

Sedgwick County Health Department Metropolitan Medical Response System (MMRS)

Infection Control and Epidemiology for Suspected Bioterrorism Agents

Notify the Sedgwick County Health Department if patients are admitted with any of the following diagnosis: 316-660-5555

Disease	Isolation Precautions	Vaccination Status	Patient Transport	Patient Placement	HAZMAT/LAB Decontamination	Cleaning/Disinfection of Equipment/Linens	Discharge Management
Bacterial Agent							
Anthrax - Cutaneous, and Gastrointestinal	Contact precautions: Gown, gloves, no mask.	N/A	No restrictions	Private room (psychosocial reasons)	Decontaminate surfaces with 10% bleach solution (do not use on patient). Wash hands with antimicrobial soap.	Routine terminal cleaning with hospital approved disinfectant. Dedicated equipment must be disinfected prior to leaving room. Linen management as with all other patients.	Notify Infection Control when medically stable for discharge.
Anthrax – Inhalation	Standard precautions: Gloves with contact of non-intact skin and mucous membranes.	N/A	No restrictions	Private room (psychosocial reasons)	Decontaminate surfaces with 10% bleach (do not use on patient). Wash hands with antimicrobial soap.	Routine terminal cleaning with hospital approved disinfectant. Linen management as with all other patients.	Notify Infection Control when medically stable for discharge.
Plague – Bubonic, Pneumonic, and Septic	Respiratory and contact precautions: Gown, gloves, surgical mask, DC precautions after 72 hours of antibiotics, clinically improved, and sputum cultures are negative.	N/A	Limit movement to essential medical procedure only. Place surgical mask on patient.	Private room	Decontaminate surfaces with 10% bleach solution (do not use on patient). Wash hands with antimicrobial soap.	Routine terminal cleaning with hospital approved disinfectant. Dedicated equipment must be disinfected prior to leaving room. Linen management as with all other patients.	Home care providers must be taught principles of standard precautions. Usually not discharged until 72 hours of antibiotics completed. Patient may be discharged only after no longer considered infectious. Notify Infection Control when medically stable for discharge.

Disease	Isolation Precautions	Vaccination Status	Patient Transport	Patient Placement	HAZMAT/LAB Decontamination	Cleaning/Disinfection of Equipment/Linens	Discharge Management
Tularemia	Standard precautions: Gloves for ulceroglandular, oculoglandular.	N/A	No restrictions	Private room (psychosocial reasons)	Decontaminate surfaces with 10% bleach solution (do not use on patient). Wash hands with antimicrobial soap.	Routine terminal cleaning with hospital approved disinfectant. Linen management as with all other patients.	Notify Infection Control when medically stable for discharge.
Viruses							
Smallpox	Contact, respiratory isolation. Only dedicated patient care equipment is to be used and must be kept in the patient's room. Gloves, gown or Tyvek suit, N95 mask PAPR, goggles, shoe covers, hair cover.	Smallpox vaccine required for all persons exposed and anyone in close contact with the smallpox case.	Limit movement to essential medical procedure only. Place surgical mask on patient. Place sheet or blanket over patient completely, covering from neck to feet. Use OR hood for face.	Private room with negative air pressure. Door must be closed at all times.	Decontaminate surfaces with 10% bleach solution (do not use on patient). Wash hands with antimicrobial soap.	Use hospital approved disinfectant for daily cleaning. The disinfectant solution and a supply of cleaning materials must be kept in patient's room. Floors cleaned using a single-bucket procedure of wet mopping. Disposable mop heads and cleaning cloths should be used. Bucket and mop handle should remain in patient's bathroom. The contents of the bucket should be emptied into the toilet. Mop head should be removed and disposed of by placing in biohazard trash bag in patient's room. After terminal cleaning, allow room to air 2-12 hours. Special procedures will be provided by the CDC. Do not use chutes for linens. Linen must be carefully bagged in patient's room, placed in a second leak proof bag and autoclave before being laundered. Autoclave all waste prior to incinerating.	Do not discharge from hospital until determined no longer infectious (considered when all scabs have disappeared, generally 14-28 days).

Disease	Isolation Precautions	Vaccination Status	Patient Transport	Patient Placement	HAZMAT/LAB Decontamination	Cleaning/Disinfection of Equipment/Linens	Discharge Management
Viral Hemorrhagic Fever	Contact, respiratory isolation, surgical mask, gloves, goggles, gown or Tyvek suit, shoe covers.	N/A	Limit movement to essential medical procedures only.	Private room with negative air pressure. Door must be closed at all times.	Decontaminate surfaces with 10% bleach solution (do not use on patient). Wash hands with antimicrobial soap.	Routine terminal cleaning with hospital approved disinfectant. Linen management as with all other patients.	Do not discharge from hospital until determined no longer infectious. Home care providers taught principles of standard precautions. Notify Infection Control when medically stable for discharge.
Biological Toxins							
Botulism Toxin	Standard precautions	N/A	No restrictions	No restrictions	No additional decontamination necessary.	Routine terminal cleaning with hospital approved disinfectant. Linen management as with all other patients.	No special discharge instruction necessary.
Ricin	Standard precautions	N/A	No restrictions	No restrictions	No additional decontamination necessary.	Routine terminal cleaning with hospital approved disinfectant. Linen management as with all other patients.	No special discharge instruction necessary.