Communicable Infectious Diseases Identify, Isolate, & Inform Algorithm

Step	Completed By	Question To Patient	Action Based On Response	Supporting Resources
1.	Non-clinical or clinical staff (targeted at the level of front desk staff)	Do you have a fever (feel feverish), new cough, **or** new rash?	**Yes**—mask patient (source control/initial *isolation* step), continue to step 2 **No**- continue with normal registration process	1. Translated materials to facilitate questioning 2. Templates for Electronic Health Record—capture date in EHR and utilize system to prompt action
2.	Non-clinical or clinical staff (targeted at the level of front desk staff)	Have you traveled outside the U.S. in the last month?	**Yes**- escalate to clinical staff (step 6), ensure patient continues to wear mask covering mouth and nose **No**- continue to step 3	1. Translated materials to facilitate questioning 2. Templates for Electronic Health Record—capture date in EHR and utilize system to prompt action
3.	Non-clinical or clinical staff (targeted at the level of front desk staff)	Have you been in contact with someone who has traveled outside the U.S. in the last month?	**Yes**—continue to step 4 **No**—continue with normal registration process	1. Translated materials to facilitate questioning 2. Templates for Electronic Health Record—capture date in EHR and utilize system to prompt action
4.	Non-clinical or clinical staff (targeted at the level of front desk staff)	Is that person, who traveled, sick (fever/feverish, new cough, or new rash)? * Daily practice and workflow; This applies every day, all the time.	**Yes**—escalate to clinical staff (step 6), ensure patient continues to wear mask covering their mouth and nose **No**—continue with normal registration process (or if a plug-in is activated see step 5)	1. This is an operational decision: BPA is one example (fires at multiple interfaces); how does information flow from one staff member to another (call, flag charts, walk to other staff member)

5. (Optional Plug-in)	Non-clinical or clinical staff (targeted at the level of front desk staff)	[adapted based on scenario] Have you visited XX Theme Park in the last two weeks?	**Yes**—escalate to clinical staff (step 6), ensure patient continues to wear mask covering their mouth and nose
			No—continue with normal registration process
				1. Examples of plug-in/optional modules
				   a. Measles
				   b. Food-borne illness
				***These optional modules are "activated" by facility leadership during specific times (e.g. outbreak at a theme park)*

6.	Clinical Staff (targeted at the RN level or above)	-From step 2: Which countries have you visited in the last month?
		- From step 4: Which countries did your contact visit in the last month?
		-From step 5: Where in the U.S. did you travel to? [Or if a specific location is pre-identified e.g. theme park, confirm location and dates]
			Action→
			1. Ensure patient continues to wear mask covering mouth and nose
			2. Consult outbreaks of concern list or other relevant resources to establish general epidemiological risk
			   a. **Concern for HCID** or other pathogen (e.g. measles), begin further isolation and escalation pathway (Step 7)
			   b. **No concern for HCID**, assess for clinical status, resume normal pathway
				1. Outbreaks of concern document
				2. Templates for capturing information in EHR and appropriate alerts

7.	Clinical Staff (targeted at the RN level or above)		**Action →**
			
			1. Move to *isolate* the patient
			   a. AIIR preferred or private closed-door room if no AIIR available
			   b. Recommend room be capable of
				1. Outbreaks of concern document
				2. Case Definition/First Steps Template (references PPE)
				3. Examples of signage for situational awareness at the local level

			telemedicine/remote monitoring c. Place appropriate signage on doors (***inform***) 2. PPE for staff in rooming patient dependent on suspected pathogen and level of clinical need (i.e. escorting patient versus assisting patient) 3. ***Inform***: Begin informing at the local level per facility protocol (i.e. notification of ED Charge Nurse and Attending Provider)	4. Examples of internal escalation pathways

8.	Clinical Staff (targeted at the RN level or above)	Gather additional details on symptomology and epidemiologic risk	**Action→**
			1. Clinical team to determine if patient meets definition of PUI for suspected pathogen
			   a. If **yes**- Maintain ***isolation*** and proceed to <u>step 9</u>
			   b. If **no**- Consider de-escalation of isolation based on current differential diagnosis and return to normal treatment pathways
				1. Travel history assessment forms
				2. Example of interdisciplinary and subspecialty consults/huddles (***inform***)
				3. Internal communication pathway examples (phone trees, single-point pager)

9.	Provider		**Action →** 1. ***Inform***: Contact appropriate Public Health (state or local) to inform them of case and determine final PUI status 2. ***Isolate***: Begin appropriate patient care and stabilization while maintaining transmission based isolation precautions.	