

Appendix E

Isolation & Quarantine

Isolation and Quarantine Plan

Definitions

Isolation and **quarantine** are two common public health strategies, which aim to protect the public by preventing exposure to infected or potentially infected individuals.

In general, **isolation** refers to the separation of people **who have a specific infectious illness** from healthy people and the restriction of their movement to stop the spread of that illness. Isolation is a standard procedure used in hospitals today for patients with tuberculosis and certain other infectious diseases.

Quarantine, in contrast, generally refers to the separation and restriction of movement of people **who are not yet ill, but** who have been **exposed** to an infectious agent and are therefore potentially infectious. Quarantine of exposed individuals is a public health strategy, like isolation, that is intended to stop the spread of infectious disease. Both isolation and quarantine may be conducted on a **voluntary basis** or **compelled on a mandatory basis** through legal authority.

Infections Transmissible in the Garrett County

Excluding the sexually transmitted diseases, there are a limited number of infectious diseases that can be disseminated in a community by person-to-person spread today. In Garrett County, there are high levels of immunity to many contagious diseases, which used to circulate periodically through the population. Infections persisting in the community with significant potential morbidity and mortality include influenza, group-B streptococcus and tuberculosis. “Emerging infections” will continue to appear and threaten to cause severe harm to persons

and the economy of the area. Such diseases recently appearing in the United States, but not yet in Garrett County, are Sudden Acute Respiratory Syndrome (SARS) and Monkeypox. Communicable Bioterrorism agents that could possibly affect Garrett County are smallpox, and pneumonic plague.

Early Identification of Community-Transmissible Infectious Disease

Important factors in achieving effective control of the above infectious diseases in the community, are the identification of the threat, early identification of the first case or suspect case, establishing isolation procedures for this case and the prompt notification of the health department so that epidemiological studies and necessary infection control procedures for the community can be initiated.

Community education and information will alert the population to signs and symptoms of diseases which may be a threat to the community, and lead to early presentation to the health care system for diagnosis and care.

On-going professional education is required so that health care providers remain alert to the infectious disease presentations that they might face and to prepare them to request proper diagnostic studies. Education can assure that they have infection control procedures in place in their workplace to protect themselves and their fellow workers, and that they understand the importance of advising appropriate staff at the health department and the hospital of their early suspicions.

The Garrett County Health Department (GCHD) staff, specifically the Deputy Health Officer and/or the Coordinator of Bioterrorism, will immediately provide assistance to the provider in obtaining the most current guidance from CDC in diagnostic criteria, isolation precautions and treatment recommendations. The health department will assist the provider in obtaining any special testing required from state or CDC

(federal) laboratories.

The GCHD will establish an epidemiologic unit, under the direction of the County Health Officer, which will include multiple disciplines and follow lines of investigation indicated by the circumstances of the communicable disease outbreak.

Implementation of Isolation of Suspected Cases

Garrett County Memorial Hospital will review and implement fully their Infection Control Policy to assure that proper isolation of the index case takes place, and to assure the protection of hospital workers, other patients and the public.

Negative airflow rooms are an expensive but important component of effective isolation of the most serious communicable diseases listed above. GCMH has four such rooms, each a private room for an initial capacity of four persons. The hospital also has a portable unit, complete with HEPA filter capability, which can be placed in a unit, which would be designated just for patients requiring negative airflow isolation. They have identified such a unit, which could be incrementally expanded, up to a total capacity of 30 beds. To achieve such an isolation capacity, the hospital has identified incremental steps to be taken, including the cancellation of elective and outpatient surgery, and the de-activation of the Sub acute Unit with either discharge of these patients to home, or transfer of some patients to the Cuppett & Weeks Nursing Home.

For the next step in expanding isolation capacity, space would be utilized at the Cuppett & Weeks Nursing Home. The CWNH could accommodate up to 30 patients with not too great difficulty in a separate wing, but they have no negative airflow capability, and they have approximately 80 elderly residents who would need to be completely protected from an infectious disease unit. A second alternative would be the decommissioning GCMH as a general hospital, with transfer of patients

and diversion of emergency care to other area facilities and establishing the hospital as a Class X or C Infectious Disease Hospital if directed to do so by the Secretary of Health and Mental Hygiene. A third alternative that has not been explored would be to utilize a former tuberculosis hospital located 10 miles west of Oakland in Hopemont, WV.

Implementation of Quarantine of Contacts of Suspected Cases

The health department will initiate epidemiological studies to identify the possible source of the suspected infection, and identify all persons who may have had a significant exposure to the index case. The health department will initiate infection control procedures in the community, establishing criteria for deciding on who should be quarantined and the procedures to be followed by the person in quarantine and their family. These procedures will include a plan for continued surveillance of the person, such as periodic temperatures, diary of symptoms, scheduled and unscheduled telephone and direct visitation contacts, and definitions of when the quarantine order will be removed. ***With standing authority to act in the control of disease, or Upon delegation of special authority from the Governor, The Garrett County Health Officer, based on the information gathered from epidemiologic investigation by the Health Department, will issue orders for Quarantine.*** Under direction and control from the Health Department, nurses will go to identified homes and educate the quarantined individuals about the procedures to be followed. The nursing staff of the health department would be committed first, and then aided by nurses from other agencies, and volunteer nurses from the community. Home Health would operate a telephone bank to monitor these cases under quarantine, using health department personnel, staff from other agencies and community volunteers. Up to 400 households under quarantine could be managed under this system.

An alternative of quarantine in a centralized facility has been studied and found to be impractical for Garrett County at the present time, but this concept could be reactivated if the quarantine at home was inadequate or the need for a central facility developed.

When a person in quarantine fails to comply with their order, the County Health Officer will be notified and he will pass necessary information to the County Sheriff's Office for necessary action to be taken. The threat of legal detention may be sufficient to gain compliance, but mechanisms for house arrest can also be used. The Garrett County Jail has one cell that is equipped with negative airflow, and with additional training of jail staff, a non-compliant individual could be safely held in the jail as a last resort.

Maryland's Legal Authority

Maryland's authority to compel isolation and quarantine within its borders is derived from its inherent "police power;" the authority of all state governments to enact laws and promote regulations to safeguard the health, safety, and welfare of its citizens. As a result of this authority, the individual states are responsible for intrastate isolation and quarantine practices and conduct their activities in accord with their respective statutes. The applicable statute in Maryland was amended in 2002, and is included in the Maryland Annotated Code, Health-General, Environment, and State Government. In summary, the Governor may issue an executive order proclaiming the existence of a catastrophic health emergency. The Governor may order the Secretary of Health and Mental Hygiene or other designated official to perform various acts including the authority to order isolation and quarantine of individuals, and to assume control of facilities, if necessary, to respond to the catastrophic health emergency.

Federal Law

The HHS Secretary has statutory responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States, e.g., at international ports of arrival, and from one state or possession into another.

The communicable diseases for which federal isolation and quarantine are authorized are set forth through executive order of the President and include: **cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers**. A new executive order was recently issued adding **Severe Acute Respiratory Syndrome (SARS)** to the list of detainable communicable diseases.

By statute, U.S. Customs and Coast Guard officers are required to aid in the enforcement of quarantine rules and regulations. Violation of federal quarantine rules and regulations constitutes a criminal misdemeanor, punishable by fine and/or imprisonment.

Federal quarantine authority includes the authority to conditionally release individuals from quarantine, e.g., release from quarantine on the condition that they comply with medical monitoring and surveillance.

Interplay between Federal and State/Local Laws

States and local jurisdictions have primary responsibility for isolation and quarantine within their borders. The federal government has residual authority under the Commerce Clause to the U.S. Constitution to prevent the interstate spread of disease.

The federal government has primary responsibility for preventing the introduction of communicable diseases from foreign countries into the United States.

By statute, the HHS Secretary may accept state and local assistance in the enforcement of federal quarantine regulations and may assist states and local officials in the control of communicable diseases.

It is possible for federal, state, and local health authorities simultaneously to have separate but concurrent legal quarantine power in a particular situation (e.g., an arriving aircraft at a large city airport). Because isolation and quarantine are "police power" functions, public health officials at the federal, state, and local level may occasionally seek the assistance of their respective law enforcement counterparts to enforce a public health order.