



## Quarantine and Isolation Measures Policy of the Missoula City-County Board of Health

**Effective Date:** February 21, 2019

**Title of Authorizing Official:** Acting Chair, Missoula City-County Board of Health

**Signature:** \_\_\_\_\_

Ross Miller, Chair

### Purpose

To guide the local health officer in establishing and maintaining isolation, quarantine, and community control measures to prevent the spread of communicable disease, pursuant to 50-2-116 and 117 MCA.

### Definitions

**“Case”** means an individual who has been diagnosed with a communicable disease or who has symptoms that fit the case definition of a communicable disease.

**“Case Definition”** means a set of symptoms, clinical, or diagnostic findings that constitutes a case of a communicable disease. Case definitions may be set by the local health officer, DPHHS, CDC, or WHO, and may fall into three categories of increasing certainty: suspect, probable, and confirmed.

**“Contact”** means an individual who has been in contact with a case or otherwise has come in contact with a communicable disease in such a way that the individual may be incubating a communicable disease.

**“Communicable Disease”** means human illnesses that are caused by infectious agents or their toxic products as defined in 50-1-101(1) MCA and ARM 37.114.101(2).

**“Community Controls”** means action limiting public movement as necessary to enact isolation or quarantine, such as, but not limited to, cancellation of public gatherings or screening individuals for symptoms.

**“Local health officer”** means a county, city, city-county or district local health officer appointed by the local health board pursuant to 50-2-116 (a) MCA or his or her designee and who has the powers and duties pursuant to 50-2-118 MCA.

**“Incident Command”** means the establishment of a command structure to deal with potential or actual disasters or emergencies.

**“Incident Commander”** means the person appointed by local government to be in charge of response and recovery operations for emergencies and disasters.

**“Institutional Controls”** means, “a legal or regulatory mechanism designed to protect public health and safety or the environment” as defined in 50-1-101(5)(a)-(c), MCA.



**“Isolation”** means the place and/or conditions used to physically separate a person with a communicable disease from non-ill or unexposed individuals throughout the period of contagion as defined in 50-1-101(6), MCA. For purposes of this policy, isolation may be instituted as a request or as an order.

**“Order”** means an order from the local health officer mandating that an individual or entity go into isolation or quarantine or adhere to some other communicable disease control measure.

**“Quarantine”** means the place and/or conditions used to physically separate a person who has been exposed to a communicable disease from unexposed individuals throughout the incubation period as defined in 50-2-101 MCA. For purposes of this policy, quarantine may be instituted as a request or as an order.

**“Request”** means a request from the local health officer that an individual or group of individuals voluntarily go into isolation or quarantine or adhere to some other communicable disease control measure.

**“Sanitary Perimeter”** means a boundary established by the local health officer or incident commander to prohibit or restrict migration of people, animals, vehicles, or materials that may spread communicable disease.

### **Authority and Duty**

#### **Local Health Board and Local Health Officer**

- Montana Code Annotated Title 50, Chapter 2, Part 1, “Local Boards of Health.”
- Administrative Rules of Montana, Title 37, Chapter 114, Subchapters 1, 2, 3, 5, 6, and 10.
- Control of Communicable Disease Manual (CCDM) adopted by reference in ARM 37.114.203(2).
- “Guidelines for Isolation Precautions in Hospitals.” Adopted by reference in ARM 37.114.101(8) and available through the U.S. National Technical Information Service.
- Montana Code Annotated Title 50-16-601 to 607, 611 “Government Health Care Information Act.”

#### **City and County**

- Montana Code Annotated Title 10, Chapter 3, 401-406, “Disaster and Emergency Services, Local and Interjurisdictional Planning and Execution.”

#### **State: Montana Department of Public Health and Human Services**

- Montana Code Annotated Title 50, Chapter 1, “Administration of Public Health Laws”, revised April, 2003.
- ARM Title 37.14.101 through 1016.

Federal Authority: HHS Secretary (CDC), Customs, and Coast Guard

- Executive Order No. 13295, “Revised List of Quarantinable Communicable Diseases, revised April 2003.

**Process**

1.0 Determination of need for quarantine or isolation.

- 1.1 Upon receipt of a report of a communicable disease, the local health officer shall confirm the diagnosis with laboratory or the physician or healthcare provider. If the case is not confirmed, but is suspect or probable, the local health officer may handle the case as communicable until medical or laboratory information rules out the presence of communicable disease.
- 1.2 Upon confirmation of the diagnosis or determination that the disease meets a case definition of a communicable disease, the local health officer shall consult the ARM Title 37, Chapter 114, Subchapters 5 and 10, and the most recent “Control of Communication Disease Manual”(CCDM) for specific control guidance.
- 1.3 If the disease is not specifically listed in the CCDM, the local health officer shall consult other guidance such as MMWR, Health Alerts, the state epidemiologist or CDC recommendations to determine the least restrictive yet effective control measures available, including isolation and quarantine.
- 1.4 The local health officer shall identify contacts of the case.

2.0 Requesting or Ordering Isolation

- 2.1 Upon determining that isolation is warranted as specified in ARM Title 37, Chapter 114, Subchapters 5 and/or 10 and/or the CCDM and/or by guidance referenced in 1.3 of this policy, the local health officer shall draft a request or an order for isolation that shall include the name and title of the person issuing the request or order, the case’s name, the communicable disease of concern, the place of isolation, the type of isolation to be established and maintained, and date or conditions upon which isolation will be reviewed for lifting, except as provided in 2.4 of this policy.
- 2.2 The type of isolation and the practices for maintaining isolation shall be guided by the “Guidelines for Isolation Precautions in Hospitals.”
- 2.3 During an outbreak or epidemic, the local health officer may use reasonable clinical screening techniques to determine if an individual has symptoms of a communicable disease that may warrant isolation.
- 2.4 If the patient is hospitalized, the local health officer may consult with the hospital’s infectious disease coordinator that the proper type of isolation is in place and may order the proper type of isolation if necessary.

3.0 Requesting or Ordering Quarantine

- 3.1 The local health officer shall identify contacts of the case by collecting information from records, conducting interviews or other undertaking other means that may help determine who may have been exposed to the case in a manner capable of transmitting the communicable disease.
- 3.2 The local health officer shall determine if quarantine is warranted by:
  - 1) Consulting ARM Title 37, Chapter 114, Subchapters 5 and 10, and/or the most recent “Control of Communication Disease Manual” (CCDM) for

specific control guidance. If these documents provide no specific for the disease, the local health officer shall consult other recognized guidance such as the state epidemiologist, and/or CDC, and/or, MMWR and/or Health Alerts, and;

- 2) Assessing whether the situation meets all the following criteria:
  - 3.2.1 Quarantine is necessary to control spread of the disease;
  - 3.2.2 Less restrictive measures are inadequate;
  - 3.2.3 Effecting quarantine is feasible under the circumstances, and;
  - 3.2.4 Quarantine will not produce hardships without equal or greater public benefit.

3.3 The local health officer shall determine if quarantine is warranted as a request (voluntary) or an order (mandatory.) The local health officer may revisit and revise the status of the request or order based on changes in conditions, information, or non-compliance.

3.4 If the local health officer determines that quarantine is warranted, he or she shall draft a written request or order that shall include the name and title of the person issuing the request or order, the name of the contact, place of quarantine, conditions of quarantine, and dates that quarantine commenced and when the order will be reviewed for lifting.

#### 4.0 Maintaining Isolation or Quarantine

4.1 Contacts and cases ordered into isolation or quarantine shall be accommodated in conditions that protect against spread of the disease between contacts and cases. The local health officer may allow housemates to continue to co-habit in their private residence. In such instances, the local health officer shall assure that personal protective information is made available to all housemates and shall advise the housemates that they may be handled as quarantined or isolated individuals.

4.2 The local health officer shall monitor compliance with the order.

4.3 The local health officer shall monitor cases and contacts for symptoms of the communicable disease.

4.4 The local health officer or incident commander shall use reasonable means to meet the basic needs for food, shelter, communication, and medical care of individuals ordered into isolation and quarantine.

4.5 If the resources available to the local health officer are not sufficient to maintain isolation or quarantine, he or she activate Emergency Support Function (ESF) #8 of the Missoula County Emergency Operations Plan.

4.6 Contacts in quarantine who develop symptoms and/or signs of communicable disease shall immediately be placed in isolation.

4.7 In accordance with 50-2-120 MCA "Assistance from law enforcement officials," the local health officer "may request a sheriff, constable, or other peace officer to assist him in carrying out the provisions of this chapter. If the officer does not render the service, he or she is guilty of a misdemeanor and may be removed from office."

4.8 The local health officer may institute community controls as warranted to maintain large-scale quarantine. Pursuant to 50-2-118 MCA, community controls that include closure of buildings or facilities where people congregate or that prohibit assembly of people may be instituted in conjunction with DPHHS.

5.0 Lifting Isolation or Quarantine

- 5.1 Quarantine shall be reviewed for lifting when the incubation period is completed and no symptoms of communicable disease are present. Only the local health officer is authorized to make the determination to lift quarantine.
- 5.2 Isolation shall be reviewed for lifting when the period of contagion has passed. This period may be longer than the symptomatic period. Only the local health officer is authorized to make the determination to lift isolation.

6.0 Notification, Review and Appeal of Isolation or Quarantine Requests or Orders

- 6.1 Upon issuing an isolation or quarantine order, the local health officer shall notify the state epidemiologist, the county risk manager, and the county attorney.
- 6.2 Upon issuing a large-scale isolation or quarantine order, the local health officer shall notify the health board and the individuals in Section 6.1 of this policy.
- 6.3 The local health officer may convene the Health Emergency Advisory Team for advice regarding isolation and quarantine and other communicable disease control measures. See ESF-8, Appendix A of the Missoula County Emergency Operations Plan for guidance.
- 6.4 The health board shall review large-scale quarantine or isolation orders within a reasonable time after the order is issued.
- 6.5 Persons subject to mandatory isolation or quarantine may request judicial review as provided in state law. The health officer may sustain the mandatory quarantine or isolation while the appeal is pending.

7.0 Protection of Privacy

- 7.1 In all instances, except as required by the courts or otherwise by law, the names and personally identifiable information of individuals subject to quarantine shall be kept confidential in accordance with Montana's "Government Health Care Information Act" 50-16-601-611 MCA and the U.S. Health Insurance Portability and Accountability Act (HIPAA.)
- 7.2 Placards signifying isolation or quarantine shall not be used except within institutional settings or in the event that a sanitary perimeter or institutional control is established.

8.0 Decontamination

- 8.1 If warranted, decontamination of the quarantine and isolation environments shall be done in accordance with the Recommendations of the Control of Communicable Disease Manual as presented in ARM Chapter 37. The health board may require and provide means for disinfecting places that are infected with communicable diseases (50-2-116 (2)(c) MCA).

9.0 Documentation

- 9.1 All meetings related to the determination to institute quarantine or isolation shall be documented and all related documents shall be preserved for three years.
- 9.2 Records will be kept at the Missoula City-County Health Department or another public facility designated by the Missoula City-County Health Department. Requests for inspection of records can be made to the Missoula City-County Health Department and will be handled according to the department's policy on public access to records.

- 9.3 Documents that do not contain names, or personal identifiers, or health information, as protected by federal and state law as referenced in 7.1 of this policy shall be available for public inspection.

### **Abbreviations**

- ARM Administrative Rules of Montana
- CCDM “Control of Communicable Diseases Manual”
- CDC The United States Centers for Disease Control and Prevention
- DPHHS The Montana Department of Public Health and Human Services
- HHS The United States Department of Health and Human Services
- MCA Montana Code Annotated
- MMWR The Morbidity and Mortality Weekly Report
- WHO The World Health Organization

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