



# Community Containment Plan

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## **I. INTRODUCTION**

The Portage County community containment strategy for containing a contagious disease that threatens the health of the public has four goals:

1. Limit or slow the spread of the illness using the least restrictive measures possible;
2. Mitigate disease, suffering, and death;
3. Sustain essential services and infrastructure;
4. Minimize the impact on the economy and the functioning of society.

Community containment refers to use of measures that decrease contact among people in order to slow the transmission of contagious disease. These measures will be particularly important in the absence of an effective vaccine and/or medication. Disease containment includes individual level measures (isolation and quarantine) and community level measures (school closures, suspension of public gatherings, and limitation of movement) to limit or slow the transmission of the contagious disease.

Locally, activation of disease containment measures may be ordered by the local Boards of Health (Portage County, Ravenna City & Kent City). The Ohio Department of Health (ODH) serves in a supportive and consultative role and the Centers for Disease Control and Prevention (CDC) is the principal federal agency. ODH can also activate disease containment measures within any health jurisdiction. The Ohio Department of Health's *Limitations on Movement and Infection Control Practices* is a guide to community containment planning and response (TAB A).

The District Boards of Health of Portage County, Ravenna City & Kent City will issue isolation and quarantine orders. Isolation and quarantine may also occur at the request of the federal authorities. It is anticipated that when public health institutes isolation, quarantine, or community containment measures, most people will comply. However the District Boards of Health may seek a court order for isolation and quarantine if it is determined that legal action is appropriate to protect the public's health.

## **II. SITUATIONS AND ASSUMPTIONS**

1. An epidemic of a contagious disease with severe morbidity or mortality could cause significant impact on the health of Portage County residents.
2. An epidemic of a highly communicable disease could result in a public health disaster situation for Portage County extending beyond public health; essential community functions such as public safety, public works, public utilities, and food supplies may also be disrupted.
3. When a contagious disease poses a threat to the health of the public, the local Board(s) of Health may declare a state of public health emergency to procure additional resources, including volunteers.

4. During a widespread or prolonged contagious disease outbreak, Portage County agencies will work together using the National Incident Management System (NIMS) Incident Command Structure in order to protect the health of the public.
5. Pharmaceutical measures to prevent and control a contagious disease outbreak may be available, delayed, limited or non-existent.
6. Local, state, and federal public health authorities will determine the least restrictive limitations on movement needed in order to control the infectious disease.
7. All decisions regarding isolation, quarantine, and other community containment measures will be made in accordance with the established policies of the local Boards of Health and all other identified legal authorities including Ohio Administrative Code 3701-3-01.
8. All decisions regarding isolation, quarantine, and other community containment measures will be made with medical consultation based on disease severity and communicability, and may be determined by District Boards of Health, ODH, CDC, or all entities.
9. Generally accepted infection control measures will be implemented to protect safety during a contagious disease outbreak.

### **III. Concept of Operations**

#### **A. General**

Community containment measures include:

- **Isolation:** Separation of an infected individual from others during the period of disease communicability in such a way that prevents, as far as possible, the direct or indirect conveyance of an infectious agent to those who are susceptible to infection or who may spread the agent to others.
- **Quarantine:** Restriction of the movements or activities of a well individual that has been exposed to a communicable disease during the period of communicability of that disease and in such a manner that transmission of the disease may occur.
- **Non-Pharmaceutical Interventions:** Interventions, other than medications and vaccines, which are expected to reduce the spread of a contagious disease. Examples include dismissal of students from school (including public and private schools as well as colleges and universities, school-based activities, and closure of

childcare programs), coupled with reductions of out-of-school social gatherings.

- a. **Social Distancing:** Measures that are instituted to reduce contact among adults in the community and workplace. Examples include cancellation of large public gatherings and alteration of workplace environments. Employers are encouraged to institute work schedules and leave policies that allow for social distancing.
- b. **Shelter-in-Place:** To seek immediate shelter (usually in the home) and remain there during an emergency rather than evacuate the area. During a contagious disease outbreak it is in the best interest of the general public to remain in their homes to reduce the likelihood of exposure and to decrease the spread of the disease.
  1. **Pharmaceutical Interventions:** Interventions that involve the use of prophylactic medication or vaccination. These interventions are used to protect exposed or potentially exposed individuals to decrease disease transmission.

## **B. Preparedness**

1. Public Health departments in Portage County have enacted resolutions of authority to institute community containment measures through each entity's administrative authority.
2. The Public health officials are working in conjunction with Portage County Prosecutor, local law enforcement, and community partners related to preparedness planning for emergencies in which community containment measures must be activated.
3. Training and exercises will be conducted to assure agencies are aware of their role related to community containment; these will be coordinated between public health and Portage County Office of Homeland Security/Emergency Management Agency (PC OHS/EMA).

**C. Response:** Levels of Response to activate community containment measures will be determined by public health authorities based on the type of infectious disease and the extent and ease of community transmission. This will be based on the Epidemiology of the disease event. Levels 1-4 are consistent with Northeast Central Ohio (NECO) Regional Response Levels.

1. **Level 1 Response:** The disease event is an isolated event that can be handled by local public health officials with minimal assistance

from supporting agencies. The event is thought to be small in scope and not expected to escalate. No regional assistance is required.

2. **Level 2 Response:** The event is localized within one county or one health jurisdiction but with multiple occurrences and is anticipated to escalate. The response may require assistance from multiple supporting agencies and regional assistance or resources. This level requires activation of the county Emergency Operations Center (EOC) and coordination of supporting agencies will be done through the EOC.
  3. **Level 3 Response:** More than one health jurisdiction is affected within the region and requires regional assistance and resources. The event is widespread and expected to escalate. A Public Health Emergency may be declared for the incident. Affected jurisdictions will coordinate implementation and recommendation of community containment strategies regionally by maintaining ongoing communications through Multi Agency Coordination Systems (MACS) that are currently in place, established, and maintained by each county EMA. ODH and/or the CDC may be involved in initiating response and updates for this level.
  4. **Level 4 Response:** More than one region in the state or multiple states are affected. A Public Health Emergency will be declared by some level of government. Response will be coordinated regionally through local EOC's acting as the Multi Agency Coordination Center of each jurisdiction; whereby providing operational support through establishment of a common operational picture to the local jurisdiction through communication with regional and State partners. The response may be directed by ODH and/or the CDC; however, local and regional coordination of efforts will occur through the MACS.
- D. **Mitigation:** Activation and initiation of isolation, quarantine or community containment measures is done through entities identified in the standard operating guidelines (Tab B: Community Containment Standard Operating Guide).

#### IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITY

- I Portage County Public Health- Lead Agency
  - Activation of disease containment measures may be ordered by the local Boards of Health (Portage County, Ravenna City & Kent City).
  - Provide personal protection guidance and distribute Personal Protective Equipment (PPE) as available.
  - Maintain communication with the Ohio Department of Health (ODH) who will serve in a supportive and consultative role.
  - Epidemiological surveillance and response.
  - Notification of PC OHS/EMA and community partners.

- II Portage County Emergency Management Agency-
  - Provide support to response agencies through resource management.
  - Activate Emergency Operations Center (EOC).
  - Facilitates requests for additional resources from State and Federal governments and assists agencies in recovery processes.
  
- III Portage County EMS-
  - Will be utilized in accordance with the Medical Surge Plan.
  
- IV Robinson Memorial Hospital/RHA-
  - Assist in identification of infectious disease situations.
  - Used in accordance with the Medical Surge Plan.
  - Assist public health in contact tracing for potentially exposed individuals needing quarantined.
  
- V Prosecuting Attorney's Office-
  - Assist public health in issuing involuntary isolation or quarantine orders.
  - To represent public health in any petition or appeal hearings required to carry out involuntary isolation or quarantine of individuals.
  
- VI Law Enforcement-
  - Assist public health with enforcing isolation and quarantine orders issued by the Board(s) of Health.
  
- VII Mental Health-
  - Provide coordination of mental health needs in the county.

**V. DIRECTION AND CONTROL**

- A. All authority to control spread of disease through use of community containment measures lies with the local Board(s) of Health and designated by resolution to the local Health Commissioner.
  
- B. Decisions to implement county-wide community containment orders will be done concurrently and collaboratively among the three local health districts in Portage County.

**VI. ADMINISTRATION AND LOGISTICS**

- A. Logistics/Resource Management
  - a. When the situations exceeds the capability of local government, requests for County/Regional/State/Federal assistance will be initiated by the Incident Commander, and made by the Chief Elected Official or by another official duly authorized.

- b. Requests for assistance from local, private, and public sector groups will be made as appropriate by contacting agencies listed in ESF 7 Resource Support. The ESF 7 will be maintained by the PC OHS/EMA Director. It identifies agencies or groups that can provide assistance along with the telephone number and contact person.

#### Relationship to Other Plans

- c. Emergency Operations Plan - The County's all-hazard Emergency Operations Plan (EOP) creates an umbrella for protecting the health, safety, and property of the public from all hazards.
- d. NECO 5 Community Containment Incident Management Document – Northeast Central Ohio Region document for collaboration and coordination of Community Containment strategies. (TAB C)

### **VII. PLAN DEVELOPMENT AND MAINTENANCE**

- A. The Portage County OHS/EMA in partnership with Public Health will be responsible for the development and maintenance of the Community Containment Plan in accordance with the U.S. Department of Homeland Security's National Response plans, Target Capabilities, and Planning Scenarios guidance documents.
- B. All agencies assigned responsibilities in this plan are responsible for developing or updating internal procedures that will assure a continuing acceptable degree of operational readiness to carry out their responsibilities. The PC OHS/EMA Advisory Council will oversee conducting a plan review annually to assure the plan is functional. The plan shall also be reviewed following any exercise or actual incident. Post Incident Review comments made from either event will be discussed regarding changes needed to the plan.
- C. To evaluate the Community Containment Plan, the PC OHS/EMA is responsible for scheduling, designing, conducting and evaluating community containment preparedness exercises. Exercises and evaluations will be conducted following applicable Ohio Homeland Security and Emergency Management requirements. Approved Evaluation Forms will be used to evaluate each exercise.

One of three types of exercises will be conducted to exercise this plan. They are Table-Top, Functional, and Full-Scale.

### **VIII. AUTHORITIES AND REFERENCE: See TAB D**

### **IX. TABS**

- A. ODH Limitations on Movement and Infection Control Practices
- B. Community Containment Standard Operating Guideline (SOG)

C. NECO Region 5 Community Containment Document

D. Legal Authority

**X. AUTHENTICATIONS**

The Portage County Office of Homeland Security and Emergency Management has reviewed this plan and finds it to address the target capabilities as outlined by the U.S. Department of Homeland Security's National Response Plans.

_____ Portage County Health Commissioner	_____ Date
_____ Kent City Health Commissioner	_____ Date
_____ Ravenna City Health Commissioner	_____ Date
_____ Portage County Medical Director	_____ Date
_____ Kent City Medical Director	_____ Date
_____ Ravenna City Medical Director	_____ Date
_____ Portage County OHS/EMA Director	_____ Date

**Ohio Department of Health  
Limitations on Movement and Infection  
Control Practices  
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## **Limitations on Movement and Infection Control Practices ACKNOWLEDGEMENTS**

Infection Control Practices including limitations on movement was first developed by the Ohio Department of Health (ODH) Bureau of Infectious Disease Control (BIDC) in 2005 in consultation with a public health multidisciplinary advisory group. The Ohio Department of Health would like to thank those who have so generously contributed their time and expertise in the development and review of this document. Revisions to the document will occur periodically as necessary to reflect changes in recommendations and practice.

# **Infection Control Practices Planning Guide**

## **INTRODUCTION**

### **Purpose**

This chapter provides recommendations for infectious disease prevention and control and updated guidance to local health department (LHD) partners, health care providers, and the Ohio Department of Health (ODH) staff. Public health is often synonymous with disease prevention and provides coordination, leadership and guidance for healthcare and private citizens alike. This guidance covers infection control practices, management of infectious patients, and protection of persons in communities. Understanding infectious disease transmission and infection control practice is essential to controlling infectious diseases in Ohio.

The ongoing collaborative relationship between public health professionals and infection preventionists contain many benefits in data collection, prevention and control of infection. Public health and infection control increasingly intersect roles within the healthcare system. Events including the anthrax postal service related outbreak in 2001, the sudden appearance of severe acute respiratory syndrome (SARS) in 2003, and avian influenza have highlighted this interface.

Command and control of incidents that include any limitations of movement will be executed through the ODH Incident Command System (ICS). ODH response roles are detailed in the ICS job action sheets. Information is frequently updated at all levels of operation and revision of the corresponding plan will be essential.

### **Organization of the Planning Guide**

The planning guide is organized as follows:

1. Section I General Recommendations
2. Section II Disease Transmission
3. Section III Limitations on Movement
4. Section IV Legal
5. Section V Appendices

# SECTION I

## General Recommendations

### Background for Infection Control Practices

The development, implementation and management of an effective infection control program include various components. Over the years, infection control procedures have been developed and refined. Attention to updates and revisions are essential in providing good guidance to healthcare workers.

The scope of essential activities for infection control and epidemiology include:

1. Managing critical data and information.
2. Setting and recommending policies and procedures, including compliance with regulations, guidelines and accreditation requirements and maintaining the health of those caring for others who have contracted an infectious disease (e.g. health care workers [HCWs], caregivers).
3. Direct interventions to prevent transmission of infectious diseases include:
  - a. Outbreak investigation and control
  - b. Education and training
  - c. Resources
    - i. Personnel resources
    - ii. Non-personnel resources
4. Education and training of healthcare workers, infected/impacted persons and non-medical caregivers
5. Hand hygiene and —Standard Precautions□

#### **I. Managing Critical Data and Information**

Surveillance is the ongoing, systematic collection, analysis, interpretation and dissemination of health data, including information on clinical diagnoses, laboratory-based diagnoses, syndromes, health-related behaviors and use of health-related products. Surveillance is conducted to monitor definable events in a specific population. Public health staff and infection preventionists (IPs) use this data to detect outbreaks, characterize disease transmission patterns by time, place and person, evaluate prevention and control programs, and project future health care needs.

Currently, infectious disease reporting in Ohio proceeds as follows:

- Ohio Revised Code Section (ORC) 3701.24 and Ohio Administrative Code (OAC) Sections 3701-3-02 through 3701-3-07 and 3701-3-12 establish the requirements for reporting of infectious disease to the public health system in Ohio.
- The Director of the Ohio Department of Health may add additional diseases, especially during emergency situations by Director's Journal Entry.
- Anyone having knowledge of a reportable infectious disease must report suspected, probable and confirmed cases to the local health jurisdiction where the patient resides.
- Local health departments (LHDs) investigate reported cases and potential outbreaks. Case reports are entered electronically into the Ohio Disease Reporting System (ODRS), where cases can be viewed by both local and state communicable disease staff.
- ODH reviews case reports on a daily basis, examines the data for disease patterns and forwards nationally notifiable disease data to the Centers for

Disease Control and Prevention (CDC) for inclusion in the *Morbidity and Mortality Weekly Report*.

## II. Setting and Recommending Policies and Procedures

There are many policies and procedures guiding infection control. Local health jurisdictions provide policies and procedures for their staff related to infectious diseases prevention, investigation and control. Hospitals and long term care have policies and procedures in place to prevent and control infections in the health care facilities. Much guidance is provided by the CDC ([www.cdc.gov](http://www.cdc.gov)) and the Division of Healthcare Quality Promotion (DHQP) Guidelines and Recommendations Section [http://www.cdc.gov/HAI/prevent/prevent\\_pubs.html](http://www.cdc.gov/HAI/prevent/prevent_pubs.html). Further guidance is provided by the Association for Professionals in Infection Control and Epidemiology (APIC)-<http://www.apic.org/>. This chapter compiles information from all of these sources.

## III. Education and Training of Healthcare Workers, Infected Persons and Non-Medical Caregivers

### a. Education Definition:

Development of a system to ensure patients, health care personnel, first responders and any others caring for infected individuals are educated about the use of infection control isolation precautions and their responsibility to adhere to them. This education will be accomplished through a cooperative effort among infection control practitioners, LHDs and ODH.

### b. Education Planning and Implementation

- i. Public health has a primary responsibility to educate the public on basic infection control practices. This includes hand hygiene, personal protective equipment (PPE), isolation precautions, environmental management and limitations on movement. ODH and LHDs will work cooperatively on this initiative.
- iii. The public health authority at the LHD level, in coordination with ODH if needed, will provide specific information and education about the disease, its spread (if known), the resulting needs for limitations on movement and providing access to additional information (e.g. information line, internet site for travel alerts, press releases).

## IV. Direct Interventions to Prevent Transmission of Infectious Diseases

- a. The most common situation in which public health staff must intervene directly is in the control of an outbreak. An outbreak may be defined as an increase in the incidence of a disease, complication, or event above the endemic base rate. Each health care facility must be able to recognize increased rates of infection or healthcare-associated events and act in a methodical way to determine cause.
- b. The public health outbreak team should receive ongoing education in the area of infection control. The proper implementation of new scientific innovations, such as improved personal protection equipment (PPE), demands learning new knowledge and skills. Training programs should be geared towards adult learning styles. Infection control education should be easy to understand and based on the most current scientific information.
- c. Before an outbreak, local public health must identify key individuals who will fulfill the various tasks of the outbreak investigation team. Choosing team

members who are familiar with the day-to-day activities of the local health department will facilitate a rapid, efficient response. One of the team members should be designated as the —Team Leader□ who will coordinate all the response activities of the team, and who will be the primary point-of-contact for the local health department. The resources for an effective infection control program must be proportional to the size of the district. Coordination and sharing of resources with other programs should be encouraged, but not to the point of risking basic desired outcomes.

- i. Suggested investigation team members include persons who can provide clinical and diagnostic advice, epidemiological support, nursing services, public information, environmental health consultation and inspections, administrator, information technology support, and case investigations.
- ii. It is essential that there be non-personnel support as well. Such as office space, computer and audio/visual equipment and microbiology lab support. Test results from clinical specimens should be made readily available to assist in the surveillance of outbreak-related infections, at no charge to the citizen.

## **V. Hand Hygiene and Standard Precautions**

### **A. Hand Hygiene**

The term —hand hygiene□ refers to both handwashing with either plain or antiseptic-containing soap and water and the use of alcohol-based products (gels, foams, rinses) containing an emollient that does not require water. Scientists have associated a decrease in morbidity and mortality rates with hand hygiene. Numerous studies show that the practice of cleaning hands reduce healthcare associated infection. (Healthcare Infection Control Practices Advisory Committee [HICPAC] Handwashing Guideline) Types and lengths of fingernails and wearing jewelry can affect the quality of hand hygiene. Individuals wearing artificial nails have been shown to harbor more pathogenic organisms, especially gram negative bacilli and yeasts, on the nails and in the subungual area than those with native nails. There is less evidence that jewelry affects the quality of hand hygiene. Although hand contamination with potential pathogens is increased with ring-wearing no studies have related this practice to HCW-to-patient transmission of pathogens. [http://www.cdc.gov/hicpac/2007IP/2007ip\\_part2.html#d](http://www.cdc.gov/hicpac/2007IP/2007ip_part2.html#d)

### **B. Indications for Hand washing and Hand Antisepsis**

- a. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.
- b. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Alternatively, wash hands with an antimicrobial soap and water.
- c. Decontaminate hands before having direct contact with persons/patients.
- d. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
- e. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices that do not require a surgical procedure.

- f. Decontaminate hands after contact with a person's/patient's intact skin (e.g. when taking a pulse or blood pressure and lifting a person/patient).
  - g. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings if hands are not visibly soiled.
  - h. Decontaminate hands if moving from a contaminated-body site to a clean-body site during a person's/patient's care.
  - i. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the person/patient.
  - j. Decontaminate hands prior to donning gloves, sterile or otherwise.
  - k. Decontaminate hands after removing gloves.
  - l. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
  - m. Antimicrobial-impregnated wipes are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing
  - n. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* or *Clostridium difficile* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors and other antiseptic agents have poor activity against spores.
- C. Hand washing/Hand hygiene techniques
- a. Handwashing with plain or antimicrobial soap
    - i. Purpose: Physical removal of soil and transient microorganisms, including bacterial spores.
    - ii. Wet hands with water.
    - iii. Apply soap to hands.
    - iv. Rub hands vigorously together for at least 15 seconds.
    - v. Cover all surfaces of hands and fingers.
    - vi. Rinse hands well to remove soap residue.
    - vii. Dry with a paper towel.
    - viii. Use towel to turn off the faucet.
  - b. Hand Hygiene with Alcohol-based Hand Rub
    - i. Purpose: Reduction of bacterial counts on hands when hands are NOT visibly soiled.
    - ii. Apply product to palm of one hand.
    - iii. Rub hands together.
    - iv. Cover all surfaces of hands and fingers.
    - v. Rub until hands are dry. (APIC brochure —Hand Hygiene for Healthcare Workers□)
  - c. Hand Hygiene Tips
    - i. Follow manufacturer's recommendations regarding the volume of product to use.
    - ii. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
    - iii. Liquid, bar, leaflet or powdered forms of plain soap are acceptable when washing hands with a non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used.
    - iv. Multiple-use cloth towels of the hanging or roll type are not recommended for use.

- v. Choose alcohol hand rubs containing 60-95% isopropyl, ethanol or n-propanol.
- vi. Choose hand rubs with 1-3% glycerol or other emollients because there is LESS skin irritation and dryness than soaps or antimicrobial detergents tested.
- vii. Store alcohol hand rubs away from high temperatures, flames, electrical outlets or oxygen receptacles (according to recommendations from the National Fire Protection Agency [NFPA]).
- viii. It is not necessary, or recommended, to routinely WASH hands after application of alcohol based hand rubs.
- ix. Provide moisturizing skin care products or barrier creams for employee use. Ensure these products do not compromise glove barrier.
- x. Anti-microbial-impregnated wipes are considered equivalent to handwashing, but not considered a substitute for alcohol hand rubs or antimicrobial soap.

(Reference: —Guideline for Hand Hygiene in Health-care Setting: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force □ 2002)

- d. Standard Precautions: Standard precautions combine the major features of Universal Precautions (UP) and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. These precautions are used when walking into an —unknown □ situation with a biological agent, as well as when there is the potential for exposure to any blood and body fluids and are designed to protect HCWs and patients from contact with infectious agents. Use Standard Precautions for the care of all persons.
- e. Hand washing and Hand Hygiene: See above.
- f. Personal Protective Equipment (PPE)
  - a. Gloves
    - i. Wear gloves when touching blood, body fluids, secretions, excretions and contaminated items. (Clean, non-sterile gloves are adequate for this.) Put on clean gloves just before touching mucous membranes and non-intact skin.
    - ii. Change gloves between tasks and procedures on the same person (adhering to the principles of working from —clean □ to —dirty □) and after contact with material that may contain a high concentration of microorganisms.
    - iii. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before touching another person and wash hands immediately to avoid transfer of microorganisms to other persons or environments.
    - iv. Glove use helps prevent contamination of hands with direct patient contact. Non-latex gloves are required for healthcare personnel sensitive to latex but otherwise various materials can be used (e.g. vinyl, nitrile)
  - b. Mask, Eye Protection, Face Shield

- i. The mucous membranes of the mouth, nose, and eyes are susceptible portals of entry for infectious agents, as can be other skin surfaces if skin integrity is compromised (e.g. by acne, dermatitis). Therefore, use of PPE to protect these body sites is an important component of Standard Precautions.
  - ii. Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during activities likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
  - iii. Removal of a face shield, goggles and mask can be performed safely after gloves have been removed, and hand hygiene performed. The ties, ear pieces and/or headband used to secure the equipment to the head are considered —clean□ and therefore safe to touch with bare hands. The front of a mask, goggles and face shield are considered contaminated.
  - iv. Masks should not be confused with particulate respirators that are used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.
- c. Gowns and Other Protective Apparel
- i. Selection of the appropriate apparel is based on the nature of the patient interaction that is anticipated and the degree of body contact with infectious material. Wearing protective apparel to reduce the risk of exposure to blood borne pathogens is mandated by the Occupational Safety and Health Administration (OSHA) blood borne pathogens standard. If apparel is used as PPE it may include coats, jackets, aprons or gowns.
  - ii. Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Select a gown appropriate for the activity and amount of fluid likely to be encountered.
  - iii. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other persons or environments.
  - iv. Use of gowns may also be indicated for expanded precautions and worn upon entering the patient room, regardless of the level of contact.
  - v. Hand hygiene is again performed as the final step after PPE removal.
- d. Equipment used on a person/patient
- i. Handle used equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other persons and environments.
  - ii. Ensure reusable equipment is not used for the care of another person until it has been cleaned and reprocessed according to manufacturers' recommendations.

- iii. Ensure single-use items are discarded properly and according to policy.
- e. Environmental Control
  - i. Ensure the facility has adequate procedures for routine care, cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces and ensure these procedures are followed.
  - ii. Treat all used linen as if it were contaminated. Handle, transport and process used linen in a manner that prevents skin and mucous membrane exposures. Hold linen away from your body as contamination of clothing could occur. Contamination of clothing can transfer microorganisms to other persons and environments. The risk of disease transmission is negligible if handled, transported and laundered in a safe manner. Do not shake linen.
  - iii. Infectious Waste:
    - 1. "Infectious agent" according to the Ohio Environmental Protection Agency (Ohio EPA) means a type of microorganism, helminth, or virus that causes, or significantly contributes to the cause of increased morbidity or mortality of human beings.  
<http://www.epa.state.oh.us/dsiwm/pages/rules.aspx>
    - 2. Infectious wastes" includes all of the following substances or categories of substances:
      - a. Cultures and stocks of infectious agents and associated biologicals, including, without limitation, specimen cultures, cultures and stocks of infectious agents, wastes from production of biologicals, and discarded live and attenuated vaccines;
      - b. Laboratory wastes that were, or are likely to have been, in contact with infectious agents that may present a substantial threat to public health if improperly managed;
      - c. Pathological wastes, including, without limitation, human and animal tissues, organs, and body parts, and body fluids and excreta that are contaminated with or are likely to be contaminated with infectious agents, removed or obtained during surgery or autopsy or for diagnostic evaluation, provided that, with regard to pathological wastes from animals, the animals have or are likely to have been exposed to a zoonotic or infectious agent;
      - d. And waste materials from the rooms of humans, or the enclosures of animals, that have been isolated because of diagnosed communicable disease that are likely to transmit infectious agents.
      - e. Also included in the category of —infectious wastes□ are waste materials from the rooms of patients who have been placed on blood and body fluid precautions under the universal

precaution system established by the Centers for Disease Control and Prevention in the Public Health Service of the United States Department of Health and Human Services, if specific wastes generated under the universal precautions system have been identified as infectious wastes by rules referred to in paragraph (l)(6)(h) of the rule.

iv. Dishware

No special precautions are needed. The combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils, even from the rooms of persons in isolation.

v. Patient Placement

1. Place a person who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding placement in another room or an alternative facility.
2. Always try to place patients who are requiring isolation in a private room. If none is available *Cohorting* is an option.
3. Cohorting is grouping patients with the same infection or colonization together to confine care to one area and prevent their contact with other patients.
4. Cohorts are determined by clinical diagnosis, with microbiologic confirmation when available, and epidemiology and mode of transmission of the infecting organism.
5. Assigning (cohorting) certain personnel to care for only infectious or colonized patients limits transmission further.
6. Criteria for cohorting should include
  - a. Patient is not infected with another organism
  - b. Likelihood of re-infection with the same organism is unlikely
  - c. Patient is not severely immunocompromised.
7. In *ambulatory and outpatient settings* maintain a clear distance between symptomatic and asymptomatic patients. Airborne infections will require additional precautions and may necessitate patients wearing a mask, if tolerated. Whenever possible, placement in an examination room limits the number of exposed individuals in a common waiting area.
8. Posting signs by the receptionist or registration desk requesting that personnel be promptly informed of symptoms of respiratory infection, influenza or increased respiratory secretions may be helpful.
9. Respiratory Hygiene and Cough Etiquette

- a. Respiratory hygiene/cough etiquette has been promoted as a strategy to contain respiratory viruses at the first point of contact and to limit their spread in areas where infectious patients might be awaiting medical care (e.g. physician offices, emergency departments).
- b. Many respiratory agents can be transmitted via large respiratory droplets including influenza virus, adenovirus, *Bordetella pertussis*, severe acute respiratory syndrome (SARS) and tuberculosis.
- c. Elements of Respiratory hygiene/cough etiquette include 1) education of HCWs, patients and visitors 2) posted signs in an appropriate language 3) source control measures (e.g. covering mouth with tissue when coughing and proper disposal of used tissues, use of surgical masks on the coughing patient if tolerated) 4) hand hygiene after contact with respiratory secretions and 5) spatial separation of > 3 ft. of coughing persons.
- d. Medical Staff should wear a mask if the patient cannot.
- e. Patients with other diseases such as asthma, allergic rhinitis, or chronic obstructive lung disease may be coughing and sneezing. While these conditions may not be infectious, cough etiquette measures also apply.
- f. Healthcare personnel with respiratory infections are advised to avoid patient contact when they are actively coughing and producing respiratory secretions.
- g. Bloodborne Pathogen Environmental Controls
  - a. Bloodborne Pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. Infectious materials may also include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).  
([http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051))
  - b. Anyone who can "reasonably expect to come in contact with blood or potentially infectious materials" is covered by the

- above Occupational Safety and Health Administration (OSHA) standard.
- c. Each employer having an employee(s) with the potential occupational exposure as defined by the Occupational Safety and Health Administration (OSHA) standard for Bloodborne Pathogens shall also establish a written Exposure Control Plan designed to eliminate or minimize employee exposure to blood and other body fluids that contain bloodborne pathogens.
  - d. The organisms are transferred through
    - i. Sexual contact
    - ii. Sharing of hypodermic needles
    - iii. From mothers to their babies at/before birth
    - iv. Accidental puncture from contaminated needles, broken glass, or other sharps
    - v. Contact between broken or damaged skin and infected body fluids
    - vi. Contact between mucous membranes and infected body fluids
  - e. In most health care work settings transmission is most likely to occur because of accidental puncture. Employees must especially take care to prevent injuries when using needles, scalpels and other sharp instruments or devices; handling sharp instruments after procedures; cleaning used instruments; and when disposing of used needles. Always use a safety needle. Never recap used needles that are not safety needles with both hands or otherwise manipulate them using both hands or use any other technique that involves directing the point of a needle toward any part of the body. Rather, use either a one-handed —scoop□ technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand and do not bend, break or otherwise manipulate used needles by hand. Place used disposable syringes, needles, scalpel blades and other sharp items in appropriate puncture-resistant containers which are located as close as practical to the area in which the items were used and place reusable syringes in a puncture-resistant container for transport to the re-processing area.
  - f. Use mouthpieces, resuscitation bags or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in

areas where the need for resuscitation is predictable.

## SECTION II

### Disease Transmission

#### I Introduction

- a. Transmission of infection requires three elements: a source of infecting microorganisms (agent), a susceptible host and a means of transmission for the microorganism.
- b. Source: Human sources of infecting microorganisms may be the person/patient, personnel or family members caring for the person/patient, or, on occasion, visitors to the person/patient, and may include persons with acute disease, persons in the incubation period of a disease, persons who are colonized by an infectious agent but have no apparent disease or persons who are chronic carriers of an infectious agent. Other sources of infecting microorganisms can be the person/patient's own endogenous flora (which may be difficult to control) and inanimate environmental objects that have become contaminated, including equipment and medications. Animals and other vectors can also spread infectious diseases to humans.
- c. Host: Individual susceptibility to infection varies. Some persons may be immune to infection or may be able to resist colonization by an infectious agent, others exposed to the same agent may establish a commensal relationship with the infecting microorganism and become asymptomatic carriers, and still others may develop clinical disease. Host factors such as age, underlying diseases, certain treatments with antimicrobials, corticosteroids, or other immunosuppressive agents, irradiation and breaks in the first line of defense mechanisms caused by such factors as surgical operations, anesthesia, and indwelling catheters may render persons/patients more susceptible to infection.
- d. Means of transmission: Preventing transmission may be the best method of disease control since agent and host factors are difficult to control. Microorganisms are transmitted by several routes, and the same microorganism may be transmitted by more than one route. There are five main routes of transmission: contact, droplet, airborne, common vehicle and vector-borne.  
For the purpose of this guideline, common vehicle and vector-borne transmission will be discussed only briefly, because neither plays a significant role in typical healthcare associated infections.
- e. Table of the Means of Transmission:
  - (1) *Contact transmission*, the most important and frequent mode of transmission of infections, is divided into two subgroups: direct-contact transmission and indirect-contact transmission.
    - (a) Direct-contact transmission involves a direct body surface-to-body surface contact and physical transfer of microorganisms between a susceptible host and an infected or colonized person, such as occurs when a person turns a patient, gives a patient a bath, or performs other patient-care activities that require direct personal contact. Direct-contact transmission also can occur between two patients, with one serving as the source of the infectious microorganisms and the other as a susceptible host.

- (b) Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, such as contaminated instruments, needles, dressings, or contaminated hands that are not washed and gloves that are not changed between patients.
- (2) *Droplet transmission*, theoretically, is a form of contact transmission. However, the mechanism of transfer of the pathogen to the host is quite distinct from either direct- or indirect-contact transmission. Therefore, droplet transmission will be considered a separate

## TAB B

### Community Containment Standard Operating Guideline (SOG)

#### A. Procedure for Declaration of a Public Health Emergency:

See TAB D Legal Authority for Local Boards of Health Resolutions.

#### B. Procedure for Isolation of Ill Individuals:

Portage County public health officials will follow the recommendations of the Ohio Department of Health (ODH) and Centers for Disease Control and Prevention (CDC) for the isolation and treatment of those individuals determined to be infectious. In most situations, it is anticipated that isolation will occur in the home, for a time period based on the specific disease in question. Recommendations are found in the ODH Infectious Disease Control Manual, Section 5: Isolation and Quarantine Guidance accessed at: <http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx> (or TAB A).

#### C. Procedure for Quarantine of Exposed Contacts of Ill Individuals:

Portage County public health officials will follow the recommendations of ODH and CDC for the quarantine of close contacts of infected individuals. Recommendations are found in the ODH Infectious Disease Control Manual, Section 5: Isolation and Quarantine Guidance accessed at: <http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx> (or TAB A).

Contact tracing will be used to identify and notify individuals who were exposed to the disease during the contagious period. ODH will use Ohio Disease Reporting System (ODRS) to keep track of quarantined contacts. Contact tracing also allows for surveillance of contacts to facilitate early recognition of symptoms. Upon identification of a laboratory-confirmed case of illness, contact tracing will also provide evidence of community transmission (ie, epidemiologically linked cases from more than one household). Contact tracing is labor intensive and is likely to be most beneficial in the early stage of an outbreak. If the disease becomes widespread in the community, contact tracing will be unlikely to provide any further benefit.

#### D. Procedure for Implementing Involuntary Isolation or Quarantine of a Person or Group:

Boards of Health and/or Health Commissioners have the authority to issue quarantine orders. In the event that an isolation/quarantine order is not followed voluntarily, the Boards of Health and/or Health Commissioners can authorize the initiation of involuntary quarantine if any of the following occurs:

- There is reason to believe that the individual or group is 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
- The Portage County District Boards of Health have made reasonable efforts, which have been documented, to obtain cooperation and compliance from the individual or group.

**Supporting Agencies:**

**Prosecuting Attorney’s Office**

The prosecuting attorney’s office will be asked to assist public health in issuing involuntary isolation or quarantine orders. In addition, the Boards of Health will ask the prosecuting attorney’s office to represent public health in any petition or appeal hearings required to carry out involuntary isolation or quarantine of individuals.

**Local Law Enforcement**

Local law enforcement will be asked to assist public health with enforcing isolation and quarantine orders issued by the Boards of Health by:

- Escorting individuals requiring transportation for purposes of involuntary isolation and quarantine, if needed;
- Executing arrest warrants related to Isolation and Quarantine cases. In such a situation, public health will provide Personal Protection guidance (use of masks, gloves, etc) to the law enforcement officers who will be escorting and/or arresting contagious individuals.

**E. Essential Services for Isolated/Quarantined Individuals:**

Public health agencies have an obligation to supply essential services and provisions to persons who are placed in isolation and quarantine under the authority of the Boards of Health. These provisions are outlined in the ODH Infectious Disease Control Manual, Section 5: Isolation and Quarantine Guidance accessed at: <http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx> (or TAB A).

They include:

- Food and water
- Shelter (if they cannot remain in their homes, travelers, or are homeless)
- Medicines and medical consultations
- Clothing
- Heat, Water, electricity, telephone, etc)
- Mental health services
- Other supportive services: (daycare, etc)
- Transportation to medical treatment as required.

Some of these functions may be fulfilled by Portage County Red Cross, Portage County Medical Reserve Corps, and other non-profit/volunteer agencies through coordination at the county Emergency Operations Center (EOC).

## **F. Procedure for Implementing Non-Pharmaceutical Community Interventions:**

During an infectious disease outbreak, Portage County public health officials will follow the recommendations of the Ohio Department of Health and the Centers for Disease Control and Prevention regarding the need for non-pharmaceutical community interventions such as school closures. These recommendations are found in the ODH Infectious Disease Control Manual, Section 5: Isolation and Quarantine Guidance accessed at:

<http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx> (or TAB A) and also in the CDC document, "Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the U.S." [http://www.flu.gov/planning-preparedness/community/community\\_mitigation.pdf](http://www.flu.gov/planning-preparedness/community/community_mitigation.pdf)

The implementation and duration of non-pharmaceutical interventions in the community will depend upon the characteristics of the infectious disease, including communicability, severity, and incubation period.

## **G. Procedure for Implementing Pharmaceutical Interventions:**

For some contagious diseases, there are antibiotics or vaccines that may be administered to large groups of people in order to decrease the spread of disease. Smallpox and plague are two examples. If a case of one of these diseases would occur, treatment of the case's contacts would be based on the recommendation of the Centers for Disease Control and Prevention and the Ohio Department of Health. If the case's contacts are extensive or if travel or large gatherings have been involved, then mass prophylaxis may be considered.

Standard operating procedures and locations for mass dispensing of prophylactic vaccines and medications are outlined in the related document, "Portage County Mass Dispensing Plan." This plan includes activation of the Strategic National Stockpile and activation of local Medical Reserve Corps.

## **H. Procedure for Public Communication:**

During an infectious disease outbreak, prompt and accurate communication with the public and the media will be essential to preventing panic and maximizing compliance with community containment measures. The health commissioners of Portage County's local health departments (Kent City, Ravenna City, and Portage County) will jointly ensure that media updates are consistent, accurate, and timely. Communication procedures will include consultation with local medical professionals, EMS, EMA, hospitals and outpatient facilities as needed. The Portage County public health Communication Plan directs release of emergency public information and warning.

## Incident Management Document: NECO-5 Community Containment

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### I. INTRODUCTION:

#### A. Objectives:

- To provide a framework, through coordination and collaboration amongst the various Northeast Central Ohio, Region 5 (NECO-5) agencies, to effectively implement non-pharmaceutical community containment strategies to mitigate the spread of potentially dangerous communicable diseases throughout the region and beyond.

#### B. Key Definitions:

- **Community Mitigation:** A strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a communicable disease.
- **Community Containment:** Measures to separate infected or exposed persons by use of isolation, quarantine, or other restrictions on movement and activities to implement community mitigation strategies.
- **Social Distancing:** is a voluntary protective measure performed by an individual to limit the amount of exposure that he or she may receive, if exposed to persons with a communicable disease.
- **Quarantine:** Restriction of movements or activities of a well individual that has been exposed to a communicable disease during the period of communicability of that disease and in such a manner that transmission of the disease may have occurred. There are two specialized definitions regarding quarantine, in terms of community containment measures:
- **Isolation:** Separation of an infected individual from others during the period of disease communicability in such a way that prevents, as far as possible, the direct or indirect conveyance of an infectious agent to those who are susceptible to infection or who may spread the agent to others. There are two specialized definitions regarding isolation, in terms of community containment measures:
- **Voluntary Isolation & Quarantine (VI&Q)** are voluntary protective measures that designed to protect the public from unnecessary exposure to a communicable disease. Under VI&Q no public laws are being enforced, rather, guidelines are issued to the public advising to practice VI&Q.

- **Mandatory Isolation and Quarantine (MI&Q)** is NOT a voluntary protective action for the public. Under the Ohio Revised Code (ORC) 3707.04 through ORC 3707.34, the local health jurisdictions reserve the right to exercise MI&Q in order to limit the spread of communicable diseases that may pose as major or significant public health concern due to the severity of disease or the potential epidemic spread.

## II. ENABLING POLICIES AND LEGISLATION:

### A. Code of Federal Regulations (CFR);

- 42 CFR § 264, Section 361 (United States Public Health Act).

### B. Ohio Revised Code (ORC):

- 3707.04 - 3707.34 (Isolation and Quarantine)

NOTE: See Attachment for additional relevant ORC sections

### C. Ohio Administrative Code (OAC):

- 3701-3-01 - 3701-3-30 (Communicable Diseases).

### D. NECO-5 Specific Agreements & Policies:

- NECO Region 5 Public Health Memorandum of Understanding (for Resource Sharing).

## III. SITUATIONS & ASSUMPTIONS:

### A. Situation:

- The detection of a communicable disease that has one or more of the following characteristics, has been reported in one or several or is anticipated to impact one or several NECO Region 5 jurisdictions:
  - A high morbidity and/or mortality rate
  - Significant transmission rate between humans
  - Unusual prevalence of a dangerous communicable disease
- NECO Region 5 is composed of thirteen counties and twenty-eight individual health departments and/or health districts that maintain jurisdictional authority and autonomy regarding coordination and implementation of Incident Management Plans and strategies within their respective jurisdiction.

- NECO Region 5 Health Department's and/or Health District's maintain legal authority and jurisdictional autonomy regarding the coordination and implementation of Public Health prevention, preparedness, response, and recovery operations within their jurisdiction.
- NECO Region 5 Health Department's and/or Health District's maintain legal authority and jurisdictional autonomy regarding the coordination and implementation of Community Containment strategies locally.
- County Emergency Management Agencies in NECO Region 5 maintain county emergency operations plans and procedural documents that outline the incident management capabilities, responsibilities, and resources the EMA may utilize to support coordination and communication between local, regional, and state partners.
- Epidemics may last extended periods of time.
- NECO Region 5 Health Department's and/or Health District's will rely on the Ohio Department of Health (ODH) and the Centers for Disease Control (CDC) to provide guidance regarding the types and duration of community containment measures that should be implemented based on the specific disease and/or incident.
- Guidance from ODH and the CDC regarding the types and duration of community containment measures that should be implemented may change rapidly as the situation evolves.
- Communities will be impacted simultaneously and residents may be confined for a significant period of time.

**B. Assumptions:**

- An effective epidemiological surveillance and reporting system is in place throughout NECO Region 5 jurisdictions to mitigate communicable disease progression so community containment measures can be effective.
- Incidents requiring regional coordination will be managed through utilization of the ICS structure; whereby, each jurisdiction will implement the Incident Command System, and when possible, utilize Unified Command with local hospital(s) and other response partners to effectively address the incident.
- Health Department's and/or Health District's in NECO Region 5 maintain emergency plans and procedural documents that address

at a minimum what must be done and how local jurisdictions will implement Community Containment strategies.

- Implementation of Community Containment strategies will occur at a local level.
- Regional coordination of community containment strategies will occur through existing communication modalities and resources. In effect, MACS that are currently in place, established, and maintained by each county emergency management agency.
- Local Emergency Operations Center's (EOC's) will act as the Multi Agency Coordination Center (MACS) of each jurisdiction; whereby, they provide operational support by providing a common operation picture to the local jurisdiction through communication with regional and State partners.
- Community containment strategies will be considered for implementation regardless of the availability of chemoprophylaxis and/or in correlation with the use of chemoprophylaxis
- If Local Health Departments/Districts order people into mandatory isolation and quarantine they shall provide those individuals essential items/needs. Items required to be provided shall be food, fuel, and other necessities of life, including medical attendance, medicine, and nurses when necessary.
- Local Health Departments/Districts imperatives and actions of disease control must balance individual liberties, economic stability and protections against victim stigmatization.
- A tiered response system regarding implementation of community containment measures may be may be employed locally by public health agencies.

#### **IV. Concept of Operations (CONOPS):**

##### **A. General**

- **Level 1 Response:** One health jurisdiction is affected and the response can be handled without regional assistance or resources. The event is thought to be small in scope and is not expected to escalate.
  - Recommend Actions:
    1. Implement ICS and activate appropriate positions as applicable to local plans.

2. Implement local health department epidemiology and community containment plans.
  3. Review MOU's with local and regional health departments and implement as necessary
  4. Plan for the implementation of the least restrictive community containment measure.
  5. Consider and/or review procedures regarding the handling of dead bodies
  6. Enhance communicable disease monitoring and surveillance
  7. Provide education to media and public about diseases, disease transmission and prevention measures
  8. Provide general notification of incident to various local, regional, and/or state partners
  9. Conduct a situation assessment
  10. Establish contacts with local health care providers and local and regional public health
  11. Disseminate regular situational updates to local, regional, and/or state partners.
  12. Implement/establish local cost and time tracking procedures.
  13. Assess and evaluate mental health of employees.
- **Level 2 Response:** One health jurisdiction is affected; the response may require regional assistance or resources. The event is localized to one health jurisdiction but with multiple occurrences and is anticipated to escalate.
    - Recommend Actions:
      1. Review Level 1 Response recommended actions.
      2. Collaborate with local EMA to determine appropriate CAS level activation
      3. Assess available resources to implement isolation and quarantine

4. Assess implementation status of MOU's and revise as necessary
  5. Determine if mandatory isolation and quarantine will be implemented
  6. Update, modify, and implement procedures regarding handling of dead bodies as necessary
  7. Review local health department epidemiology plan and community containment plan
  8. Consider enhancement of communicable disease monitoring and surveillance
  9. Provide education to media and public about diseases, disease transmission and prevention measures
  10. Provide general notification of incident to various local, regional, and/or state partners
  11. Conduct a situation assessment
  12. Establish contacts with local health care providers and local and regional public health
  13. Disseminate regular situational updates to local, regional, and/or state partners.
  14. Continue local cost and time tracking procedures.
- **Level 3 Response:** More than one health jurisdiction is affected within the region and requires regional assistance and resources. The event is widespread and expected to escalate. A Public Health Emergency may be declared for the incident. Affected jurisdictions will coordinate implementation and recommendation of community containment strategies regionally by maintaining ongoing communications through Multi Agency Coordination Systems (MACS) that are currently in place, established, and maintained by each county emergency management agency. ODH and/or the CDC may be involved in initiating response and updates for this level.
    - Recommend Actions:
      1. Review Level 1 and 2 response recommended actions.

2. Assess implementation status of MOU's and revise as necessary.
3. Conduct assessment of available resources.
4. Coordinate allocation of resource through local EMA.
5. Establish liaison for communications with ODH and OEMA.
6. Consider community containment measures regarding:
  - Schools
  - Childcare Centers
  - Public Gathering Places
  - Faith Based Organizations
  - Colleges and Universities
  - Jails
  - Nursing Homes
  - Private Entities
7. Update, modify, and implement procedures regarding handling of dead bodies as necessary.
8. Consider utilization of a regional joint information system to disseminate regular situational updates to local, regional, and/or state partners.
9. Maintain ongoing communications through Multi Agency Coordination Systems (MACS) that are currently in place, established, and maintained by each county emergency management agency.
10. Consider conducting a media conference.
11. Provide recommendations regarding appropriate PPE.
12. Conduct a situation assessment.

13. Establish contacts with local health care providers and local and regional public health.
  14. Consult local EMA in regards to a local emergency declaration for a public health incident.
  15. Continue local cost and time tracking procedures.
- **Level 4 Response:** More than one region in the state or multiple states are affected. A Public Health Emergency will be declared by some level of government. Response will be coordinated regionally through local EOC's acting as the Multi Agency Coordination Center of each jurisdiction; whereby providing operational support through establishment of a common operational picture to the local jurisdiction through communication with regional and State partners. The response may be directed by ODH and/or the CDC; however, local and regional coordination of efforts will occur through the MACS.
    - Recommend Actions:
      1. Review Level 1, 2 and 3 response recommended actions.
      2. Assess status of MOU implementation and revise as necessary.
      3. Conduct assessment of available resources.
      4. Coordinate allocation of resource through local EMA.
      5. Establish liaison for communications with ODH representative at OEMA.
      6. Assess and refine community containment measures as necessary regarding:
        - Schools
        - Childcare Centers
        - Public Gathering Places
        - Faith Based Organizations
        - Colleges and Universities

- Jails
  - Nursing Homes
  - Private Entities
7. Update, modify, and implement procedures regarding handling of dead bodies.
  8. Coordinate with local, regional, and/or state partners to disseminate regular situational updates to create a common operating picture.
  9. Maintain ongoing communications through Multi Agency Coordination Systems (MACS) that are currently in place, established, and maintained by each county emergency management agency.
  10. Assess and refine recommendations regarding appropriate PPE as needed.
  11. Maintain ongoing communications with local health care providers and local and regional public health.
  12. Assess and refine local emergency declaration for a public health incident
  13. Continue local cost and time tracking procedures.

**Recovery Actions to be Considered and Discussed:**

1. Vital Stats
  - Issuance of death certificates and burial permits
2. Cost Recovery
  - Tally your total time and cost
  - Submit your numbers to the local EMA and State Department of Health
3. Rescind Orders Issued as applicable
4. Mental Health

## 5. Guidance Regarding the Handling of Dead Bodies

**Note: Refer to local jurisdictions recovery plans**

### **V. DOCUMENT MAINTENANCE:**

- This Incident Management Document (IMD) will be revised annually by a workgroup established under the NECO Region 5 Regional Public Health Coordinator. In addition, this IMD may be revised based upon findings from exercises, or the implementation of new or updated laws, policies, and/or regulations.

## ATTACHMENT A

### ADDITIONAL ENABLING POLICIES AND LEGISLATION

Federal Law authorizes the Secretary of the United States Department of Health and Human Services to make and enforce regulation necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States or from one state to another.

The diseases for which individuals may be quarantined under federal authority are specified in the Executive Order of the President as amended and include: Cholera, Diphtheria, Infectious Tuberculosis, Plague, Smallpox, Yellow Fever and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others either not yet isolated or named), SARS, and Novel (Pandemic) Strain Influenza.

Community Containment (Isolation and Quarantine) orders may be issued by the Ohio Department of Health or the Local Health District. These orders may include restrictions on individuals, places, transportation, and gatherings. State Constitutional provisions affecting Community Containment (Isolation and Quarantine) include:

- Ohio Constitution, Article I, Section 1- Inalienable Right recognized
- Ohio Constitution, Article I, Section 2- Equal Protection and Benefit
- Ohio Constitution, Article I, Section 3- Rights of Assembly and Petition
- Ohio Constitution, Article I, Section 8- Rights of Habeas Corpus shall not be suspended
- Ohio Constitution, Article I, Section 14- Rights against Unreasonable Searches and Seizures
- Ohio Constitution, Article I, Section 16- All courts shall be open and everyone shall have an opportunity for redress of injuries due in the course of law
- Ohio Constitution, Article I, Section 18- Only the General Assembly may suspend laws
- Ohio Constitution, Article I, Section 19- The State may not exercise Eminent Domain without due process of law or just compensation
- Ohio Constitution, Article II, Section 42- The General Assembly has the power and duty to pass such laws as may be necessary and proper for insuring the continuity of governmental operations in the periods of emergency resulting from disasters caused by enemy attack.

Ohio Revised Code (ORC) section pertaining to the State's authority regarding Community Containment (Isolation and Quarantine) include:

- ORC 3701.13- ODH has ultimate authority in matters of quarantine
- ORC 3701.56- Provides for law enforcement and public health officials to enforce Community Containment (isolation and quarantine) orders
- ORC 3701.14- General powers of the Director of Health

- ORC 3701.81- Requiring persons to limit spread and inform the health authorities of known contagions
- ORC 5923.21- Governor may call up Ohio National Guard (ONG) to enforce the laws of Ohio
- ORC 5923.27- ONG called up by the Governor is considered a law enforcement officer
- ORC 5923.2- Arrest and detention by ONG is for the purposes of escorting to civil authorities

These provision may be found at this reference:

<http://onlinedocs.andersonpublishingcom/oh/lpExt.dll?f=templates&fn=main-h.htm&cp=PORC>

Ohio Revised Code (ORC) sections pertaining to local authority regarding Community and Containment (Isolation and Quarantine) include:

- ORC 3704.04- Authority to promulgate quarantine regulations
- ORC 3707.05- Local health Department (LHD) may not close highway without ODH permission and in compliance with regulations
- ORC 3707.08- Isolation of persons exposed to communicable disease: placarding of premises
- ORC 3707.09- Establishment of quarantine guard
- ORC 3707.16- Attendance at gatherings by quarantined persons prohibited
- ORC 3707.17- Quarantine in place other than that of legal settlement
- ORC 3707.21- Isolation of affected persons in institutions
- ORC 3707.23- Examination of common carriers by board of health during quarantine
- ORC 3709.20 & ORC 3709.21- LHD and Boards of Health may make such orders as necessary to protect the public health
- Ohio Attorney General Opinion 926 (1949)- A LHD may impose a quarantine if reasonable

These statutes may be found at:

<http://onlinedocs.andersonpublishingcom/oh/lpExt.dll?f=templates&fn=main-h.htm.&cp=PORC>

## ADDITIONAL ENABLING POLICIES AND LEGISLATION

Ohio Revised Code §	Subject Title
3707.01	Powers of Board; Abatement of Nuisances
3707.02	Proceedings When Order of Board is Neglected or Disregarded
3707.02.1	Noncompliance; Injunctive Relief
3707.03	Correction of Nuisance or Unsanitary Conditions on School Property
3701.04	Quarantine Regulations
3707.06	Notice to be given of Prevalence of Infectious Disease
3707.07	Complaint Concerning Prevalence of Disease; Inspection by Health Commissioner
3707.08	Isolation of Persons Exposed to Communicable Disease; Placarding of Premises
3707.09	Board May Employ Quarantine Guards.
3707.10	Disinfection of House in Which There Has Been a Contagious Disease
3707.12	Destruction of Infected Property
3707.13	Compensation of Property Destroyed
3707.14	Maintenance of Persons Confined in Quarantine House.
3707.16	Attendance at Gatherings by Quarantined Person Prohibited
3707.17	Quarantine in Place other than that of Legal Settlement
3707.19	Disposal of Body of a Person Who Died of Communicable Disease
3707.23	Examination of Common Carriers by Board during Quarantine
3707.26	Board Shall Inspect Schools and May Close Them
3707.27	Board may Offer Vaccination Free or at Reasonable Charge; Fee Payable to State
3707.31	Establishment of Quarantine Hospital
3707.32	Erection of Temporary Buildings by Board of Health; Destruction of Property
3707.34	Board May Delegate Isolation and Quarantine Authority to Health Commissioner
3707.38	Inspectors, Other Employees
3707.48	Prohibition against Violation of Orders or Regulations of Board
3709.20	Orders and Regulations of Board of City Health District
3709.21	Orders and Regulations of Board of General Health

	District
3709.22	Duties of Board of City or General Health District
3709.36	Powers and Duties of Board of Health
731.231	Under ORC 3709.21
<b>Ohio Administrative Code §</b>	<b>Subject Title</b>
3701-3-02	Diseases to be reported
3701-3-02.1	Reporting of Occupational Diseases
3701-3-03	Reported Diseases Notification
3701-3-04	Laboratory Result Reporting
3701-3-05	Time of Report
3701-3-06	Reporting to the Ohio Department of Health
3701-3-08	Release of Patient's Medical Records

Ohio Jurisprudence 3<sup>rd</sup> Edition: Health and Sanitation, Sections 15, 22, 23, 24, 33, 45, 46, 48, 49, 53.6, 59, 60, 60.1, 62, 63, 65, 66, 67

Ohio Jurisprudence 3<sup>rd</sup> Edition: Public Welfare Sections 84, 170, Recovery from Public Authority

Ohio Jurisprudence 3<sup>rd</sup> Edition: Habeas Corpus & Post Convict, Remedies Section 6, Confinement Under Quarantine and Health Regulations

Ohio Jurisprudence 3<sup>rd</sup> Edition: Foods, Drugs, Poisons, and Hazardous Substances, Sections 8, 78, Regulations and Offenses

Ohio Jurisprudence 3<sup>rd</sup> Edition: Physicians, Surgeons and Other Healers Section 201, Reporting Requirements

Ohio Jurisprudence 3<sup>rd</sup> Edition: Cemeteries and Dead Bodies Section 53

Ohio Jurisprudence 3<sup>rd</sup> Edition: Schools, Universities and Colleges Sections 320, 327, 330

Ohio Jurisprudence 3<sup>rd</sup> Edition: Hospitals and Related Facilities; Health Care Pro. Section 92

Ohio Jurisprudence 3<sup>rd</sup> Edition: Administrative Law Section 41

Ohio Jurisprudence 3<sup>rd</sup> Edition: Environmental Protection Section 125

Corpus Juris Secundum Dead Bodies Sections 4-11, 13, 22-26

Corpus Juris Secundum Health and Environment Sections 9, 16-26, 28-45, 51-64, 66, 74, 95-97

Corpus Juris Secundum Social Security and Public Welfare Sections 268, 269

Corpus Juris Secundum Municipal Corporations Section 130

Koch, Administrative Law and Practice Processes for information services—required reports, Text 2.42

1916 Ohio Attorney General Opinion Volume 1, page 953

1923 Ohio Attorney General Opinion page 355

1926 Ohio Attorney General Opinion 3758

1927 Ohio Attorney General Opinion 789

1929 Ohio Attorney General Opinions 262, 591, and 789

1932 Ohio Attorney General Opinions 4552 and 4641

1937 Ohio Attorney General Opinion 1121

1938 Ohio Attorney General Opinion 3435

1939 Ohio Attorney General Opinion 61

1942 Ohio Attorney General Opinions 4774 and 5091

1946 Ohio Attorney General Opinion 975  
1949 Ohio Attorney General Opinion 926

## Tab D

## Legal Authority

**Federal law** authorizes the Secretary of the US Dept. of Health and Human Services to make and enforce regulation necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the USA or from one state to another.

The diseases for which individuals may be quarantined under federal authority are specified in the Executive Order of the President as amended and include: Cholera, Diphtheria, Infectious Tuberculosis, Plague, Smallpox, Yellow fever, and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others either not yet isolated or named), SARS, and Novel (Pandemic) strain Influenza.

**Isolation and Quarantine orders may be issued by ODH or the Local Health Department. These orders may include restrictions on individuals, places, transportation, and gatherings. State constitutional provisions affecting isolation and quarantine include:**

- Ohio Constitution, Article I, Section 1- Inalienable Right recognized
- Ohio Constitution, Article I, Section 2- Equal Protection and Benefit
- Ohio Constitution, Article I, Section 3- Rights of Assembly and Petition
- Ohio Constitution, Article I, Section 8- Rights of Habeas Corpus shall not be suspended
- Ohio Constitution, Article I, Section 14- Right against Unreasonable Searches and Seizures
- Ohio Constitution, Article I, Section 16- All courts shall be open and everyone shall have an opportunity for redress of injuries due in the course of law
- Ohio Constitution, Article I, Section 18- Only the General Assembly may suspend laws
- Ohio Constitution, Article I, Section 19- The State may not exercise Eminent Domain without due process of law or just compensation
- Ohio Constitution, Article II, Section 42- The General Assembly has the power and duty to pass such laws as may be necessary and proper for insuring the continuity of governmental operations in periods of emergency resulting from disasters cause by enemy attack.

These provisions can be found at: <http://www.constitution.org/cons/usohcons.txt>

**Ohio Revised Code (ORC) section pertaining to the state's authority regarding isolation and quarantine are:**

- ORC 3701.13- ODH has ultimate authority in matters of quarantine
- ORC 3701.56- Provides for law enforcement and public health officials to enforce isolation and quarantine orders
- ORC 3701.14- General powers of the Director
- ORC 3701.81- Requiring persons to limit spread and inform the health authorities of known contagions
- ORC 5923.21- Governor may call up Ohio National Guard (ONG) to enforce the laws of Ohio

- ORC 5923.27- ONG called up by the Governor is considered a law enforcement officer
- ORC 5923.2- Arrest and detention by ONG is for purposes of escorting to civil authorities

These provisions can be found at: <http://codes.ohio.gov/orc/>

**ORC sections pertaining to local authority regarding isolation and quarantine include:**

- ORC 3707.04- Authority to promulgate quarantine regulations
- ORC 3707.05- Local health department (LHD) may not close highway without ODH permission and in compliance with regulations
- ORC 3707.08- Isolation of persons exposed to communicable disease: placarding of premises.
- ORC 3707.09- Establishment of quarantine guard
- ORC 3707.16- Attendance at gatherings by quarantined persons prohibited
- ORC 3707.17- Quarantine in place other than that of legal settlement
- ORC 3707.21- Isolation of affected persons in institutions
- ORC 3707.23- examination of common carriers by board of health during quarantine
- ORC 3709.20 & 3709.21- LHD and Boards of Health may make such orders as necessary to protect public health
- Ohio Attorney General Opinion 926 (1949)- A LHD may impose a quarantine if reasonable

These statutes can be found at: <http://codes.ohio.gov/orc/>

**Local Authority:**

- Portage County Board of Health Resolution
- Kent City Board of Health Resolution
- Ravenna City Board of Health Resolution