

TABLE 1: Identification and isolation of potentially contagious patients in health care settings*

Step 1: Stop disease transmission at the door and in waiting areas.

- Identify staff who are the first contacts when patients arrive at the clinic/office (e.g., security guard, receptionist).

Train these individuals to be alert for patients with fever and cough (or rash) symptoms and to employ appropriate infection control precautions.

Staff should provide symptomatic patients with surgical masks, and instruct patients to cover their cough, as well as perform hand hygiene.

- Routinely screen all patients to identify those with potentially communicable diseases of public health concern.

Incorporate screening questions for fever and respiratory or rash symptoms into your triage or registration process.

Create a stamp with screening questions for use on patient charts or as a pop-up box with electronic systems.

Post signs to remind reception staff, including those scheduling emergency appointments for ill patients, to ask screening questions.

- Post signs in appropriate languages for patients at the entrance to the facility. For free posters, contact ...

Key messages include:

How and when to perform hand hygiene, including use of alcohol-based hand sanitizers.

Covering your cough and how to put on a surgical mask.

Notifying reception staff on arrival if patients have fever and respiratory or rash symptoms.

- Have tissues and/or surgical masks accessible for patient use and provide no-touch waste receptacles throughout the waiting area.
- Provide alcohol-based hand sanitizer dispensers/wipes close to the entry and in waiting areas. Make sure that all sinks function properly and have adequate supplies of soap and paper towels.

Step 2: Rapidly isolate any patients suspected of having a communicable disease of greater public health concern (e.g., measles, influenza) and adhere to infection control precautions.

- Place patient in a private room with a door that can be closed to the hallway. If available at your facility, use an airborne infection isolation room
- Ensure that staff strictly follow standard and transmission-based infection control precautions and the proper procedures for hand hygiene (www.cdc.gov/handhygiene) and respiratory etiquette (www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm)
- Emphasize the importance of adhering to the appropriate order of donning, removing, and safe disposal of used personal protective equipment (PPE) (www.cdc.gov/ncidod/dhqp/ppe.html) to avoid self-contamination
- Conduct regular drills and provide feedback on whether staff adhere to the appropriate methods for using PPE.

Step 3: Notify the appropriate people/agencies if you determine that a patient has a potential communicable disease of public health concern (e.g., influenza, measles).

These people/agencies should include:

- Clinic/office administrative or medical director.
- Your local health department
- Emergency Medical Services, if ambulance transport required.

- Key hospital staff (e.g., Infection Control, Emergency Department, or if being directly admitted, the admitting physician and house supervisor), if the patient is being referred to a hospital for evaluation or admission.

*Adapted from NYC Department of Health and Mental Hygiene, City Health Information 2007; 26(6):37-46.

Also see: <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/isolation2007.pdf> p. 116, Table 2