EMBRACE - IP

MOUNTAIN PLAINS RESOURCES AND AIDS FOR INFECTION PREVENTION

HOSPITAL PLAYBOOK FOR SPECIAL POPULATIONS EXPERIENCING HIGH-CONSEQUENCE INFECTIOUS DISEASES

June 7, 2021

© Denver Health 2021

TABLE OF CONTENTS

INTRODUCTION…………………………………………………… 2
SECURING THE PERIMETER:
PRE-HOSPITAL CARE……………………………… 5
TRIAGE AND REGISTRATION…………………… 8
EMERGENCY OR AMBULATORY CARE……… 12
VISITOR MANAGEMENT………………………… 21
INPATIENT CARE………………………………………………… 25
DISCHARGE PLANNING……………………………………… 35
RESOURCES…………………………………………………… 44
ACKNOWLEDGMENTS……………………………………… 46

INTRODUCTION

At 2 in the morning, the public health duty officer receives a call that a patient experiencing homelessness was discharged against medical advice from the emergency room of a local hospital. The patient has a diagnosis of hepatitis A which has been spreading rampantly among people experiencing homelessness in the region. The patient suffers opioid use disorder. The patient's mobile phone is out of service. There is no way to learn who was exposed recently that might benefit from post-exposure prophylaxis. It is unknown where the patient is going and who may be exposed in the future.

This common story illustrates the purpose of this Playbook. Hospitals prepare to manage high-consequence infectious diseases (HCIDs), those that pose a risk of transmission or aggravating epidemics with a major health impact on the community. This is almost never routine. It may rapidly become hair-raisingly complex for a patient without a home, who depends on others for disability-related care, or who recently moved to the US. Public health agencies frequently manage communicable diseases in these populations, which is why Denver Public Health was asked to produce this Playbook. Recommendations arose from identified subject matter experts throughout the Denver Health and Hospital Authority and in some cases from published sources.

The COVID-19 pandemic reminds us of the possible consequences of missed opportunities to control high-consequence infectious diseases. Emergence of new diseases, antibiotic resistant diseases, and reemergence of nearly forgotten disease (like measles) are expected to increase due to global environmental and social changes. Hospitals need not ask ***whether*** they will be affected; the question is ***when*** and how ready will they be?

What are High Consequence Infectious Diseases? In the United Kingdom HCID is defined as acute infectious disease that typically has a high case-fatality rate, may not have effective prophylaxis or treatment, is often difficult to recognize and detect rapidly, can spread in the community and within healthcare settings, and requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely. These criteria can shift in context and between populations, for example COVID-19 clearly met these criteria early on, but less so a year into the pandemic with vaccination widely available. Similarly, hepatitis A is an easily recognized illness, rarely fatal, and for which vaccination prophylaxis is readily available. Nevertheless, recent widespread person-to-person spread outbreaks of hepatitis A among people experiencing homelessness have been extremely difficult to control, resulting in high morbidity, and placing marked burdens on affected hospitals. For the purposes of this Playbook, a good rule of thumb is if US health departments require rapid notification of cases of a communicable disease (1 workday or less), like Ebola virus or COVID-19 but also hepatitis A or measles, or if in the midst of a consequential person-to-person outbreak, we include it as an HCID.

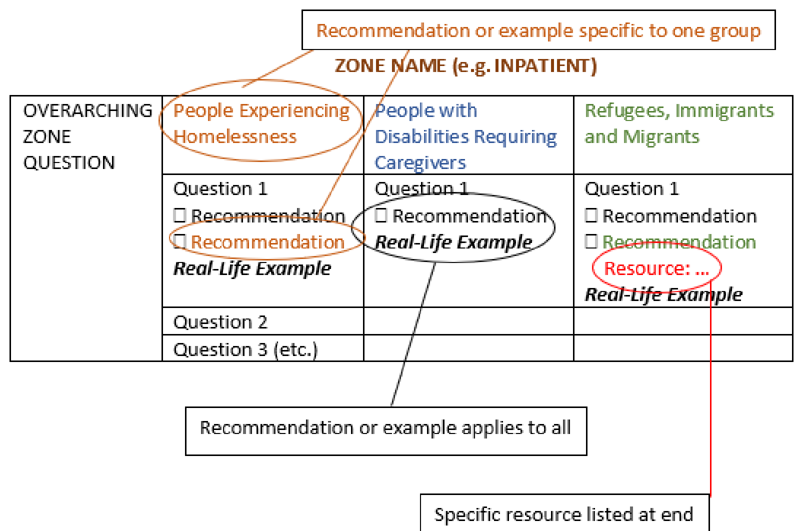
What are Special Populations? In this manual we address three specific populations for which infectious disease management can be more complex:

- **People experiencing homelessness**
- **People with chronic illnesses or disabilities requiring caregivers**
- **People relatively recently arrived as refugees, immigrants, or migrants**

Social and environmental factors complicate infection precautions in these populations. Members of these groups may have unavoidable proximity to others, issues with access to health resources, and communication issues which can increase risk or challenge management. While members of these groups *may* have special issues related to their status, that is not always the case. Conversely, other people may share similar issues, and we believe the suggestions in this Playbook may improve the management of any patient with HCID.

How is this Playbook organized? This playbook divides the hospitalization experience into 3 **zones**. Different issues and opportunities may arise in each zone, while some affect all zones.

- **Hospital perimeter**
  - **Pre-hospital care (EMS)**
  - **Triage or Registration**
  - **Emergency or Ambulatory Care**
  - **Management of Visitors and Companions**
- **Inpatient Care**
- **Discharge Planning**



Each zone has its own section (table) divided by vertical Special Populations columns and horizontal question rows. In each cell one or more recommendations (marked ☐) is listed. Recommendations

common to all populations are colored black, if specific to a special population they will be colored. ***Real life examples*** are also cited in bold italics.

The same Recommendations and Real-Life Examples may appear under multiple zones. This allows each zone section to serve as a complete checklist for people who may be working in each setting.

What assumptions do we make? We assume that a hospital is served by an infection prevention and control professional. We assume that standard hospital infection and prevention control practices are already in effect, and we do not attempt to describe these. Our focus is on anticipating and managing special needs of special populations.

How can this Playbook be used? Now or later? Our hope is that the Playbook will be used now, incorporating recommended practices into standard operating procedures in a way that makes sense to each hospital. However, it is also designed for use as a checklist if needed. When a patient appears for whom these recommendations appear useful, staff at the perimeter (e.g. Emergency Department), the inpatient ward and discharge planners can use the recommendations like a checklist to help ensure a better outcome.

Resources: Resources applicable to specific recommendations are printed at the bottom of the tables.

Learn more about EMBRACE-IP at www.denverptc.org/embrace-ip.html . Sign up for learning opportunities at http://eepurl.com/hsUwXv

Acknowledgments: Please see the end of the document for additional acknowledgments

SECURING THE PERIMETER: PRE-HOSPITAL CARE

How can dispatch or Emergency Medical Services (EMS) raise awareness of possible High-Consequence Infectious Disease (HCID)?	PEOPLE EXPERIENCING HOMELESSNESS	PEOPLE WITH DISABILITIES REQUIRING CAREGIVERS	RECENT REFUGEES, IMMIGRANTS AND MIGRANTS
	How can Dispatch and EMS providers learn that the risk of HCID is elevated? ☐ EMS and Dispatch can subscribe to receive national Health Alert Network alerts. Locally relevant HAN notifications may be available from state or local public health agency. Resource: see Health Alert Network (HAN) below.	**How can Dispatch and EMS providers learn that the risk of HCID is elevated?** ☐ EMS and Dispatch can subscribe to receive national Health Alert Network alerts. Locally relevant alerts may be available from state or local public health agency. Resource: see Health Alert Network (HAN) below.	**How can Dispatch and EMS providers learn that the risk of HCID is elevated?** ☐ EMS and Dispatch can subscribe to receive national Health Alert Network alerts. Locally relevant alerts may be available from state or local public health agency. Resource: see Health Alert Network (HAN) below.
	How can Dispatch and EMS providers track global outbreaks? ☐ CDC lists active global outbreaks and travel advisories. Resource: see Outbreaks and Travel below.	**How can Dispatch and EMS providers track global outbreaks?** ☐ CDC lists active global outbreaks. Resource: see Outbreaks and Travel below.	**How can Dispatch and EMS providers track global outbreaks?** ☐ CDC lists active global outbreaks. Resource: see Outbreaks and Travel below.
	Is a call or transport originating from an address known to be experiencing HCID? ☐ Residential address of HCID cases can be flagged in the dispatch data system, enabling EMS and other first responders to be alerted during dispatch. ***Real-life example: Residential addresses of COVID-19 cases from a local public health agency were securely and privately shared with first responders as appropriate under HIPAA.***	**Is a call or transport originating from an address known to be experiencing HCID?** ☐ Residential address of HCID cases can be flagged in the dispatch data system, enabling EMS and other first responders to be alerted during dispatch. ***Real-life example: Residential addresses of COVID-19 cases from a local public health agency were securely and privately shared with first responders as appropriate under HIPAA.***	**Is a call or transport originating from an address known to be experiencing HCID?** ☐ Residential address of HCID cases can be flagged in the dispatch data system, enabling EMS and other first responders to be alerted during dispatch. ***Real-life example: Residential addresses of COVID-19 cases from a local public health agency were securely and privately shared with first responders as appropriate under HIPAA.***

SECURING THE PERIMETER: PRE-HOSPITAL CARE – cont.

How can dispatch or Emergency Medical Services (EMS) raise awareness of possible High-Consequence Infectious Disease (HCID)?			
	Does the transported party give a history or findings consistent with HCID? ☐ Triage symptoms obtained by Dispatch can alert EMS to activate protocols such as "febrile respiratory illness," "febrile rash illness" and "fever with mental status change." Such protocols can trigger checklists for PPE use, additional data collection (e.g. recent travel), and alerting of the receiving provider.	**Does the transported party give a history or findings consistent with HCID?** ☐ Triage symptoms obtained by Dispatch can alert EMS to activate protocols such as "febrile respiratory illness," "febrile rash illness" and "fever with mental status change." Such protocols can trigger checklists for PPE use, additional data collection (e.g. recent travel), and alerting of the receiving provider. ☐ When triggered by symptoms or findings, EMS personnel have used mobile phone map apps to help patients indicate where they had recently travelled.	**Does the transported party give a history or findings consistent with HCID?** ☐ Triage symptoms obtained by Dispatch can alert EMS to activate protocols such as "febrile respiratory illness," "febrile rash illness" and "fever with mental status change." Such protocols can trigger checklists for PPE use, additional data collection (e.g. recent travel), and alerting of the receiving provider. ☐ When triggered by symptoms or findings, EMS personnel have used mobile phone map apps to help patients indicate where they had recently travelled.
	Does the transported party provide evidence of exposure to an HCID? ☐ HCID cases or their contacts may be under isolation or quarantine orders, have their residence placarded and/or be advised by local public health agency to notify EMS and medical care providers of potential risk of exposure. ☐ Asking patients or contacts to share written documents (like isolation or quarantine orders or test results) with EMS may	**Does the transported party provide evidence of exposure to an HCID?** ☐ HCID cases or their contacts may be under isolation or quarantine orders, have their residence placarded and/or be advised by local public health agency to notify EMS and medical care providers of potential risk of exposure. ☐ Asking patients or contacts to share written documents (like isolation or quarantine orders or test results) with EMS may	**Does the transported party provide evidence of exposure to an HCID?** ☐ HCID cases or their contacts may be under isolation or quarantine orders, have their residence placarded and/or be advised by local public health agency to notify EMS and medical care providers of potential risk of exposure. ☐ Asking patients or contacts to share written documents (like isolation or quarantine orders or test results) with EMS may

SECURING THE PERIMETER: PRE-HOSPITAL CARE – cont.

How can dispatch or Emergency Medical Services (EMS) raise awareness of possible High-Consequence Infectious Disease (HCID)?	facilitate communication when individuals cannot easily communicate or recall information. This information may also be available from local public health authorities.	facilitate communication when individuals cannot easily communicate or recall information. This information may also be available from local public health authorities. - Travelers from high risk areas overseas may be quarantined or advised by CDC to notify EMS and medical care providers of potential risk of exposure if they seek care.	facilitate communication when individuals cannot easily communicate or recall information. This information may also be available from local public health authorities. - Travelers from high risk areas overseas may be quarantined or advised by CDC to notify EMS and medical care providers of potential risk of exposure if they seek care.

SECURING THE PERIMETER: TRIAGE AND REGISTRATION

How can a hospital recognize and respond to EHID risks at triage and registration?	PEOPLE EXPERIENCING HOMELESSNESS	PEOPLE WITH DISABILITIES REQUIRING CAREGIVERS	RECENT REFUGEES, IMMIGRANTS AND MIGRANTS
	Can triage and registration staff recognize patients with symptoms suggestive of HCIDs? ☐ For all populations, certain symptom complexes should trigger concern for highly infectious conditions. These include **febrile respiratory symptoms**, **febrile rash disorders**, and **fever with central nervous system changes**. These should trigger rapid isolation rooming; masking; and clinical assessment when possible. Resource: see HCID Screening below	**Can triage and registration staff recognize patients with symptoms suggestive of HCIDs?** ☐ For all populations, certain symptom complexes should trigger concern for highly infectious conditions. These include **febrile respiratory symptoms**, **febrile rash disorders**, and **fever with central nervous system changes**. These should trigger rapid respiratory isolation rooming; masking; and clinical assessment when possible. Resource: see HCID Screening below	**Can triage and registration staff recognize patients with symptoms suggestive of HCIDs?** ☐ For all populations, certain symptom complexes should trigger concern for highly infectious conditions. These include **febrile respiratory symptoms**, **febrile rash disorders**, and **fever with central nervous system changes**. These should trigger rapid respiratory isolation rooming; masking; and clinical assessment when possible. Resource: see HCID Screening below
	Can triage and registration staff recognize patients with travel or other exposures suggestive of HCIDs? ☐ Many electronic health records vendors now include triage modules that query for travel that might raise the likelihood of HCID disease exposure. These modules may need to be configured periodically with updated global outbreak information. Resource: see Outbreaks and Travel below.	**Can triage and registration staff recognize patients with travel or other exposures suggestive of HCIDs?** ☐ Many electronic health records vendors now include triage modules that query for travel that might raise the likelihood of HCID disease exposure. These modules may need to be configured periodically with updated global outbreak information. Resource: see Outbreaks and Travel below.	**Can triage and registration staff recognize patients with travel or other exposures suggestive of HCIDs?** ☐ Many electronic health records vendors now include triage modules that query for travel that might raise the likelihood of HCID disease exposure. These modules may need to be configured periodically with updated global outbreak information. Resource: see Outbreaks and Travel below.

SECURING THE PERIMETER: TRIAGE AND REGISTRATION - cont.

How can a hospital recognize and respond to EHID risks at triage and registration?	***Real-life example: Triage modules in electronic health records were programmed to prompt questions about travel to areas affected by Zika, Ebola and early SARS-CoV2 viruses.*** ***Real-life example: electronic health record computer-assisted clinical decision support (CCDS, sometimes called "best practice advisories") helped identify patients experiencing homelessness who lacked vaccination for hepatitis A during a widespread outbreak. This facilitated recognition of potential of exposure and opportunity for preventive vaccination.*** ☐ Triage and registration staff are often a vital link for communicating observations from EMS providers. Concern from EMS providers should be conveyed immediately to clinical staff. ☐ Health Alert Network alerts from public health agencies often provide information about populations at risk for emerging disease outbreaks. This information can be programmed into triage/registration modules. Appropriate questions can trigger protective isolation	***Real-life example: Triage modules in electronic health records were programmed to prompt questions about travel to areas affected by Zika, Ebola and early SARS-CoV2 viruses.*** ☐ Triage and registration staff are often a vital link for observations from EMS providers. Concern from EMS providers should be conveyed immediately to clinical staff. ☐ Health Alert Network alerts from public health agencies often provide information about populations at risk for emerging disease outbreaks. This information can be programmed into triage/registration modules. Appropriate questions can trigger protective isolation and/or assessment when	***Real-life example: Triage modules in electronic health records were programmed to prompt questions about travel to areas affected by Zika, Ebola and early SARS-CoV2 viruses.*** ☐ Triage and registration staff are often a vital link for observations from EMS providers. Concern from EMS providers should be conveyed immediately to clinical staff. ☐ Health Alert Network alerts from public health agencies often provide information about populations at risk for emerging disease outbreaks. This information can be programmed into triage/registration modules. Appropriate questions can trigger protective isolation and/or assessment when

SECURING THE PERIMETER: TRIAGE AND REGISTRATION - cont.

How can a hospital recognize and respond to EHID risks at triage and registration?	and/or assessment when needed. Resource: see Health Alert Network (HAN) below.	needed. Resource: see Health Alert Network (HAN) below. ***Real-life example: Recognition that COVID-19 outbreaks were common in long-term care facilities enabled rapid isolation and assessment of LTC residents with respiratory symptoms.***	needed. Resource: see Health Alert Network (HAN) below.
	Can triage or registration personnel promptly alert infection control and protection? ☐ Whenever suspicious of an HCID (triggered by a protocol or other concerns) triage/registration staff should immediately isolate the patient/companions and notify both clinical and infection prevention personnel. (**Identify – Isolate – Inform**.) .	**Can triage or registration personnel promptly alert infection control and protection?** ☐ Whenever suspicious of an HCID (triggered by a protocol or other concerns) triage/registration staff should immediately isolate the patient/companions and notify both clinical and infection prevention personnel. (**Identify – Isolate – Inform**.)	**Can triage or registration personnel promptly alert of infection control and protection system?** ☐ Whenever suspicious of an HCID (triggered by a protocol or other concerns) triage/registration staff should immediately isolate the patient/companions and notify both clinical and infection prevention personnel. (**Identify – Isolate – Inform**.)
	Can triage or registration personnel help minimize HCID exposures in the waiting room? ☐ Prompt recognition and rooming of possible HCID help ensure patients (and their companions) do not spend time in the waiting room potentially exposing others. This can minimize secondary consequences of suspect of HCID including disease spread, disruption of clinical services, and labor-intensive contact tracing.	**Can triage or registration personnel help minimize HCID exposures in the waiting room?** ☐ Prompt recognition and rooming of possible HCID help ensure patients (and their companions) do not spend time in the waiting room potentially exposing others. This can minimize secondary consequences of a suspect HCID including disease spread, disruption of clinical services, and labor-intensive contact tracing.	**Can triage or registration personnel help minimize HCID exposures in the waiting room?** ☐ Prompt recognition and rooming of possible HCID help ensure patients (and their companions) do not spend time in the waiting room potentially exposing others. This can minimize secondary consequences of a suspect HCID including disease spread, disruption of clinical services, and labor-intensive contact tracing.

SECURING THE PERIMETER: TRIAGE AND REGISTRATION - cont.

How can a hospital recognize and respond to EHID risks at triage and registration?	☐ Extra help may be needed rooming and caring for a patient suspected of HCID and companions. Consider alerting an administrator to help assess the need for extra clinical, case management, security or facility management staff. ☐ Triage or registration personnel can also facilitate rapid diagnosis and isolation by helping assure appropriate communication support is available for those with communication disabilities or those not proficient in English.	☐ Extra help may be needed rooming and caring for a patient suspected of HCID and companions. Consider alerting an administrator to help assess the need for extra clinical, case management, security or facility management staff. ☐ Triage or registration personnel can also facilitate rapid diagnosis and isolation by helping assure appropriate communication support is available for those with communication disabilities or those not proficient in English. ☐ Prepare for, and consider drilling, rooming of a patient or companion with severe mobility issues or bariatric needs.	☐ Extra help may be needed rooming and caring for a patient suspected of HCID and companions. Consider alerting an administrator to help assess the need for extra clinical, case management, security or facility management staff. ☐ Triage or registration personnel can also facilitate rapid diagnosis and isolation by helping assure appropriate communication support is available for those with communication disabilities or those not proficient in English.

SECURING THE PERIMETER: EMERGENCY OR AMBULATORY CARE

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	PEOPLE EXPERIENCING HOMELESSNESS	PEOPLE WITH DISABILITIES REQUIRING CAREGIVERS	RECENT REFUGEES, IMMIGRANTS AND MIGRANTS
	How can EDs and ambulatory facilities safely separate patients (and companions) with suspected HCID from other patients and staff? ☐ Promptly room the patient (and companions) behind closed doors, with negative pressure if available and indicated. Establish a separate bathroom or commode for them as well. Enlist their help in behaviors to protect others (e.g., staying out of hallways) and provide for basic needs like telephone and food so they need not move about the hospital. Be sure to placard the room with appropriate isolation warnings and maintain a human presence outside the room to ensure protective isolation and meet the needs of room occupants. ***Real-Life Example: One hospital maintains an "isolation room in-a-box" with PPE, signage and single use equipment that may be useful in this situation.*** Resource: see Protective Isolation Resources below. ☐ Perform as many diagnostic procedures in	**How can EDs and ambulatory facilities safely separate patients (and companions) with suspected HCID from other patients and staff?** ☐ Promptly room the patient (and companions) behind closed doors, with negative pressure if available and indicated. Establish a separate bathroom or commode for them as well. Enlist their help in behaviors to protect others (e.g., staying out of hallways) and provide for basic needs like telephone and food so they need not move about the hospital. Be sure to placard the room with appropriate isolation warnings and maintain a human presence outside the room to ensure protective isolation and meet the needs of room occupants. ***Real-Life Example: One hospital maintains an "isolation room in-a-box" with PPE, signage and single use equipment that may be useful in this situation.*** Resource: see Protective Isolation Resources below. ☐ Perform as many diagnostic procedures in	**How can EDs and ambulatory facilities safely separate patients (and companions) with suspected HCID from other patients and staff?** ☐ Promptly room the patient (and companions) behind closed doors, with negative pressure if available and indicated. Establish a separate bathroom or commode for them as well. Enlist their help in behaviors to protect others (e.g., staying out of hallways) and provide for basic needs like telephone and food so they need not move about the hospital. Be sure to placard the room with appropriate isolation warnings and maintain a human presence outside the room to ensure protective isolation and meet the needs of room occupants. ***Real-Life Example: One hospital maintains an "isolation room in-a-box" with PPE, signage and single use equipment that may be useful in this situation.*** Resource: see Protective Isolation Resources below. ☐ Perform as many diagnostic procedures in

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	the patient care room as possible. Before transporting patient to other areas for care, use agent-appropriate source control (e.g., patient masking) and PPE for all staff involved in transport. Use security to ensure pathways are clear of other patients, visitors and staff and that the diagnostic facility is ready prior to transport. ☐ Collect the name, birthdate, address and phone numbers of companions in case public health needs to reach them if they leave the facility.	the patient care room as possible. Before transporting patient to other areas for care, use agent-appropriate source control (e.g., patient masking) and PPE for all staff involved in transport. Use security to ensure pathways are clear of other patients, visitors and staff and that the diagnostic facility is ready prior to transport. ☐ Collect the name, birthdate, address and phone numbers of companions in case public health needs to reach them if they leave the facility. ☐ Prepare for, and consider drilling, rooming of a patient or companion with severe mobility issues or bariatric needs.	the patient care room as possible. Before transporting patient to other areas for care, use agent-appropriate source control (e.g., patient masking) and PPE for all staff involved in transport. Use security to ensure pathways are clear of other patients, visitors and staff and that the diagnostic facility is ready prior to transport. ☐ Collect the name, birthdate, address and phone numbers of companions in case public health needs to reach them if they leave the facility. ☐ Immediately arrange for on-site or telephone translation as needed.
	How can facilities minimize the likelihood of leaving against medical advice or before safe discharge conditions can be established? ☐ Notify local public health authority as soon as possible of suspected HCID to permit timely assistance with diagnosis and issuance of isolation orders as appropriate. Resource: see Health Department Directory below. ☐ Hasten to identify and offer help with issues that might conflict with staying	**How can facilities minimize the likelihood of leaving against medical advice or before safe discharge conditions can be established?** ☐ Notify local public health authority as soon as possible of suspected HCID to permit timely assistance with diagnosis and issuance of isolation orders as appropriate. Resource: see Health Department Directory below. ☐ Hasten to identify and offer help with issues that might conflict with staying	**How can facilities minimize the likelihood of leaving against medical advice or before safe discharge conditions can be established?** ☐ Notify local public health authority as soon as possible of suspected HCID to permit timely assistance with diagnosis and issuance of isolation orders as appropriate. Resource: see Health Department Directory below. ☐ Hasten to identify and offer help with issues that might conflict with staying

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	for evaluation, care and safe discharge. For example, support patient communication with worried partners, employers and others; help arrange for child and pet care; etc. ☐ People experiencing homelessness may react poorly to confinement. Be as flexible and friendly as possible and enlist the assistance of companions and case managers when possible. Providing food, comfortable sleep and other needs can provide good incentive to remain in place and cooperate with providers. ☐ Substance use disorders (opioid, alcohol, and other drugs) are common in all populations and may impair people's ability to cooperate with care. Proactively screen for substance use disorders and prepare to prevent or address withdrawal symptoms when relevant. Resource: see Opioid Medically Assisted Therapy Induction below ***Real-life example: Several hospitals established rapid access to addiction medicine consults to facilitate care during a hepatitis A outbreak affecting many people experiencing homelessness.***	for evaluation, care and safe discharge. For example, support patient communication with worried partners, employers and others; help arrange for child and pet care, etc. ☐ Don't forget to offer care and supplies needed to manage chronic disorders (diabetes, dementia, etc.) as well as the HCID. ☐ Substance use disorders (opioid, alcohol, and other drugs) are common in all populations and may impair people's ability to cooperate with care. Proactively screen for substance use disorders and prepare to prevent or address withdrawal symptoms when relevant. Resource: see Opioid Medically Assisted Therapy Induction below	for evaluation, care and safe discharge. For example, support patient communication with worried partners, employers and others; help arrange for child and pet care, etc. ☐ Arrange for prompt on-site or telephone translation as needed. ☐ Substance use disorders (opioid, alcohol, and other drugs) are common in all populations and may impair people's ability to cooperate with care. Proactively screen for substance use disorders and prepare to prevent or address withdrawal symptoms when relevant. Resource: see Opioid Medically Assisted Therapy Induction below

SECURING THE PERIMETER: EMERGENCY OR AMBULATORY CARE – cont.

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	☐Help patients manage nicotine withdrawal by offering replacement therapy on demand. Resource: see Nicotine Replacement below.	☐ Help patients manage nicotine withdrawal by offering replacement therapy on demand. Resource: see Nicotine Replacement below.	☐ Help patients manage nicotine withdrawal by offering replacement therapy on demand. Resource: see Nicotine Replacement below. ☐ Refugees, immigrants, and migrants may fear authorities (or fear receiving public benefits), regardless of whether they have legal residence. Anticipate and encourage voicing of any such concerns that might affect cooperation with health recommendations. Consider facilitating access to immigration legal expertise if needed. Resources: see Immigration Law Assistance below. ☐ Some cultures strongly avoid having death occur in hospital. Consider if this is an issue if a patient or family become increasingly insistent on discharge as a patient becomes more ill. Competent culture brokers (familiar with both patient's and Western medical culture) may be important to help negotiate such situations. Resources: see Refugee, Immigrant and Migrant resources below.
	How do facilities manage patients who do not cooperate with care of HCIDS? ☐ Hospitals have limited options to detain patients	**How do facilities manage patients who do not cooperate with care of HCIDS?** ☐ Hospitals have limited options to detain patients	**How do facilities manage patients who do not cooperate with care of HCIDS?** ☐ Hospitals have limited options to detain patients

SECURING THE PERIMETER: EMERGENCY OR AMBULATORY CARE – cont.

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	for care involuntarily, but public health authorities do have some powers (these vary by state). Notify local or state public health authorities as soon as possible about any possible HCID, and inform if patients are uncooperative or appear likely to leave. Resource: see Health Department Directory below. ☐ The use of positive incentives (meeting needs, negotiating cooperation) is usually more effective than negative incentives (threatening negative consequences of non-cooperation). This remains true even if the patient is legally ordered to remain in care. ☐ Increasing some level of control and comfort, like enabling food choices, comfortable uninterrupted rest, assistance with physical discomforts (including nicotine and other substance withdrawal symptoms), entertainment (TV, internet, etc.) and facilitating telecommunications with partners often proves sufficient to obtain a high level of cooperation. ***Real-life experience: sometimes enabling a favorite take-out meal can go a long way toward***	for care involuntarily, but public health authorities do have some powers (these vary by state). Notify local or state public health authorities as soon as possible about any possible HCID, and inform if patients are uncooperative or appear likely to leave. Resource: see Health Department Directory below. ☐ The use of positive incentives (meeting needs, negotiating cooperation) is usually more effective than negative incentives (threatening negative consequences of non-cooperation). This remains true even if the patient is legally ordered to remain in care. ☐ Increasing some level of control and comfort, like enabling food choices, comfortable uninterrupted rest, assistance with physical discomforts (including nicotine and other substance withdrawal symptoms), entertainment (TV, internet, etc.) and facilitating telecommunications with partners often proves sufficient to obtain a high level of cooperation. ***Real-life experience: sometimes enabling a favorite take-out meal can go a long way toward***	for care involuntarily, but public health authorities do have some powers (these vary by state). Notify local or state public health authorities as soon as possible about any possible HCID, and inform if patients are uncooperative or appear likely to leave. Resource: see Health Department Directory below. ☐ The use of positive incentives (meeting needs, negotiating cooperation) is usually more effective than negative incentives (threatening negative consequences of non-cooperation). This remains true even if the patient is legally ordered to remain in care. ☐ Increasing some level of control and comfort, like enabling food choices, comfortable uninterrupted rest, assistance with physical discomforts (including nicotine and other substance withdrawal symptoms), entertainment (TV, internet, etc.) and facilitating telecommunications with partners often proves sufficient to obtain a high level of cooperation. ***Real-life experience: sometimes enabling a favorite take-out meal can go a long way toward***

SECURING THE PERIMETER: EMERGENCY OR AMBULATORY CARE – cont.

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	*improving comfort and cooperation.* ☐ Alert Administrator on Call for any patient suspected of HCID. Alert Administrator on Call immediately for any HCID patient who expresses intent to sign out against medical advice and explain need for preventive isolation ☐ Extra help may be needed managing complex needs of a patient suspected of HCID. Assess need for extra staff early (with assistance of this Playbook) and discuss early with administration. ☐ Case managers from homeless-serving or behavioral health agencies (especially those identified by the patient as trusted) often can identify issues or motivators that affect cooperation. Resource: see Healthcare for the Homeless below.	*improving comfort and cooperation.* ☐ Alert Administrator on Call for any patient suspected of HCID. Alert Administrator on Call immediately for any HCID patient who expresses intent to sign out against medical advice and explain need for preventive isolation ☐ Extra help may be needed managing complex needs of a patient suspected of HCID. Assess need for extra staff early (with assistance of this Playbook) and discuss early with administration. ☐ Case managers from home care, supportive care, aging or behavioral health agencies (especially those identified by the patient as trusted) often can identify issues or motivators that affect cooperation. Resource: see Aging and Disability below. ☐ Identify patients' legal guardians and/or power of attorney for health affairs and engage with them about needs for ongoing care and isolation. (Remember that caregivers might not be guardians.) Provide guardian contact information to public health authorities too.	*improving comfort and cooperation.* ☐ Alert Administrator on Call for any patient suspected of HCID. Alert Administrator on Call immediately for any HCID patient who expresses intent to sign out against medical advice and explain need for preventive isolation ☐ Extra help may be needed managing complex needs of a patient suspected of HCID. Assess need for extra staff early (with assistance of this Playbook) and discuss early with administration. ☐ Culturally and linguistically competent case managers from resettlement, advocacy, human services or behavioral health agencies (especially those identified by the patient as trusted) often can identify issues or motivators that affect cooperation. Resource: see Refugee, Immigrant, and Migrant resources below. ☐ When possible deploy culturally and linguistically competent staff to work with HCID patients and their companions. In-person or telephone translation can be impractical and less effective in protective isolation. The same staff may help put patients and

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?		☐ To the degree allowable, deploy all the same aids for communications and cognitive disorders that would be used in non-isolation settings. This maximizes the ability to communicate and collaborate and may reduce agitation.	companions at greater ease.
	How can facilities support rapid and appropriate public health response? ☐ Notify local public health authority of suspected HCID as soon as possible. Then facilitate public health interviewing of both patient and companions (if requested), by phone or in person, as requested by public health. **Do not discharge a patient with suspected HCID before notifying the public health agency.** ☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team, and case manager or social worker. ☐ It is helpful to collect and provide to public health contact information for any guardian, case worker, companion, and individuals who accompanied the patient to the hospital to facilitate public health	**How can facilities support rapid and appropriate public health response?** ☐ Notify local public health authority of suspected HCID as soon as possible. Then facilitate public health interviewing of both patient and companions (if requested), by phone or in person, as requested by public health. **Do not discharge a patient with suspected HCID before notifying the public health agency.** ☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team, and case manager or social worker. ☐ It is helpful to collect and provide to public health contact information for any guardian, case worker, companion, and individuals who accompanied the patient to the hospital to facilitate public health	**How can facilities support rapid and appropriate public health response?** ☐ Notify local public health authority of suspected HCID as soon as possible. Then facilitate public health interviewing of both patient and companions (if requested), by phone or in person, as requested by public health. **Do not discharge a patient with suspected HCID before notifying the public health agency.** ☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team, and case manager or social worker. ☐ It is helpful to collect and provide to public health contact information for any guardian, case worker, companion, and individuals who accompanied the patient to the hospital to facilitate public health

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	interventions like contact tracing.	interventions like contact tracing.	interventions like contact tracing.
	What if the facility risks being overwhelmed with the care of a patient with an HCID? ☐ Each US state is served by a regional network of hospitals and transport agencies prepared to manage complex HCID care. Once specific to Ebola virus, these are refocusing to address other HCID diagnoses as well. A national network of consultants on clinical and management issues for HCIDs is also available. Resource: see Regional Emerging and Special Pathogen Networks, below.	**What if the facility risks being overwhelmed with the care of a patient with an HCID?** ☐ Each US state is served by a regional network of hospitals and transport agencies prepared to manage complex HCID care. Once specific to Ebola virus, these are refocusing to address other HCID diagnoses as well. A national network of consultants on clinical and management issues for HCIDs is also available. Resource: see Regional Emerging and Special Pathogen Networks, below.	**What if the facility risks being overwhelmed with the care of a patient with an HCID?** ☐ Each US state is served by a regional network of hospitals and transport agencies prepared to manage complex HCID care. Once specific to Ebola virus, these are refocusing to address other HCID diagnoses as well. A national network of consultants on clinical and management issues for HCIDs is also available. Resource: see Regional Emerging and Special Pathogen Networks, below.
	What if insurers or utilization review object to admitting a patient with an HCID? ☐ Criteria for hospitalizing patients with HCID are NOT the same as for other patients. Hospitalization is typically required for some period until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment. This is especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital (due, for example, to lack of a dwelling that permits isolation, or behavioral	**What if insurers or utilization review object to admitting a patient with an HCID?** ☐ Criteria for hospitalizing patients with HCID are NOT the same as for other patients. Hospitalization is typically required for some period until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment. This is especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital (due, for example, to the need for caregiving or other services, physical or	**What if insurers or utilization review object to admitting a patient with an HCID?** ☐ Criteria for hospitalizing patients with HCID are NOT the same as for other patients. Hospitalization is typically required for some period until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment. This is especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital than some others (due, for example, to lack of dwelling that permits

How can a hospital recognize and respond to EHID risks during emergency or outpatient care?	health issues). **Lack of insurance coverage or ordinary clinical guidelines should not dictate discharge of these patients.** Patients with HCID should only be discharged with the agreement of the local public health authority.	cognitive capability, or communication capability). **Lack of insurance coverage or ordinary clinical guidelines should not dictate discharge of these patients.** Patients with HCID should only be discharged with the agreement of the local public health authority.	isolation, or communication capability). **Lack of insurance coverage or ordinary clinical guidelines should not dictate discharge of these patients.** Patients with HCID should only be discharged with the agreement of the local public health authority.

SECURING THE PERIMETER: VISITOR MANAGEMENT

How can a hospital minimize risks introduced by authorized or unauthorized visitors?	PEOPLE EXPERIENCING HOMELESSNESS	PEOPLE WITH DISABILITIES REQUIRING CAREGIVERS	RECENT REFUGEES, IMMIGRANTS AND MIGRANTS
	How can hospitals control unauthorized visitors? ☐ Perimeter access control is especially important when dealing with HCID cases or outbreaks. Assess and secure possible routes unauthorized people may use to access clinical areas.	**How can hospitals control unauthorized visitors?** ☐ Perimeter access control is especially important when dealing with HCID cases or outbreaks. Assess and secure possible routes unauthorized people may use to access clinical areas.	**How can hospitals control unauthorized visitors?** ☐ Perimeter access control is especially important when dealing with HCID cases or outbreaks. Assess and secure possible routes unauthorized people may use to access clinical areas.
	How can hospitals reduce infection threats associated with visitors? ☐ While general visitor restrictions or screening may be deployed during major outbreaks like COVID-19 pandemic, more often it is necessary to **pay attention specifically to visitors for patients with HCID**. Visitors may have had significant exposures to HCID patients outside the hospital and could create risk for other patients and staff. **Signage is often insufficient to control access to patient rooms.** Visitors to patients with HCID should be identified, screened for symptoms and exposures, and counselled on appropriate behavioral guidelines prior to being admitted to the facility.	**How can hospitals reduce infection threats associated with visitors?** ☐ While general visitor restrictions or screening may be deployed during major outbreaks like COVID-19 pandemic, more often it is necessary to **pay attention specifically to visitors for patients with HCID**. Visitors may have had significant exposures to HCID patients outside the hospital and could create risk for other patients and staff. **Signage is often insufficient to control access to patient rooms.** Visitors to patients with HCID should be identified, screened for symptoms and exposures, and counselled on appropriate behavioral guidelines prior to being admitted to the facility.	**How can hospitals reduce infection threats associated with visitors?** ☐ While general visitor restrictions or screening may be deployed during major outbreaks like COVID-19 pandemic, more often it is necessary to **pay attention specifically to visitors for patients with HCID**. Visitors may have had significant exposures to HCID patients outside the hospital and could create risk for other patients and staff. **Signage is often insufficient to control access to patient rooms.** Visitors to patients with HCID should be identified, screened for symptoms and exposures, and counselled on appropriate behavioral guidelines prior to being admitted to the facility.

SECURING THE PERIMETER: VISITOR MANAGEMENT – Cont.

How can a hospital minimize risks introduced by authorized or unauthorized visitors?	☐ Remember that companions of a patient may also have been exposed to and transmit infection. Source-control for companions, like face masking can reduce risks. ***Real-life example: Even though a case of measles had been appropriately isolated during an emergency room visit, failure to manage source control for <u>companions</u> forced a hospital to later mount a major effort to identify, Immunize and monitor for cases among staff and other waiting room occupants.*** ☐ Collect the names, birthdates, addresses, phone numbers and emails of every companion and visitor. This can substantially simplify later contact tracing if needed. Anticipate that public health authorities may ask for this information. ☐ Companions of inpatients experiencing homelessness may stay openly or hidden in patient rooms or other parts of the hospital. Be aware of all visitors and their activities. Clearly assign management of HCID patient visitors to a well-prepared staff member. Register such companions, enlist cooperation in infection prevention measures, and set practical security and	☐ Remember that companions of a patient may also have been exposed to and transmit infection. Source-control for companions, like face masking can reduce risks. ***Real-life example: Even though a case of measles had been appropriately isolated during an emergency room visit, failure to manage source control for <u>companions</u> forced a hospital to later mount a major effort to identify, immunize and monitor for cases among staff and other waiting room occupants.*** ☐ Collect the names, birthdates, addresses, phone numbers and emails of every companion and visitor. This can substantially simplify later contact tracing if needed. Anticipate that public health authorities may ask for this information. ☐ Caregivers may be inexperienced with protective isolation measures. Be aware of all visitors and their activities. Clearly assign management of HCID patient visitors to a well-prepared staff member. Register such companions, enlist cooperation in infection prevention measures, and set practical security and behavior guidelines. Since caregivers can be	☐ Remember that companions of a patient may also have been exposed to and transmit infection. Source-control for companions, like face masking can reduce risks. ***Real-life example: Even though a case of measles had been appropriately isolated during an emergency room visit, failure to manage source control for <u>companions</u> forced a hospital to later mount a major effort to identify, immunize and monitor for cases among staff and other waiting room occupants.*** ☐ Collect the names, birthdates, addresses, phone numbers and emails of every companion and visitor. This can substantially simplify later contact tracing if needed. Anticipate that public health authorities may ask for this information. ☐ In many parts of the world, family members are expected to help with hoteling functions of hospitalization (cooking, laundry). Large family bedside vigils are also common in many countries. Be aware of all visitors and their activities. Clearly assign management of HCID patient visitors to a well-prepared staff member. Register such companions, enlist

SECURING THE PERIMETER: VISITOR MANAGEMENT – Cont.

How can a hospital minimize risks introduced by authorized or unauthorized visitors?	behavior guidelines. Since companions can be helpful allies for patient health and safety in the hospital and after discharge, establishing good relations in the beginning of a hospital stay may pay off later. ☐ Consider if visitors and companions are eligible for post-exposure prophylaxis and facilitate rapid access. ***Real-life example: those visiting people experiencing homelessness hospitalized for hepatitis A were referred to emergency department/urgent care for assessment and administration of hepatitis A vaccine.***	important allies in calming patients and assessing and creating practical discharge strategies, establishing good relations in the beginning of a hospital stay may pay off later. ☐ Consider if visitors and companions are eligible for post-exposure prophylaxis and facilitate rapid access. ***Real life example: caregivers of patients experiencing invasive meningococcal infection were referred to emergency department/urgent care for post-exposure antibiotics.***	cooperation in infection prevention measures, and set practical security and behavior guidelines. Since family members can help calm patients and establishing safe and successful discharge strategies, establishing good relations in the beginning of a hospital stay may pay off later. ☐ Consider if visitors and companions are eligible for post-exposure prophylaxis and facilitate rapid access. ***Real-life example: companions of a measles case seen in an emergency department were registered, evaluated and offered immediate measles post-exposure prophylaxis.***
	How can hospitals productively deal with issues related to companions and visitors? ☐ Try to locate a case worker trusted by the patient or companion from a homeless or behavioral health agency. They can help staff problem-solve in many ways. Resource: see Healthcare for the Homeless below.	**How can hospitals productively deal with issues related to companions and visitors?** ☐ Many patients with caregivers also have case managers provided by agencies serving the elderly or disabled. Identify case managers and engage them to help manage relations and reinforce education for caregivers and to plan successful discharge. Resource: see Aging and Disability below.	**How can hospitals productively deal with issues related to companions and visitors?** ☐ Cultural expectations of families during hospitalization vary around the world. Seek culture-brokers (familiar with both patient's and Western medical culture) from agencies trusted by the patient/family, who could help communicate and negotiate visitation and other issues. If no such agency is available, consider asking if there are cultural authority figures

How can a hospital minimize risks introduced by authorized or unauthorized visitors?			who might be able to help families and hospital staff better understand each other and resolve issues. Resource: see Refugee Immigrant and Migrant resources below. ***Real-life Example: A family recently arrived from Laos developed more trust and cooperation with tuberculosis care after hospital meetings that included their local clan chief and shaman.***

INPATIENT CARE

How can a hospital manage EHID risks during inpatient care?	PEOPLE EXPERIENCING HOMELESSNESS	PEOPLE WITH DISABILITIES REQUIRING CAREGIVERS	RECENT REFUGEES, IMMIGRANTS AND MIGRANTS
	How can inpatient facilities safely isolate patients with suspected HCID (and their visitors or companions) from other patients and staff? ☐ Each US state is served by a regional network of hospitals and transport agencies prepared to manage complex HCID care. Once specific to Ebola virus, these are refocusing to address other HCID diagnoses as well. A national network of consultants on clinical and management issues for HCIDs is also available. Resource: see Regional Emerging and Special Pathogen Networks, below. ☐ Criteria for hospitalizing patients with HCID are NOT necessarily the same as for other patients. Hospitalization is typically required for some time until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment). This is especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital (due, for example, to lack	**How can inpatient facilities safely isolate patients with suspected HCID (and their visitors or companions) from other patients and staff?** ☐ Each US state is served by a regional network of hospitals and transport agencies prepared to manage complex HCID care. Once specific to Ebola virus, these are refocusing to address other HCID diagnoses as well. A national network of consultants on clinical and management issues for HCIDs is also available. Resource: see Regional Emerging and Special Pathogen Networks, below. ☐ Criteria for hospitalizing patients with HCID are NOT necessarily the same as for other patients. Hospitalization is typically required for some time until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment). This is especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital (due, for example, to the	**How can inpatient facilities safely isolate patients with suspected HCID (and their visitors or companions) from other patients and staff?** ☐ Each US state is served by a regional network of hospitals and transport agencies prepared to manage complex HCID care. Once specific to Ebola virus, these are refocusing to address other HCID diagnoses as well. A national network of consultants on clinical and management issues for HCIDs is also available. Resource: see Regional Emerging and Special Pathogen Networks, below. ☐ Criteria for hospitalizing patients with HCID are NOT necessarily the same as for other patients. Hospitalization is typically required for some time until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment). This is especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital than some others (due, for

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?	of dwelling that permits isolation, or behavioral health issues). **Lack of insurance coverage nor ordinary clinical guidelines should not dictate discharge of HCID patients.** Patients with HCID should only be discharged with the agreement of the local public health authority. The default should be hospitalization until and unless safe discharge (for all) can be arranged. ☐ Ensure the inpatient room is fully prepared before transporting patient. Ensure proper source control (e.g. masking of patient) and PPE for transporting staff. When necessary (severe airborne infections) have security prepare the route to reduce contact with other patients and staff. ***Real-Life Example: One hospital maintains an "isolation room in-a-box" with PPE, signage and single use equipment that may be useful in this situation.*** Resource: see Protective Isolation Resources below. ☐ Promptly room the patient (and companions) behind closed doors, with negative pressure if available and indicated. Establish a separate bathroom for them as well.	need for caregiving or other services, physical or cognitive capability, or communication capability). **Lack of insurance coverage nor ordinary clinical guidelines should not dictate discharge of HCID patients.** Patients with HCID should only be discharged with the agreement of the local public health authority. The default should be hospitalization until and unless safe discharge (for all) can be arranged. ☐ Ensure the inpatient room is fully prepared before transporting patient. Ensure proper source control (e.g. masking of patient) and PPE for transporting staff. When necessary (severe airborne infections) have security prepare the route to reduce contact with other patients and staff. ***Real-Life Example: One hospital maintains an "isolation room in-a-box" with PPE, signage and single use equipment that may be useful in this situation.*** Resource: see Protective Isolation Resources below. ☐ Promptly room the patient (and companions) behind closed doors, with negative pressure if available and indicated. Establish a separate bathroom for them as well.	example, to lack of dwelling that permits isolation, or communication capability). **Lack of insurance coverage nor ordinary clinical guidelines should not dictate discharge of HCID patients.** Patients with HCID should only be discharged with the agreement of the local public health authority. The default should be hospitalization until and unless safe discharge (for all) can be arranged. ☐ Ensure the inpatient room is fully prepared before transporting patient. Ensure proper source control (e.g. masking of patient) and PPE for transporting staff. When necessary (severe airborne infections) have security prepare the route to reduce contact with other patients and staff. ***Real-Life Example: One hospital maintains an "isolation room in-a-box" with PPE, signage and single use equipment that may be useful in this situation.*** Resource: see Protective Isolation Resources below. ☐ Promptly room the patient (and companions) behind closed doors, with negative pressure if available and indicated. Establish a separate bathroom for them as well.

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?	Enlist their help in behaviors to protect others (e.g., staying out of hallways) and provide for basic needs like telephone and food so they need not move about the hospital. Be sure to placard the room with appropriate isolation warnings and maintain a human presence outside the room to ensure protective isolation and meet the needs of room occupants. □ Perform as many diagnostic procedures in the patient care room as possible. Before transporting patient to other areas for care, use agent-appropriate source control (e.g., patient masking) and PPE for all staff involved in transport. Use security to ensure pathways are clear of other patients, visitors and staff and that the diagnostic facility is ready prior to transport.	Enlist their help in behaviors to protect others (e.g., staying out of hallways) and provide for basic needs like telephone and food so they need not move about the hospital. Be sure to placard the room with appropriate isolation warnings and maintain a human presence outside the room to ensure protective isolation and meet the needs of room occupants. □ Perform as many diagnostic procedures in the patient care room as possible. Before transporting patient to other areas for care, use agent-appropriate source control (e.g., patient masking) and PPE for all staff involved in transport. Use security to ensure pathways are clear of other patients, visitors and staff and that the diagnostic facility is ready prior to transport.	Enlist their help in behaviors to protect others (e.g., staying out of hallways) and provide for basic needs like telephone and food so they need not move about the hospital. Be sure to placard the room with appropriate isolation warnings and maintain a human presence outside the room to ensure protective isolation and meet the needs of room occupants. □ Perform as many diagnostic procedures in the patient care room as possible. Before transporting patient to other areas for care, use agent-appropriate source control (e.g., patient masking) and PPE for all staff involved in transport. Use security to ensure pathways are clear of other patients, visitors and staff and that the diagnostic facility is ready prior to transport. □ Arrange for in-person or telephone translation as needed. □ When possible deploy culturally and linguistically competent staff to work with HCID patients and their companions. In-person or telephone translation can be impractical and less effective in protective isolation. Such staff may also help put patients and

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?			companions at greater ease.
	How can facilities minimize the likelihood of leaving against medical advice before safe discharge conditions can be established? ☐ Notify local public health authority as soon as possible of any suspected HCID to permit timely assistance with diagnosis and issuance of isolation orders as appropriate. Resource: See Local Health Departments below. ☐ Hospitals have limited options to detain patients for care involuntarily, but public health authorities do have some powers (these may vary by state). Notify local or state public health authorities as soon as possible for any possible HCID, and inform them if patients are uncooperative or appear likely to leave Resource: see Health Department Directory below.	**How can facilities minimize the likelihood of leaving against medical advice before safe discharge conditions can be established?** ☐ Notify local public health authority as soon as possible of any suspected HCID to permit timely assistance with diagnosis and issuance of isolation orders as appropriate. Resource: See Local Health Departments below. ☐ Hospitals have limited options to detain patients for care involuntarily, but public health authorities do have some powers (these may vary by state). Notify local or state public health authorities as soon as possible for any possible HCID, and inform them if patients are uncooperative or appear likely to leave Resource: see Health Department Directory below. ☐ Identify patients' legal guardians and/or power of attorney for health affairs and engage with them about needs for ongoing care and isolation. (Remember that caregivers might not be guardians.) Provide guardian contact information to public health authorities too.	**How can facilities minimize the likelihood of leaving against medical advice before safe discharge conditions can be established?** ☐ Notify local public health authority as soon as possible of any suspected HCID to permit timely assistance with diagnosis and issuance of isolation orders as appropriate. Resource: See Local Health Departments below. ☐ Hospitals have limited options to detain patients for care involuntarily, but public health authorities do have some powers (these may vary by state). Notify local or state public health authorities as soon as possible for any possible HCID, and inform them if patients are uncooperative or appear likely to leave Resource: see Health Department Directory below.

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?	☐ Hasten to identify and offer help with issues that might conflict with staying for evaluation, care and safe discharge. For example, support patient communication with worried partners, employers and others; help arrange for child and pet care; etc. ☐ People experiencing homelessness may react poorly to confinement. Be as flexible and friendly as possible and enlist the assistance of companions and case managers when possible. Providing food, comfortable sleep and other needs can provide good incentive to remain in place and cooperate with providers. ☐ Substance use disorders (opioid, alcohol, and other drugs) are common in all populations and may impair people's ability to cooperate with care. Proactively assess substance use disorders and prepare to prevent or address withdrawal symptoms when relevant. Resource: see Opioid Medically Assisted Therapy Induction below ***Real-life example: Several hospitals established rapid access to addiction medicine consults to facilitate care during a hepatitis A outbreak affecting many people***	☐ Hasten to identify and offer help with issues that might conflict with staying for evaluation, care and safe discharge. For example, support patient communication with worried partners, employers and others; help arrange for child and pet care, etc. ☐ Don't forget to offer care and supplies needed to manage chronic disorders (diabetes, dementia, etc.) as well as the HCID. ☐ Substance use disorders (opioid, alcohol, and other drugs) are common in all populations and may impair people's ability to cooperate with care. Proactively assess substance use disorders and prepare to prevent or address withdrawal symptoms when relevant. Resource: see Opioid Medically Assisted Therapy Induction below	☐ Hasten to identify and offer help with issues that might conflict with staying for evaluation, care and safe discharge. For example, support patient communication with worried partners, employers and others; help arrange for child and pet care, etc. ☐ Substance use disorders (opioid, alcohol, and other drugs) are common in all populations and may impair people's ability to cooperate with care. Proactively assess substance use disorders and prepare to prevent or address withdrawal symptoms when relevant. Resource: see Opioid Medically Assisted Therapy Induction below

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?	***experiencing homelessness.*** ☐ Help patients manage nicotine withdrawal by offering replacement therapy on demand. Resource: see Nicotine Replacement below.	☐ Help patients manage nicotine withdrawal by offering replacement therapy on demand. Resource: see Nicotine Replacement below.	☐ Help patients manage nicotine withdrawal by offering replacement therapy on demand. Resource: see Nicotine Replacement below. ☐ Refugees, immigrants, and migrants may fear authorities (or of using public benefits), regardless of whether they have legal residence. Anticipate and encourage voicing of any such concerns that might affect cooperation with health recommendations. Consider facilitating access to immigration legal expertise if needed. Resource: see Immigration Legal Assistance below. ☐ Some cultures strongly avoid having death occur in hospital. Consider if this is an issue if a patient or family become increasingly insistent on discharge as a patient becomes more ill. Competent culture brokers from agencies trusted by the patient/family may be important to negotiate such situations. Resource: see Refugee, Immigrant and Migrant resources below.
	How do facilities manage patients who do not cooperate with care of HCIDS?	**How do facilities manage patients who do not cooperate with care of HCIDS?**	**How do facilities manage patients who do not cooperate with care of HCIDS?**

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?			
	☐ The use of positive incentives (meeting needs, negotiating cooperation) is usually more effective than negative incentives (threatening negative consequences of non-cooperation). This remains true even if the patient is legally ordered to remain in care. ☐ Increasing some level of control and comfort, like enabling food choices, comfortable uninterrupted rest, assistance with physical discomforts (including nicotine and other substance withdrawal symptoms), entertainment (TV, internet, etc.) and facilitating telecommunications with partners often proves sufficient to obtain a high level of cooperation. ***Real-life experience: sometimes enabling a favorite take-out meal can go a long way toward improving comfort and cooperation.*** ☐ Alert Administrator on Call for any patient suspected of HCID. Alert Administrator on Call immediately for any HCID patient who expresses intent to sign out against medical advice and explain need for preventive isolation	☐ The use of positive incentives (meeting needs, negotiating cooperation) is usually more effective than negative incentives (threatening negative consequences of non-cooperation). This remains true even if the patient is legally ordered to remain in care. ☐ Increasing some level of control and comfort, like enabling food choices, comfortable uninterrupted rest, assistance with physical discomforts (including nicotine and other substance withdrawal symptoms), entertainment (TV, internet, etc.) and facilitating telecommunications with partners often proves sufficient to obtain a high level of cooperation. ***Real-life experience: sometimes enabling a favorite take-out meal can go a long way toward improving comfort and cooperation.*** ☐ Alert Administrator on Call for any patient suspected of HCID. Alert Administrator on Call immediately for any HCID patient who expresses intent to sign out against medical advice and explain need for preventive isolation	☐ The use of positive incentives (meeting needs, negotiating cooperation) is usually more effective than negative incentives (threatening negative consequences of non-cooperation). This remains true even if the patient is legally ordered to remain in care. ☐ Increasing some level of control and comfort, like enabling food choices, comfortable uninterrupted rest, assistance with physical discomforts (including nicotine and other substance withdrawal symptoms), entertainment (TV, internet, etc.) and facilitating telecommunications with partners often proves sufficient to obtain a high level of cooperation. ***Real-life experience: sometimes enabling a favorite take-out meal can go a long way toward improving comfort and cooperation.*** ☐ Alert Administrator on Call for any patient suspected of HCID. Alert Administrator on Call immediately for any HCID patient who expresses intent to sign out against medical advice and explain need for preventive isolation

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?			
	☐ Extra help may be needed managing complex needs of a patient suspected of HCID. Assess need for extra staff early (with assistance of this Playbook) and discuss early with administration.	☐ Extra help may be needed managing complex needs of a patient suspected of HCID. Assess need for extra staff early (with assistance of this Playbook) and discuss early with administration.	☐ Extra help may be needed managing complex needs of a patient suspected of HCID. Assess need for extra staff early (with assistance of this Playbook) and discuss early with administration.
	☐ Case managers from homeless-serving or behavioral health agencies (especially those identified by the patient as trusted) often can identify issues or motivators that affect cooperation. Resource: see Healthcare for the Homeless below.	☐ Case managers from home care, supportive care, aging or behavioral health agencies (especially those identified by the patient as trusted) often can identify issues or motivators that affect cooperation. Resource: see Aging and Disability below.	☐ Culturally and linguistically competent case managers from resettlement, advocacy, human services or behavioral health agencies (especially those identified by the patient as trusted) often can identify issues or motivators that affect cooperation. Resource: see Refugee, Immigrant and Migrant below.
	☐ HCID hospitalizations are stressful. Consider proactively establishing consultation-liaison capability for behavioral health (PPE-protected or telehealth) even in advance of any needs, which can arise swiftly.	☐ HCID hospitalizations are stressful. Consider proactively establishing consultation-liaison capability for behavioral health (PPE-protected or telehealth) even in advance of any needs, which can arise swiftly.	☐ HCID hospitalizations are stressful. Consider proactively establishing consultation-liaison capability for behavioral health (PPE-protected or telehealth) even in advance of any needs, which can arise swiftly.
		☐ To the degree allowable, deploy all the same aids for communications and cognitive disorders that would be used in non-isolation settings. This maximizes the ability to communicate and collaborate and may reduce agitation.	☐ When possible deploy culturally and linguistically competent staff to work with HCID patients and their companions. In-person or telephone translation can be impractical and less effective in protective isolation. The same staff may help put patients and companions at greater ease.

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?			☐ Cultural expectations of families during hospitalization vary around the world. Seek culture-brokers (familiar with both patient's and Western medical culture) from agencies trusted by the patient/family, who could help communicate and negotiate visitation and other issues. If no such agency is available, consider asking if there are cultural authority figures who might be able to help families and hospital staff better understand each other and resolve issues. Resource: See Refugee, Immigrant and Migrant resources below. ***Real-life Example: A family recently arrived from Laos developed more trust and cooperation with tuberculosis care after hospital meetings that included their local clan chief and shaman.***
	How can facilities support rapid and appropriate public health response? ☐ Notify local public health authority as soon as possible of suspected HCID. Then facilitate public health interviewing of both patient and companions (if requested), by phone or in person, as requested by public health. Resource: see Health Department Directory below.	**How can facilities support rapid and appropriate public health response?** ☐ Notify local public health authority as soon as possible of suspected HCID. Then facilitate public health interviewing of both patient and companions (if requested), by phone or in person, as requested by public health. Resource: see Health Department Directory below.	**How can facilities support rapid and appropriate public health response?** ☐ Notify local public health authority as soon as possible of suspected HCID. Then facilitate public health interviewing of both patient and companions (if requested), by phone or in person, as requested by public health. Resource: see Health Department Directory below.

INPATIENT CARE – cont.

How can a hospital manage EHID risks during inpatient care?	☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team, and case manager or social worker. Resource: see Health Department Directory below.	☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team, and case manager or social worker. Resource: see Health Department Directory below.	☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team, and case manager or social worker. Resource: see Health Department Directory below.

DISCHARGE PLANNING

How can a hospital manage community HCID risks in discharge planning?	People Experiencing Homelessness	People with Disabilities Requiring Caregivers	Recent Refugees, Immigrants and Migrants
	How can facilities coordinate discharge with public health response? ☐ Notify local public health authority of suspected HCID well before discharge (well longer than 1 working day). Facilitate communication between public health and the patient (and companions) by phone or in person, as requested by public health. Resource: see Health Department Directory below. ☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team and case management or social work. Resource: see Health Department Directory below. ☐ Determine the end-of-contagiousness (end-of-isolation) date with the assistance of public health authorities. This may be a set date regardless of treatment, a required period of receiving approved treatment, or a level of clinical	**How can facilities coordinate discharge with public health response?** ☐ Notify local public health authority of suspected HCID well before discharge (well longer than 1 working day). Facilitate communication between public health and the patient (and companions) by phone or in person, as requested by public health. Resource: see Health Department Directory below. ☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team and case management or social work. Resource: see Local Health Directory below. ☐ Determine the end-of-contagiousness (end-of-isolation) date with the assistance of public health authorities. This may be a set date regardless of treatment, a required period of receiving approved treatment, or a level of clinical	**How can facilities coordinate discharge with public health response?** ☐ Notify local public health authority of suspected HCID well before discharge (well longer than 1 working day). Facilitate communication between public health and the patient (and companions) by phone or in person, as requested by public health. Resource: see Health Department Directory below. ☐ Provide public health with a point of contact who has easy access to the patient (e.g. a floor nurse). Also provide contact information for the attending physician and resident physician team and case management or social work. Resource: see Local Health Directory below. ☐ Determine the end-of-contagiousness (end-of-isolation) date with the assistance of public health authorities. This may be a set date regardless of treatment, a required period of receiving approved treatment, or a level of clinical

How can a hospital manage community HCID risks in discharge planning?	improvement. Resource: state health department websites typically include disease specific diagnostic, reporting, management and infection prevention information on their websites. Most have an emergency number to reach an epidemiologist 24/7. See also Health Department Directory below. ☐ Work with local public health authorities to determine any conditions for discharge that might apply before the end of the contagious period. Just because a patient is stable does not mean that they do not pose a threat to others.	improvement. Resource: state health department websites typically include disease specific diagnostic, reporting, management and infection prevention information on their websites. Most have an emergency number to reach an epidemiologist 24/7. See also Health Department Directory below. ☐ Work with local public health authorities to determine any conditions for discharge that might apply before the end of the contagious period. Just because a patient is stable does not mean that they do not pose a threat to others. ☐ Provide public health authorities with identity and contact information of patients' legal guardians and/or power of attorney for health affairs.	improvement. Resource: state health department websites typically include disease specific diagnostic, reporting, management and infection prevention information on their websites. Most have an emergency number to reach an epidemiologist 24/7. See also Health Department Directory below. ☐ Work with local public health authorities to determine any conditions for discharge that might apply before the end of the contagious period. Just because a patient is stable does not mean that they do not pose a threat to others.
	How can inpatient facilities plan for safe discharge of patients with HCID? ☐ Criteria for hospitalizing patients with HCID are NOT necessarily the same as for other patients. Hospitalization is typically required for some time until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment). This is	**How can inpatient facilities plan for safe discharge of patients with HCID?** ☐ Criteria for hospitalizing patients with HCID are NOT necessarily the same as for other patients. Hospitalization is typically required for some time until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment).	**How can inpatient facilities plan for safe discharge of patients with HCID?** ☐ Criteria for hospitalizing patients with HCID are NOT necessarily the same as for other patients. Hospitalization is typically required for some time until the patient's risk of infecting others has abated (due either to the natural end of infectivity or due to treatment). This is

How can a hospital manage community HCID risks in discharge planning?	especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital (due, for example, to lack of dwelling that permits isolation, or behavioral health issues). **Lack of insurance coverage nor ordinary clinical guidelines should not dictate discharge of HCID patients.** Patients with HCID should only be discharged with the agreement of the local public health authority. The default should be hospitalization until and unless safe discharge (for all) can be arranged. ☐ Be careful setting expectations. **Do not make promises to patients and companions about discharge dates, since discharge may depend on completing treatments or other conditions.** Instead focus on the conditions for successful discharge.	This is especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital (due, for example, to the need for caregiving or other services, physical or cognitive capability, or communication capability). **Lack of insurance coverage nor ordinary clinical guidelines should not dictate discharge of HCID patients.** Patients with HCID should only be discharged with the agreement of the local public health authority. The default should be hospitalization until and unless safe discharge (for all) can be arranged. ☐ Be careful setting expectations. **Do not make promises to patients and companions about discharge dates, since discharge may depend on completing treatments or other conditions.** Instead focus on the conditions for successful discharge. ☐ Ensure all necessities for chronic disorders (diabetes, dementia, etc.) are provided before discharge. Patients may not be able to visit pharmacies, etc.	especially true for the special populations described in this Playbook that may be less capable than others to protect people outside the hospital than some others (due, for example, to lack of dwelling that permits isolation, or communication capability). **Lack of insurance coverage nor ordinary clinical guidelines should not dictate discharge of HCID patients.** Patients with HCID should only be discharged with the agreement of the local public health authority. The default should be hospitalization until and unless safe discharge (for all) can be arranged. ☐ Be careful setting expectations. **Do not make promises to patients and companions about discharge dates, since discharge may depend on completing treatments or other conditions.** Instead focus on the conditions for successful discharge. ☐ Arrange for prompt on-site or telephone translation as needed.

DISCHARGE PLANNING – cont.

How can a hospital manage community HCID risks in discharge planning?	☐ When possible deploy staff with prior competence managing patients experiencing homelessness to work with HCID patients and their companions. They can help anticipate or elicit discharge needs and may help put patients and companions at greater ease.	☐ Identify patients' legal guardians and/or power of attorney for health affairs and engage with them about needs for ongoing care and isolation. (Remember that caregivers might not be guardians.) Provide guardian information to public health authorities too. ☐ Caregivers may need intensive hands-on learning to safely provide care using PPE and other precautions. Special exceptions to visitor restrictions may be required.	☐ When possible deploy culturally and linguistically competent staff to work with HCID patients and their companions. In-person or telephone translation can be impractical and less effective in protective isolation. The same staff may help put patients and companions at greater ease.
	How can inpatient facilities help ensure both patient safety and safe isolation after discharge? ☐ HCID patients may have difficulty safely transporting to follow-up ambulatory care during isolation. Be sure all after-care needs can be safely arranged without placing others at risk (e.g., using home-visit services). ☐ Active substance use disorders (including opioid, alcohol, and in some cases even nicotine) can interfere with the maintenance of protective isolation. Screen patients for use disorders and observe for signs of use or withdrawal. When substance use disorder is suspected,	**How can inpatient facilities help ensure both patient safety and safe isolation after discharge?** ☐ HCID patients may have difficulty safely transporting to ambulatory care during isolation. Be sure all after-care needs can be safely arranged without placing others at risk (e.g., using home-visit services). ☐ Active substance use disorders (including opioid, alcohol, and in some cases even nicotine) can interfere with the maintenance of protective isolation. Screen patients for use disorders and observe for signs of use or withdrawal. When substance use disorder is	**How can inpatient facilities help ensure both patient safety and safe isolation after discharge?** ☐ HCID patients may have difficulty safely transporting to ambulatory care during isolation. Be sure all after-care needs can be safely arranged without placing others at risk (e.g., using home-visit services). ☐ Active substance use disorders (including opioid, alcohol, and in some cases even nicotine) can interfere with the maintenance of protective isolation. Screen patients for use disorders and observe for signs of use or withdrawal. When substance use disorder is suspected,

DISCHARGE PLANNING – cont.

How can a hospital manage community HCID risks in discharge planning?	consult addiction medicine well before discharge so that medically assisted therapy, other replacement therapies and behavioral treatments are titrated and in place before discharge. **Do not discharge patient with an unmanaged substance use disorder.** Resource: see Opioid Medically Assisted Therapy Induction below ***Real-life example: Several hospitals established rapid access to addiction medicine consults to facilitate care during a hepatitis A outbreak affecting many people experiencing homelessness.*** ☐ Help patients manage nicotine withdrawal by titrating and providing replacement therapy. This can minimize smoking-related issues with residential or transaction issues after discharge. Resource: see Nicotine Replacement below. ☐ Behavioral, cognitive, and mental health disorders can interfere with the maintenance of protective isolation. Consult psychiatry for any sign of behavioral disorders. **Do not discharge patient unable to consistently control their behavior.**	suspected, consult addiction medicine well before discharge so that medically assisted therapy, other replacement therapies and behavioral treatments are titrated and in place before discharge. **Do not discharge patient with an unmanaged substance use disorder.** Resource: see Opioid Medically Assisted Therapy Induction below. ☐ Help patients manage nicotine withdrawal by titrating and providing replacement therapy. This can minimize smoking-related issues residential or transaction issues after discharge. Resource: see Nicotine Replacement below ☐ Behavioral, cognitive, and mental health disorders can interfere with the maintenance of protective isolation. Consult psychiatry for any sign of behavioral disorders. **Do not discharge patient unable to consistently control their behavior.**	consult addiction medicine well before discharge so that medically assisted therapy, other replacement therapies and behavioral treatments are titrated and in place before discharge. **Do not discharge patient with an unmanaged substance use disorder.** Resource: see Opioid Medically Assisted Therapy Induction below ☐ Help patients manage nicotine withdrawal by titrating and providing replacement therapy. This can minimize smoking-related residential or transaction issues after discharge. Resource: see Nicotine Replacement below ☐ Behavioral, cognitive, and mental health disorders can interfere with the maintenance of protective isolation. Consult psychiatry for any sign of behavioral disorders. **Do not discharge patient unable to consistently control their behavior.**

DISCHARGE PLANNING – cont.

How can a hospital manage community HCID risks in discharge planning?	☐ Discharge conditions for people experiencing homelessness should include a living environment that does not place others at risk, and that allows maintenance of necessary hygiene. Systems may need to be established to ensure access to food and other necessities without leaving the home. Care should be taken to ensure access to behavioral care should it become necessary. Resources: see Caregivers below	☐ Discharge conditions for people dependent on caregivers should include all necessary training and protection of caregivers (or possibly temporary replacement with trained professional). It must also address the safety of those providing transport and any equipment or services (e.g., oxygen supplies). Care should be taken to address how a patient would seek additional medical services during isolation. Resources: see Caregivers below	☐ Discharge conditions for refugees, immigrants and migrants should include a living environment that does not place others at risk and that allows maintenance of necessary hygiene. Systems may need to be established to ensure access to food and other necessities without leaving the home. Care should be taken to ensure access to translation services if the patient needs to communicate with medical personnel. Resources: see Caregivers below
	☐ Many people experiencing homelessness work with case workers from local non-profit or government agencies to facilitate access to food, shelter, transportation, healthcare and behavioral health and other services. Identify and work closely with any such agency engaged with the patient well before discharge. If not part of the planning and preparation, they may place workers, your patient, other clients, or the public at risk. Resource: see Healthcare for the Homeless, below.	☐ Patients with caregivers often receive coordinated support through Long-Term Services & Supports (typically through Medicaid, Medicare or private insurance) or local government human service agencies (e.g., Aging, Children, Disabilities). Identify and work closely with any such agency engaged with the patient well before discharge. If not part of the planning and preparation, they may place workers, your patient, other clients or the public at risk. Resource: see Aging and Disability below. See also Caregiver below.	☐ Newly arrived immigrants may be receiving support through community-based or local government human service agencies, including resettlement agencies. Patients may also be engaged with faith and community-based advocacy organizations. Identify and work closely with any such agency engaged with the patient well before discharge. If not part of the planning and preparation, they may place workers, your patient, other clients or the public at risk. Resource: see Refugee, Immigrant and Migrant resources below.
	☐ Case managers from homeless-serving or behavioral health agencies	☐ Case managers from home care, supportive care, aging or behavioral	☐ Culturally and linguistically competent case managers from

DISCHARGE PLANNING – cont.

How can a hospital manage community HCID risks in discharge planning?	(especially those identified by the patient as trusted) often can identify issues that might affect successful and safe discharge. Resource: see Healthcare for the Homeless below. ☐ Many people experiencing homelessness are employed. Be sure to include specific planning to address work absence and income loss during isolation. Identify those whose work may pose an infection risk to others (e.g., food service, caregiving, healthcare, childcare) and work with public health authorities to be sure return-to-work is carefully managed. ***Real Life Example: Some communities offer Respite Care housing options for patients experiencing homelessness recovering from illness. Unfortunately, these options may be ill-prepared to offer isolation and infection control adequate to HCIDs.*** ***Real Life Example: Some local health departments have worked with hospitals and motels (units offering independent outdoor entrance) to provide isolated shelter and hygiene for patients***	health agencies (especially those identified by the patient as trusted) often can identify issues that might affect successful and safe discharge. Resource: see Aging and Disability below. ☐ Many people with chronic illness and disability are also employed. Be sure to include specific planning to address work absence and income loss during isolation. Identify those whose work may pose an infection risk to others (e.g., food service, caregiving, healthcare, childcare) and work with public health authorities to be sure return-to-work is carefully managed. ☐ Many depend on family or informal caregivers who may have no experience with infection prevention. Identify these and work with local public health to assess and address any knowledge issues before discharge. Resource: see Caregiver below. ☐ Use the **CMIST** framework to anticipate issues that may need to be anticipated in designing infection-safe discharge: **Communication**	resettlement, advocacy, human services or behavioral health agencies (especially those identified by the patient as trusted) often can identify issues that might affect successful and safe discharge. Resource: see Refugee, Immigrant and Migrant resources below. ☐ Discharged patients may be concerned about return-to-work issues. Help patient plan to address work absence and income loss during isolation. Identify those whose work may pose an infection risk to others (e.g., food service, caregiving, healthcare, childcare) and work with public health authorities to be sure return-to-work is carefully managed.

Discharge Planning – cont.

How can a hospital manage community HCID risks in discharge planning?	***with HCID. For example, these have been used during hepatitis A outbreaks, other enteric infections, and COVID-19. However, most health departments do not have dedicated funding for such isolation housing under normal operations. Staff at such motels need training in appropriate PPE and cleaning practices. Safe transport and access to food, sundries and other needs may need to be arranged in collaboration with the local public health agency. These have been addressed using delivery services, grocery gift cards and travel vouchers when appropriate.*** ***Real life example: During the COVID-19 pandemic emergency managers have rented and staffed entire motels or hotels to create safer spaces for isolation for those lacking appropriately isolated dwellings.***	(managing communications disorders, limited English proficiency); **Maintaining Health** (follow-up infection and chronic illness care, durable medical equipment, food, exercise, etc.); **Independence** (mobility and assistive technologies); **Support and Safety** (both physical and behavioral, including managing social isolation); and **Transportation**. Failure to make plans for these issues that include infection control strategies place both patient and community at risk. ☐ Frail and chronically ill people often experience cognitive and physical changes following hospitalization (post-acute care or post-intensive care syndrome). Motor strength and other capacities may also be affected by hospitalization. Base discharge plans on the patient's ***current*** baseline, and not the admission functional capacity. ☐ Do not assume that sub-acute or skilled-nursing facilities have the infrastructure (policies, procedures, equipment, training, environmental controls) to manage HCIDs. Work closely with facilities and local public	 ***Real life example: During the COVID-19 pandemic emergency managers have rented and staffed entire motels or hotels to create safer spaces for isolation for those lacking appropriately isolated dwellings.***

Discharge Planning – cont.

How can a hospital manage community HCID risks in discharge planning?	☐ Ensure the patient and any companion understand not to attend **in-person** day programs, group meals, workshops, religious services or other social events during isolation.	health officials to ensure safe conditions await at other facilities before transfer. ☐ Ensure the patient and caregiver understand not to attend **in-person** day programs, group meals, workshops, religious services or other social events during isolation.	☐ Ensure the patient and any caregiver understand not to attend **in-person** day programs, group meals, workshops, religious services or other social events during isolation.

RESOURCES

Topic	Use	Access information
CDC Current Outbreaks	Listing of geographic areas experiencing outbreaks of agents of concern	https://www.cdc.gov/outbreaks/index.html
Travel and Outbreaks	CDC travel health resources	https://wwwnc.cdc.gov/travel/
Regional Emerging and Special Pathogen Treatment Systems	US networks of health care organizations providing transport, diagnosis and treatment of especially High Consequence Infectious Diseases	https://netec.org/regional-resource-map/ For more detailed information see https://www.phe.gov/Preparedness/planning/hpp/Pages/hpp-pathogens.aspx
Regional Emerging and Special Pathogen Treatment Systems	Technical assistance in management of HCIDs	https://netec.org/technical-assistance/
HCID Screening	Sample of a symptom-based screening protocol	https://www.health.state.mn.us/diseases/hcid/hcidscreen.pdf
Health Alert Network (HAN)	Sign up to receive federal or local alerts about fast-moving public health threats. (State or local health department may offer more locally-tailored HAN alerts.)	https://emergency.cdc.gov/han/updates.asp
EMS	ASPR EMS Infectious Disease Playbook	https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf
EMS	National Emerging Special Pathogens Training and Education Center NETEC EMS COVID-19 experience webinar	https://courses.netec.org/browse/webinars-covid/courses/20-web-ems
EMS	NETEC EMS COVID interactive COVID-19 biosafety guide	https://netec.org/wp-content/uploads/2020/09/A2_3_2B_Identify-Isolate-Inform-final_092520-2-1.pdf
EMS	CDC COVID-19 Advice for EMS and Dispatch	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html
Aging and Disability Networks	Helps identify and guide collaborations with community-based providers of supportive services.	https://www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf
Aging and Disability Agencies	Local Area Agencies on Aging or county Human Services Departments can link to Long Term Support Service providers and other resources	CMS publishes a list of state resources at https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/state-resources-map

Caregiver tips regarding COVID-19	CO Dept of Public Health & Environment	See “Health Care” under https://covid19.colorado.gov/covid-19-resources-for-health-care-providers-and-lphas
Advice to people experiencing COVID-19 with Caregivers	Multiple languages available, CO Dept of Public Health & Environment	See “Health Care” under https://covid19.colorado.gov/covid-19-resources-for-health-care-providers-and-lphas
Council for Healthcare for the Homeless	Health resources for people experiencing homelessness, including a directory of local federal grantees.	https://nhchc.org/
CDC Refugee, Immigrant and Migrant health	Includes resources in many languages & profiles of refugee groups settling in US	https://www.cdc.gov/immigrantrefugeehealth/index.html
National Resource Center for Refugees, Immigrants and Migrants	Center for public health collaboration including training and best practices	https://nrcrim.org/
HHS Office of Refugee Resettlement	Includes directory of refugee resettlement offices in each state	https://www.acf.hhs.gov/orr
Immigration Law Resources: CO	Directory of CO non-profits offering immigration legal assistance	https://www.rmian.org/nonprofit-legal-service-providers-in-colorado
Immigration Law Resources: US	Directory of US non-profits offering immigration legal assistance	https://www.immigrationadvocates.org/nonprofit/legaldirectory/
Health Department directory	Locate local and state health department phone number based on patient’s community of residence	https://www.cdc.gov/publichealthgateway/healthdirectories/index.html
Opioid Medically Assisted Therapy Induction	Rocky Mountain Poison and Drug Services provides tele-assistance to hospitals for MAT induction	1-800-222-1222: ask for Opioid MAT Induction guidance
Protective Isolation Resources	St. Mary’s Hospital & Medical Center (Mesa County CO) developed a box with everything needed for rapid preventive isolation. Find this and other resources at the EMBRACE-IP clearinghouse.	https://www.denverptc.org/Iso_room.html
Nicotine replacement	Guides for selecting and titrating nicotine replacement products & other quitting tools	https://smokefree.gov/tools-tips/how-to-quit/using-nicotine-replacement-therapy

ACKNOWLEDGMENTS

Supported by Hospital Preparedness Program funds from Colorado Department of Public Health and Environment and the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR).

DENVER HEALTH & HOSPITAL AUTHORITY

Seth Foldy, Principle Author
Connie Price, MD, Principle Investigator
Caroline Croyle, program manager
Helen Burnside, Denver Prevention Training Center (PTC) Director
John Fitch, PTC Business Manager
Stewart Thomas, Trainer
Mariska Osborne-Wells project manager
Kim Taylor, Consultant
Misty Gutierrez, Staff Assistant
Victoria Burket, Subject Matter Expert (SME) & Interviewer
Katherine Satterfield, SME & Interviewer
Lisa Filipczak SME
Ola Bovin SME
Rosa Sloan SME
Tina Van Winks SME
Timothy Jenkins SME
Jesseca Fuller SME
Sharif Abdelhamid SME
Heather Young SME
Emma Paras SME
Sean Dressel SME
Deborah Aragon SME
Brian Listy SME

EMBRACE-IP ADVISORY BOARD

Kylie Chilton
Giselle Grimes
Kristina Duarte
Holly Cook
Jessica Garcia
Ivy- McGowan-Castleberry
Sheila Lutz
Kyle Paquin
Charity Lindholm
Tiffany Martens
Daniel Rice
Clinton Andersen