

Isolation and Quarantine

and Other Community Containment Actions

OVERVIEW

Isolation, quarantine and other community containment actions prevent person-to-person spread of disease by separating people with disease, or at increased risk for developing disease, from those at lower risk. These public health strategies can:

- Restrict individuals' activities and movement
- Be implemented on either a voluntary or compulsory basis (see Appendix E1 compulsory restrictions policy statement)
- Require monitoring of individuals' health status

OBJECTIVES

Prevent the spread of contagious disease by employing actions such as:

- *Isolation* separates people who are ill with a communicable disease from those who are healthy. Isolating ill people in a hospital, at home, or in another designated facility prevents transmission of infection to others and allows delivery of specialized health care to ill individuals.
- *Quarantine* separates or restricts the activities of people who are *not* ill but are likely to have been exposed to a communicable disease and therefore are at increased risk of being infected. Quarantine is imposed for the common good. Imposition requires balancing protecting the community's health with maintaining individual liberty. Quarantine 1) supports monitoring of at-risk people thus promoting early treatment, and 2) protects the uninfected from inadvertent exposure
- *Other Community Containment Actions* prevent transmission by limiting social interactions, thereby preventing inadvertent exposures. Examples include canceling public events, closing facilities (schools, restaurants, theaters, parks, etc.), stopping or limiting mass transit, and requiring protective devices (e.g., masks) in certain places.

ACTIVATION



ADDITIONAL RESOURCES

Isolation or quarantine of multiple individuals is done when there is a serious disease outbreak. With rare exceptions, the Department will activate a response organization based in the Incident Command System (ICS) to manage the emergency. The Incident Commander will apply this Tab as appropriate.

Tab A, Epidemiology and Surveillance
 Tab B, Mass Prophylaxes
 Tab D, Rapid Screening Point
 Tab G, Risk Communication
 Tab M, Mental Health
 Tab Q, Security

Table 1: **Determining and Activating Measures**

TASK	REFERENCE	COMPLETED
<p>Set disease control objectives. Incident Commander (IC) sets general disease control objectives, and initiates planning process that considers isolation, quarantine, and other community containment measures (hereafter called “containment measures”)</p>		
<p>Determine containment measures. IC ensures Planning Section and Technical Specialist capacity to define the situation and create containment measure plans that address critical issues (e.g., epidemiologic effectiveness, legal/civil rights implications, law enforcement involvement, etc.).</p> <p>PSC coordinates and leads planning process that determines:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severity of disease’s risk to life and health including: <ul style="list-style-type: none"> • Morbidity (measured or expected). • Mortality (measured or expected) • Availability and effectiveness of prevention and treatment <input type="checkbox"/> Mode and efficiency of disease transmission, including: <ul style="list-style-type: none"> • Incubation period (to determine duration of containment measures) • Period of communicability. • Degree of contact considered to comprise risk. • Likely/presumed efficiency of transmission from various types of cases (suspect, presumed, or confirmed) • Likely efficiency of transmission from asymptomatic exposed individuals. • Epidemiologic risk factors for transmission • Classification of contacts according to the type of case to which contact was exposed (suspect, presumed, confirmed). <input type="checkbox"/> Need and efficacy of containment measures (isolation, quarantine, other community containment actions). <input type="checkbox"/> Observed or likely effectiveness of voluntary and compulsory methods. <input type="checkbox"/> Populations that should be subjected to measures, and the nature and duration of measures. <input type="checkbox"/> Practicality and costs of executing various approaches. 	<p>Tabs A, Q</p>	

<p>Develop tactics. IC guides Tactics Meeting participants (minimally OSC, PSC, LSC) on containment measures and their voluntary and/or compulsory application as incident situation requires. Participants design needed organization, resources, and required procedures.</p>		
<p>Compulsory measures note. An IC who does not have legal authority to implement compulsory methods must justify decision and seek authority (i.e., County Health Officer or Department Director, State Health Officer) and policy and operational support, (County Chair), other elected leaders, law enforcement, etc.).</p>		
<p>Develop Incident Action Plans. In preparation for the operational period:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PSC develops executable plans (reasonable measures, available staff and supplies, adequate communication and cooperation) and assignments for Operations field organization to monitor, enforce, and support containment measures. Refer to Table 2 - Special Considerations and Oversight of Community Containment Measures. <input type="checkbox"/> Logistics Section arranges resources and support. <input type="checkbox"/> Safety and Liaison Officers prepare key messages for dissemination supporting organizations and Operations field staff. <input type="checkbox"/> IO prepares and releases key messages to guide public to incident operations and to allow appropriate individual prevention actions. 	<p>Tabs G, M, Q</p>	

Table 2: **Special Considerations and Oversight of Community Containment Measures**

TASK	REFERENCE	COMPLETED
<p>General considerations for isolation and quarantine: Separating and/or restricting people, whether by isolation or quarantine, requires some common considerations such as:</p> <ul style="list-style-type: none"> • Determination of appropriate sites such as home, hospital, and other settings. • Implementation of containment measures through appropriate legal channels (e.g., ORS 433 Public Health Measure or House Bill 2185). • Involvement of law enforcement in an enforced isolation/quarantine, crowd control of isolation/quarantine sites, or supervision of correctional inmates placed under isolation/quarantine. • Availability of personal protective equipment and procedures such as appropriate medical equipment and supplies for contact 	<p>Ea</p>	

<p>monitoring (e.g., thermometers, masks, etc.).</p> <ul style="list-style-type: none"> • Support of necessary services such as meals, usual medications, etc. • Easy accessibility of reliable means of communication (phone, internet connection, etc. for follow-up and surveillance). <p>Special conditions of isolation. Base isolation plan on:</p> <ul style="list-style-type: none"> • Severity of illness/difficulty of medical management. • Difficulty of infection control practices needed to prevent transmission to caregivers, and capabilities of staff or family in potential sites. • Capacity of healthcare system and other facilities. • Special characteristics of infected individuals and caregivers. <p>Special conditions of quarantine.</p> <p><i>In general, home-based quarantine is preferable if:</i></p> <ul style="list-style-type: none"> • A low-to-moderate stringency of quarantine is effective in limiting spread. • Home quarantine is acceptable to contact and family/caregivers. • A stable residential "home base" is available. • Daily contact (by phone or in-person, as merited) with Public Health workers can be maintained. • Contacts who develop symptoms can be transported as needed to a medical facility in a timely fashion. <p><i>In general, centralized quarantine facilities are preferable if:</i></p> <ul style="list-style-type: none"> • A moderate-to-high stringency of quarantine is necessary to limit spread. • Facility-based quarantine is acceptable to contact and family/caregivers. • The contact population does not have a stable local residence (travelers, homeless people, etc.). • An appropriate and stable facility is available. • Onset of illness is likely to be rapid and require speedy medical follow-up (to include medical and laboratory diagnosis, treatment, emergency transport, and clinic or hospital services). • A facility-based approach is necessary to facilitate daily contact with health department epidemiology or clinical personnel. • Facility-based quarantine is necessary to facilitate contact management (e.g., the number of contacts needing to be tracked is large, or intensity of contact management is high). • Law enforcement is involved. • Meeting the needs of special populations (e.g., disabled seniors, parolees, others with mandated court or treatment dates, etc.) is facilitated by facility-based quarantine. 	<p>Tabs A, B, D</p>	
<p>Oversight of isolation/quarantine.</p> <ul style="list-style-type: none"> • All people under isolation or quarantine must be informed of the 		

<p>conditions of their restrictions, their legal rights, and the health and legal consequences of violating restrictions. Prepare and use written and verbal notices.</p> <ul style="list-style-type: none"> • Phone-based monitoring is usually preferable to home visits (less intrusive, more cost-effective). Consider enhancing phone-based monitoring with random home visits. • If symptoms are not easily detected by lay caregivers, schedule assessment visits by a health care worker depending on acuity of symptom onset and medical implications of delayed treatment. • Where compulsory isolation or quarantine is required, restrict the movements of the person(s) by using health practitioners, guardians, or other trusted agents to monitor symptoms and duration of isolation or quarantine. 		
<p>Release from isolation/quarantine.</p> <ul style="list-style-type: none"> • Release must occur in adherence to the case (isolation) or contact (quarantine) definitions. • In cases where non-voluntary isolation (outside a hospital) or quarantine is applied, release must be approved according to the terms of the ex parte court order (court-imposed "Public Health Measure") or Emergency Administrative Order. 		

Appendix Ea: **Health Department Policy and Oregon Law on Isolation and Quarantine**

Multnomah County Health Department Policy

Statement of Policy

It is the preference of Multnomah County Health Department to use voluntary approaches to preventing, controlling and containing communicable diseases. This preference applies to isolation, quarantine, and other community containment actions.

However, the Department will use compulsory approaches when it judges that voluntary approaches are likely to be impractical or ineffective in protecting the public's health. The Department will use clear criteria in deciding whether to utilize compulsory methods. These criteria will include: 1) the severity of disease risk to life and health; 2) the mode and efficiency of disease transmission; 3) the observed or likely effectiveness of voluntary methods including the impact of risk of flight, and 4) the practicality and costs of implementation.

When the Department judges compulsory approaches are justified, it will use the actions and procedures available under Oregon law, with an eye towards protecting the integrity and dignity of all involved individuals. (See ORS 433.019 and House Bill 2185)

Oregon law (ORS 433.019) authorizes local and state health departments to seek a court order ("Public Health Measure") to enforce compulsory isolation or quarantine. The process for imposing a public health measure includes procedures to protect an individual's civil rights. Oregon law allows use of only the least restrictive action necessary to protect the public health. In addition, *all* public health measures require at least some court involvement. In general, the court must review the case and make a decision before the health department can act. However, when there is a clear and immediate danger to others, a person may be taken into custody by a law enforcement officer, and held in a health care facility for up to two days before the court reviews and decides on the case (See ORS 433.022 for details of emergency implementation of a public health measure).

House Bill 2185 (HB 2185-A) amends several Oregon public health laws. For isolation and quarantine measures, the bill allows for two ways for the state or local public health administrator to quarantine or isolate a person or group of persons on an emergency basis. The administrator can issue an Emergency Administrative Order or seek an ex parte court order. (See HB 2185 for full details.)