

ESF 8 HAZARD ANNEX

Isolation and Quarantine Response Plan

Version 4.1, September 2014

Record of Changes

Version No.	Change Description	Date Entered	Posted By
2	Revised plan to reflect new legal protocols and integration with Public Health incident command structure	March 2006	A. Eiden, Response Planner and Legal Advisor, PHSKC
3	Revisions to improve consistency with current ESF 8 plan	February 2010	A. Jaffe-Doty Response Planner PHSKC
4	Revisions to reflect Contact Center involvement and other minor details.	March 2012	A. Kolberg Preparedness Planner PHSKC
4.1	Addition regarding EMS transport of patients	September 2014	A. Kelmore ResponsePlanning Manager PHSKC

Isolation and Quarantine in Public Health – Seattle & King County

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Isolation and Quarantine in King County

I. Introduction

Ongoing threats of bioterrorism events, communicable disease outbreaks and pandemic influenza necessitate periodic review and updating of public health isolation and quarantine measures to prevent community transmission of infectious agents. Isolation means the separation of infected persons to prevent transmission to others during the period of communicability. Quarantine means the separation or limitation of freedom of movement of well persons who are suspected to have been exposed to an infectious agent to allow cases that may develop to be promptly identified, isolated and treated, therefore minimizing risk for community transmission. Quarantine duration is based upon the incubation period of the infectious agent. In both isolation and quarantine scenarios, persons caring for infectious or potentially infectious individuals must take precautions to minimize their risk of infection.

This plan defines roles and responsibilities for operationalizing isolation and quarantine plans in the event of a severe outbreak of a communicable disease. It is based on the experience of public health officials, and will serve as a template for outbreak situations of varying magnitude. It also assumes that the clinical aspect of operations will be managed according to the protocols employed by the Communicable Disease and Epidemiology and Tuberculosis Sections.

A. Organizational Roles

1. Lead:

- Public Health Seattle & King County

2. Primary Agencies:

- King County Prosecuting Attorney Office
- Local Law Enforcement Agencies
- Public and Private Emergency Medical Services Providers
- Healthcare Facilities in King County

3. Support Agencies:

- Local Government
 - King County Department of Community and Human Services
 - King County Department of Adult and Juvenile Detention
 - King County Department of Transportation, Metro Transit Division
 - Local Emergency Management
- State Government
 - Washington State Department of Health
 - Department of Social and Human Services
- Federal Government
 - Centers for Disease Control and Prevention
 - CDC Division of Global Migration and Quarantine
- Health and Medical
 - King County hospitals

II. Purpose

The Isolation and Quarantine Plan for King County (the Plan) provides guidance and structure to Public Health – Seattle and King County (PHSKC) 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:

1. Establish the decision-making criteria used by the Local Health Officer to determine when isolation and/or quarantine beyond the capacities of day-to-day communicable disease practices are necessary to minimize health impacts of a disease outbreak.
2. Describe procedures and decision trees for accomplishing isolation and quarantine, both voluntary and involuntary, for a single infectious case up to a large outbreak situation.
3. Describe specific procedures for supporting home-based isolation and quarantine of small and large numbers of individuals in three defined regions of the county.
4. Describe procedures for staffing and provisioning a dedicated facility for isolation and quarantine of persons who cannot stay at their homes or who do not have a suitable home environment. (N.B. No procedures yet for a dedicated facility.)
5. Define roles and responsibilities for PHSKC, local health care partners, and local response agencies during an outbreak event requiring isolation and/or quarantine.
6. Describe how communications and coordination will occur between PHSKC, local and state entities during such an event.
7. Assist PHSKC and response partners with limiting the spread of infectious diseases, illness and death.
8. Provide direction for communication with the isolated and quarantined individuals, the public in general and the media.

The Plan is coordinated with other PHSKC preparedness plans and activities, and will be coordinated with the plans of community, state and federal partners.

III. Scope

The Plan is an annex to Emergency Support Function 8-Health, Medical and Mortuary Services of the Regional Disaster 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 PHSKC as well as partners providing non-health services in support of isolation and quarantine. Additionally, specific responsibilities for key response partners are included to highlight points of coordination between agencies during situations involving isolation and quarantine.

This Plan applies to:

- All disease outbreak emergencies requiring isolation and quarantine implementation, coordination and/or management beyond the capacities of routine PHSKC operations.
- PHSKC and partner agencies with whom there are established contracts, memoranda of agreement or procedures for disease outbreak events.
- Persons in King County either infected with or exposed or potentially exposed to the infectious agent in question.

A. Continuum of Isolation and Quarantine

Isolation and quarantine 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 SARS or pandemic influenza. These measures range from passive monitoring to widespread quarantine, and include the following (as defined by HHS):

1. **Passive monitoring:** The subject of the isolation or quarantine performs self-assessments at least twice daily and is directed to contact PHSKC immediately if symptoms occur.
2. **Active monitoring without explicit activity restriction:** A PHSKC staff member evaluates the subject of the isolation or quarantine on a daily basis (or more often if needed) by phone or in person for signs and symptoms.
3. **Active monitoring with activity restriction:** The subject is separated from others for a certain period of time depending on the suspected illness. During that time the subject is evaluated in person on a daily basis. The subject is restricted voluntarily or involuntarily, in their home or another appropriate facility.
4. **Working quarantine:** Staff members are allowed to work but are on activity restriction when not on duty. They are monitored for symptoms before reporting for work, and must use appropriate PPE while working.
5. **Focused measures to increase social distance:** Interventions targeted at specific groups who may have been exposed (for example, workers in a building) meant to decrease interactions and transmissions.
6. **Community-wide measures to increase social distance:** This is applied to the whole region or community. Think ‘snow day.’
7. **Widespread community quarantine, including “Cordon Sanitaire”:** This is a legally enforceable quarantine of a large area.

This Plan addresses the Public Health response to the first four items above, regarding isolation and/or quarantine. The PHSKC Pandemic Influenza Functional Annex addresses items five and six. Item seven does not fall under the purview of this Plan or the Pandemic Influenza Functional Annex.

IV. Planning Assumptions

This Plan applies to communicable disease events requiring isolation and quarantine that may exceed day-to-day Department capabilities. While isolation (and to a lesser extent, quarantine), are techniques used in the everyday management of certain routinely occurring infectious disease, this plan does not apply to:

- Routine tuberculosis program control
- Routine operation of Communicable Disease Epidemiology and Immunization Section (CD-Epi)

Throughout the plan, reference will be made to CD-Epi, as it is anticipated that the events most likely to warrant the activation of this plan will require that Section's expertise. It is important to note that this plan also applies to TB outbreaks of a size beyond the daily capabilities of the TB unit, and that there may be special legal requirements for TB that differ from other disease outbreaks.

Development of the isolation and quarantine plan for PHSKC assumes the following:

1. PHSKC may utilize isolation and quarantine as one of several tools to reduce the spread of communicable diseases.
2. Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of vulnerable populations that are economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), have special medical needs, experience cultural or geographic isolation, or are vulnerable due to age, as well as those of incarcerated persons.
3. The ability of PHSKC to implement this Plan is based not only on the number of people and type of disease suspected, but on the distribution of individuals throughout the county. There is a difference in supporting a small number of households and a large number of households, even if the total number of people affected may be the same.
4. All policies and procedures to assure the care of protected health information (PHI) apply. Policies and procedures recognize that PHSKC may make necessary disclosures to protect public health.
5. Isolation and quarantine planning will incorporate the Emergency Planning Zones developed and included in the Regional Disaster Plan.
6. Isolation and quarantine may be necessary for residents of other counties who are diagnosed while in King County. PHSKC will coordinate with neighboring counties to discuss their plans, but is not responsible for planning or execution of isolation and quarantine efforts beyond county lines.
7. Large scale isolation and quarantine 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.

8. Large scale isolation and quarantine events will also require the participation of the Washington State Department of Health, especially with respect to identification of facilities and resources.
9. PHSKC will prioritize gaining voluntary compliance from ill or exposed persons and implementing the least restrictive means possible to reduce the spread of infection.
10. PHSKC will coordinate closely with health care providers and health care facilities to assist with achieving voluntary compliance of ill or exposed persons.
11. An effective public communication program is essential to achieving voluntary compliance with all disease control strategies in large-scale events.
12. Isolation and quarantine may require the involuntary detention of individuals who may pose a threat to the public's health and do not cooperate with orders from the Local Health Officer.
13. An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary; however, PHSKC will still check in with individuals to conduct symptom checks. Depending on the event, information collected by PHSKC during monitoring may be used as evidence of non-cooperation.
14. Emergency Medical Services may be required by the Local Health Officer under WAC 246-100-040 through -070 to transport patients to a designated facility as opposed to a facility of a patients choosing. This is lawful but may create confusion or anger in patients.
15. Persons in King County who are isolated or placed under quarantine will be supported by partners to the extent possible through means such as provision of temporary financial assistance, food and other necessities.
16. PHSKC will to the extent possible protect against stigmatization or unwarranted disclosure of private information, and will support placement in an appropriate facility if the home environment is unsuitable to I&Q,
17. PHSKC (via the Public Health Duty Officer) has the capability to activate this plan 24 hours a day, 7 days a week.
18. An event triggering activation of the Plan is also likely to involve mobilization of other public health emergency response capabilities. Consequently, access to resources (including workforce resources) may be limited.
19. PHSKC commits to carry out a transparent process for the development and implementation of isolation and quarantine, and seeks public engagement and involvement to improve the quality of the Plan.

V. Concept of Operations

A. Activating the Plan

- This plan will be activated when the day-to-day resources and plans are insufficient to address the isolation and quarantine needs of the community.
- The Local Health Officer, in consultation with the relevant section chiefs and Health and Medical Area Command, will determine which components of the plan must be activated.
- The chiefs of the Communicable Disease, Epidemiology and Immunization, Tuberculosis and Jail Health sections will recommend to the Local Health Officer the need for isolation and/or quarantine as strategies to control a communicable disease outbreak.
- 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, Epidemiology and Immunization Section.
- The Local Health Officer will activate the Public Health HMAC and identify an Incident Commander.
- The Incident Commander, Epidemiology Investigations Team, Operations Section, and Logistics Section will support the Chief of Communicable Disease Control in determining the most appropriate location for isolation and quarantine, which could include the subject's home or a separate facility.
- PHSKC will seek voluntary compliance with requests for isolation or quarantine, unless the Chief of Communicable Disease Control 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:
 - 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
 - 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
 - Seeking voluntary compliance would create a risk of serious harm.
- Public Health Area Commander will activate the Bio-surveillance Group of the Public Health Area Command Clinical Branch to monitor and support the needs of isolated and quarantined persons. The Public Information Contact Center (PICC) will also be activated to manage the direct contact with isolated and quarantined individuals.

B. Command and Control

- PHSKC will be the lead agency in coordinating the local health and medical response to an outbreak situation requiring isolation or quarantine of individuals or groups.
- PHSKC and all response partners will operate under the Incident Command System throughout the duration of the isolation and quarantine event response.
- PHSKC may activate the Health and Medical Area Command Center (HMAC) to coordinate the county-wide public health and medical response during an outbreak situation.
- King County, Seattle, and other cities in the county may activate their EOCs during an outbreak to coordinate consequence response.
- PHSKC will respond under the auspices of this plan as well as the Department Emergency Operations Plan, Emergency Support Function 8 (Health, Medical, and Mortuary Services) and the Regional Disaster Plan.

C. Health Worker Protection

Those tasked with implementing this plan by interacting directly with individuals or groups who are suspected of being infected or exposed face potential exposure to the disease themselves. In order to protect these workers, PHSKC will provide them with Personal Protective Equipment (PPE), which may include eye, face, head and hand protection, depending on the response. Staff members who may need to use PPE will be trained by their respective agencies in advance of the implementation of this plan.

D. Compliance

It is assumed that most of those who are requested to remain isolated or in quarantine will be compliant and follow the instructions of PHSKC. However, it is understood that there will be instances when people choose not to comply with PHSKC directives.

Initiation of Requests for Voluntary Compliance with Isolation or Quarantine

The Epidemiology Investigations Team will take the lead on the following activities. If capacity of the Epidemiology Investigations Team is or is expected to be exceeded, assistance will be requested from the isolation and quarantine operations branch for conducting communication, requests for voluntary compliance, and associated data entry and administrative tasks.

- Initiate contact with the individual or group suspected of being infected or exposed.
- Determine whether interpretation services are needed to facilitate communication; if so, coordinate with interpreter services or the Clinical Operations Team, as needed.
- Enter cases and contact(s) in a database and document information related to cases including dates and times of all verbal and written communications.

- Verbally communicate the following information to the infected or exposed individual or group:
 - Explain the circumstances regarding the infection or exposure, the nature and characteristics of the illness, and the potential for and means of spread of infection to others. (Provide written material when available.)
 - Request that the individual or group isolate or quarantine themselves.
 - 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.
- 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.
- 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. Provide copies to the Bio Surveillance Group and the Prosecuting Attorney's Office.
- Make reasonable efforts to obtain cooperation and compliance with the request for isolation or quarantine from person(s) so requested. Document efforts on a standardized form and enter into a database.
- Alert the Local Health Officer and the Prosecuting Attorney's Office about situations where a person or group indicates unwillingness to comply.
- Recommend to the Local Health Officer whether involuntary detention should be initiated.

Involuntary Detention for Purposes of Isolation or Quarantine

- If the number of individuals who are non-compliant is small enough, PHSKC may look to work with King County Community Corrections to detain people at home using electronic monitoring, as opposed to detaining them within jail facilities.
- The Local Health Officer may authorize initiation of involuntary detention for purposes of isolation or quarantine under the following conditions:
 - 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
 - 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
 - PHSKC 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 Chief of Communicable Disease Control that seeking voluntary compliance would create a risk of serious harm.

- 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:
 - The Local Health Officer may issue an emergency detention order pursuant to WAC 246-100-040(3). 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. A person or group detained by a Local Health Officer order may apply to the court for relief.
 - 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 WAC 246-100-040(4). In order to grant the petition, the court must have a reasonable basis to find that isolation or quarantine is necessary to prevent a serious and imminent risk to the health and safety of others. The duration of the court order may not exceed 10 days. If an *ex parte* order is issued, a court hearing may occur within 72 hours, excluding Saturdays, Sundays, and holidays, even if the *ex parte* order is for 10 days of detention.
 - In cases of TB that exceed the TB Control Section's capabilities, other legal guidelines will be followed per the statutory requirements directly related to TB. The TB Control Section and Prosecuting Attorney's Office will be consulted as needed to confirm and meet those guidelines.

- 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 WAC 246-100-040(5). 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 WAC 246-100-040(6). A court hearing shall occur prior to an order for 30-day detention, although the Local Health Officer may seek a 10-day continuance of the hearing for good cause.

- The Local Health Officer's decisions to petition the Superior Court for initial and continued detention will be based on the recommendations of the Chief of Communicable Disease Control.

- The Prosecuting Attorney's Office (PAO) will represent the Local Health Officer in court proceedings for involuntary detention.

- The Preparedness Section 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 Prosecuting Attorney's Office will request law enforcement support for enforcement of detention orders.
- PHSKC 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.
- The Incident Commander, Chief of Communicable Disease Control, 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.
- Patients being transported by Emergency Medical Services might prefer transport to a hospital other than the one the Local Health Officer has designated as the appropriate receiving hospital under his or her authority. This patient transport may be the first time the patient interacts with a healthcare provider and so may take place prior to the initiation of requests for voluntary compliance. However, if the patient meets the clinical and epidemiological criteria for the disease that the Local Health Officer has identified as requiring isolation or quarantine, EMS will be directed to transport that patient to a designated facility under the Local Health Officer's authority. At that time the Epidemiology Investigations Team will undertake the activities outlined above.

E. Monitoring

In order to manage the monitoring of cases, the Preparedness Section will activate the Isolation and Quarantine Unit of the Bio-surveillance Group in consultation with the Local Health Officer, or designee, and will provide health and medical support to the Communicable Disease Section via regular monitoring calls while coordinating the work of the partner organizations providing non-medical wraparound services. In collaboration with the PICC the I & Q Unit will:

- Coordinate with the Epidemiology Investigations Team regarding the issuance of requests for voluntary compliance with isolation or quarantine instructions.
- Coordinate with the Prosecuting Attorney's Office regarding compliance with involuntary detention orders.
- Contact the individual(s) requiring isolation or quarantine 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.
- Secure personnel to immediately deliver an information packet to the individual placed in isolation or quarantine. Personnel options include PHSKC employees, members of the Public Health Reserve Corps (PHRC), or contracted personnel. The

unit will 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].

- Evaluate the suitability of residences and initiate regular monitoring.
- Provide the Epidemiology Investigations Team with regular situation updates regarding each individual's status, using evaluations prepared by the relevant disease experts in the Communicable Disease and Epidemiology or Tuberculosis sections.
- Provide support for contact investigations, as requested by the Epidemiology Investigations Team and as resources allow.
- Support the needs of isolated and quarantined persons via contracted partner agencies.
- Depending on the size and type of the affected population, PHSKC may activate the PICC to augment the Communicable Disease Section in monitoring patient needs. The PICC may:
 - Develop a schedule of check-in calls for each individual or group under isolation or quarantine
 - Verify that the individual(s) are at a specified location and monitor their health status.
 - Continue conducting regular check-in calls with each individual until they are released from isolation or quarantine [See PICC Guide for I & Q Response].
 - Record information gathered during check-in calls on a standardized form and enter information into a database.
 - 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 individual's health care provider, personal contacts or employer, etc.].
 - If repeated attempts to locate individuals subject to isolation or quarantine, including telephone calls and site visits, are unsuccessful, the PICC will coordinate with the Public Health Area Commander, Prosecuting Attorney's Office, and the Chief of Communicable Disease Control regarding the need to pursue involuntary detention.
 - Detailed directions and necessary forms are located in the PICC Guide for I & Q Response.

F. Access to Housing

It is assumed that in most instances those who need to be isolated or quarantined will be accommodated within their own homes. However, PHSKC recognizes that some instances of disease outbreak or suspected infection will affect individuals or groups who do not

have access to housing. This may include members of the homeless community as well as visitors to the area who are no longer able to stay in their hotels or with the friends and family who were accommodating their visit.

- If one or two individuals needs to be isolated or quarantined but does not have adequate housing, PHSKC will utilize existing hotel resources to accommodate the individuals. If hotel resources are not available, PHSKC will coordinate with Washington State DOH and local hospitals to develop appropriate housing options.
- If many members of the homeless community require isolation or quarantine, PHSKC will work with local shelters to designate one shelter to accommodate only those individuals [See Influenza Recovery Center for Homeless Persons, Attachment 10 of Pandemic Influenza Response Plan].
- If a large group of people (e.g. tourists visiting Seattle) require isolation or quarantine, PHSKC will work with Washington State Department of Health to determine where such a group could be accommodated for an extended period of time.

G. Access to Services

The Isolation and Quarantine Plan works under the main assumption that, as stated above, most people who need to be isolated or quarantined will be able to stay in their own home. However, even in those instances there may be situations where those people will still need additional wraparound support services, such as food, water, clothing, shelter, means of communication, services related to cultural and religious beliefs, services related to medical needs, and, if involuntary detention is initiated, legal representation. The direct provision of such services is outside the mission of PHSKC, necessitating the contracting with human services agencies and community based organizations to provide these services, which may include meal or grocery delivery, provision of medications, housing and utility assistance, assistance with childcare, and accommodations related to cultural and religious customs. If involuntary detention is initiated, a person or group of persons has a right to be represented by legal counsel. PHSKC will provide adequate means of communication between such persons or groups and their counsel.

As part of the work of the PICC, those conducting regular monitoring calls will also engage the individual to determine whether he or she has any medical or non-medical needs. If that is the case, PICC staff members will document all requests for assistance from isolated or quarantined persons on a standardized form. The documentation will include the nature and specific type of assistance requested, and the date and time the request was made.

When assistance is requested, the PICC operator will forward the requests to the appropriate unit or section. Medical requests related to the disease in question will be addressed by the I & Q Group. Medical requests not related to the disease in question may be referred to other PHSKC staff or to the individual's healthcare provider.

Non-medical requests will be directed to the Logistics Section of HMAC to allow them to fulfill such requests. The Logistics Section will 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 and will follow up with referral agencies on requests for assistance.

H. Release from Isolation or Quarantine

- The Local Health Officer, in consultation with the advice of the Medical Advisor, will determine whether to release an individual or group from isolation or quarantine when isolation or quarantine is no longer necessary as a strategy to control communicable disease, applying the following criteria:
 - 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
 - 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.

- 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.

- The PICC will:
 - Initiate direct contact with the individual or group to be released from isolation or quarantine and communicate the date and time of their release.
 - Notify the partner agencies and human services provider, as needed.
 - Verbally communicate to the individual or group that they are released from isolation or quarantine.
 - 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).
 - 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.
 - Coordinate with the Epidemiology Investigations Team to cease regular monitoring.
 - Coordinate with hospital discharge planners or jail health clinical staff to provide PHSKC with appropriate and timely notice regarding the discharge of isolated patients. PHSKC must be contacted before discharge to ensure treatment and/or isolation can continue in an appropriate setting.
 - Ensure that patients being discharged from healthcare facilities are aware of any continuing requirements of isolation and appropriate infection control measures.

I. Demobilization

When HMAC Area Commander, in consultation with the Epidemiology Investigations Team, determines that the need for I & Q at this expanded level has passed, the decision will be made to shut down HMAC and transfer any outstanding cases back to CD-Epi.

Triggers

1. If the number of households isolated or quarantined drops to a level comparable to that normally managed by CD-Epi; or
2. If the danger has passed (e.g. a threat that was expected to materialize no longer does)

The HMAC Area Commander and CD-Epi lead will notify staff when I & Q operations are set to demobilize. At that time:

- Final contact data is collected.
- Final reports are made by the appropriate staff.
- Staff submit comments to Section Chiefs for discussion and possible inclusion in an after-action report
- Technology is shut down, all staff log out; supplies and equipment are inventoried and stored.
- Rooms are secured and keys returned to the appropriate locations.
- A debriefing is scheduled.

J. Communications

- PHSKC will serve as the lead agency in King County for risk communications messaging and public education. All jurisdictions in King County will coordinate with PHSKC to ensure consistency of communications and education messaging regarding the need for I&Q.
- The PHSKC Communications Section will:
 - Assess and respond to the information needs of health care providers and other ESF 8 partners.
 - Assess and respond to the information needs of the general public.
 - Identify any logistical constraints to effective communications, such as communications staffing and equipment needs, and public information call center staffing and capacity.
 - 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. Such materials will be translated in accordance with King county policy.

- Coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials.
- Develop and translate materials as needed for those in quarantine and their family members.
- Coordinate operations with the King County Joint Information Center, if activated.
- To the extent possible, protect the identity of the individuals.

K. Facility and Staff Identification

- As discussed above, the goal is to keep individuals in their own homes whenever possible. However, at times it may be necessary to provide housing while these individuals are isolated or quarantined. PHSKC will coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to identify housing.
- For large outbreaks that immediately exceed PHSKC's capacity (i.e. a plane arrive at SeaTac Airport with hundreds of passengers requiring quarantine), Washington State DOH will be responsible for securing facilities and staff.

VI. Responsibilities

A. Lead: Public Health – Seattle & King County

1. Public Health Seattle & King County
 - Lead agency in the management of a communicable disease outbreak.
 - 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.
 - 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.
 - 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.
 - In all cases where I&Q is considered, PHSKC 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 (if involuntary detention is initiated), and others, if needed.
 - PHSKC will be the lead clinical and administrative manager of any non-hospital isolation or quarantine facilities that are established.
 - Identify an appropriate placement for individuals who are isolated or quarantined, if they cannot stay at their homes or do not have a suitable home environment, and arrange transportation to the designated facility.
2. Communicable Diseases – Epidemiology

- Provide direction to HMAC and Bio-surveillance Group as to the specific isolation and quarantine needs of the individuals.
 - Provide staff to support the Bio-surveillance Group and PICC as needed.
3. Tuberculosis Control Program
 - Provide support to the Bio-surveillance Group based on past case management experience.
 - Provide staff to support Bio-surveillance Group and PICC as needed.
 - Provide housing options as appropriate and available
 4. Preparedness
 - Establish HMAC to coordinate response.
 - Provide staff to support Bio-surveillance Group and PICC as needed.
 5. Communication
 - Provide materials in necessary languages.
 - Address public concerns via the media.
 - Coordinate with CDC, the State DOH, and health departments in adjacent jurisdictions to develop common health messages and education materials.
 6. EMS
 - Provide transportation of infectious individuals through coordination with PHSKC

B. Primary Agencies:

1. King County Prosecuting Attorney's Office
 - Petition the court ex parte to authorize involuntary detention, once need is determined by the Local Health Officer.
 - Represent Public Health in any petition or appeal hearings required to carry out involuntary isolation or quarantine.
 - Coordinate with Public Health and Local Law Enforcement to serve notice related to involuntary isolation or quarantine.
2. Local Law Enforcement
 - Assist with service of notice related to involuntary isolation or quarantine, if needed.
 - Provide escort for individuals requiring transportation for purposes of involuntary isolation or quarantine, if needed
 - Execute arrest warrants related to I & Q cases, if needed.
3. Private EMS
 - Provide transportation of infectious individuals through coordination with PHSKC.
4. Human Service Provider
 - Provide access to mental health and other psychological and spiritual support. Coordinate with King County Department of Community and Human Services and local specialty providers including faith-based organizations, if needed.

- Arrange transportation with Access/Hopelink if needed to provide isolated or quarantined individuals with access to medical treatment or other critical services.
- Coordinate access to telephone services for individuals who are isolated or quarantined, if needed.
- Coordinate with other local community-based organizations 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.
- Coordinate with other local human service providers to provide social amenities, as possible (television, radio, Internet access, and reading materials).
- Coordinate with other local community-based organizations, other human service providers, and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
- Coordinate with education providers for continued education of children who are isolated or quarantined.

C. Support agencies:

- State Government
 - Coordinate with Department of Social and Human Services and local sources to provide temporary financial assistance for persons isolated or quarantined, if needed.
 - Coordinate with PHSKC to provide surge support for events that exceed local capacity or when events affect multiple jurisdictions.
 - Resource requests will follow established procedure and procurement processes and will be routed through the Washington State Department of Health duty officer at 360-971-0601.
- Federal Government
 - Coordinate with Washington State Department of Health when an event occurs at the Port or jurisdiction exceeds local and state resources.
- Health and Medical
 - King County hospitals
 - Mental Health Providers

VII. Authorities

Overview

Under Washington State laws and regulations, the Local Health Officer has authority to take action to control diseases that are threats to public health. RCW 70.05.070(3); WAC 246-100-036; WAC 246-101-505. Typically, persons who have been infected with or exposed to a communicable disease voluntarily comply with the Local Health Officer's instructions. If necessary, however, the Local Health Officer may initiate involuntary detention for purposes of isolation and/or quarantine. WAC 246-100-040.

State laws and rules do not contain procedures governing Local Health Officers' activities to achieve voluntary compliance with instructions for isolation and/or quarantine. However, the Local Health Officer must follow specific procedures when initiating involuntary detention for purposes of isolation and/or quarantine. WAC 246-100-040.

Implementation

- A. In accordance with WAC 246-100-040(1), the Local Health Officer or designee, at his or her sole discretion, may initiate involuntary detention for purposes of isolation or quarantine if he or she:
1. Has first made reasonable efforts to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities, **or** determined that seeking voluntary compliance would create a risk of serious harm; **and**
 2. Has reason to believe that the person or group:
 - a. Is suspected to be, infected with, exposed to, or contaminated with a communicable disease or agent that could spread to or contaminate others if remedial action is not taken; **and**
 - b. would pose a serious and imminent risk to the health and safety of others if not detained for purposes of isolation or quarantine.
- B. If the Local Health Officer decides to initiate involuntary detention for purposes of isolation or quarantine, he or she may:
1. Issue an emergency detention order causing an individual or group to be immediately detained for up to 10 days for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (3);
- Or**
2. Petition the superior court *ex parte* for an order to detain the individual or group for up to 10 days for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (4).
- C. If the Local Health Officer or designee determines that continued detention is necessary beyond the 10-day period of an emergency detention order or a court order *ex parte*, he or she may petition the superior court for an order authorizing continued detention for up to 30 days for purposes of isolation or quarantine in accordance with WAC 246-100-040(5), and up to another 30 days in accordance with WAC 246-100-040(6).

Provision of Services

Per 246-100-045, the Local Health Officer must adhere to certain conditions and principles related to involuntary isolation and quarantine. These conditions, which this plan has sought to address, include:

- Least restrictive means of isolation and quarantine;
- Separation of isolated and quarantined individuals from each other;
- Regular monitoring of isolated and quarantined individuals;
- If quarantined individual becomes ill, Local Health Officer will isolate him or her;
- Isolated or quarantined individuals must be released as soon as practicable;
- Needs of the isolated or quarantined individuals will be addressed, including: 'adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, medication, and competent medical care';
- Locations of isolations and quarantines must be safe and hygienic;
- Cultural and religious beliefs will be accommodated to the extent possible; and
- Isolated and quarantined individuals will be able to use prayer as their sole means of treatment if desired.

VIII. References

Regional Disaster Plan

Emergency Support Function 8 - Health, Medical, and Mortuary Services

PHSKC Department Emergency Operations Plan

Centers for Disease Control, Social Distancing Guidelines

Communicable Disease Epidemiology and Immunization Section Operating Procedures

Port Plan (name to be verified)

Tuberculosis Control Response Plan

IX. Public Health Emergency Preparedness Capabilities

Non-Pharmaceutical Interventions

Public Health Surveillance and Epidemiological Investigation