Lower Hudson):
212-268-7185
4. **Identification and Management of Exposed Persons:** As soon as it is determined that a patient has a suspected or confirmed communicable disease of urgent public health concern, it will be essential to identify all persons who were exposed in the center (including other patients and visitors in the waiting area during the time the patient was there). This should be done in coordination with the local Department of Health who will provide parameters to identify those exposed. (NOTE: The relevant Department of Health will be responsible for identifying close contacts outside of the center, such as home, social and workplace contacts).
A). If not already done, the Medical Director or his/her designee should notify the local Department of Health. Contact Information for DOHs.**

**Please refer to contact list on previous pages.

Determination of the need for identification, monitoring and preventive care for potential contacts will be based on the epidemiology, mode of transmission, and clinical aspects of the suspected or confirmed communicable disease.

B). The following measures may need to be taken after consultation with the local Department of Health regarding the risk of transmission to contacts in the center.

i. The Medical Director or his/her designee will create a line list of patients, staff, and others in the center who were exposed to the index case prior to the index case being placed in isolation.

ii. The line list should include the following information on all contacts: full name, address, telephone contacts (home, work, cell, email) and description of nature and duration of exposure (e.g., shared waiting room).

iii. If the infectious agent involves a vaccine preventable agent (e.g., measles, chickenpox), a column on the line list should include the vaccine status for the agent of concern. *(A sample Contact Identification Form for Exposure to Communicable Disease of Urgent Public Health Concern is included in pages below.)*

C). Consistent with our center’s policy, the number of persons who enter the patient’s room should be limited, as well as the traffic in and out. Entry should be limited to necessary center staff and public health personnel. Visitors should be excluded from entering the patient’s room.

A log should be kept to track the names and contact information for all persons, including staff, who enter the room, in the event that follow up is needed.

Individuals who accompanied the patient to the center should be quickly evaluated for signs/symptoms, counseled, asked for contact information, and asked to stay in case further evaluation confirms a communicable disease of urgent public health concern.

D). For certain suspected communicable diseases of urgent public health concern, during the initial consultation with the local Department of Health (DOH), DOH may request that the center detain contacts in the center until DOH personnel arrive to interview them. A detention order may be issued, if needed, for non-compliant contacts:

i. A location in the center should be pre-identified that can be used to hold all contacts that are awaiting evaluation by the DOH.

*Location in center that may be used to hold contacts of a suspected case of a communicable disease of urgent public health concern pending interview by the Department of Health:

_________________________________________________________________

ii. Medical personnel or Mental Health personnel should be available to explain the situation to contacts. If possible, patient-appropriate literature on the infectious agent of concern should be made available to all contacts. Fact sheets for most communicable diseases of urgent public health concern are available on the NYC DOHMH or CDC websites:

NYC DOHMH  http://www.nyc.gov/health

CDC  http://www.cdc.gov

HPN*  https://commerce.health.state.ny.us/hpn

*(note that HPN’s web address begins with "https:"*
iii. For all contacts, including those that may refuse to stay, the Medical Director or his/her designee should collect information on how to reach the person (including address and home, work and cell phones or beeper numbers). Inform the contact that the Department of Health will be getting in contact with them and it is extremely important that they respond.
### Examples of Communicable Diseases of Urgent Public Health Concern:

Diseases with greater likelihood to spread to others, and with higher likelihood of more severe morbidity or mortality (Taken from HICPAC Guideline for Isolation Precautions).

<table>
<thead>
<tr>
<th>Potential Pathogens: The organisms listed in this column are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.</th>
<th>Empiric Precautions: Infection control professionals should modify or adapt this table according to local conditions.</th>
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</table>

### Rash or Exanthems, generalized, etiology unknown

| Rash or Exanthems, generalized, etiology unknown | 
|---|---|
| Petechial/ecchymotic with fever | Neisseria meningitidis | Droplet for first 24 hours of antimicrobial therapy |
| Vesicular | Varicella, smallpox, or vaccinia virus | Airborne infection isolation plus Contact; Contact if vaccinia |
| Maculopapular with cough, coryza and fever | Rubeola (measles) virus | Airborne infection isolation |

### Respiratory Infections

| Respiratory Infections | 
|---|---|
| Cough/fever/upper lobe pulmonary infiltrate in HIV-negative patient or a patient at low risk for HIV | SARS | Airborne infection isolation; add Contact plus eye protection if history of SARS exposure; travel |
| Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children | Influenza virus | Contact plus Droplet; Droplet may be discontinued influenza has been ruled out |
Job Action Sheet

(Triage Staff) ______________

Responsible Staff: _____________________________________________________________________

☐ Read this entire sheet.
☐ Document the time at which patient is triaged on the patient's chart.
☐ Perform Communicable Disease Triage Screen on patients who self-identify as having fever or who have fever on triage exam.
   ▪ Have you had fever (elevated temperatures) in the past two weeks?
   ▪ Have you had cough in the past two weeks?
   ▪ Have you had shortness of breath or difficulty breathing in the past two weeks?
   ▪ Have you had a rash or unusual skin lesions in the past two weeks?

For patients reporting fever and respiratory/rash symptoms:
   ▪ Have you traveled outside the United States or had close contact with someone who has recently traveled outside the United States, in the past two weeks? If yes, ask where:
   ▪ Are you a healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?
   ▪ Do any of the people who you have close contact with at home, work or your friends have the same symptoms?

Based on the responses to these questions, a positive communicable disease triage screen is considered for any patient who meets one of the following two criteria:
1 - Any patient with fever and rash
2 – Any patient with fever and respiratory symptoms who reports any of the following epidemiologic risk factors:
   ➢ Travel to an area that is known to be currently experiencing or at risk for a communicable disease outbreak of urgent public health concern (e.g., country currently experiencing an outbreak of avian influenza, country at higher risk for re-emergence of SARS, such as China)
   ➢ Contact with someone who is also ill and traveled to an area that is known to be or is at risk for a communicable disease outbreak of urgent public health concern as outlined above;
   ➢ A healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) with a recent exposure to a potential communicable disease of urgent public health concern;
   ➢ Anyone who reports being part of a cluster of two or more persons with a similar febrile, respiratory illness (e.g., household, work or social cluster).

☐ If communicable disease triage screen:
   o **Positive**: Patients with a positive communicable disease triage screen should be given a surgical mask and prioritized for placement in an AIIR or private room pending clinical evaluation. Both patient and triage staff should perform hand hygiene.
   o **Negative**: Note negative communicable disease triage screen on chart.

☐ If communicable disease triage screen positive, notify Nursing Supervisor ______________.
   o Document the positive communicable disease triage screen on the patient’s record.
   o Bring patient to pre-identified area for separating positive communicable disease triage screen patients to await medical evaluation.
☐ Perform hand hygiene after last contact with patient.
Job Action Sheet

Nursing Supervisor ____________________

Responsible Staff: ____________________________________________________________

- When notified by Triage Staff concerning patient with positive communicable disease triage screen, ensure that appropriate infection control measures have been taken.
  - **Patient placed in AIIR or private isolation room**
  - Document the time that patient was placed in an isolation room, and the type of isolation precautions implemented (e.g., airborne, contact) on the patient’s chart.
  - Signage on door of isolation room.
  - Signage showing proper donning and removing of PPE outside of room.
  - Appropriate PPE placed outside door.

- Identify appropriate medical provider to conduct clinical evaluation to determine if patient has a communicable disease of urgent public health concern.

- If medical personnel reports that patient is suspected to have potentially communicable disease of urgent public health concern, then notification to be done by Nursing Supervisor or designees to:
  - Medical Director
  - Center Administrator
  - Facilities Engineer
  - Housekeeping
  - Local Department of Health

- If communicable disease of concern has potential for airborne transmission, patient should be moved to an AIIR, if not already in one, and Engineering should be contacted to verify that airflow is negative.
Contact Identification Form for Exposure to Communicable Diseases of Urgent Public Health Concern

1. SUSPECT CASE information
   a. Suspect Case Initials: ______ (IF MORE THAN ONE SUSPECT CASE, USE SEPARATE FORMS)
   b. Date Suspect Case Entered Center: _____/________/_________
   c. Location(s) in Center of Suspect Case and Time Suspect Case Entered Each Location (best estimate):

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<thead>
<tr>
<th>Location 1:</th>
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2. POTENTIAL CONTACTS information

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<th>Last Name</th>
<th>First Name</th>
<th>Age</th>
<th>Gender</th>
<th>Address (street, apt #, city, borough or county, state, zip code)</th>
<th>Alt Address (e.g., work)</th>
<th>Home phone/Cell phone</th>
<th>Email Address</th>
<th>Alternate Phone/Cell (e.g., next of kin)</th>
<th>Type of Exposure to Suspect Case (include location)</th>
<th>Duration of Exposure to Suspect Case</th>
<th>If known, vaccine status (note which vaccine preventable illness of concern)</th>
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