

**Texas Department of Health -  
An Overview of the Management of Patients in a Bioterrorism Event**

**IMPORTANT PHONE NUMBERS:**  
**TDH 24 hotline 888-963-7111**  
**To report a suspected outbreak:**  
**800-705-8868**  
**TDH Laboratory:**  
**(512)458-7185**

BACTERIAL AGENTS	Anthrax	Brucellosis	Cholera	Giardiasis	Plague	Pneumonic Plague	Tularemia	Q Fever	VIRUSES	Smallpox	Venez. Equine Encephalitis	Viral Hemorrhagic Fever	BIOLOGICAL TOXINS	Botulism	Ricin	T-2 Mycotoxins	Staph. Enterotoxin B
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**Isolation Precaution**

Standard Precautions for all aspects of patient care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Contact Precautions		X							X			X					
Airborne Precautions				X					X								
Use of N95 mask by all individuals entering the room									X								
Droplet Precautions						X			X								
Wash hands with antimicrobial soap		X	X						X			X					

**Patient Placement**

No restrictions	X						X								X	X	X	X
Cohort 'like' patients when private room unavailable			X		X	X		X			X							
Private Room		X	X	X	X	X			X	X	X							
Negative Pressure									X									
Door closed at all times				X					X									

**Patient Transport**

No restrictions	X						X	X			X				X	X	X	X
Limit movement to essential medical purposes only		X	X	X	X	X			X	X	X							
Place mask on patient to minimize dispersal of droplets				X	X				X	X								

**Cleaning, Disinfection of Equipment**

Routine terminal cleaning of room with hospital-approved disinfectant upon discharge			X	X			X	X	X	X	X				X	X	X	X
Disinfect surfaces with bleach/water sol. 1:9 (10% sol.)	X	X			X	X						X						
Dedicated equipment disinfected prior to leaving room		X							X			X						
Linen management as with all other patients	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X

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	<b>A</b>	<b>n</b>	<b>t</b>	<b>h</b>	<b>r</b>	<b>a</b>	<b>x</b>	<b>r</b>	<b>o</b>	<b>s</b>	<b>i</b>	<b>s</b>	<b>s</b>	<b>e</b>	<b>n</b>	<b>c</b>	<b>e</b>	<b>p</b>	<b>h</b>	<b>a</b>	<b>l</b>	<b>i</b>	<b>t</b>	<b>i</b>	<b>s</b>	<b>s</b>	<b>m</b>	<b>i</b>	<b>c</b>	<b>i</b>	<b>n</b>	<b>s</b>	<b>B</b>

Routine medical waste handled per internal policy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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**Discharge Management**

No special discharge instruction necessary	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Home care providers should be taught principles of <b>Standard Precautions</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Patient not discharged from hospital until determined to be no longer infectious						X				X				X																				
Patient generally not discharged until 72 hours of antibiotics completed						X																												

**Post-mortem Care**

Follow principles of <b>Standard Precautions</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Droplet Precautions					X																													
Airborne Precautions										X																								
Use of <b>N95</b> mask by <b>all</b> individuals entering the room										X																								
Negative Pressure										X																								
Contact Precautions										X		X																						
Routine terminal cleaning of room with hospital-approved disinfectant upon autopsy		X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Disinfect surfaces with bleach/water sol. 1:9 (10% sol.)	X					X	X							X																				

**STANDARD PRECAUTIONS** prevent direct contact with all body fluids (including blood), secretions, excretions, non-intact skin (including rashes) and mucous membranes. Standard Precautions routinely practiced by healthcare providers include: Handwashing, gloves when contact with above, mask/eye protection/face shield while performing procedures that cause splash/spray, and gowns to protect skin and clothing during procedures.