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3. Non-hospital Isolation and Quarantine

A. Goals

The goals of community containment measures are to:

- Reduce the risk of exposure to SARS by separating and restricting the movement of persons suspected to have SARS
- Reduce the risk of transmission of SARS-CoV by restricting the movement of contacts who may have been exposed to infectious SARS patients but are not yet ill.
- Reduce the overall risk of transmission of SARS-CoV at the population level by limiting social interactions and preventing inadvertent exposures.

B. Definitions

Isolation is the separation from other persons, in such places, under such conditions, and for such time, as will prevent transmission of the infectious agent, of persons known to be ill or suspected of being infected (10 NYCRR 2.25(d)).

- Isolation allows for the focused delivery of specialized health care to persons who are ill, and it protects healthy persons from becoming ill.
- Ill persons are usually isolated in a hospital, but they may also be isolated at home or in a designated community-based facility, depending on their medical needs.
- “Isolation” is typically used to refer to actions performed at the level of the individual patient.

Personal quarantine (hereinafter referred to as "quarantine") means restricting household contacts and/or incidental contacts to premises designated by the health officer (10 NYCRR 2.25(f)).

- Persons are usually quarantined in their homes, but they may also be quarantined in community-based facilities.
- Quarantine can be applied to an individual or to a group of persons who are exposed at a large public gathering or to persons believed exposed on a conveyance during to international travel.
- Quarantine can also be applied on a wider population- or geographic-level basis. Examples of this application include the closing of local or community borders or erection of a barrier around a geographic area with strict enforcement to prohibit movement into and out of the area.

The ultimate goal of isolation and quarantine is to separate and restrict the movement or activities of persons who are ill, suspected of being ill, or who have been exposed to infection, for the purpose of preventing transmission of diseases.

C. Planning for isolation and/or quarantine

LHDs should initiate detailed planning and training (including drills) regarding voluntary and involuntary non-hospital isolation and quarantine. Partner organizations that will be needed to support non-hospital isolation and quarantine should be contacted and participate in training. A

planning assumption is that existing LHD staff will manage a small number of SARS cases, but that additional staff should be identified in the event that a moderate or large outbreak occurs.

LHDs should be prepared to educate persons regarding reasons for isolation and quarantine, encouraging voluntary compliance, and to summarize services that will be provided to support the patient and their family, etc. to enhance the likelihood of compliance.

The first factor to consider in implementing non-hospital isolation and quarantine is the person's willingness to be isolated or quarantined. Subsequent considerations, which are presented separately below, are whether a person will be isolated or quarantined, the location where isolation or quarantine will occur, the conditions of the location, services and supplies available at the location, tracking activities during isolation and quarantine, and provision of daily summaries.

D. Willingness of persons to be isolated or quarantined:

During the first outbreak of SARS, most symptomatic and exposed persons willingly accepted isolation and quarantine. We can expect a similar level of cooperation, but should be prepared to impose isolation or quarantine against a person's will. Background information/recommendations have been prepared based upon the person's willingness:

- Person is willing
 - Model voluntary home agreement for home isolation (Appendix 3A)
 - Model voluntary home agreement for quarantine (Appendix 3A)
- Person is not willing
 - DOH General Counsel Opinion No. 03-03: letter regarding quarantine powers of local health officers and boards of health (Appendix 3B).
 - County attorney developed process and legal papers for court order for isolating a case and quarantining a contact.
 - NYS Supreme Court prepared to quickly rule on petition.
 - Law enforcement officials are prepared to assist with enforcing a health officer's and/or court order.

Additional background information regarding NYS laws pertaining to bioterrorism preparedness and response has also been prepared (Appendix 3C).

E. Isolation of a SARS patient at home

During the first outbreak of SARS, many cases not requiring hospital care were isolated at home. The home should be assessed for various conditions that will reduce the risk of person-to-person transmission. LHD staff should be trained to assess key conditions and support services of the home setting. A checklist for determining the suitability of a home for home isolation has been developed (Appendix 3D).

Key conditions for home isolation:

- Primary caregiver is available to provide necessary care that the patient is unable to provide for their self as well as help monitor the person's condition.
- Household members not providing care can be re-located. If relocation of household members is not possible, their contact with the SARS patient should be minimized. Persons at risk of serious SARS complications (e.g., persons with underlying heart or lung disease, persons with diabetes mellitus, elderly persons) should not have contact with the patient.
- Telephone is available.
- A separate bedroom, including floor-to-ceiling walls and a door, is available.
- Under ideal conditions, separate air handling for the patient's room will help reduce the risk of transmission. It is recognized that this feature is not typically available in homes in NYS.

Availability of support services and supplies:

For a home to be suitable for isolation, support services and supplies needs to be available. LHD staff should be trained to assess how these services and supplies will be available at the home. Key supplies and services for non-hospital management of cases and contacts include:

- Surgical masks for the patient to wear (if possible) when caregiver is present
- Assure fit-testing (if practical), training, and availability of PPE for all caregivers and providers that will be entering the home.
- Food and water
- Daily cleaning of patient's room and bathroom, as well as any bodily fluids spilled during the day
- Medicines and medical consultations
- Mental health and psychological support services
- Other supportive services, i.e. day care, etc.
- Transportation to medical treatment, if required

F. Isolation of a SARS patient at an alternate facility:

Facilities will need to be identified for patients not requiring hospital care but who do not have an appropriate home setting, such as travelers, homeless populations, and for persons whose home lacks suitable conditions, and for uncooperative persons that refuse to stay at home. Apartments, schools, dormitories, trailers, or hotels are options that could be considered. NYS Law permits the establishment of isolation facilities, during an emergency, under provisions regarding temporary hospitals as well as communicable disease facilities (Appendix 3E). Establishing a new setting will require identification of appropriate staffing.

Alternate isolation facilities need to be assessed for various conditions that will reduce the risk of person-to-person transmission. LHD staff should be trained to assess key conditions and support services of the facility.

Key conditions of the alternate facility:

- Primary caregivers are present and can provide care as well as monitor the patients' condition.
- Primary caregivers are trained with regard to appropriate infection control precautions, including respirator fit-testing.
- Telephone is available.
- A separate bedroom is available for each patient, including floor-to-ceiling walls and a door, is available.
- Under ideal conditions, separate air handling for the patient's room will help reduce the risk of transmission.
- Accommodations are available for staff.

Availability of support services and supplies:

For an isolation facility to be suitable, support services and supplies needs to be available. LHD staff should be trained to assess how these services and supplies will be available at the facility. Key supplies and services include:

- Patient education regarding ways to reduce the risk of disease transmission, including wearing of surgical masks (if possible) when caregivers are present, hand hygiene, remaining in their room
- Assure fit-testing, training, and availability of PPE for all caregivers and providers that will be entering the facility.
- Food and water
- Daily cleaning of patient's room and bathroom, as well as any bodily fluids spilled during the day
- Medicines and medical consultations
- Mental health and psychological support services
- Other supportive services, i.e. day care, etc.
- Transportation to medical treatment, if required
- Assure patients have a TV, radio, etc.
- Assure adequate care and services for family members in the event that the isolated person is a head of household.

G. Management of contacts to a SARS patient (quarantine):

Apart from special circumstances, quarantine should be limited to persons who have had contact with an actively ill SARS patient in the home or hospital (MMWR 2003;52:1037). In a limited SARS outbreak, contacts of SARS cases may be managed through either active or passive monitoring alone and without any restriction of movement unless they develop symptoms of disease. With an increasing number of SARS cases in a community characterized by uncontrolled, unexplained, on-going transmission or if asymptomatic contacts are determined to pose a risk of infection, restricting the movement of asymptomatic contacts (e.g., home quarantine) may be justified.

Contacts of SARS cases should be contacted daily by the LHD and advised to:

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- Be vigilant for fever (i.e., measure temperature twice daily) or respiratory symptoms for a 10-day period after exposure.
- Seek healthcare evaluation immediately if they develop symptoms.
- Inform a healthcare provider in advance of presenting at a healthcare facility that they may have been exposed to SARS.

Types of quarantine:

- Home quarantine -- Quarantine at home is most suitable for contacts who have a home environment in which their basic needs will be met and where protection of unexposed household members is feasible.
- Quarantine in designated facilities -- Contacts who do not have an appropriate home environment for quarantine or contacts who do not wish to be quarantined at home may be quarantined in specific facilities designated for this purpose.
- Work quarantine – This applies to healthcare workers or other essential personnel who have been exposed to SARS patients and who may need to continue working (with appropriate infection control precautions) but who are quarantined either at home or in a designated facility during off-duty hours.

H. Monitoring of cases and contacts:

Both patients and contacts should be closely monitored by LHD staff:

- Cases should be monitored daily for worsening of symptoms and compliance with isolation
- Contacts should be monitored at least daily for fever and onset of respiratory symptoms
 - Refer to medical care if fever or respiratory symptoms develop
 - Contact medical care provider before transporting person

I. Daily summaries

Daily summaries will be needed regarding the number and condition of persons being isolated and quarantined.

J. Additional community containment measures

If a community experiences extensive transmission, steps in addition to isolation and quarantine may be employed to reduce the risk of transmission. These steps will aim to reduce opportunities for person-to-person transmission. Steps may include restrictions on public gatherings and travel. NYS Law also addresses the closure of schools during an emergency (see Appendix 3F).

- Identify key partners and personnel for the implementation of movement restrictions, including quarantine, and provision of essential services and supplies:
 - Law enforcement
 - First responders
 - Other government service workers

- Utilities
- Transportation industry
- Local businesses
- Schools and school boards

K. Contingency plan

A contingency plan should be drafted for mass vaccination and/or prophylaxis in the event that either a vaccine or antiviral therapy is developed for SARS.