

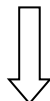
Implementing Isolation

If isolation is required:

- Determine if the person can manage their healthcare needs at home or need to be referred to a healthcare facility/alternate care facility.
- Based on determination, recommends the person to self isolate at home or refer the person to a healthcare facility/alternate care site and communicate the isolation recommendation to the Infection Preventionists.



- Provide self isolation order, evaluate conditions and discuss compliance requirements/expectations:
- Provide information about their infectious period/duration they are contagious.
- Determine needs of individual and provide necessary information and services.
- Conduct contact investigation



ORDER FOR HOME ISOLATION FOR [INSERT DISEASE NAME]

Cooperative/
Compliant

DOB: Registry No:
[Name], [Address], [City], [State], [Zip] [Title]
[Name], [Address], [City], [State], [Zip] [Title]

Uncooperative/
Noncompliant

DATE OF ISSUANCE:

REASON FOR ISSUANCE:

You are suspected of having [insert disease name]. According to our information, you became infected with [insert disease name] when [insert factual basis for believing patient is ill]. [If the findings stated indicate that patient meets the United States Centers for Disease Control and Prevention (CDC) case definition of the disease state that here.]

DIRECTIVE:

As the Public Health Officer, I hereby order you to remain in isolation [insert number] days or you receive written notice that this order has been lifted. You are to remain in your home located at [insert address] and follow additional instructions attached to this order.

LEGAL AUTHORITY:

This order is authorized under California Health and Safety Code section 120220 to protect the public's health. There is no less restrictive alternative that would protect the public's health. You are required under Health and Safety Code section 120220 to obey this order. Violation or failure to comply with this order may result in civil detention, and is a misdemeanor punishable by imprisonment, fine, or both (Health and Safety Code §§ 120275, 120290).

PATIENT'S RIGHTS:

Either you or your authorized lawful representative may contact [insert name/phone number] the County Health Department to seek clarification of any part of this order. If you believe that you do not have a case or suspected case of [insert disease name] subject to isolation, or object to the appropriateness of the conditions of isolation contained in this order, you or your lawful authorized representative may object

- Follow the process for coordinating and communicating with legal counsel.
- Receive court order for isolation
- Contact law enforcement if warranted.

- Follow and provide healthcare as needed.
- Visit with proper personal protective equipment.
- Reassess compliance.
- Provide information about proper disposal of infected material and cleaning surfaces.
- Release them from isolation when appropriate

If person is in a healthcare facility/alternate care site – proper infection control measures have to be implemented as recommended by the infection preventionists.

EXAMPLE OF LETTER FOR HOME ISOLATION

Tool 2 – Model Health Officer Orders

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ORDER FOR HOME ISOLATION FOR [INSERT DISEASE NAME]

TO: _____ DOB: _____ Registry No: _____

FROM: Martin Fenstersheib, MD, County Health Officer

DATE OF ISSUANCE: _____

REASON FOR ISSUANCE:

You are suspected of having [insert disease name]. According to our information, you became infected with [insert disease name] when [insert factual basis for believing patient is ill]. [If the findings stated indicate that patient meets the United States Centers for Disease Control and Prevention (CDC) case definition of the disease state that here.]

DIRECTIVE:

As the Public Health Officer, I hereby order you to remain in isolation in your home twenty-four hours a day, seven days a week, until an alternative diagnosis has been established, you have been asymptomatic for [insert number] days or you receive written notice that this order has been cancelled (whichever occurs first). You are to remain in your home located at [insert address] and follow the conditions of isolation and additional instructions attached to this order.

LEGAL AUTHORITY

This order is authorized under California Health and Safety Code sections 120130 and 120175 and is being issued to protect the public's health. There is no less restrictive alternative other than confinement which would protect the public's health. You are required under Health and Safety Code section 120220 to obey this order. Violation or failure to comply with this order may result in civil detention, and is a misdemeanor punishable by imprisonment, fine, or both (Health and Safety Code §§ 120275, 120290).

PATIENT'S RIGHTS:

Either you or your authorized lawful representative may contact [insert name/phone number] the County Health Department to seek clarification of any part of this order. If you believe that you do not have a case or suspected case of [insert disease name] subject to isolation, or object to the appropriateness of the conditions of isolation contained in this order, you or your lawful authorized representative may object and/or request an informal hearing by contacting [insert PH Dept. contact person]. You may seek judicial relief from this order under California Penal Code section 1473 by filing an application with the Court. You have a right to seek counsel to represent you in this matter.

IT IS SO ORDERED

Martin Fenstersheib, MD, County Health Officer

PATIENT'S CONSENT TO ORDER

Signature

Date

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Your signature above confirms that: (1) you have read and understand the information in and directive of this order; (2) you have had a chance to ask the Public Health Department questions about this order; (3) you have received all the information you desire concerning the conditions of isolation; (4) you authorize and consent to this order (that is, you agree to remain in your home under isolation as specified above for the purpose of preventing the spread of disease); and (5) you do not wish to have an informal hearing or file a petition with the court objecting to this order and therefore are voluntarily waiving your right to an informal hearing and judicial review of this matter.

CONDITIONS OF HOME ISOLATION/ADDITIONAL INSTRUCTIONS

All of the following checked conditions apply to your isolation and must be followed at all

times: You must sleep alone in a separate bed in a room protected against flies.

All persons except those caring for you, must be excluded from your room.

The persons caring for you must avoid coming in contact with any other persons within the household or elsewhere until every precaution has been taken to prevent the spread of infectious material from your room.

The persons caring for you must wear a washable outer garment and must thoroughly wash their hands with soap and hot water after touching you or any object you may have contaminated (e.g. via touching, coughing, sneezing, etc.). On leaving the room in which you are isolated, your attendant must take off the washable outer garment and hang it in the room until disinfected.

All discharges from your nose and mouth must be burned or disinfected. The discharges should be received in pieces of soft tissue or cloth and dropped into a paper bag which can be burned.

Objects which may have been contaminated must be thoroughly cleansed before being removed from the contaminated area.

Feces and urine of patients suffering from diseases in which the infectious agent appears in the feces or urine must be disposed of according to the following instructions: [insert specific instructions]

Other:

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