

Principles of Modern Quarantine

The following document is selected text from the HHS Pandemic Influenza Plan. Following these guidelines is an Isolation and Quarantine Response Plan Template.

The goal of quarantine is to protect the public by separating those exposed to a dangerous communicable disease from the general population. It represents collective action for the common good that is predicated on aiding individuals who are already infected or exposed and protecting others from inadvertent exposure. Principles of modern quarantine include:

Principle 1: Modern quarantine is used when:

- A person or a well defined group of people has been exposed to a highly dangerous and highly contagious disease
- Resources are available to care for quarantined people
- Resources are available to implement and maintain the quarantine and deliver essential interventions

Principle 2: Modern quarantine encompasses a range of disease-containment strategies, including:

- Short-term, voluntary home-curfew
- Restrictions on the assembly of groups of people (e.g., school events)
- Cancellation of public events
- Suspension of public gatherings and closings of public places (e.g., theaters)
- Restrictions on travel (air, rail, water, motor vehicle, pedestrian)
- Closure of mass transit systems
- Snow days
- “Cordon sanitaire” (a guarded barrier restricting passage in and out of an area)

Principle 3: Modern quarantine is used in combination with other interventions and public health tools, including:

- Enhanced disease surveillance and symptom monitoring
- Rapid diagnosis and treatment for those who fall ill
- Preventive interventions for quarantined individuals, including vaccination or prophylactic treatment, depending on the disease

Principle 4: Quarantined individuals will be sheltered, fed, and cared for under the supervision of trained healthcare professionals. They will also be among the first to receive all available medical interventions to prevent and control disease, including:

- Vaccination (e.g., in the case of smallpox)
- Antibiotics (e.g., in the case of plague)
- Early and rapid diagnostic testing and symptom monitoring
- Early treatment if symptoms appear

Quarantined people may be cared for at home, in a designated emergency facility, or in a specialized hospital, depending on the disease and the available resources.

Principle 5: Modern quarantine lasts only as long as necessary to protect the public by providing public health interventions (e.g., immunization or drug treatment, as required) and ensuring that quarantined persons do not become ill or infect others.

Principle 6: Modern quarantine does not have to be absolute to be effective. Modeling exercises suggest that partial quarantine can be effective in slowing the rate of smallpox spread, especially when combined with vaccination. The goal is to reduce the reproductive rate (the number of secondary cases from an index case) to < 1 to extinguish an epidemic.

Principle 7: Modern quarantine is more likely to involve limited numbers of exposed persons in small area, than to involve large numbers of persons in whole neighborhoods or cities. The small areas may be thought of as “boxes” or “concentric circles” drawn around individual disease cases. Logistical issues will vary in each case, depending on the size and location of the boxes.

Examples of “boxes” include:

- People on an airplane or cruise ship on which a passenger is ill with a suspected quarantinable disease
- People who have contact with a contagion-infected person whose source of disease exposure is unknown

Principle 8: Implementation of modern quarantine requires a clear understanding of public health roles at the local, state, and federal levels, based on well understood legal authorities at each level.

Principle 9: Implementation of modern quarantine requires coordinated preparedness planning by many public and private response partners, including agencies and groups involved in public health, healthcare, transportation, emergency response, law enforcement, and security.

Principle 10: Implementation of modern quarantine requires the trust and participation of the general public, who must be informed about the dangers of quarantinable diseases before an outbreak occurs, as well as during an actual event.

Interventions for Community Containment

Contacts of pandemic influenza patients can be managed by use of a range of interventions, all of which are designed to facilitate early recognition of illness in persons at greatest risk of becoming infected and thereby prevent transmission to others. Whereas many of these interventions are applied individually to persons identified as contacts of a person with possible or known influenza disease, others are applied to larger groups of persons, or communities that share a similar risk of exposure. Measures applied to individuals may not be feasible during the Pandemic Period, when quarantining individuals and tracing close contacts may not be possible. The range of interventions includes the following:

Passive Monitoring

<i>Definition:</i>	The contact is asked to perform self-assessment at least twice daily and to contact authorities immediately if respiratory symptoms and/or fever occur.
<i>Application:</i>	Situations in which 1) the risk of exposure and subsequent development of disease is low, and 2) the risk to others if recognition of disease is delayed is also low.
<i>Benefits:</i>	Requires minimal resources Places few constraints on individual movement
<i>Challenges:</i>	Relies on self-reporting Affected persons may not perform an adequate self-assessment
<i>Resources Required:</i>	Supplies (thermometer; symptom log; written instructions) Hotline to notify authorities about symptoms or needs Staff to receive telephone reports and provide in-person evaluation and care Plans and procedures for rapid isolation of persons who develop symptoms
<i>Partners:</i>	Household members
<i>Forms/Templates:</i>	Symptom logs Instructions for patients and healthcare workers

Active Monitoring without Explicit Activity Restrictions

<i>Definition:</i>	A healthcare or public health worker evaluates the contact on a regular (at least daily) basis by phone and/or in person for signs and symptoms suggestive of influenza
<i>Application:</i>	Situations in which 1) the risk of exposure to and subsequent development of disease is moderate to high, 2) resources permit close observation of individuals, and 3) the risk of delayed recognition of symptoms is low to moderate
<i>Benefits:</i>	Places few constraints on individual liberties
<i>Challenges:</i>	Requires adequate staffing Requires a system to track information and to verify monitoring and appropriate actions based on findings
<i>Resources Required:</i>	Trained staff to provide in-person and/or telephone evaluations Plans and procedures for rapid isolation of persons who develop symptoms Contingency plans for managing noncompliant persons Hotline to notify authorities about symptoms or needs
<i>Partners:</i>	Professional and lay healthcare workers to perform evaluations on behalf of the health department

Possible need for law enforcement to assist with management of noncompliant persons

Forms/Templates: Checklist for assessment of active monitoring
Template for recording results of clinical evaluation

Active Monitoring with Activity Restrictions (Quarantine)

Definition: The contact remains separated from others for a specified period (up to 10 days after potential exposure), during which s/he is assessed on a regular basis (in person at least once daily) for signs and symptoms of influenza disease. Persons with fever, respiratory, or other early influenza symptoms require immediate evaluation by a trained healthcare provider. Restrictions may be voluntary or legally mandated; confinement may be at home or in an appropriate facility.

No specific precautions are required for those sharing the household with a person in quarantine as long as the person remains asymptomatic. Because onset of symptoms may be insidious, it may be prudent to minimize interactions with household members during the period of quarantine, if feasible.

Application: Situations in which the risk of exposure and subsequent development of disease is high and the risk of delayed recognition of symptoms is moderate

Benefits: Reduces risk of spread from persons with subacute or subclinical presentations or from delayed recognition of symptoms

Challenges: May infringe on personal movement
May lead to a feeling of isolation from family and friends
May lead to loss of income or employment
Requires plans/protocols for provision of essential services
Requires plan for provision of mental health support
Risk of noncompliance, particularly as duration increases
May require enforcement for noncompliance

Resources Required: Staff for monitoring and evaluation
Appropriate facility if home setting is unavailable or inadequate
Staff, funding, and goods for provision of essential services
Hotline for notification of symptoms or personal needs
Mechanisms to communicate with family members outside the household or facility
Mental health and social support services
Delivery systems for food and other essential supplies

Partners: Professional and lay healthcare workers to perform assessments on behalf of the health department
Community volunteers/workers to assist with provision of essential services
Potential need for law enforcement to assist with noncompliant persons

<i>Forms/Templates:</i>	<ul style="list-style-type: none"> Checklist for active monitoring Template for recording results of clinical evaluation Checklist and guidelines for evaluation of homes for quarantine Checklist and guidelines for evaluation of community-based sites for quarantine Guidelines for monitoring compliance with home quarantine Guidelines for monitoring compliance with quarantine in community-based facilities Forms for recording compliance with quarantine
<i>Examples:</i>	<ul style="list-style-type: none"> Home quarantine (voluntary or mandatory) Facility quarantine (voluntary or mandatory)

Working Quarantine

<i>Definition:</i>	Employees are permitted to work but must observe activity restrictions while off duty. Monitoring for influenza-like illness before reporting for work is usually required. This may change based on the clinical presentation of the pandemic strain. Use of appropriate PPE while at work is required.
<i>Application:</i>	Persons for whom activity restrictions (home or facility quarantine) are indicated but who provide essential services (e.g., healthcare workers)
<i>Benefits:</i>	<ul style="list-style-type: none"> Reduces risk of community spread from high-risk contacts while minimizing adverse impact of activity restrictions on provision of essential services Clinical monitoring at work reduces the staff required for active monitoring at the quarantine site
<i>Challenges:</i>	<ul style="list-style-type: none"> Need for close and consistent pre-shift monitoring at the work site to prevent inadvertent exposures May require means of transporting persons to and from work site to minimize interactions; persons in working quarantine should wear appropriate PPE during transport. Must maintain close cooperation and communication between work site and local health authorities Need to provide mental health services to address concerns about isolation from family and friends
<i>Resources Required:</i>	<ul style="list-style-type: none"> Appropriate facility for off-duty quarantine if home is unavailable or inadequate Staff, funding, and goods for provision of essential services Personal protective equipment Hotline for notification of symptoms and personal needs System to track results of work-site monitoring and location(s) of off-duty quarantine Mental health, psychological, and behavioral support services, especially if work includes care of influenza patients
<i>Partners:</i>	<ul style="list-style-type: none"> Work-site administrators and infection control personnel Community volunteers/workers

Staff/volunteers to assist with transportation to and from work
 Mental health professionals
 Potential need for law enforcement to assist with noncompliant persons

Forms/Templates: Guidelines and instructions for persons in working quarantine
 Instructions for supervisors of persons in working quarantine
 Checklist to evaluate homes for quarantine
 Guidelines for monitoring compliance
 Checklist for active monitoring at work site
 Template for recording results of clinical evaluation
 Forms for recording compliance

Focused Measures to Increase Social Distance

Definition: Intervention applied to specific groups, designed to reduce interactions and thereby transmission risk within the group. When focused, the intervention is applied to groups or persons identified in specific sites or buildings, most but not necessarily all of whom are at risk of exposure to influenza.

Examples: Quarantine of groups of exposed persons
 Cancellation of public events
 Closure of office buildings, schools, and/or shopping malls; closure of public transportation such as subways or bus lines

Application: Groups or settings where transmission is believed to have occurred, where the linkages between cases is unclear at the time of evaluation, and where restrictions placed only on persons known to have been exposed is considered insufficient to prevent further transmission

Benefit: Applied broadly, reduces the requirement for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions
 May enable reductions in transmission among groups of persons without explicit activity restrictions (quarantine)

Challenges: May be difficult to solicit cooperation, particularly if popular buildings are closed or popular events are cancelled
 Requires excellent communication mechanisms to notify affected persons of details and rationale
 May need to provide replacement for affected activities (e.g., school, essential services)
 Generally relies on passive monitoring

Resources Required: Systems to communicate relevant messages
 May require enforcement, particularly if closure of buildings or gathering places is necessary
 Requires resources for passive monitoring
 Hotlines to report symptoms and obtain follow-up instructions
 Transportation for medical evaluation, with appropriate infection control precautions

Partner: News media and communication outlets
Law enforcement
Community groups

Forms/Templates: Messages for affected persons
Messages for employers of affected persons
Messages for persons supplying essential services

Community-Wide Measures to Increase Social Distance

Definition: Intervention applied to an entire community or region, designed to reduce personal interactions and thereby transmission risk. The prototypical example is implementation of a “snow day,” in which offices, schools, and transportation systems are cancelled as for a major snowstorm.

Examples: Snow days

Application: All members of a community in which 1) extensive transmission of influenza is occurring, 2) a significant number of cases lack clearly identifiable epidemiologic links at the time of evaluation, and 3) restrictions on persons known to have been exposed are considered insufficient to prevent further spread

Benefits: Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions
May enable reductions in transmission among groups without explicit activity restrictions (quarantine)
“Snow days” are familiar concepts and thus are easy to implement on short notice

Challenges: May be difficult to solicit cooperation
Requires excellent communication mechanisms to notify affected persons of details and rationale
May need to provide replacement for affected activities (e.g., school, essential services)
May need to address mental health and financial support issues
When an entire community is involved, requires cooperation with neighboring jurisdictions that may not be using a similar intervention, particularly in situations where persons live in one city and work in another and only one locale is affected by the intervention
Generally relies on passive monitoring
Social and economic impact of public transportation closures

Resources Required: Communication outlets
Enforcement
Resources for passive monitoring
Hotlines and other communication systems to report symptoms and obtain follow-up instructions

Partners: News media and other communication outlets
Law enforcement and transportation officials to enforce restrictions (e.g., closure of bridges, roads, or mass transit systems) and plan for provision of critical supplies and infrastructure

Forms/Templates: Messages for affected persons
Messages for employers of affected persons
Messages for persons supplying essential services

Widespread Community Quarantine, Including Cordon Sanitaire

Definition: Legally enforceable action that restricts movement into or out of the area of quarantine of a large group of people or community; designed to reduce the likelihood of transmission of influenza among persons in and to persons outside the affected area. When applied to all inhabitants of an area (typically a community or neighborhood), the intervention is referred to as *cordon sanitaire* (sanitary barrier).

Application: All members of a group in which 1) extensive transmission is occurring, 2) a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and 3) restrictions placed on persons known to have been exposed are considered insufficient to prevent further spread. Widespread quarantine is unlikely to be necessary because other less restrictive measures (e.g., snow days) may be equally effective.

Benefits: Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions

Challenges: Controversial because of the degree that individual movement is restricted
Difficult to solicit cooperation for extended periods, particularly if the rationale is not readily apparent or was not clearly explained
Requires excellent communication mechanisms to inform affected persons and to maintain public confidence in the appropriateness of the chosen course of action
Need to ensure continuation of essential services
Need to provide financial support and mental health support services for the affected population
When an entire community is involved, requires cooperation with neighboring jurisdictions that may not be using a similar intervention, particularly in situations where persons live in one city and work in another and only one locality is affected by the intervention
Need to provide mechanisms for isolating symptomatic persons with minimal delay

Resources Required: Systems to communicate relevant messages
Enforcement to maintain security at borders
Transportation for persons requiring medical evaluation, with appropriate infection control precautions

Staff and supplies to maintain access to and availability of essential services and goods, including food, water, medicine, medical care, and utilities
Psychological support staff
Plan to divert flow of critical infrastructure supplies and materials that normally transit through quarantined area

Partners: News media and other mass communication outlets
Public and private groups, industries, and officials to coordinate supply and provision of essential services to affected area
Law enforcement to maintain security at borders and to enforce movement restrictions
Transportation industry

Forms/Templates: Messages for affected persons
Messages for employers of affected persons
Messages for persons supplying essential services

Examples: Quarantine (*cordon sanitaire*) of a city or town
Quarantine of occupants of a housing complex or office building

Preparedness Checklist for Community Containment Measures

General

- Establish an incident command structure that can be used for influenza response.
- Establish a legal preparedness plan.
- Establish relationships with partners, such as law enforcement, first responders, healthcare facilities, mental health professionals, local businesses, and the legal community.
- Plan to monitor and assess factors that will determine the types and levels of response, including the epidemiologic profile of the outbreak, available local resources, and level of public acceptance and participation.
- Develop communication strategies for the public, government decision-makers, healthcare and emergency response workers, mental health professionals, and the law enforcement community.
- Invite key partners to participate in pandemic influenza containment exercises and drills.

Management of cases and contacts (including quarantine)

- Develop protocols, tools, and databases for:
 - Case surveillance
 - Clinical evaluation and management
 - Contact tracing, monitoring, and management
 - Reporting criteria
- Develop standards and tools for home and non-hospital isolation and quarantine.
- Establish supplies for non-hospital management of cases and contacts.
- Establish a telecommunications plan for “hotlines” or other services for:
 - Case and contact monitoring and response
 - Fever triage
 - Public information
 - Provider information
- Plan to ensure provision of essential services and supplies to persons in isolation and quarantine, keeping in mind the special needs of children. Services and supplies include:
 - Food and water
 - Shelter
 - Medicines and medical consultations
 - Mental health and psychological support services
 - Other supportive services (e.g., day care or elder care)
 - Transportation to medical treatment, if required
- Plan to address issues of financial support, job security, and prevention of stigmatization.
- Establish procedures for medical evaluation and isolation of quarantined persons who exhibit signs of illness.
- Develop protocols for monitoring and enforcing quarantine measures, such as:
 - Protocols for follow-up of persons who cannot be reached by telephone. These may include a threshold period for non-responsiveness that should trigger a home visit or other means to locate the person. Partnerships with law enforcement and other community-based resources will be helpful in tracing the whereabouts of persons who have violated restrictions.
 - Protocols for monitoring persons who cannot or will not comply with voluntary home quarantine. These may include:
 - Issuing official, legally binding quarantine orders
 - Posting a guard outside the home

- Using electronic forms of monitoring
- Using guarded facilities
- Protocols for using checkpoints to restrict travel between neighborhoods.

Temporary emergency facilities for patient isolation quarantine, and assessment of patients with fever

- Identify appropriate community-based facilities for isolation of patients who have no substantial healthcare requirements.
- Develop policies related to use of these facilities.
- Identify facilities for persons for whom home isolation is indicated but who do not have access to an appropriate home setting, such as travelers and homeless populations.
- Ensure that required procedures for assessment of potential isolation or quarantine sites are available and up to date.
- Identify potential quarantine facilities and prepare contingency plans for staffing and equipping them.
- Identify potential sites for fever clinics and prepare contingency plans for staffing and equipping them, including the ability to dispense antiviral drugs to identified cases in the priority groups.

Community containment measures

- Ensure that legal authorities and procedures are in place to implement the various levels of movement restrictions as necessary.
- Establish procedures for medical evaluation and isolation of quarantined persons who exhibit signs of illness.
- Develop tools and mechanisms to prevent stigmatization and provide mental health services to persons in isolation or quarantine.
- Identify key partners and personnel for the implementation of movement restrictions, including quarantine, and the provision of essential services and supplies:
 - Law enforcement
 - First responders
 - Other government service workers
 - Utilities
 - Transportation industry
 - Local businesses
 - Schools and school boards
- Establish procedures for delivering medical care, food, and services to persons in isolation or quarantine. Examples of services that will require the help of non-traditional partners include:
- Training for responders and healthcare workers, as necessary, in use of personal protective equipment
- Plans for the mobilization and deployment of public health and other community-service personnel

General

- Establish an incident command structure that can be used for influenza response.
- Establish a legal preparedness plan.
- Establish relationships with partners, such as law enforcement, first responders, healthcare facilities, mental health professionals, and the legal community.
- Plan to monitor and assess factors that will determine the types and levels of response, including the epidemiologic profile of the outbreak, available local resources, and level of public acceptance and participation.
- Develop communication strategies for the public government decision-makers, healthcare and emergency response workers, mental health professionals, and the law enforcement community. These strategies should consider privacy concerns.
- Invite key partners to participate in pandemic influenza containment exercises and drills.

Management of cases and contacts (including quarantine)

- Develop protocols, tools, and databases for management of cases and contacts, considering account security and privacy concerns. These may include protocols for:
 - Case surveillance
 - Clinical evaluation and management
 - Contact tracing, monitoring, and management
 - Reporting criteria
- Develop standards and tools for home and non-hospital isolation and quarantine.
- Establish supplies for non-hospital management of cases and contacts.
- Establish a telecommunications plan for “hotlines” or other services for case and contact monitoring and response
 - Fever triage
 - Public information
 - Provider information
- Plan to ensure provision of essential services and supplies to persons in isolation and quarantine, including:
 - Food and water
 - Shelter
 - Medicines and medical consultations
 - Mental health and psychological support services
 - Other supportive services (e.g., day care or elder care).
 - Transportation to medical treatment, if required
- Plan to address issues of financial support, job security, privacy concerns and prevention of stigmatization.

QUARANTINE RESPONSE PLAN TEMPLATE

The following Isolation and Quarantine Response Plan Template is to be used as a guide for the development of an approved Palm Beach County Public Health Isolation and Quarantine Response Plan. This section of the Pandemic Influenza Response Plan should be replaced with a valid Isolation and Quarantine Response Plan approved by the Palm Beach County Emergency Management Division and Department of Health.

Appendix to Emergency Support Function 8 – Health and Medical Response

Table of Contents

1.0	Introduction	
2.0	Purpose	
3.0	Scope	
4.0	Planning Assumptions	
5.0	Authorities	
6.0	Continuum of Isolation and Quarantine	
7.0	Responsibilities	
	7.1 Public Health	
	7.2 Law Enforcement	
	7.3 Attorney's Office's	
	7.4 Community Based Organizations	
8.0	Concept of Operations	
	8.1 Direction and Control	
	8.2 Determination of Need for Isolation or Quarantine	
	8.3 Initiation of Requests for Voluntary Compliance	
	8.4 Involuntary Detention	
	8.5 Release from Isolation or Quarantine	
	8.6 Communications	

1.0 Introduction

As the nation re-focuses on the very real threats of bioterrorism events, communicable disease outbreaks and pandemic influenza, isolation and quarantine (I&Q) are public health measures being updated to reduce the spread of infection during disease outbreaks. In the past, these practices were associated with natural disease outbreaks such as measles (rubeola), pertussis and polio. As effective vaccines and medications were developed, diseases which had caused sickness, death and fear for decades became all but forgotten within the United States. Recently, attention has shifted to emerging diseases such as severe acute respiratory syndrome (SARS), avian (bird) influenza, and old diseases such as smallpox and plague. Whether as a naturally occurring outbreak or as a biological agent in terrorist hands, these diseases would pose a significant threat to the public health were they to be released into the population.

The principles of I&Q remain the same. Isolation means the separation of infected persons from others during the period of communicability. Quarantine means the limitation of freedom of movement of well persons who are suspected to have been exposed to an infectious agent. Quarantine lasts as long as the usual incubation period of the infectious agent. Additionally, persons assigned to care for infectious or potentially infectious individuals must be protected. This plan defines roles and responsibilities for initiating and operating an I&Q in the event of a major and life threatening outbreak of a communicable disease. It is based on experience and sound public health science, and will serve as a template for outbreak situations of varying magnitude.

2.0 Purpose of the Isolation and Quarantine Plan

The Isolation and Quarantine Plan for Palm Beach County provides guidance and structure to Public Health – Palm Beach County Health Department (PBCHD) and regional partners regarding initiation, continuance and release from those activities. The Plan describes the circumstances, authority and events that may necessitate specific leadership decisions, response actions, and communications mechanisms. Specifically, the purpose of the plan is to:

- Establish the decision making criteria used by the Local Health Officer to determine when isolation and/or quarantine beyond the capacities of communicable disease practices are necessary to minimize health impact of a disease outbreak.
- Identify the authorities, roles and responsibilities of PBCHD and partner agencies in the event of a disease outbreak requiring I&Q of one or more individuals.
- Describe procedures and decision trees for accomplishing I&Q, both voluntary and involuntary, for a single infectious case up to a large outbreak situation.
- Describe specific procedures for supporting home-based I&Q of large numbers of individuals in three defined regions of the county.
- Describe procedures for staffing a dedicated facility for I&Q of persons who cannot stay at their homes or who do not have a suitable home environment.

- Define roles and responsibilities for PBCHD, local health care partners, and local response agencies during an outbreak event requiring isolation and/or quarantine.
- Describe how communications and coordination will occur between PBCHD, local and state entities during such an event.
- Assist PBCHD and our response partners with limiting the spread of infectious diseases, illness and death.

The plan will be coordinated with other PBCHD preparedness plans and activities, and will be coordinated with the plans of community, state and federal partners.

3.0 Scope of the Isolation and Quarantine Plan

The Plan is an annex to Pandemic Influenza Emergency Response Plan of the Palm Beach County Comprehensive Emergency Response Plan. Emergency Support Function 8 and its annexes are referenced in the Plan as they provide a broad description of the responsibilities, authorities, and actions associated with public health emergencies.

The Plan primarily focuses on the roles, responsibilities, and activities of PBCHD. However, specific responsibilities for key response partners are included to highlight points of coordination between agencies during situations involving I&Q.

This plan applies to:

- All disease outbreak emergencies requiring I&Q beyond the capacities of current communicable disease practices.
- PBCHD and partner agencies with whom there are established contracts, memoranda of agreement or procedures for disease outbreak events.
- Persons in Palm Beach County as they are included in, or exposed to, such an outbreak.

4.0 Planning Assumptions

This plan applies to communicable disease events requiring I&Q that may exceed day-to-day capabilities. While I&Q are techniques used in the everyday management of infectious disease, this plan does not apply to:

- Tuberculosis Program Control
- Prevention and control of sexually transmitted diseases, or
- Routine operation of Communicable Disease and Epidemiology Section

Development of the I&Q Plan for PBCHD assumes the following:

1. Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of vulnerable populations including the homeless, non-english speaking populations, persons with special medical needs, etc.
2. PBCHD will coordinate I&Q actions through the county EOC and EOC Policy Group.

3. All policies and procedures to assure the care of protected health information apply. Policies and procedures recognize that PBCHD may make necessary disclosures to protect public health when it is acting as the Public Health Authority.
4. This plan applies primarily to isolation and / or quarantine of individuals or groups of individuals and does not apply to quarantines of geographical areas.
5. Isolation and quarantine may be necessary beyond Palm Beach County, and therefore Public Health will coordinate with other counties and regions, but is not responsible for planning or execution of I&Q efforts beyond county lines.
6. Large scale I&Q events will require the participation of many public health resources [including workforce resources] as well as coordination with multiple community, health care, and first responder agencies for a successful response.
7. PBCHD may utilize I&Q as one of several tools to reduce the spread of communicable diseases; PBCHD will focus on gaining voluntary compliance from ill or exposed persons and implementing the least restrictive means possible to reduce the spread of infection.
8. PBCHD will coordinate closely with health care providers and health care facilities to assist with achieving voluntary compliance of ill or exposed persons.
9. An effective public communication program is essential to achieving voluntary compliance with all disease control strategies.
10. I&Q may require the involuntary detention of individuals who may pose a threat to the public's health and do not cooperate with requests from the Local Health Officer.
11. An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary. Depending on the event, information collected by the PBCHD during monitoring may be used as evidence of non-cooperation.

5.0 Authorities

6.0 Continuum of Isolation and Quarantine

I&Q are two of a number of measures used to stop or slow the spread of communicable disease. They may be applied to individuals and to groups, on a voluntary or involuntary basis.

The Centers for Disease Control and Prevention have developed guidelines and definitions for social distancing practices in conjunction with their SARS materials. These measures range from passive monitoring to widespread quarantine, and include the following:

- Passive monitoring
- Active monitoring without explicit activity restriction
- Active monitoring with activity restriction

- Working quarantine
- Focused measures to increase social distance
- Community-wide measures to increase social distance
- Widespread community quarantine, including “Cordon Sanitaire”

This plan addresses the Public Health response to the first three bullets above, regarding isolation and/or quarantine.

7.0 Responsibilities

7.1 PBCHD will be responsible for the following activities:

1. PBCHD will be the lead agency in the management of a communicable disease outbreak.
2. The Local Health Officer will assess the public health threat, evaluate potential consequences based on established criteria, and determine whether isolation and/or quarantine are necessary in any given outbreak situation.
3. The Local Health Officer may initiate the isolation or quarantine of individuals as a protective action to limit the spread of infectious agents or contaminants to others.
4. When possible, PBCHD will seek the cooperation and compliance of infected or exposed individuals in abiding by I&Q requests. However, under specific circumstances, Public Health may immediately order or seek a court order to detain infected or exposed individuals and place them in isolation or quarantine.
5. In all cases where I&Q is considered, PBCHD will address the basic needs of individuals placed in I&Q including but not limited to food, clothing, shelter, medical care, communication with family members, legal counsel and others, if needed.
6. PBCHD will implement local and regional surveillance and disease and health management services that comply with clinical protocols and federal, state, regional and local regulations, laws and guidelines.
7. PBCHD be the lead clinical and administrative manager of any non-hospital isolation or quarantine facilities that are established.

7.2 Local Law Enforcement agencies will be responsible for the following activities:

1. Assist with service of Notice of Civil Detention to clients, if needed.
2. Provide escort for individuals requiring transportation for purposes of involuntary isolation or quarantine, if needed (note: transportation of infectious individuals will be managed by local Emergency Medical Service providers through coordination with PBCHD).

3. Execute arrest warrants related to I&Q cases.

7.3 The Prosecuting Attorney's Office will be responsible for the following activities:

1. Petition the court ex parte to authorize involuntary detention, once need is determined by the Local Health Officer.
2. Represent Public Health in any petition or appeal hearings required to carry out involuntary isolation or quarantine of individuals.
3. Coordinate with Public Health and Local Law Enforcement to serve notice necessary to achieve isolation or quarantine.

7.4 The community based organizations will be responsible for the following activities:

1. Coordinate with the American Red Cross, other social service providers, and businesses to provide food, shelter, and clothing on an emergency basis.
2. Coordinate with local community-based organizations, Zone jurisdictions, or public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined.
3. Coordinate with local community-based organizations, other social service providers, and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
4. Coordinate access to telephone services for individuals who are isolated or quarantined, if needed.
5. Provide access to mental health and other psychological support. Coordinate with Palm Beach County Department of Community and Human Services and local specialty providers, if needed.
6. Arrange with child care resources for childcare or elder care, if needed.
7. Arrange transportation with Palm Tran if needed to provide isolated or quarantined individuals with access medical treatment or other critical services.
8. Coordinate with Department of Social and Human Services and local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.
9. Coordinate with local social service providers to provide faith-based services and social amenities, as possible [television, radio, Internet access, and reading materials].

8.0 Concept of Operations

8.1 Direction and Control

1. PBCHD will be the lead agency in coordinating the local health and medical response to an outbreak situation requiring isolation or quarantine of individuals.
2. PBCHD and all response partners will operate under the Incident Command System throughout the duration of the I&Q event response.
3. PBCHD may activate the Public Health Emergency Operations Center (EOC) to coordinate the county-wide public health and medical response during an outbreak situation.
4. Palm Beach County and other cities in the county may activate their EOCs during an outbreak to coordinate consequence response.
5. PBCHD will respond under the auspices of this plan as well as the Department Emergency Operations Plan, Emergency Support Function 8 (Health and Medical Services) and the Regional Disaster Plan.

8.2 Determination of Need for Isolation or Quarantine

1. The Chief of the Communicable Disease Control, Epidemiology and Immunization Section will recommend to the Local Health Officer the need for isolation and/or quarantine as strategies to control a communicable disease outbreak.
2. The Local Health Officer will authorize the use of isolation and/or quarantine as strategies to control a communicable disease outbreak based on the advice of the Chief of the Communicable Disease Control, Epidemiology and Immunization Section.
3. The Local Health Officer will activate the Public Health EOC and identify an Incident Commander.
4. The Incident Commander, Medical Advisor, Epidemiology Investigations Team, Clinical Operations Team, and Logistics Section will determine whether an isolation or quarantine facility should be activated.
5. PBCHD will seek voluntary compliance with requests for isolation or quarantine, unless the Medical Advisor advises the Local Health Officer that the following conditions are present, making it necessary to immediately initiate involuntary detention for the purposes of isolation or quarantine:
 - a. There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

- b. There is a reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not isolated or quarantined; and
- c. Seeking voluntary compliance would create a risk of serious harm.

8.3 Initiation of Requests for Voluntary Compliance with Isolation or Quarantine

The Epidemiology Investigations Team will:

1. Initiate contact with the individual or group suspected of being infected or exposed.
2. Determine whether interpretation services are needed to facilitate communication with the person; if so, coordinate this issue with interpreter services, as needed.
3. Enter cases and contact(s) in a database and document information related to cases including dates and times of all verbal and written communications.
4. Verbally communicate the following information to the individual or group:
 - a. Explain the circumstances regarding the infection or exposure, the nature and characteristics of the illness, and the potential for infection of others. (Provide written material when available.)
 - b. Request that the individual or group isolate or quarantine themselves.
 - c. Explain the process for I&Q, what is expected of each individual, how Public Health will support their needs, and how long they must remain under isolation or quarantine.
5. If necessary, explain that the Local Health Officer has authority to issue an emergency detention order or petition the court ex parte for an order authorizing involuntary detention if the individual or group does not comply with the request for isolation or quarantine.
6. If an individual is a patient in a hospital, make contact with hospital staff as well as the patient to ensure hospital-based isolation and appropriate infection control measures are practiced, if indicated.
7. Complete a written request for voluntary compliance with isolation or quarantine instructions, including the location and dates of isolation or quarantine, suspected disease, medical basis for isolation or quarantine, and relevant patient information.
 - a. Provide copies to the Public Health Legal Team.

- b. Make reasonable efforts to obtain the cooperation and compliance of the individual or group with the request for isolation or quarantine. Document efforts on a standardized form and enter into a database.
- c. Alert the Local Health Officer and the Legal Team about situations where a person or group indicates unwillingness to comply.
- d. Recommend to Local Health Officer whether involuntary detention should be initiated.

The Clinical Operations Team will:

1. Coordinate with the Epidemiology Investigations Team regarding the issuance of requests for voluntary compliance with isolation or quarantine instructions.
2. Contact the identified individual to evaluate the suitability of their residence for isolation or quarantine; determine whether evaluation can be implemented using a telephone questionnaire or if an in-person review is necessary.
3. Immediately deliver an information packet to the individual placed in isolation or quarantine. Provide appropriate instructions and training, if needed, regarding the packet contents, Public Health expectations, and infection control measures [note: patients isolated within health care facilities may only require an information packet; the health care facility may address training needs and infection control issues for the patient].
4. Activate the Isolation and Quarantine Response Center (IQRC) to support the needs of isolated and quarantined persons.
5. Through the IQRC
 - a. Develop a schedule of daily check-in calls for each individual under isolation or quarantine
 - b. Verify that the individual is at a specified location and monitor their health status.
 - c. Continue conducting daily check-in calls with each individual until they are released from isolation or quarantine.
 - d. Record information gathered during check-in calls on a standardized form and enter information into a database.
 - e. Respond to irregularities such as changes in health status and failure to respond to call(s) [e.g., request law enforcement or Public Health staff drive by; make contact with the patient's health care provider, personal contacts or employer, etc.].

[NOTE: If repeated attempts to locate individuals subject to isolation or quarantine, including telephone calls and site visits, are unsuccessful, coordinate with the Public Health Incident Commander, Public Health Legal Team, and the

designated Disease Control Officer regarding the need to pursue involuntary detention].

- f. Document all requests for assistance from patients on a standardized form. Include the nature and specific type of assistance requested, and the date and time the request was made. (See IQRC 'Master Log of Referrals and Requests,')

[NOTE: Reasonable requests for assistance could include food, water, clothing, shelter, means of communication, medication, medical care, special needs related to cultural and religious beliefs, and legal representation].

- g. Coordinate with the Operations Section Chief within the Public Health Incident Command Structure, as needed, to identify and task appropriate agencies with fulfilling each request.
- h. Document the organization to which the request was assigned (i.e. American Red Cross, local human services agency, health care provider, public health nurse), including a contact name and phone number.
- i. Follow up with referral agencies on requests for assistance.
- j. Coordinate with hospital discharge planners to provide PBCHD with appropriate notice regarding the discharge of isolated patients.
- k. Ensure that patients are aware of the continuing requirements of isolation and appropriate infection control measures.
- l. Evaluate the suitability of residences (as described above) and initiate daily monitoring.
- m. Provide the Epidemiology Investigations Team with daily situation updates regarding each patient's status.
- n. Provide support to contact investigations, as requested by the Epidemiology Investigations Team and as resources allow.

8.4 Involuntary Detention for Purposes of Isolation or Quarantine

1. The Local Health Officer may authorize initiation of involuntary detention for purposes of isolation or quarantine under the following conditions:
 - a. There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken; and

- b. There is reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine; and
 - c. PBCHD has made reasonable efforts, which have been documented, to obtain cooperation and compliance from the individual or group with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, or inspection and closure of facilities, or the Local Health Officer has determined based on advice from the Medical Advisor that seeking voluntary compliance would create a risk of serious harm.
- 2. If the above conditions are met, the Local Health Officer may initiate involuntary detention for up to 10 days by taking one or both of the following actions:
 - a. The Local Health Officer may issue an emergency detention order pursuant to XXXXXXXXX. If immediate detention of an individual or group is ordered verbally, the Local Health Officer will issue a written order as soon as reasonably possible and in all cases within 12 hours of the detention. The duration of the emergency detention order may not exceed 10 days.
 - b. Alternatively or simultaneously, the Local Health Officer may initiate through the Prosecuting Attorney's Office a petition to the Superior Court ex parte for an order authorizing involuntary detention pursuant to XXXXXXXXX. The duration of the court order may not exceed 10 days.
- 3. The Local Health Officer may petition the Superior Court for an order authorizing continued detention for up to 30 days following the initial 10-day detention, pursuant to XXXXXXXXX. In order to grant the petition, the court must find clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others. If necessary, the Local Health Officer may petition the Superior Court for one additional 30-day period of detention, pursuant to XXXXXXXXX.
- 4. The Local Health Officer's decisions to petition the Superior Court for initial and continued detention will be based on the recommendations of the Medical Advisor.
- 5. The Prosecuting Attorney's Office (PAO) will represent the Local Health Officer in court proceedings for involuntary detention. The Public Health Legal Team will provide coordination within PBCHD and with the PAO.
- 6. The Public Health Legal Team will coordinate with and brief law enforcement officials for the jurisdiction(s) in which emergency detention orders or court orders will be served. If necessary, the Public Health Legal Team will request law enforcement support for enforcement of detention orders.

7. PBCHD will provide technical information to law enforcement regarding the nature of the illness and appropriate protective actions and equipment to be used during enforcement of orders.
8. The Incident Commander, Medical Advisor, Legal Team, PAO, and Logistics Section will resolve issues related to locations for detained persons. Detentions will occur in the least restrictive settings possible that do not endanger the public health.
9. The IQRC will provide monitoring and support services to persons involuntarily detained, using the protocols applicable to persons who are voluntarily complying with requests for isolation or quarantine. Modified protocols may be necessary if the location for detention is a correctional facility or other secure residential facility.

8.5 Release from Isolation or Quarantine

1. The Local Health Officer, based on the advice of the Medical Advisor, will determine to release an individual or group from voluntary compliance with isolation or quarantine when isolation or quarantine is no longer necessary as a strategy to control communicable disease.
2. The Local Health Officer, based on the advice of the Medical Advisor, will determine to release an individual or group from involuntary detention for purposes of isolation or quarantine based on the following:
 - a. The individual is no longer suspected to be infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent; or
 - b. The individual is no longer deemed to pose a serious and imminent risk to the health and safety of others if released from isolation or quarantine.
3. If release of a detained person is authorized before the expiration of a detention order, the Legal Team will coordinate with the PAO the activities necessary to accomplish release.
4. The Clinical Operations Team will:
 - c. Initiate direct contact with the individual or group to be released from isolation or quarantine and communicate the date and time of their release.
 - d. Notify the Crisis Clinic.
 - e. Verbally communicate to the individual or group that they are released from isolation or quarantine.
 - f. Follow up verbal contact by immediately delivering written notification to the individual or group specifying the reasons for

their release from isolation or quarantine (may be delivered in person or by mail).

- g. Document on a standardized form and enter into a database the dates and times that individuals were notified verbally and in writing of their release from isolation or quarantine.
- h. Coordinate with the Epidemiology Investigations Team to cease daily monitoring.

8.6 Communications

1. PBCHD will serve as the lead agency in Palm Beach County for risk communications messaging and public education. All jurisdictions on Palm Beach County will coordinate with PBCHD to ensure consistency of communications and education messaging regarding the need for I&Q.
2. The PBCHD Communications Section will:
 - a. Assess the information needs of health care providers.
 - b. Assess the information needs of the general public.
 - c. Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
 - d. Intensify public education efforts about the hazard, and steps that can be taken to reduce exposure to infection. Information may be disseminated via web site postings, newspaper editorials, flyers and billboards, television and radio broadcasts.
 - e. Coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials.