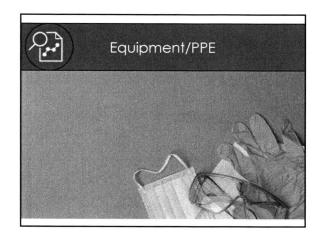
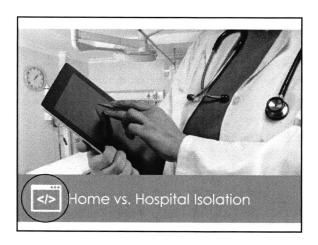


| Disclosur | es | | |
|-----------|----|--|--|
| None | | | |
| | | | |
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| Equipment/PPE |
|------------------------------|
| Home vs. Hospital Isolation |
| Legal & Other Considerations |
| Open Discussion & Questions |



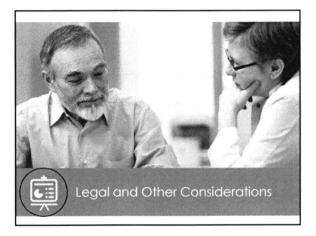




Home vs. Hospital Isolation

- Is there a medical need for hospitalization?
- Cost/expense/insurance coverage
- Is it court ordered?





State Statutes

- Wis. Stat. § 252.07TB
 - 16
- DHS Sec. 145
 - Control of Communicable Disease
- Wis. Stat. § 252.06Isolation and Quarantine

| 1 |
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State Statutes: Duties of Health Officer

Wis. Stat. § 252.03

- (1) Every local health officer, upon the appearance of any communicable disease shall immediately investigate all the circumstances and shall promptly take all measures necessary to prevent, suppress and control communicable diseases.
- (2) The local health officer may do what is reasonable and necessary for the prevention and suppression of disease.
- disease.

 (3) If the local health authorities fail to enforce the communicable disease statutes and rules, the department shall take charge, and expenses incurred shall be paid by the local municipality.

Wis. Stat. § 251.06(3)

- · A local health officer shall:
- (a) Administer the local health department in accordance with state statutes and rules.
- (b) Enforce state public health statutes and rules.



Types of Instructions or Legal Actions

- Verbal Instructions
- Health Orders
- Involuntary Confinement Orders
 - In Hospital
 - In Jail
 - In home setting





Verbal Instructions

- Given by DOT worker, PHN or other LHD staff
- · Reinforced at visits
- · Examples:
 - No visitors
 - Stay at home; can go for walks outside
 - Wear mask to your doctor appointments
 - Provide sputums weekly



Health Orders

- · Written by LHD staff; signed by Health Officer
- Read and given to client in person (usually by Health Officer or Program Manager)
 - Have city/county attorney review
 - "Good cop vs. Bad cop"
 - Interpreter
- · Reinforces the verbal instructions already given
 - Specific to violations of the verbal instructions
 - Examples: "You cannot ride on the city bus to go shopping at the mall."



Sample Documents

- Specific and detailed
- Behaviors you want to see
- Consequences
- Involve health officer and attorney

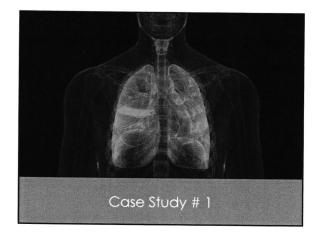




Involuntary Confinement

- Work with city/county attorney to draft paperwork
- Requires affidavits that describe what the client has done to jeopardize health of the public
- Requires affidavits from treating physician detailing patient's health condition and why patient is considered infectious
- · Petition the court
- · Court hearing





Case Study #1

- Early July 2016: LHD called PHMDC: would enforce health orders issued by another LHD? Client with TB wanting to leave hospital in Dane County and requesting ride home on social media
- July 14, 2016: Transfer case from other LHD-client currently hospitalized & threatening to leave hospital AMA Recent diagnosis with pulmonary TB and HIV
- Incentives: Kwik Trip doughnuts, Chinese food, M&Ms
- · PHN visit hospital daily to assess needs
- July 20, 2016: discharge planning initiated with hospital and other LHD
- July 27, 2016: client discharge to home
- October 27, 2016: client died; contributing factors include TB, cancer, HIV/AIDS



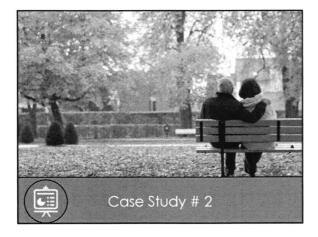
July 3 at 11:22am - A

Haha got my discount on transport

WHEN I DIE
I DON'T WANT FLOWERS
I DONT WANT TEARS
I CERTAINLY DON'T WANT PEOPLE
Flying to come and say goodbye
If you love me that much
What are you waiting for?

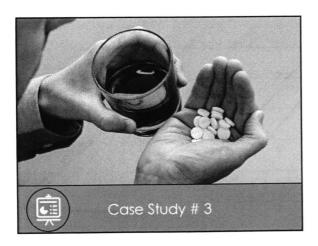
Send me them flowers now.

Come see me now!
PLEASE DON'T WAIT TIL I'M GONE!



Case Study # 2

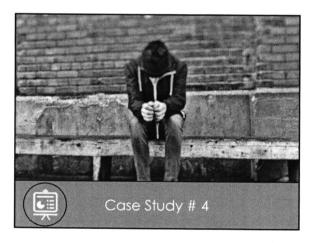
- 78-year-old male from China; diagnosed with pulmonary TB in January 2016
- Client's wife denies diagnosis and refuses DOT; states that she will answer all questions for him as he is hard of hearing
- Phone conversation with city attorney, client's wife, client, PHN and supervisor
- Client's wife provided conflicting information to the clinic and PHN; requested a new PHN who did not have "an accent"
- Client's wife requested medical provider not disclose any information to health department
- Client's wife is concerned about home value, nosey neighbors, client hard of hearing and other underlying medical issues; requesting VDOT for all doses of therapy & MD approved



Case Study # 3

- 29-year-old male from Mexico; diagnosed with lymph TB in January 2015
- Hx: hepatitis and liver cirrhosis
- Frequent hospitalizations due to low hemoglobin, platelets, white blood cells
- · Several medication changes
- No-shows for DOT & ETOH consumption
- · Health orders delivered in May 2015
- Fall of 2015: reactivation of TB in lymph node-causing repeat hospitalization
- Letter from City Attorney delivered in February 2016





Case Study # 4

- 55 y.o. male experiencing homelessness
- Hospitalized for cough, SOB, night sweats, wheezing, abnormal CT scan
 - MD ruling out active pulmonaryTB
- History of COPD, asthma, HTN, schizophrenia, depression with anxiety
- Smokes less than 1 pack/day
- History of alcohol abuse; quit 4 months ago d/t breathing problems
- Has left other hospitals AMA and wants to leave current hospital AMA



Things to Consider...

- Least restrictive → More restrictive measures
- Make sure the PHN/DOT worker relationship/rapport with client is not jeopardized
- Client privacy:
 - Filing court documents by client's initials (protecting privacy)
 - Client to attend court hearings via phone
 - Need to get cooperation of the medical providers



Things to Consider...

- Establish relationship with city/county attorney
- Bring attorney into conversations early on
- Exchange 24 hour contact information with attorney



