Kansas

Community Containment For Disease

Tool Box

A Joint Project of the Kansas Association of Counties, The Kansas Association of Local Health Departments and the Kansas Department of Health and Environment.

February 2007 Version 1.2

Kansas Community Containment for Disease
Toolbox

Section I.
Community Containment Isolation/Quarantine Resources
Decision Tree/Flow Charts

Kansas Community Containment/Isolation and Quarantine Resources

- Kansas Department of Health and Environment – Pandemic Influenza web page/Disease Reporting web page
  http://www.kdheks.gov/flu/pandemic_influenza.htm
  http://www.kdheks.gov/disease_reporting/index.html
  (Contains disease reporting information and the Kansas Pandemic Influenza Plan and Kansas specific information and public information pieces)

- Kansas Department of Emergency Management
  http://www.kansas.gov/kdem/ http://www.ksready.gov/
  (Provides information and links such as the Public Health Information Exchange (PHIX) and resources for Kansas emergency management at all levels)

- Health and Human Services – Pandemic Influenza Plan Supplement #8 Community Disease Control and Prevention
  http://www.hhs.gov/pandemicflu/plan/sup8.html
  (provides information on community containment including issues not addressed in this toolbox)

- University of Louisville Report/Centers for Disease Control and Prevention; "Quarantine and Isolation; Lessons Learned from SARS"
  http://www.louisville.edu/medschool/ibhpl/publications/SARS%20REPORT.pdf
  (Provides specific examples of how other countries including Canada dealt with real life large scale community containment issues)

- Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2/3 http://www.cdc.gov/ncidod/sars/guidance/

- National Association of County and City Health Officials (NAACHO), "Issues to consider, Isolation and Quarantine," January 2006
  http://www.naccho.org/toolbox/Issues%20to%20Consider%20Isolation%20Quarantine.pdf
  "Model Operational Guidelines for Disease Exposure Control", November 2, 2005 draft, preparared for NACCHO by The Center for Strategic & International Studies Homeland Security Program
  http://www.naccho.org/topics/emergency/documents/051102_dec_guidelines.pdf

- U.S. Department of Homeland Security, "Target Capabilities List: Version 1.1" Office of State and Local Government Coordination and Preparedness, May 2005, Pg 116
  http://www.ojp.usdoj.gov/odp/docs/TCL1_1.pdf

- Centers for Disease Control and Prevention, Emergency Preparedness & Response: "Public Health Workbook to Define, Locate and Reach Special Vulnerable, and At-Risk Populations in an Emergency" (Draft), http://www.bt.cdc.gov/workbook/ (last viewed April 28, 2006)

- Kansas Association of Counties draft orders for Isolation and Quarantine
  http://www.kansascounties.org/DocumentCenter.asp?Folder=Draft+Orders+%28I%26Q%29
  (Provides sample copies of the draft orders including in the toolbox and an analysis of the Kansas statute 65-129 addressing isolation and quarantine)

- Kansas Association of Local Health Departments
  http://www.kalhd.org/about.html
  (provides contact information for local health departments/wrote disease protocols)

Kansas Community Containment Decision Tree

DECISION TREE

ISOLATION

Isolation is to be used when a person is reasonably believed to **have contracted** an infectious or contagious disease
SEE INDIVIDUAL ISOLATION FLOW CHART/SEC iii GUIDANCE

- Assess if Community Base Containment measures are suitable if yes, **(see Community Containment flow chart/Sec II guidance)**, if no...
- Local health authority and KDHE communicate and coordinate actions
- See individual isolation flow chart forms (Section I)
- Determine if quarantine may apply to contacts, if yes include quarantine flow chart for affected persons-------- (Section I)
- Assess and determine need to involve legal and/or law enforcement authorities...

Yes or NO

YES

QUARANTINE

Quarantine is to be used when an individual or group of individuals is reasonably believed to **have been exposed** to an infectious or contagious disease
SEE INDIVIDUAL QUARANTINE OR EVALUATION/RX FLOW CHART/SEC iii GUIDANCE

- Assess if Community Base Containment measures are suitable **if yes, (see Community Containment flow chart/Sec II guidance)**, if no...
- Local health authority and KDHE communicate and coordinate actions
- Assess and Determine scope of quarantine required.
- Utilize individual quarantine and/or community containment guidance Sec II/III and flow charts as indicated by scope of assessment
- Assess and determine need to involve legal and/or law enforcement authorities...

Yes or NO

YES

Actions

- **Decide on severity level of the threat represented by particular disease and whether conditions for potential transmission represent a discrete (see Individual Isolation or Quarantine/RX guidance Section III) or large scale public health emergency (see Community Containment Guidance/Section II)**
- **Contact local District Attorney and lead law enforcement authorities as indicated by particular situation to initiate formal orders**
- **Coordinate actions with public health and other authorities at local, state and national levels as warranted by circumstances**
- **Coordinate actions with any providers and/or facilities designated to assist in a particular detainment action**
- **Coordinate actions with law enforcement authorities and identified facilities as warranted by the circumstances of the situation**

NO

NO

NO

- Determine conditions for individual or group of individuals
- Establish follow-up schedule(s) and compliance requirements in conjunction with medical monitoring information (Section IV guidance)
- Utilize Voluntary Isolation legal materials or assess if Community Containment measures will apply

DECISION TREE

Kansas Community Containment Flow Chart

COMMUNITY CONTAINMENT

COMMUNITY CONTAINMENT

Community Containment

Infectious or contagious disease is identified where a large number of individuals are at risk for infection. Assess need for and level of community containment actions. Utilize 'Key Considerations" questions to determine level of action including Isolation and Quarantine

Key Considerations:

- **Do Public Health and medical analyses warrant the imposition of large scale quarantine?**
- **Are implementation and maintenance feasible?**
- **Is there a plausible way to determine who should be quarantined?**
- **Are resources available to enforce confinement?**
- **Can the quarantined group be confined for the duration during which they could transmit disease?**
- **Do the potential benefits outweigh the possible adverse consequences?**

JAMA Vol. 286 No. 21, Dec 5, 2001 "Large Scale Quarantine Following Biological Terrorism in the US;" 286:2711-2717

YES to all

- **Inform Emergency preparedness authorities locally and at the state level, prioritize state public health when possible**
- **Activate emergency plan(s) at levels warranted by events**
- **Upon consultation with state public health, contact local legal authorities (e.g. District Attorney) and law enforcement as indicated by scope of the event**
- **Coordinate the issuance of appropriate orders and related enforcement activities with indicated authorities (Sec. III)**
- **Activate crisis communications plan with elements for delivery of area quarantine measures and ensure consistency of messages with other authorities**
- **Consult Community containment, isolation and quarantine and medical monitoring protocols in the toolbox.**

- **Determine what level and or mix of community-based containment measures should be considered including but not limited to (See Section II in toolbox):**
- **Quarantine of groups of exposed persons**
- **Measures that affect specific sites or buildings for limited situational or short term quarantine**
- **Working quarantine (health care providers)**
- **Establish follow-up schedule(s) and compliance requirements in conjunction with medical monitoring information**
- **Widespread community quarantine**

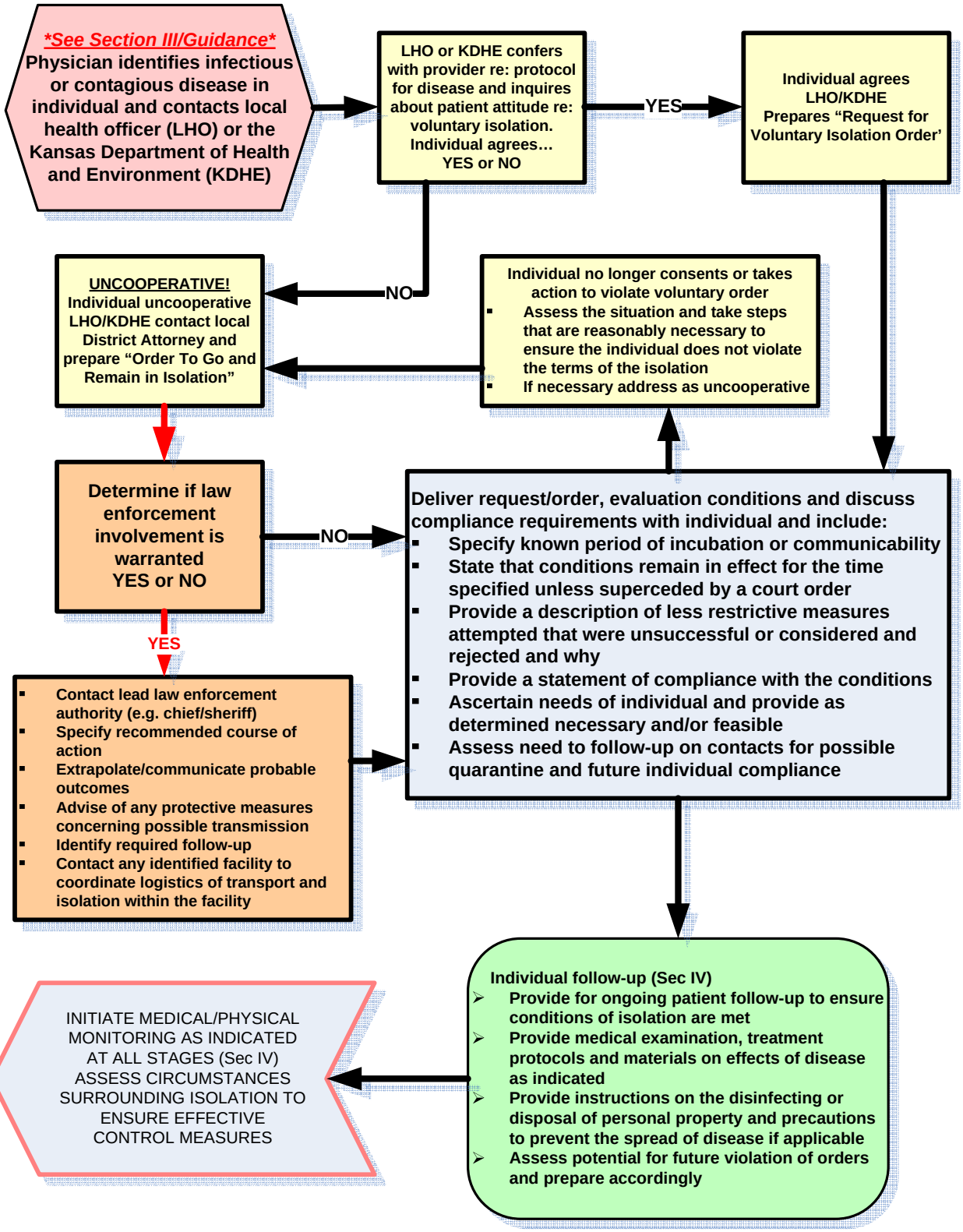
No to any

- **Assess "Key Considerations" that are problematic and identify barriers to implementation**
- **Inform and consult with state Public Health, local and state emergency preparedness authorities to assess potential and need to address key considerations.**
- **Consult Community containment protocol and assess utility of possible lower level measures (Sec II, and Sec III for individual Isolation/Quarantine in toolbox)**
- **Coordinate with local, state & national authorities as situation warrants including emergency preparedness**
- **Activate crisis communications plan with elements for communicating large scale requests for public and business cooperation and voluntary compliance**

- **Determine what level and/or mix of measures affecting communities should be considered including but not limited to (See Section II in toolbox):**
- **Promotion of community wide infection control measures**
- **Snow days**
- **Closure of office buildings, shopping malls, schools, transportation, faith based-organizations**
- **Measures that apply to specific sites or buildings e.g. cancellation of public events or community buildings**

Kansas Individual Isolation Flow Chart

INDIVIDUAL ISOLATION



INDIVIDUAL ISOLATION

"Isolation" is used when a person who is reasonably believed to have contracted a dangerous communicable disease is kept separate from others to prevent disease transmission.

Kansas Quarantine & Eval/RX Flow Chart

INDIVIDUAL QUARANTINE

INDIVIDUAL EVAL/RX

See Section III/Guidance
Physician identifies possible condidates for Quarantine or Evaluation and Treatment and contacts local health officer (LHO) or the Kansas Department of Health and Environment (KDHE)

LHO or KDHE confers with provider re: protocol for disease and inquires about patient attitude re: voluntary quarantine or Eval/RX. Individual agrees… YES or NO

YES

Individual agrees
LHO/KDHE Prepares voluntary "Order To Go and Remain in Quarantine" or "seek evaluation/treatment"

NO

UNCOOPERATIVE!
Individual uncooperative LHO/KDHE contact local District Attorney and prepare "Order To Go and Remain in Quarantine" or "seek evaluation/ treatment"

Individual no longer consents or takes action to violate voluntary order
- Assess the situation and take steps that are reasonably necessary to ensure the individual does not violate the terms of the order
- If necessary address as uncooperative

Determine if law enforcement involvement is warranted YES or NO

NO

YES

- Contact lead law enforcement authority (e.g. chief/sheriff)
- Specify recommended course of action
- Extrapolate/communicate probable outcomes
- Advise of any protective measures concerning possible transmission
- Identify required follow-up
- Contact any identified facility to coordinate logistics of transport and isolation within the facility

Deliver request/order, evaluation conditions and discuss compliance requirements with individual and include:
- Specify known period of incubation or communicability
- State that conditions remain in effect for the time specified unless superceded by a court order
- Provide a description of less restrictive measures attempted that were unsuccessful or considered and rejected and why
- Provide a statement of compliance with the conditions
- Ascertain needs of individual and provide as determined necessary and/or feasible
- Assess need to follow-up on contacts for possible quarantine

Individual follow-up (Sec IV)
- Provide for ongoing patient follow-up to ensure conditions of isolation are met
- Provide medical examination, treatment protocols and materials on effects of disease as indicated
- Provide instructions on the disinfecting or disposal of personal property and precautions to prevent the spread of disease if applicable
- Assess potential for future violation of orders and prepare accordingly

INITIATE MEDICAL/PHYSICAL MONITORING AS INDICATED AT ALL STAGES (Sec IV) ASSESS CIRCUMSTANCES SURROUNDING ISOLATION TO ENSURE EFFECTIVE CONTROL MEASURES

"Quarantine is used where an individual or group of persons is reasonably believed to have been exposed to a dangerous communicable disease and are kept apart from others to prevent possible disease transmission.

Section II.
Community Containment Guidelines

Recommendations and Guidelines for Community Containment

CONTENTS

I. Rationale and Summary

The need to fully utilize isolation and quarantine approaches to disease control will vary considerably in relation to the disease for which the approaches are being considered. Many think that these measures are extreme. It must be remembered, however, that isolation is used quite commonly in connection with public health Tuberculosis (TB) control and state and local public health departments.

The Kansas Isolation and Quarantine statute K.S.A. 65-129 that encompasses public health efforts to contain TB would also provide the template for possible control efforts in the case of larger scale outbreaks of naturally occurring diseases like pandemic influenza or SARS or artificially introduced biological agents in connection with terror related events.

In addition, it must be remembered that there are many other alternatives that might be utilized short of or beyond individual isolation and quarantine and the effectiveness of these measures would rely upon the understanding, comprehension and active cooperation of the public, business and clinical care infrastructures within out communities.

The following provides guidance on the range of approaches that might be used in relation to various levels of threat represented by different infectious and contagious diseases. In addition, specific guidance documents and templates are provided for use by local health departments in conjunction with Kansas statutes associated with Isolation, Quarantine and other community containment measures.

Implementation of many of these measures will require cooperation between local, state and possibly federal authorities.

A. Containment measures for individuals

1. Patient isolation or Quarantine

In certain circumstances associated with certain infectious or contagious diseases individuals who are infected or exposed to infectious or contagious diseases should be separated from persons who are well, using infection control measures. Examples could range from Tuberculosis to Smallpox with different degrees of isolation or quarantine associated with the characteristics of specific disease agents. Depending upon the disease, if a surge in patients overwhelms healthcare capacity or if home isolation is not feasible, health departments may need to use alternative facilities for isolation of patients. Specific guidelines with sample orders are incorporated into this tool box in Section III.

2. Management of contacts

Contact tracing, contact monitoring, and quarantine of close contacts may be effective for some diseases, but not in all cases and often only in association with certain stages of population infection. Pandemic Influenza is an example of where this type of activity may only work during very early stages. Because the usefulness and feasibility of these types of measures will be limited by the nature of specific diseases, health authorities should consider a range of community-based measures that reduce disease transmission by increasing social distance.

B. Community-based containment measures (See Community Containment Flow Chart Sec I)

If disease transmission in a jurisdiction is significant and sustained, state and local public health authorities should consider implementing community-based containment measures. Community-based containment measures can be grouped into two broad categories: measures that affect groups of exposed or at-risk persons and measures that affect entire communities.

Prior to implementing large-scale community wide quarantine measures (*Cordon Sanitaire*), key considerations need to be consciously asked.

Key Considerations:

- Do Public Health and medical analyses warrant the imposition of large scale quarantine?
- Are implementation and maintenance feasible?
- Is there a plausible way to determine who should be quarantined?
- Are resources available to enforce confinement?
- Can the quarantined group be confined for the duration during which they could transmit disease?
- Do the potential benefits outweigh the possible adverse consequences?

JAMA Vol. 286 No. 21, Ded 5, 2001 “Large Scale Quarantine Following Biological Terrorism in the US;” 286:2711-2717

If you are able to answer yes to all of these considerations in consultation with state and/or local and potentially national public health and emergency preparedness authorities, immediately implement emergency preparedness plans including crisis communications and ensure that all affected authorities are informed.

If you answer no to any of these considerations consult with state and/or local public health authorities, and emergency preparedness authorities to assess barriers to implementation and determine what level of community containment measures are warranted by the circumstances. Consider all other measures below prior to implementing a community wide quarantine.

1. Measures that affect groups of exposed or at-risk persons

Measures that affect groups of exposed or at-risk persons include:

- Quarantine of groups of exposed persons
- Containment measures that apply to use of specific sites or buildings

These measures should be considered when:

- There is limited disease transmission in the area.
- Most cases can be traced to contact with an earlier case or exposure to a known transmission setting (e.g., a school or workplace where a person has fallen ill).
- The intervention is likely to either significantly slow the spread of infection or to decrease the overall magnitude of an outbreak in the community.

a) Quarantine of groups of exposed persons

The purpose of quarantine is to reduce disease transmission by separating exposed persons from others, monitoring exposed persons for symptoms, and providing medical care and infection control precautions as soon as symptoms are detected. Groups that might be quarantined include:

- Persons who might have been exposed
- Via family members
- At a public gathering
- On an airplane or cruise ship or other closed conveyance
- At their school or workplace
- Healthcare providers who work at a facility where disease cases receive care

Group quarantine (like patient isolation) is optimally performed on a voluntary basis, in accordance with instructions of healthcare providers and health officials. However, many levels of government (local, state, federal) have the basic legal authority to compel mandatory

isolation and quarantine of individuals and groups when necessary to protect the public's health.

b) Measures that apply to use of specific sites or buildings

Two ways of increasing social distance activity restrictions are to cancel events and close buildings or to restrict access to certain sites or buildings. These measures are sometimes called "focused measures to increase social distance." Depending on the situation, examples of cancellations and building closures might include:

- Cancellation of public events (concerts, sports events, movies, plays)
- Closure of recreational facilities (community swimming pools, youth clubs, gymnasiums)

2. Measures that affect communities

Measures that affect entire communities (including both exposed and non-exposed persons), include:

- Promotion of community-wide infection control measures (e.g., respiratory hygiene/cough etiquette)
- Snow days and self-shielding
- Closure of office buildings, shopping malls, schools, and public transportation
- Widespread community quarantine (*cordon sanitaire*)

Measures that affect whole communities should be considered when:

- There is moderate to extensive disease transmission in the area.
- Many cases cannot be traced to contact with an earlier case or known exposure.
- Cases are increasing among contacts of infected patients.
- There is a significant delay between the onset of symptoms and the isolation of cases because of the large number of ill persons.

An example of potentially effective whole community measures might involve pandemic influenza. Community-wide infection control measures could decrease the overall magnitude of the outbreak. Community-based measures may also include school closures, snow days, and self-shielding.

a) Community-wide infection control measures

Throughout a public health emergency or even yearly public health events, public health authorities will encourage all persons with signs and symptoms of a disease utilize measures to protect themselves and others. An example of this are the yearly warnings about regular influenza that include:

- Cover the nose/mouth when coughing or sneezing.
- Use tissues to contain respiratory secretions.

- Dispose of tissues in the nearest waste receptacle after use.
- Perform hand hygiene after contact with respiratory secretions and contaminated objects or materials.

In other situations where the magnitude of a threat might be more consequential, individuals might be advised to avoid public gatherings (e.g., movies, religious services, public meetings). Depending upon particular circumstances, individuals might also be warned avoid going to other public areas (e.g., food stores, pharmacies); the use of other persons who are recovered or not infected might be encouraged.

b) Snow days and self-shielding

Implementation of "snow days"—asking everyone to stay home—involves the entire community in a positive way, is acceptable to most people, and is relatively easy to implement. Snow days may be instituted for periods that might encompass the incubation period of a particular disease, with final decisions on duration based on an epidemiologic and social assessment of the situation. Canada utilized similar approaches in association with the SARS outbreak in 2002.

States and local authorities may wish to consider recommendations to the public for acquisition and storage of necessary provisions including type and quantity of supplies needed during snow days. Snow days can effectively reduce transmission without explicit activity restrictions (i.e., quarantine). Consideration should be given to personnel who maintain primary functions in the community (e.g., law enforcement personnel, transportation workers, utility workers [electricity, water, gas, telephone, sanitation]). Compliance with snow days might be enhanced by "self-shielding" behavior (i.e., many people may stay home even in the absence of an official snow day ["reverse quarantine"]).

c) Closure of office buildings, shopping malls, schools, and public transportation

Closure of office buildings, stores, schools, and public transportation systems may be feasible community containment measures during some circumstances. All of measures will have significant impact on the community and workforce, however, and careful consideration should be focused on their potential effectiveness, how they can most effectively be implemented, and how to maintain critical supplies and infrastructure while limiting community interaction. For example, when public transportation is cancelled, other modes of transportation must be provided for emergency medical services and medical evaluation.

d) Widespread community quarantine (cordon sanitaire) (see Key Considerations B. page 2)

In extreme circumstances, public heath officials may consider the use of widespread or community-wide quarantine, which is the most stringent and restrictive containment measure. Strictly speaking, "widespread community quarantine" is a misnomer, since "quarantine" refers to separation of exposed persons only and (unlike snow days) usually allows provision of services and support to affected persons. Like snow days, widespread community quarantine involves asking everyone to stay home. It differs from snow days in two respects: 1) It may involve a legally enforceable action (e.g. area quarantine), and 2) it restricts travel into or out of an area circumscribed by a real or virtual "sanitary barrier" or "*cordon sanitaire*" except to authorized persons, such as public heath or healthcare workers.

Implementation of this measure is a last resort. All 'key considerations" noted at the beginning of this section must be met before effective implementation can occur. In many cases, other less restrictive approaches such as snow days can be implemented to slow disease spread or decrease its magnitude in a community. Because of this, *cordon sanitaire* is not recommended unless a community is in a setting where it is likely to be applied effectively and has been planned with neighboring jurisdictions and state and federal input.

II. Interventions for Community Containment

Contact control in relation to isolation and quarantine can be managed by use of a range of interventions, all of which are designed to facilitate early recognition of illness in persons at greatest risk of becoming infected and thereby prevent transmission to others. Whereas many of these interventions are applied individually to persons identified as contacts of a person with possible or known disease, others are applied to larger groups of persons, or communities, that share a similar risk of exposure. The range of interventions includes the following:

(A) Passive Monitoring

Definition	The contact is asked to perform self-assessment periodically and to contact authorities immediately if symptoms occur.
Application	Situations in which 1) the risk of exposure and subsequent development of disease is low, and 2) the risk to others if recognition of disease is delayed is also low
Benefits	Requires minimal resources Places few constraints on individual movement
Challenges	Relies on self-reporting Affected persons may not perform an adequate self-assessment
Resources Required	Supplies (thermometer; symptom log; written instructions) Hotline to notify authorities about symptoms or needs Staff to receive telephone reports and provide in-person evaluation and care Plans and procedures for rapid isolation of persons who develop symptoms

Partners	Household members
Forms/Templates	Symptom logs Instructions for patients and healthcare workers

(B) Active Monitoring without Explicit Activity Restrictions

Definition	A healthcare or public health worker evaluates the contact on a regular (at least daily) basis by phone and/or in person for signs and symptoms.
Application	Situations in which 1) the risk of exposure to and subsequent development of disease is moderate to high, 2) resources permit close observation of individuals, and 3) the risk of delayed recognition of symptoms is low to moderate
Benefits	Places few constraints on individual liberties
Challenges	Requires adequate staffing Requires a system to track information and to verify monitoring and appropriate actions based on findings
Resources Required	Trained staff to provide in-person and/or telephone evaluations Plans and procedures for rapid isolation of persons who develop symptoms Contingency plans for managing noncompliant persons Hotline to notify authorities about symptoms or needs
Partners	Professional and lay healthcare workers to perform evaluations on behalf of the health department Possible need for law enforcement to assist with management of noncompliant persons
Forms/Templates	Checklist for assessment of active monitoring Template for recording results of clinical evaluation (See Sec IV Physical/Medical Monitoring)

(C) Active Monitoring with Activity Restrictions (Quarantine)

Definition	The contact remains separated from others for a specified period, during which s/he is assessed on a regular basis (in person at least once daily) for signs and symptoms of influenza disease. Persons with disease specific symptoms will require immediate evaluation by a trained healthcare provider. Restrictions may be voluntary or legally mandated; confinement may be at home or in an appropriate facility. No specific precautions are required for those sharing the household with a person in quarantine as long as the person remains asymptomatic.
Application	Situations in which the risk of exposure and subsequent development of disease is high and the risk of delayed recognition of symptoms is moderate
Benefits	Reduces risk of spread from persons with sub acute or sub clinical presentations or from delayed recognition of symptoms
Challenges	May infringe on personal movement

	May lead to a feeling of isolation from family and friends May lead to loss of income or employment Requires plans/protocols for provision of essential services Requires plan for provision of mental health support Risk of noncompliance, particularly as duration increases May require enforcement for noncompliance
Resources Required	Staff for monitoring and evaluation Appropriate facility if home setting is unavailable or inadequate Staff, funding, and goods for provision of essential services Hotline for notification of symptoms or personal needs Mechanisms to communicate with family members outside the household or facility Mental health and social support services Delivery systems for food and other essential supplies
Partners	Professional and lay healthcare workers to perform assessments on behalf of the health department Community volunteers/workers to assist with provision of essential services Potential need for law enforcement to assist with noncompliant persons
Forms/Templates	Checklist for active monitoring Template for recording results of clinical evaluation Checklist and guidelines for evaluation of homes for quarantine Checklist and guidelines for evaluation of community-based sites for quarantine Guidelines for monitoring compliance with home quarantine Guidelines for monitoring compliance with quarantine in community-based facilities Forms for recording compliance with quarantine (See Sec IV Physical/Medical Monitoring)
Examples	Home quarantine (voluntary or mandatory) Facility quarantine (voluntary or mandatory)

Working Quarantine

Definition	Employees are permitted to work but must observe activity restrictions while off duty. Monitoring for illness before reporting for work is usually required. This may change based on the clinical presentation of disease. Use of appropriate infection control procedures while at work is required.
Application	Persons for whom activity restrictions (home or facility quarantine) are indicated but who provide essential services (e.g., healthcare workers)
Benefits	Reduces risk of community spread from high-risk contacts while minimizing adverse impact of activity restrictions on provision of essential services Clinical monitoring at work reduces the staff required for active monitoring at the quarantine site
Challenges	Need for close and consistent pre-shift monitoring at the work site to prevent inadvertent exposures

	May require means of transporting persons to and from work site to minimize interactions; persons in working quarantine should wear appropriate Personal Protective Equipment during transport. Must maintain close cooperation and communication between work site and local health authorities Need to provide mental health services to address concerns about isolation from family and friends
Resources Required	Appropriate facility for off-duty quarantine if home is unavailable or inadequate Staff, funding, and goods for provision of essential services Personal protective equipment Hotline for notification of symptoms and personal needs System to track results of work-site monitoring and location(s) of off-duty quarantine Mental health, psychological, and behavioral support services
Partners	Work-site administrators and infection control personnel Community volunteers/workers Staff/volunteers to assist with transportation to and from work Mental health professionals Potential need for law enforcement to assist with noncompliant persons
Forms/Templates	Guidelines and instructions for persons in working quarantine Instructions for supervisors of persons in working quarantine Checklist to evaluate homes for quarantine Guidelines for monitoring compliance Checklist for active monitoring at work site Template for recording results of clinical evaluation Forms for recording compliance (See Sec IV Physical/Medical Monitoring)

Focused Measures to Increase Social Distance

Definition	Intervention applied to specific groups, designed to reduce interactions and thereby transmission risk within the group. When focused, the intervention is applied to groups or persons identified in specific sites or buildings, most but not necessarily all of whom are at risk of exposure
Examples	Quarantine of groups of exposed persons Cancellation of public events Closure of office buildings, schools, and/or shopping malls; closure of public transportation such as subways or bus lines
Application	Groups or settings where transmission is believed to have occurred, where the linkages between cases is unclear at the time of evaluation, and where restrictions placed only on persons known to have been exposed is considered insufficient to prevent further transmission
Benefits	Applied broadly, reduces the requirement for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions May enable reductions in transmission among groups of persons without explicit

	activity restrictions (quarantine)
Challenges	May be difficult to solicit cooperation, particularly if popular buildings are closed or popular events are cancelled Requires excellent communication mechanisms to notify affected persons of details and rationale May need to provide replacement for affected activities (e.g., school, essential services) Generally relies on passive monitoring
Resources Required	Systems to communicate relevant messages May require enforcement, particularly if closure of buildings or gathering places is necessary Requires resources for passive monitoring Hotlines to report symptoms and obtain follow-up instructions Transportation for medical evaluation, with appropriate infection control precautions
Partners	News media and communication outlets Community groups Law enforcement
Forms/Templates	Messages for affected persons Messages for employers of affected persons Messages for persons supplying essential services

(D) Community-Wide Measures to Increase Social Distance

Definition	Intervention applied to an entire community or region, designed to reduce personal interactions and thereby transmission risk. The prototypical example is implementation of a "snow day," in which offices, schools, and transportation systems are cancelled as for a major snowstorm. (See Community Containment Flow Chart Sec I)
Examples	Snow days
Application	All members of a community in which 1) extensive transmission of disease is occurring, 2) a significant number of cases lack clearly identifiable epidemiologic links at the time of evaluation, and 3) restrictions on persons known to have been exposed are considered insufficient to prevent further spread
Benefits	Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions May enable reductions in transmission among groups without explicit activity restrictions (quarantine) "Snow days" are familiar concepts and thus are easy to implement on short notice
Challenges	May be difficult to solicit cooperation Requires excellent communication mechanisms to notify affected persons of details and rationale

	May need to provide replacement for affected activities (e.g., school, essential services) May need to address mental health and financial support issues When an entire community is involved, requires cooperation with neighboring jurisdictions that may not be using a similar intervention, particularly in situations where persons live in one city and work in another and only one locale is affected by the intervention Generally relies on passive monitoring Social and economic impact of public transportation closures
Resources Required	Communication outlets Enforcement Resources for passive monitoring Hotlines and other communication systems to report symptoms and obtain follow-up instructions
Partners	News media and other communication outlets Law enforcement and transportation officials to enforce restrictions (e.g., closure of bridges, roads, or mass transit systems) and plan for provision of critical supplies and infrastructure
Forms/Templates	Messages for affected persons Messages for employers of affected persons Messages for persons supplying essential services

(E) Widespread Community Quarantine, Including Cordon Sanitaire

Definition	Legally enforceable action that restricts movement into or out of the area of quarantine of a large group of people or community; designed to reduce the likelihood of transmission of among persons in and to persons outside the affected area. When applied to all inhabitants of an area (typically a community or neighborhood), the intervention is referred to as cordon sanitaire (sanitary barrier). (See Community Containment Flow Chart Sec I, and "Key Considerations" Page 2 I. B.)
Application	All members of a group in which 1) extensive transmission is occurring, 2) a significant number of cases lack identifiable epidemiologic links at the time of evaluation, and 3) restrictions placed on persons known to have been exposed are considered insufficient to prevent further spread. Widespread quarantine is unlikely to be necessary because other less restrictive measures (e.g., snow days) may be equally effective.
Benefits	Reduces need for urgent evaluation of large numbers of potential contacts to determine indications for activity restrictions
Challenges	Controversial because of the degree that individual movement is restricted Difficult to solicit cooperation for extended periods, particularly if the rationale is not readily apparent or was not clearly explained Requires excellent communication mechanisms to inform affected persons and to maintain public confidence in the appropriateness of the chosen course of action Need to ensure continuation of essential services

	Need to provide financial support and mental health support services for the affected population When an entire community is involved, requires cooperation with neighboring jurisdictions that may not be using a similar intervention, particularly in situations where persons live in one city and work in another and only one locality is affected by the intervention Need to provide mechanisms for isolating symptomatic persons with minimal delay
Resources	Required Systems to communicate relevant messages Enforcement to maintain security at borders Transportation for persons requiring medical evaluation, with appropriate infection control precautions Staff and supplies to maintain access to and availability of essential services and goods, including food, water, medicine, medical care, and utilities Psychological support staff Plan to divert flow of critical infrastructure supplies and materials that normally transit through quarantined area
Partners	News media and other mass communication outlets Public and private groups, industries, and officials to coordinate supply and provision of essential services to affected area Law enforcement to maintain security at borders and to enforce movement restrictions Transportation industry
Forms/Templates	Messages for affected persons Messages for employers of affected persons Messages for persons supplying essential services
Examples	Quarantine (cordon sanitaire) of a city or town Quarantine of occupants of a housing complex or office building (See Community Containment Flow Chart Sec I)

III. Preparedness Checklist for Community Containment Measures

(A) General

- Establish an incident command structure.
- Establish a legal preparedness plan.
- Establish relationships with partners, such as law enforcement, first responders, healthcare facilities, mental health professionals, local businesses, and the legal community.
- Plan to monitor and assess factors that will determine the types and levels of response, including the epidemiologic profile of the outbreak, available local resources, and level of public acceptance and participation.
- Develop communication strategies for the public, government decision-makers, healthcare and emergency response workers, mental health professionals, and the law enforcement community.
- Invite key partners to participate in containment exercises and drills.

(B) Temporary emergency facilities for patient isolation quarantine, and assessment of patients

- Identify appropriate community-based facilities for isolation of patients who have no substantial healthcare requirements.
- Identify facilities for persons for whom home isolation is indicated but who do not have access to an appropriate home setting, such as travelers and homeless populations.
- Identify potential quarantine facilities and prepare contingency plans for staffing and equipping them.
- Identify potential sites for clinics and prepare contingency plans for staffing and equipping them, including the ability to dispense antiviral drugs to identified cases in the priority groups.

(C) Community containment measures

- Ensure that legal authorities and procedures are in place to implement the various levels of movement restrictions as necessary.
- Establish procedures for medical evaluation and isolation of quarantined persons who exhibit signs of illness.
- Develop tools and mechanisms to prevent stigmatization and provide mental health services to persons in isolation or quarantine.
- Identify key partners and personnel for the implementation of movement restrictions, including quarantine, and the provision of essential services and supplies:
    - Law enforcement
    - First responders
    - Other government service workers
    - Utilities
    - Transportation industry
    - Local businesses
    - Schools and school boards

(D) Establish procedures for delivering medical care, food, and services to persons in isolation or quarantine. Examples of services that will require the help of non-traditional partners include:

- Training for responders and healthcare workers, as necessary, in use of personal protective equipment
- Plans for the mobilization and deployment of public health and other community-service personnel (See Sec IV Physical/Medical Monitoring regarding implementation)

Section III.
Isolation and Quarantine Kansas Guidelines and Sample Legal Orders

Isolation and Quarantine

Kansas Guidelines and Sample Legal Orders

CONTENTS

I Definitions (for the purposes of this guidance)

(1) “Infectious or contagious disease” means any disease designated by the secretary of health and environment as an infectious or contagious disease. For the purposes of these guidelines those diseases are those designated in K.A.R. 28-1. The lists designated are not considered either exclusive or complete to encompass new or previously unidentified agents.

(2) “Secretary” means the secretary of the department of health and environment.

(3) “local health officer” means the person appointed as local health officer by the board of county commissioners in accordance with K.S.A. 65-201.

(4) “Quarantine” involves a situation where an individual or group of persons is reasonably believed to have been exposed to a dangerous communicable disease and is kept apart from others to prevent disease transmission.

(5) “Isolation” is used when a person who is reasonably believed to have contracted a dangerous communicable disease is kept separate from others to prevent disease transmission.

(6) “Observation and monitoring” involves health care personnel reviewing the current health status of a potentially infected individual, e.g., by checking vital signs at scheduled visits on a regular basis, usually daily, to determine whether further action is necessary to protect the public health.

(7) “Order” is an order issued by a local health officer or the Secretary requiring an individual who either authority has reason to believe has been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment and/or to be subject to quarantine or isolation.

The order shall include:

(a) the identity of the individual or group of individuals subject to isolation or quarantine;

(b) the premises subject to isolation or quarantine;

(c) the date and time at which isolation or quarantine commences;

(d) the suspected infectious or contagious disease causing the outbreak or disease, if known;

(e) the basis upon which isolation or quarantine is justified; and

(f) the availability of a hearing to contest the order

(8) "KDHE" means public health officials delegated by the secretary of the Kansas Department of Health and Environment to act under the auspices of these guidelines.

(9) "Public health emergency" means an immediate threat from an occurrence or outbreak of an infectious or contagious agent that;

(a) poses a high risk of fatalities or serious long-term disability to large numbers of people, and

(b) where there is a substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent.

(10) "Individual" means a named person directly affected by the public health emergency.

(11) "Group of individuals" means named or unidentifiable set of individuals with shared characteristics directly associated with the public health emergency.

(12) "Least Restrictive" means allowing the most possible freedom of movement and communication with other individuals while effectively protecting unexposed and susceptible individuals. It should be a least intrusive proportional and staged response that takes into consideration the following:

(a) the disease concerned

(b) the availability of preventive or other treatment for that disease

(c) the infectivity and behavioral aspects affecting the ease of transmission of that disease

(d) whether urgent action will significantly affect the public health outcome

(e) the degree of cooperation exhibited by the individual(s) affected by an infectious or contagious disease

(f) the capacity of the person to understand the public health risk they present (e.g. as in the case of a patient with a mental illness

II. <u>Procedural Guidelines</u>

(A) Isolation.

(1) KDHE will provide to hospitals, physicians and other mandatory reporters a list of those dangerous contagious diseases and/or symptoms that require isolation and that represent diseases that can trigger the application of these guidelines.

(2) Immediately or as soon as reasonably possible upon seeing a patient with the listed diseases and/or symptoms suggestive of an infectious or contagious disease that represents a public health threat, the local health officer and/or KDHE must be informed by the affected mandatory reporter. The local health officer or KDHE will communicate with the applicable hospital and physician regarding the current protocol for protecting the public's health, e.g., the time period recommended for isolation. If a local health officer is contacted, the local health officer shall inform KDHE "…without delay all information as to existing conditions…" (K.S.A 65-119) to ensure effective coordination of actions. If KDHE is contacted first, that agency shall inform the local health officer without delay all information as to existing conditions and coordinate actions appropriate to the existing situation.

(3) Where the standard medical practice of a hospital and/or physician would be to isolate such a patient, and such a patient is placed in isolation while in the hospital, pursuant to a physician's orders, such isolation is voluntary and not at the local health officer or KDHE's direction unless the local health officer and physician are the same. The hospital, physician or other mandatory reporter must still inform the local health officer and/or KDHE. The local health officer or KDHE will provide a formal "Request for Voluntary Isolation or Quarantine" which shall be provided to the affected individual(s). The local health officer and/or KDHE shall assess the circumstances surrounding the isolation to ensure effective containment measures have been taken relative to all affected parties, contingent upon the specific disease agent(s) involved.

(4) Where a hospital or physician receives any indication that a patient no longer consents to, or has left isolation against a physician's orders, the hospital or physician must inform the local health officer or KDHE immediately, and the agency contacted will issue an enforceable order of isolation, upon a finding that there is no less restrictive and equally efficacious alternative to isolation.

(5) Alternatively, the local health officer and/or KDHE, acting in good faith, may issue an order of isolation, based on knowledge of a situation, from whatever source, provided that the source of the information supporting isolation is deemed reliable by the local health officer or KDHE and that there is no less restrictive and equally efficacious alternative to isolation or if constrained by the immediacy and magnitude of the public health emergency.

(6) A local health officer/KDHE or his or her designee, under his or her supervision, shall investigate the situation, by telephone or in person, within 2 hours of such contact, and may order isolation or a continuation of such measures where he or she finds that no less restrictive and equally efficacious alternative to isolation exists or if constrained by the immediacy and magnitude of the threat.

(7) The local health officer or KDHE will attempt, where reasonably possible, to obtain a signed request for voluntary isolation from each person placed into isolation, acknowledging that the isolation is knowing and voluntary. The agreement form shall comprise a voluntary order and inform the affected persons of the importance to the public's health of their adherence to the isolation order, and shall further inform them in relation to an involuntary order that they have the right to request a hearing to contest any enforceable order and that a hearing will be conducted within 72 hours after receipt of the request in the district court of the county where the action has been ordered. It will also state that a court may extend this period while awaiting the report of two court appointed physicians.

The form shall also inform the affected persons that an enforceable order of isolation remains in effect and can not be stayed or enjoined pending the issuance of a court order or denial of the petition. The isolation agreement form shall further inform the affected persons that in any such court proceeding, they have the

right to have an attorney present and, if they cannot afford one, to petition the court for the appointment of an attorney to act on their behalf and also have the right to present their own medical evidence. It further shall inform them that they may place a phone call to an attorney, family member or other representative as soon as reasonably practicable after receiving an order of isolation. In addition, the isolation order shall inform the affected persons that if they sign the agreement form, they are required to notify the local health officer or KDHE if they wish to withdraw agreement, prior to breaking isolation. Any breach of isolation prior to a court order allowing the end of isolation shall be a violation of the local health officer or KDHE order.

(B) Quarantine

(1) The duration and scope of quarantine may vary widely, depending on the disease and the risks presented.

(a) *A few hours for assessment*. In some cases, persons believed to be exposed to a dangerous communicable disease may be held for a reasonable period of time for questioning, assessing risk, testing any potentially hazardous specimen, and obtaining contact information.

(b) *Time to provide treatment*. Where prophylactic treatment would prevent illness or disease transmission, quarantine may last until treatment has been provided.

(c) *The duration of the incubation period*. Where a risk is reasonably determined to be present, and treatment is not indicated or available, or is refused, then quarantine may be necessary for the duration of the incubation period, which is the time in which another individual would be reasonably likely to contract the disease. The individual would be released as soon as reasonably practicable after the end of that time if he or she is not ill or contagious at that point. Anyone who does become ill or is contagious may be subject to isolation, as discussed above.

(2) Determining the need for Quarantine

(a) A local health officer or KDHE, acting in good faith, may issue an order for quarantine, based on knowledge of a situation, from whatever source, provided that the source of the information supporting isolation is deemed reliable by the local health officer or KDHE and that there is no less restrictive and equally efficacious alternative to quarantine or if constrained by the immediacy and magnitude of the public health emergency.

(b) A local health officer/KDHE or his or her designee, under his or her supervision, shall investigate the situation, by telephone or in person, within 2 hours of such contact, and may order isolation or a continuation of such measure where he or she finds that no less restrictive and equally efficacious alternative to isolation exists or if constrained by the immediacy and magnitude of the threat.

(3) If the local health officer or KDHE determines that notice of the order is impractical because of the number of individuals or geographic areas affected, the local health officer or KDHE shall ensure that the affected individuals are fully informed of the order using the best possible means available. The written order may be posted in a conspicuous place in the quarantine premises. Other means including state and/or local media, electronic communication or any other means available should be used to ensure communication of the order when a geographic area might be encompassed.

(4) The local health officer or KDHE will attempt, where reasonably possible, to obtain a signed voluntary agreement form from each person it orders into quarantine. The agreement form shall inform the affected persons of the importance to the public's health of their adherence to the quarantine order, and shall further inform them when involuntary that they have the right to request a hearing to contest the order and that a

hearing will be conducted within 72 hours after receipt of the request in the district court of the county where the action has been ordered. It shall also state that the court may extend this period while awaiting the report of two court appointed physicians.

The form shall also inform the affected persons that the order of isolation remains in effect and will not stay or enjoin the order pending the issuance of a court order or denial of the petition. The quarantine agreement form shall further inform the affected persons that in any such court proceeding, they have the right to have an attorney present and, if they cannot afford one, to petition the court for the appointment of an attorney to act on their behalf, and also have the right to present their own medical evidence.

(5) If a local health officer is contacted first, the local health officer shall inform KDHE "…without delay all information as to existing conditions…" (K.S.A. 65-119) to ensure effective coordination of actions. If KDHE is contacted, that agency shall inform the local health officer without delay all information as to existing conditions and coordinate actions appropriate to the existing situation.

(C) Other alternatives

(1) *Order to seek appropriate and necessary evaluation and treatment:* There may be situations where the local health officer or KDHE determines that a medical evaluation including observation and monitoring is necessary, with possible resulting treatment, to determine the medical status of a person who has been potentially exposed to someone with a dangerous communicable disease and/or has traveled in an area affected with such a disease and/or has symptoms indicating the presence of such a disease.

(a) Where the local health officer or KDHE, acting in good faith, reasonably determines that undertaking and obtaining the results from such an evaluation is necessary to protect the public's health and that there is no less restrictive and equally efficacious means of doing so, the local health officer or KDHE shall issue a written order for a medical examination including possible resulting treatment. The order shall explain the nature and extent of the examination including observation and monitoring and possible treatment required, as known at the time of the order, and the public health reasons, and shall be signed by the local health officer or KDHE.

(b) The local health officer or KDHE will attempt, where reasonably possible, to obtain the person's signed informed voluntary agreement to the medical evaluation and/or treatment. The agreement form shall inform the affected person of the importance to the public's health of their adherence to the order. In situations where an individual agreement is not possible, or individuals fail to comply, an order for isolation or quarantine may be issued.

(c) Refusal by competent individuals of 18 years or older or emancipated minors or children and wards as a result of a parent or guardian's actions, to submit to vaccination, medical examination, treatment or testing may result in quarantine or isolation until the local health officer or KDHE determine that the individual no longer poses a substantial risk of transmitting the disease or condition to the public; and parents or guardians are allowed to accompany the minor child or ward until it is determined that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

(D) Conditions for Quarantine/Isolation

(1) The local health officer or KDHE shall order quarantine, isolation, appropriate and necessary evaluation and treatment including observation and monitoring only where there is clear and convincing medical or

public health epidemiological evidence that doing so is necessary for the protection of the public health, safety and welfare in a public health emergency and that no less restrictive and equally efficacious alternative reasonably exists in the applicable time frame.

(a) Orders of quarantine, isolation, medical examinations, and/or observation and monitoring shall be for the shortest reasonable time period and using the least intrusive and restrictive method(s) that are reasonably compatible with protecting the public's health, safety and welfare (e.g., where it reasonably appears to be equally effective, a person may be ordered quarantined in his/her home, rather than being sent to a group quarantine facility).

(b) Where quarantine or isolation are outside the person's home, or where other circumstances make it necessary, the local health officer or KDHE will address as reasonably as possible the basic needs of persons quarantined and isolated, including adequate food, clothing, shelter, means of communication, medical care, sanitation, hygiene and respect for cultural and religious beliefs.

(E) Court Hearings

(1) At the discretion of the court, hearings held as a result of enforceable actions resulting from these guidelines may be held by telephonic or other electronic means as necessary to prevent additional exposure to the infectious or contagious disease or possibly infectious or contagious disease. The local health officer or KDHE will need to advise the court regarding the need to take such actions depending upon the disease or agent in question.

(F) Other Information

For the purposes of these guidelines and in addition to statute required information to be provided in orders.

(1) All orders issued by a local health officer or KDHE will also;

(a) specify the known period of incubation or communicability (or the estimate when the disease is unknown).

(b) state that the directive remains in effect for the time specified unless amended by the local health officer or KDHE or superseded by a court order.

(c) provide a description of the less restrictive alternatives that were attempted and were unsuccessful, or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.

(d) provide the identity of the individual, individuals, or groups of individuals subject to isolation or quarantine.

(e) provide a statement of compliance with the conditions and principles for isolation and quarantine.

(f) provide a statement of the legal authority under which the order is requested.

(G) Law Enforcement Communication

(1) The local health officer or KDHE should initially communicate with the highest authority available when an event occurs. This will minimize the potential for misinformation and orient the chain of command for implementation. A summary of actions taken to that point should be provided including facilities or areas designated for isolation or quarantine and providers ready to address the medical needs of individuals or groups of individuals affected by enforceable orders.

(2) A clear and concise set of expectations should be communicated to the authority with any offers of physical or other material assistance in accordance with the pertinent agent.

(3) The local health officer or KDHE must advise law enforcement of any protective measures concerning the possible transmission of a communicable disease when law enforcement authorities are required to participate in an enforcement action.

(4) The law enforcement authority may act on an order transmitted by telephone, fax, or other electronic notification of the order from the local health officer or KDHE. In all cases where practicable, the local health officer or KDHE should actively participate in the process of enforcing orders to ensure effective communication across law enforcement and provider entities engaged in the process.

(5) Law enforcement officers engaged in enforcement actions associated with statute derived activities and these guidelines may use all necessary and lawful means to apprehend, hold, transport, quarantine, or isolate a person or persons subject to the order in line with state and/or local protocols.

(H) Observation and Monitoring

(1) Individuals or groups of individuals shall be either directly or indirectly observed and medically monitored to ascertain disease status, infectiousness and to ascertain compliance with required conditions of voluntary or enforceable orders. Specific guidance documents are available and can be utilized for this activity.

REQUEST FOR VOLUNTARY QUARANTINE

(Date)

Dear _____,

I am asking you to voluntarily quarantine yourself (or the following persons for whom you are the parent or legal guardian _____) because I have determined that you (they) may have, or have been exposed to (disease name). I believe this is necessary because:

Quarantine means that you should not come into contact with other people. It protects your health and the health of others.

Please go and remain at (address) by (date and time).

Based upon what we now know about (name of disease), you may need to stay there up to (number) of days. We will be checking in on you and will let you know when it is safe for you to return to your normal activities.

If you have questions or need help, please call (name of contact and telephone number). Additional information about (name of disease) is available at (name of website for either the agency or some reliable source). Fact sheets about this disease and the steps you should take to protect yourself and others are attached to the letter. Please these steps to reduce the risk to yourself and others with whom you may have contact.

It is very important that you comply with this request for voluntary quarantine. Your health and the health of others depend upon it.

If you do not comply with this request for voluntary quarantine, we may issue an order, enforced by the police, to assure your compliance.

Thank you for your cooperation and help during this public health emergency. Attached is information about available local resources you can reach by telephone or via the internet. Included in the attached information is a description of how your basic needs for items such as groceries or medication can be met while you are quarantined.

Signed,

Local Health Officer

ORDER TO SEEK APPROPRIATE AND NECESSARY EVALUATION AND TREATMENT

To: _____ Address: _____

City/State/Zip: _____

THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT. (Issued under the Authority Granted by K.S.A. 65-_____)

There is reason to believe that you may have _____, a contagious or infectious disease. The basis for that belief is explained in the attached statement. If not treated, this disease may present a serious health threat to you or others.

You will need to be evaluated to determine whether you have the disease. If you have this disease you may need treatment to protect your health and to prevent any threat to the health of the others. The Health Officer orders that you seek the following appropriate and necessary evaluation, and treatment if necessary:

[Describe appropriate and necessary evaluation, and treatment if necessary]

If you object to this order you may request a hearing in the district court in accordance with K.S.A. 65-_____, and 60-1501, et seq. You are still required to comply with the order until and unless the court rules otherwise. If you are not able to obtain legal counsel, counsel may be appointed to represent you. The court will set a hearing date within seventy-two hours of the filing of the request with the district court, unless the health officer shows extraordinary circumstances require an extension of time.

Any questions regarding this order may be directed to _____, _____ County Health Officer, at _____ (phone number) or in person at _____ _____ (address).

I hereby certify that this order was served in-hand to the above-named individual(s) on

_____ at _____ a.m./p.m.

[Name of Health Officer] Date

Attachment

STATEMENT JUSTIFYING BASIS OF ORDER

[Prepare a brief factual statement for the basis of belief that the person needs to be evaluated and or treated. This statement should also include a brief informative statement about the disease, such as its etiology, symptoms, effects, and treatment.

ORDER TO GO AND REMAIN IN ISOLATION

To: _____ Address: _____City/State/Zip: _____

THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL ___/____/_____ OR THE ORDER IS VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT. (Issued under the Authority Granted by K.S.A. 65-_____)

There is reason to believe that you have _____, a contagious or infectious disease. The basis for that belief is explained in the attached statement. This disease may present a serious health threat to you or others.

You will need to be isolated, or separated, for the period of communicability, in a location and under conditions that will prevent the possible direct or indirect conveyance of the disease to others.

The Health Officer orders that you go and remain in isolation at the following location under the conditions described until ___/____/_____ or the order is vacated by the Health Officer or by order of the court:

[Describe the location and conditions of isolation]

If you object to this order you may request a hearing in the district court in accordance with K.S.A. 65-_____, and 60-1501, et seq. You are still required to comply with the order until and unless the court rules otherwise. If you are not able to obtain legal counsel, counsel may be appointed to represent you. The court will set a hearing date within seventy-two hours of the filing of the request with the district court, unless the health officer shows extraordinary circumstances require an extension of time is necessary.

Any questions regarding this order may be directed to _____, _____ County Health Officer, at _____ (phone number) or in person at _____ _____ (address).

I hereby certify that this order was served in-hand to the above-named individual on

_____ at _____ a.m./p.m.

[Typed name of Health Officer] Date

Attachment

Attachment

STATEMENT JUSTIFYING BASIS OF ORDER

[Prepare a brief factual statement for the basis of belief that the person needs to be evaluated and or treated. This statement should also include a brief informative statement about the disease, such as its etiology, symptoms, effects, and treatment.

ORDER TO GO AND REMAIN IN QUARANTINE

To: _____ Address: _____

City/State/Zip: _____

THIS ORDER IS EFFECTIVE IMMEDIATELY UPON NOTIFICATION OF THE PERSON(S) IDENTIFIED ABOVE, AND WILL REMAIN IN EFFECT UNTIL ___/____/_____ OR UNTIL THE ORDER IS VACATED BY THE HEALTH OFFICER OR BY ORDER OF THE COURT. (Issued under the Authority Granted by K.S.A. 65-_____)

There is reason to believe that you have been exposed to _____, a contagious or infectious disease. The basis for that belief is explained in the attached statement. This disease may present a serious health threat to you or others.

You will need to be quarantined in a location and under conditions that will prevent any possible direct or indirect conveyance of the disease to others.

The Health Officer orders that you go and remain in quarantine at the following location under the conditions described until it is determined that you have not been exposed to the disease, or it is determined that you will not directly or indirectly convey this disease to others, or until the order is vacated by the Health Officer or by order of the court:

[Describe the location and conditions of quarantine]

If you object to this order you may request a hearing in the district court in accordance with K.S.A. 65-_____, and 60-1501, et seq. You are still required to comply with the order until and unless the court rules otherwise. If you are not able to obtain legal counsel, counsel may be appointed to represent you. The court will set a hearing date within seventy-two hours of the filing of the request with the district court, unless the health officer shows extraordinary circumstances require an extension of time is necessary.

Any questions regarding this order may be directed to _____, _____ County Health Officer, at _____ (phone number) or in person at _____ _____ (address).

I hereby certify that this order was served in-hand to the above-named individual on

_____ at _____ a.m./p.m.

[Typed name of Health Officer] Date

Attachment

STATEMENT JUSTIFYING BASIS OF ORDER

[Prepare a brief factual statement for the basis of belief that the person needs to be evaluated and or treated. This statement should also include a brief informative statement about the disease, such as its etiology, symptoms, effects, and treatment.

Section IV.
Physical and Medical Monitoring for Isolation and Quarantine Guidelines, Forms

Kansas
Isolation and Quarantine
Monitoring of Affected Individuals

CONTENTS

APPENDICES

I. Definitions:
Isolation and Quarantine for Monitoring Purposes

Isolation is the separation and restriction and movement or activities of ill infected persons who have a contagious disease, for the purpose of preventing transmission to others.

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

Quarantine is the separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of diseases.

- Persons are usually quarantined in their homes, but they may also be quarantined in community-based facilities.
- Quarantine can be applied to an individual or to a group of persons who are exposed at a large public gathering or to persons believed exposed on a conveyance during international travel.
- Quarantine can also be applied on a wider population- or geographic-level basis. Examples of this application include the closing of local or community borders or erection of a barrier around a geographic area (*cordon sanitaire*) with strict enforcement to prohibit movement into and out of the area.
- Isolation and quarantine are optimally performed on a voluntary basis, in accordance with instructions of healthcare providers and health officials. However, local health departments and

the Kansas Department of Health have legal authority to compel mandatory isolation and quarantine of individuals and communities when necessary to protect the public health.

(see See Section III for sample individual guidelines and sample forms. See Section II Community Containment Guidelines and Recommendations and Section I Community Containment flow charts for more information on processes and key considerations for large scale applications.)

II. Purpose of Monitoring:

- To ensure that individuals are compliant with physical restrictions
- To perform "medical monitoring" of infected individuals or those exposed to an infectious or contagious disease for the development of symptoms and status of health
- To ensure that individuals have basic needs met

III. Outline of Monitoring:

- Monitoring management shall be conducted by a management team consisting of public health staff and appropriate medical specialties associated with pertinent diseases and assigned monitoring staff with backgrounds appropriate for ensuring effective observation of clinical outcomes and physical monitoring.
- A designated public health professional will conduct all monitoring calls and/or visits for affected individuals. A back-up must be designated and be kept apprised of the situation.
- Scripts and/or required talking points should be prepared and provided as warranted by circumstances.
- Medical Monitoring forms for both baseline and daily monitoring should be used. Examples are attached.
- Optimally, public health staff will be assigned to each individual and will be responsible for medically monitoring infection without quarantine or isolation, quarantine, isolation, or short term isolation.
- Kansas Department of Health and Environment (KDHE) staff will be assigned to assist and coordinate state/local activities when local health department staff perform monitoring. Surge capacity shall be provided for larger scale events in accordance with other state emergency preparedness planning.
- All individuals in quarantine or isolation will receive either an orientation visit (when feasible) or call to obtain a written/verbal voluntary agreement or a physically delivered court order in cases of mandated isolation and quarantine.
- Appropriate coordination with law enforcement and other health providers shall be performed as indicated (reference flow charts). The initial contact shall act as a "day zero" action in accordance with the determined medical status relative to the pertinent disease.

IV. Procedures

(A) "DAY ZERO ACTION"

- Actions:
  1. Notify person of Quarantine or Isolation status
  2. Describe the conditions of Quarantine or Isolation and how the monitoring system will function
  3. Provide instructions for compliance, disease specific, and infection control information. (Electronically send with request for receipt response or hand deliver if initial contact by phone)

4. Assessment of individual conditions, needs, barriers, concerns, and potential for exposure/transmission to others
5. Obtain voluntary agreement (written if feasible) or delivery of court order
6. Public health staff performing monitoring shall be available on a 24 hour basis. A mix of phone calls and/or visits shall be provided as situation warrants
7. Obtain baseline clinical monitoring information as indicated (use baseline monitoring form)

(B) Monitoring Cycles

- Actions:

1. The number of periodic monitoring cycles must relate to the pertinent disease being monitored and individual compliance with restrictions necessary
2. The following information must be gathered during monitoring calls (use daily monitoring form provided):
   - Symptomology (new or increase or decrease in intensity of existing to assess need for other health care provision)
     a. If assessment indicates need for more intensive health care support, the management team shall be consulted by monitoring staff and appropriate actions shall be taken if the individual is not able to provide them on their own
   - Symptomatic household contacts or other individuals contacted
   - Required service needs
     a. If assessment indicates services are needed that the individual cannot obtain on their own, monitoring staff will refer within their agency to provide the service
3. For each cycle, up to 3 attempts (at least 15 minutes apart) will be made to contact the person being monitored. A mix of phone and or visits should be used as warranted by circumstances.
4. If attempts are phone based, the designated management team shall be informed and a personal visit shall be performed to ascertain the necessary monitoring information and individual compliance with the order.
5. If all three attempts and/or resulting visits fail, the management team shall confer with appropriate coordinating authorities on further action
6. Monitoring shall be continued in accordance with the time frames indicated by the pertinent disease, written agreements and/or orders
7. A written “release” "statement signed by the authorizing public health authority shall be provided to affected individuals noting their release from quarantine or isolation restrictions and resulting monitoring

V. Precautions/References:

Control of Communicable Diseases Manual (most recent edition [18th 2004 at writing]); David L. Heymann, MD, Editor, An official report of the American Public Health Association (APHA) in association with the World Health Organization (WHO)

Centers for Disease Control and Prevention "Guideline for Isolation Precautions in Hospitals" http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm (updated April 1, 2005) *From the Public Health Service, US Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, Georgia. Garner JS, Hospital Infection Control Practices Advisory Commitee. Guideline for isolation precautions in hospitals. Infect Control Hosp Epidemiol 1996;17:53-80, and Am J Infect Control 1996;24:24-52.*

VI. Monitoring Data:

- Data records shall include:
  - Monitoring status (e.g. Isolation quarantine without monitoring, short term isolation, quarantine, isolation and voluntary or court ordered nature of order
  - Cycle of determined monitoring for monitoring staff
  - Complete Individual demographics and physical identifying information
  - Individual contact information including emergency contacts
  - Contact information for contingency plans put in place
  - Work, school, and daycare information
  - List of contacts at potential risk for infection and status
  - Summary of restrictions contained in voluntary or court ordered order
  - Day zero call
  - Monitoring calls
  - Incoming calls
  - Place for short narrative summary of each contact
  - Place for summary of services provided
  - Place for summary of resolution actions taken including provision of release statement
  - Copies of any scripts/talking points utilized in process
  - Copies of orders or voluntary agreements used in process (See Section III Isolation and Quarantine Kansas Guidelines and Sample Legal Orders)

VII. Monitoring Reports:

- Report summaries shall be provided to all parties on a periodic basis for compliant individuals
- Action reports based upon non-compliance will be provided as events warrant to management team for other action. Phone contacts shall be followed with written/electronic/fax reports. Confidentiality shall be of high priority in all cases and actions to ensure confidentiality shall be maintained
- Epidemiologic reports shall be provided as indicated to allow for assessment of potential patterns of spread
- After action reports shall be compiled as part of the debriefing and process improvement process

(Adapted from the Minnesota Department of Health presentation "Isolation and Quarantine Monitoring and Data System for SARS 2003-2004.)

Kansas Isolation and Quarantine Medical Monitoring Form
Baseline Medical Information

Fax Form To:

Oversight Agency
County
Municipality
Case# _____ Index Case #_____Outbreak # _____ (Contact KDHE for information)
Reported to KDHE Date ___/___/___

Is this case Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐

If this is a case, is the case epidemiologically linked to confirmed/probable case? Yes ☐ No ☐
If yes, Type of Epi-Link Household contact ☐ Workplace contact ☐ Other contact:_____

Name of Epi-Link_____

Suspected Diagnosis:_____

Reporting Source

Initial report date ___/___/___
Reported by: Name _____ Institution/Agency _____ Phone _____-_____-_____
Treating Physician Name _____
Phone _____-_____-_____

Patient Information

Patient Name (last, first, MI)_____
Address _____ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt.or Emergency contact Parent/guardian Spouse Other_____ Name: _____
(Please Circle)

Phone: _____

Patient Occupation _____
Patient Employer/Worksite/School/Day Care Name_____(Please Circle)
Patient Employer/Worksite/School/Day Care Phone _____-_____-_____(Please Circle)

Birth date ___/___/___ Age _____

Gender F ☐ M ☐ DK ☐

Ethnicity
Hispanic or Latino ☐
Not Hispanic or Latino ☐
DK ☐

Race (check all that apply)
White ☐
Black/African American ☐
Asian/PI Native American/Alaskan ☐
Other, please specify_____
DK ☐

Clinical Information

Onset date: ___/___/___ Diagnosis date: ___/___/___ Illness duration: _____ days

Medical Care for Current Illness

Y ☐ N ☐ DK ☐
Was patient evaluated in an **Emergency Room?** Yes ☐ No ☐ (Date: ____/____/_____)
Hospital name _____ Contact_____
phone # _____-_____ -_____

Did patient visit other health care providers/facility while ill? Yes ☐ No ☐
If yes, please specify below:
Provider/facility name _____
Contact and phone #_____
Date ___/___/___ DK
Was the patient hospitalized? Yes ☐ No ☐ (Date ____/____/_____)
If yes, name of facility_____

Signs and Symptoms Clinical Findings

Y ☐ N ☐ DK ☐
Fever Highest measured temp: _____ ₀F
Type: Oral Rectal Other: _____ DK
Date _____/_____/_____
Cough Y ☐ N ☐ DK ☐ If yes, onset date: ___/___/___
Productive Y ☐ N ☐ DK ☐ (if yes specify below)
Watery Mucoid Y ☐ N ☐ DK ☐
Bloody Other_____
Chills Y ☐ N ☐ DK ☐
Headache Y ☐ N ☐ DK ☐
Muscle aches or pain (myalgia) Y ☐ N ☐ DK ☐
Malaise Y ☐ N ☐ DK ☐
Sore throat Y ☐ N ☐ DK ☐
Tender glands Y ☐ N ☐ DK ☐
Swollen glands Y ☐ N ☐ DK ☐
Other, Specify_____
Lymphadenopathy Y ☐ N ☐ If yes, Generalized Y ☐ N ☐ DK ☐ Other location: _____
Size: _____
Tender Y ☐ N ☐ DK ☐
Erythematous Y ☐ N ☐ DK ☐
Respiratory distress Y ☐ N ☐ DK ☐
Pharyngitis Y ☐ N ☐ DK ☐
Pneumonia Y ☐ N ☐ DK ☐
Skin ulcer Y ☐ N ☐ DK ☐
Conjunctivitis Y ☐ N ☐ DK ☐
Other, Specify _____

Tests Performed

Y N DK
WBC Performed (Date: ____/_____/____)

Leukocytosis Left Shift Y ☐ N ☐
Please specify below
WBC Count: _____
Diff ____% Neutrophils ____% Bands ____% Lymphs
____% Monocytes ____% Eosinophils ____% Basophils
Chest x-ray performed
Result: Normal Abnormal
If abnormal, please describe finding:_____

Microbiology

Y ☐ N ☐ DK ☐

Test Date Collected Specimen Type (blood, lymph node aspirate, sputum, CSF, serum)
Result
Culture / / growth Y ☐ N ☐ DK ☐ no growth Y ☐ N ☐ DK ☐
Gram Stain Y ☐ N ☐ DK ☐ Result:_____
Organism identified:_____
Antimicrobial sensitivities / / Resistance to: Gentamicin Doxycycline Ciprofloxacin Other: _____
Culture / / growth no growth
Gram Stain yes no Result:_____ Organism identified:
Antimicrobial sensitivities / / Resistance to: Gentamicin Doxycycline Ciprofloxacin Other: _____
DFA / / pos neg indeterminate
DFA / / pos neg indeterminate
PCR (polymerase chain reaction) / / pos neg indeterminate
PCR / / pos neg indeterminate
IHC (immunohistochemical staining) / / pos neg indeterminate
IHC / / pos neg indeterminate
Antimicrobial sensitivities / / Resistance to: Gentamicin Doxycycline Ciprofloxacin Other: _____
Serum antibody titer (acute) / / Titer:
Serum antibody titer (convalescent) / / Titer:

Outcome

Y ☐ N ☐ DK ☐
Died from illness Death date ___/___/___
Autopsy performed
Y ☐ N ☐ DK ☐
Recovered, no complications
Recovered, with complications
Please specify: _____

Enter onset date (first symptom)
Count backward to figure probable exposure period.

Days from
Onset:
Calendar dates:
Exposure Period*

Contagious period:

Travel

Y ☐ N ☐ DK ☐
Travel Out of:
County Y ☐ N ☐ DK ☐
State Y ☐ N ☐ DK ☐
Country Y ☐ N ☐ DK ☐
If yes, please list location and dates below
Location Date
(1) _____ ____/____/____
(2) _____ ____/____/____
(3) _____ ____/____/____
(4) _____ ____/____/____
(5) _____ ____/____/____

Foreign arrival (e.g. immigrant, refugee, adoptee, visitor)
Specify country: _____
Y ☐ N ☐ DK ☐
Attended social gatherings or crowded setting
Please list areas and dates:
(1) _____ ____/____/____
(2) _____ ____/____/____
(3) _____ ____/____/____
(4) _____ ____/____/____
(5) _____ ____/____/____

Kansas Isolation and Quarantine
Daily Medical Monitoring Log

Name: _____

Date: _____ Case # _____ Index Case # _____

Outbreak Case #_____ Time Contacted _____ Times Tried _____

Medical Aspects

Blood Pressure _____

Heart Rate _____
Any irregular rate or rhythm

Respiration _____

Temperature _____

Weight _____

Skin _____

Hydration _____

Mental Status _____

Medical History

Medications (adherence) _____
Alcohol past 24 hrs _____
New meds RX/DX last two weeks _____

Symptoms last 24 hours

Fever _____
Diarrhea _____
Cough _____
Gastro intestinal _____
Upper respiratory _____

Notes:

Actions/Recommendations:

Checked By:
Signature: _____

Guidelines for Evaluating Homes and Facilities for Isolation and Quarantine

I. Isolation Facilities

A. Home isolation *(sample form appendix 5)*

Ideally, persons who meet the criteria for isolation or quarantine and who do not require hospitalization for medical reasons should be isolated in their homes. The home environment is less disruptive to the patient's routine than isolation in a hospital or other community setting. Any home being considered as an isolation setting should be evaluated by the patient's physician, health department official, or other appropriate person to verify its suitability. The assessment should center on the following minimum standards for home isolation of a patient:

Infrastructure
- Functioning telephone
- Electricity
- Heat source
- Potable water
- Bathroom with commode and sink
- Waste and sewage disposal (septic tank, community sewage line)

Accommodations
- Ability to provide a separate bedroom for the patient
- Accessible bathroom in the residence; if multiple bathrooms are available, one bathroom designated for use by the patient

Resources for patient care and support
- Primary caregiver who will remain in the residence and who is not at high risk for complications from disease
- Meal preparation
- Laundry
- Banking
- Essential shopping
- Social diversion (e.g., television, radio, internet access, reading materials)
- Masks, tissues, hand hygiene products

B. Isolation in a community-based facility

When persons requiring isolation cannot be accommodated either at home or in a healthcare facility, a community-based facility for isolation will be required. The availability of a community-based facility will be particularly important during a large outbreak.

Much of the work in identifying and evaluating potential sites for isolation should be

conducted in advance of an outbreak as part of preparedness planning. Each jurisdiction should assemble a team to identify appropriate locations and resources for community isolation facilities, establish procedures for activating them, and coordinate activities related to patient management. The team should consider the use of both existing and temporary structures. Options for existing structures include community health centers, nursing homes, apartments, schools, dormitories, and hotels. Options for temporary structures include trailers, barracks, tents, and "bubble systems." Considerations include the following:

Basic infrastructure requirements
- Meets all local code requirements for a public facility
- Functioning telephone system
- Electricity
- Heating, ventilating, and air conditioning (HVAC)
- Potable water
- Bathroom with commode and sink
- Waste and sewage disposal (septic tank, community sewage line)
- Multiple rooms for housing ill patients

Ventilation capacity
- Preferably, rooms with individual ventilation systems (e.g., room or window fan coil units that do not re-circulate to other parts of the building)
- Alternatively, facility with a non-re-circulating ventilation system that permits redirection of the airflow from corridors and staff areas into patient rooms.

Access considerations
- Proximity to hospital
- Parking space
- Ease of access for delivery of food and medical and other supplies
- Handicap accessibility

Space requirements
- Administrative offices
- Offices/areas for clinical staff
- Holding area for contaminated waste and laundry
- Laundry facilities (on- or off-site)
- Meal preparation (on- or off-site)

Social support resources
- Television and radio
- Reading materials

To determine priorities among available facilities, consider these features:

- Separate rooms for patients or areas amenable to isolation of patients with minimal construction
- Single pass (non-re-circulating) ventilation for each room or isolation area

- Feasibility of modifying existing infrastructure as needed to meet AIIR standards (see Supplement I)
- Feasibility of controlling access to the facility and to each room
- Availability of potable water, bathroom, and shower facilities
- Facilities for patient evaluation, treatment, and monitoring
- Capacity for providing basic needs to patients
- Rooms and corridors that are amenable to disinfection
- Facilities for accommodating staff
- Facilities for collecting, disinfecting, and disposing of infectious waste
- Facilities for collecting and laundering infectious linens and clothing
- Ease of access for delivery of patients and supplies
- Legal/property considerations

Additional considerations include:

- Staffing and administrative support
- Training
- Ventilation and other engineering controls
- Ability to support appropriate infection control measures
- Availability of food services and supplies
- Ability to provide an environment that supports the social and psychological well-being of patients
- Security and access control
- Ability to support appropriate medical care, including emergency procedures
- Access to communication systems that allow for dependable communication within and outside the facility
- Ability to adequately monitor the health status of facility staff

II. Quarantine Facilities

A. Home quarantine

A person's residence is generally the preferred setting for quarantine. As with isolation, home quarantine is often least disruptive to a person's routine. Because persons who have been exposed to different diseases may need to stay in quarantine for long periods, it is important to ensure that the home environment meets the ongoing physical, mental, and medical needs of the individual. An evaluation of the home for its suitability for quarantine should be performed, ideally before the person is placed in quarantine. This evaluation may be performed on site by a health official or designee. However, from a practical standpoint, it may be more convenient to evaluate the residence through the administration of a questionnaire to the individual and/or the caregiver. Points to be considered in the evaluation include:

- Availability of/access to educational materials about quarantine specific diseases
- Basic utilities (water, electricity, garbage collection, and heating or air-conditioning as appropriate)
- Basic supplies (clothing, food, hand-hygiene supplies, laundry services)

- Mechanism for addressing special needs (e.g., filling prescriptions)
- Mechanism for communication, including telephone (for monitoring by health staff, reporting of symptoms, gaining access to support services, and communicating with family)
- Accessibility to healthcare workers or ambulance personnel
- Access to food and food preparation
- Access to supplies such as thermometers, fever logs, phone numbers for reporting symptoms or accessing services, and emergency numbers (these can be supplied by health authorities if necessary)
- Access to mental health and other psychological support services

B. Quarantine in a community-based facility

Although the home is generally the preferred setting for quarantine, alternative sites for quarantine may be necessary in certain situations. For example, persons who do not have a home situation suitable for this purpose or those who require quarantine away from home (e.g., during travel) will need to be housed in an alternative location. Because persons who have been exposed to some diseases may require quarantine for long periods of time, it is important to ensure that the environment is conducive to meeting the ongoing physical, mental, and medical needs of the individual. Ideally, one or more community-based facilities that could be used for quarantine should be identified and evaluated as part of preparedness planning. The evaluation should be performed on site by a public health official or designee. Additional considerations, beyond those listed above for home quarantine, include:

- Separate rooms and bathrooms for each contact
- Delivery systems for food and other needs
- Staff to monitor contacts at least daily for fever and respiratory symptoms
- Transportation for medical evaluation for person who develop symptoms
- Mechanisms for communication, including telephone (for monitoring by health staff, reporting of symptoms, gaining access to support services, and communicating with family)
- Services for removal of waste.

Adapted from the Centers for Disease Control and Prevention "Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2"

Home Isolation Assessment Tool
(Adapted from the Spokane Regional Health District form for this purpose 03/05)

Person conducting assessment		Date
Case/Contact name		DOB
Home address	City/State/Zip	
Home Phone	Cell Phone	
Other Phone	Email	
Case/Contact Classification	Case/Contact ID	

Section A. The Case/Contact

	Y	N
1. Does the case/contact speak English as their primary language?	☐	☐
a. If no, what is their primary language? _____		
b. If no, does the patient need an interpreter?	☐	☐
2. Was the case/contact educated about:		
a. Proper hand washing?	☐	☐
b. Appropriate use of surgical masks and gloves?	☐	☐
c. Methods of taking and reading their temperature?	☐	☐
d. Proper handling and cleaning of soiled laundry?	☐	☐
e. Cleaning and disinfection of their environment?	☐	☐
3. Does the case/contact have a car?	☐	☐
4. Is the case/contact currently employed?	☐	☐
a. Employer _____		
b. Job description/title _____		
c. Can the case/contact work from home?	☐	☐
d. Does the case/contact have paid time off for I/Q period?	☐	☐

Section B. The Home

	Y	N
1. Does the home have the following features:		
a. Telephone?	☐	☐
i. Is the home phone a cell phone?	☐	☐
b. Internet access?	☐	☐
i. Does this use the case/contact's only phone line?	☐	☐
c. Television?	☐	☐
d. Electricity?	☐	☐
e. Potable water?	☐	☐
f. Refrigerator?	☐	☐
g. Oven?	☐	☐
h. Microwave?	☐	☐

	Y	N
i. Heat?	☐	☐
j. Air conditioning?	☐	☐
k. Waste and sewage disposal (septic tank or sewer line)?	☐	☐
l. Is there a washer/dryer on site?	☐	☐
m. Enough laundry soap for isolation period?	☐	☐
n. Enough disinfectant for isolation period?	☐	☐
2. Does the home support effective isolation by:		
a. Having a separate bedroom for only the case/contact?	☐	☐
b. Having a separate air-handling system for I/Q areas?	☐	☐
c. Separate bathroom that can be used only by the case?	☐	☐

Section C. Support

	Y	N
1. Are there pets in the home?	☐	☐
a. Can the patient take care of the pets while in isolation?	☐	☐
b. Are the pets susceptible to the illness?	☐	☐
2. Does case/contact need prescription refills during I/Q period?	☐	☐
3. Does the case/contact have access to mental health services?	☐	☐
4. Does case/contact normally require a caregiver?	☐	☐
a. Name of caregiver _____		
b. Caregiver home phone _____		
c. Caregiver cell phone _____		
d. Caregiver pager _____		
e. Caregiver email _____		
5. Does the case/contact have someone who can run errands?	☐	☐
a. Name of helper _____		
b. Helper home phone _____		
c. Helper cell phone _____		
d. Helper pager _____		
e. Helper email _____		

Section D. Household Contacts

	Y	N
1. Does the case/contact live alone?	☐	☐
a. Household members who cannot care for themselves?	☐	☐
i. Children?	☐	☐
ii. Disabled adult or elderly?	☐	☐
b. Can other household member move to another household during the isolation/quarantine period?	☐	☐

c. Please list all current household contacts below:

Name/Relationship	Age	Stay in Home	At Risk	Needs-Comments
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

Section E. Recommendations

1. The X County Health Department recommends:

   ☐ Home isolation.

   ☐ Isolation in an alternate facility
   1. Reason for not recommending home isolation:

   2. Preferred alternate facility

2. Disposition:

   ☐ Case/Contact agrees to adhere to isolation recommendations

   ☐ Case/Contact refuses to adhere to isolation recommendations

3. Additional steps:

	Y	N
a. Did case/contact receive LHD Isolation/Quarantine Packet?	☐	☐
b. Did case/contact receive voluntary isolation letter?	☐	☐
c. Did case/contact receive Local Health Officer Order?	☐	☐
d. Did case/contact receive LHD “Isolation Kit”?	☐	☐

Termination of Isolation or Quarantine Order Sample Form

Isolation Release (Use for Quarantine Also)
Order #: {*Insert Order Number*}

{*Insert Date*}

Directed To: {*Insert Name*}
Address: {*Insert Address*}
Phone: {*Insert Phone Number*}

X County Health Department hereby rescinds Isolation (Quarantine) Order {*Insert Order Number*} and releases you from isolation confinement at {*Insert Location Where Individual Was Isolated*} effective {*Insert Date*}.

In order to find out more about {*Insert Disease Agent*} and its symptoms and spread, you may access the Kansas Department of Health and Environment webpage at {*Insert Webpage*}. If you do not have access to the internet, you may contact X County Health Department at {*Insert Phone Number*}.

_____
X County Health Officer Date

CC file

Section V.
Kansas Isolation and Quarantine Statute And Associated Regulations Kansas Association of Counties Analysis

65-129a
Chapter 65.--PUBLIC HEALTH
Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129a. Definitions. As used in K.S.A. 2005 Supp. 65-129b to 65-129d, inclusive, and amendments thereto:

(a) "Infectious or contagious disease" has the meaning ascribed thereto by subsection (b) of K.S.A. 65-128, and amendments thereto, but the infectious or contagious disease acquired immune deficiency syndrome or any causative agent thereof shall not constitute an infectious or contagious disease for the purposes of K.S.A. 2005 Supp. 65-129b and 65-129c, and amendments thereto.

(b) "Secretary" means the secretary of health and environment.

History: L. 2005, ch. 122, § 1; Apr. 21.

65-129b
Chapter 65.--PUBLIC HEALTH
Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129b. Infections or contagious diseases; authority of local health officer or secretary; evaluation or treatment orders, isolation or quarantine orders; enforcement. (a) Notwithstanding the provisions of K.S.A. 65-119, 65-122, 65-123, 65-126 and 65-128, and amendments thereto, and any rules or regulations adopted thereunder, in investigating actual or potential exposures to an infectious or contagious disease that is potentially life-threatening, the local health officer or the secretary:

(1) (A) May issue an order requiring an individual who the local health officer or the secretary has reason to believe has been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment;

(B) when the local health officer or the secretary determines that it is medically necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease, may order an individual or group of individuals to go to and remain in places of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public;

(C) if a competent individual of 18 years of age or older or an emancipated minor refuses vaccination, medical examination, treatment or testing under this section, may require the individual to go to and remain in a place of isolation or quarantine until the local health officer or the secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public; and

(D) if, on behalf of a minor child or ward, a parent or guardian refuses vaccination, medical examination, treatment or testing under this section, may require the minor child or ward to go to and remain in a place of isolation or quarantine and must allow the parent or guardian to accompany the minor child or ward until the local health officer or the secretary determines that the minor child or ward no longer poses a substantial risk of transmitting the disease or condition to the public; and

(2) may order any sheriff, deputy sheriff or other law enforcement officer of the state or any subdivision to assist in the execution or enforcement of any order issued under this section.

History: L. 2005, ch. 122, § 2; Apr. 21.

65-129c
Chapter 65.--PUBLIC HEALTH
Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129c. Same; orders for isolation or quarantine; form and content; notice; hearing in district court; application and effect; procedure; orders for relief; emergency rules of procedure. (a) If the local health officer or the secretary requires an individual or a group of individuals to go to and remain in places of isolation or quarantine under K.S.A. 2005 Supp. 65-129b, and amendments thereto, the local health officer or the secretary shall issue an order to the individual or group of individuals.

(b) The order shall specify:

(1) The identity of the individual or group of individuals subject to isolation or quarantine;

(2) the premises subject to isolation or quarantine;

(3) the date and time at which isolation or quarantine commences;

(4) the suspected infectious or contagious disease causing the outbreak or disease, if known;

(5) the basis upon which isolation or quarantine is justified; and

(6) the availability of a hearing to contest the order.

(c) (1) Except as provided in paragraph (2) of subsection (c), the order shall be in writing and given to the individual or group of individuals prior to the individual or group of individuals being required to go to and remain in places of isolation and quarantine.

(2) (A) If the local health officer or the secretary determines that the notice required under paragraph (1) of subsection (c) is impractical because of the number of individuals or geographical areas affected, the local health officer or the secretary shall ensure that the affected individuals are fully informed of the order using the best possible means available.

(B) If the order applies to a group of individuals and it is impractical to provide written individual copies under paragraph (1) of subsection (c), the written order may be posted in a conspicuous place in the isolation or quarantine premises.

(d) (1) An individual or group of individuals isolated or quarantined under this section may request a hearing in district court contesting the isolation or quarantine, as provided in article 15 of chapter 60 of the Kansas Statutes Annotated, but the provisions of this section shall apply to any order issued under K.S.A. 2005 Supp. 65-129a to 65-129d, inclusive, and amendments thereto, notwithstanding any conflicting provisions contained in that article.

(2) A request for a hearing may not stay or enjoin an isolation or quarantine order.

(3) Upon receipt of a request under this subsection (d), the court shall conduct a hearing within 72 hours after receipt of the request.

(4) (A) In any proceedings brought for relief under this subsection (d), the court may extend the time for a hearing upon a showing by the local health officer or the secretary or other designated official that extraordinary circumstances exist that justify the extension.

(B) In granting or denying an extension, the court shall consider the rights of the affected individual, the protection of the public health, the severity of the health emergency and the availability, if necessary, of witnesses and evidence.

(C) (i) The court shall grant the request for relief unless the court determines that the isolation or quarantine order is necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to an infectious or contagious disease.

(ii) If feasible, in making a determination under this paragraph (C), the court may consider the means of transmission, the degree of contagion, and, to the extent possible, the degree of public exposure to the disease.

(5) An order of the court authorizing the isolation or quarantine issued under this section shall:

(A) Identify the isolated or quarantined individual or group of individuals by name or shared characteristics;

(B) specify factual findings warranting isolation or quarantine; and

(C) except as provided in paragraph (2) of subsection (c), be in writing and given to the individual or group of individuals.

(6) If the court determines that the notice required in paragraph (C) of subsection (d)(5) is impractical because of the number of individuals or geographical areas affected, the court shall ensure that the affected individuals are fully informed of the order using the best possible means available.

(7) An order of the court authorizing isolation or quarantine shall be effective for a period not to exceed 30 days. The court shall base its decision on the standards provided under this section.

(8) In the event that an individual cannot personally appear before the court, proceedings may be conducted:

(A) By an individual's authorized representative; and

(B) through any means that allows other individuals to fully participate.

(9) In any proceedings brought under this section, the court may order the consolidation of individual claims into group claims where:

(A) The number of individuals involved or affected is so large as to render individual participation impractical;

(B) there are questions of law or fact common to the individual claims or rights to be determined;

(C) the group claims or rights to be determined are typical of the affected individual's claims or rights; and

(D) the entire group will be adequately represented in the consolidation.

(10) The court shall appoint counsel to represent individuals or a group of individuals who are not otherwise represented by counsel.

(11) The supreme court of Kansas may develop emergency rules of procedure to facilitate the efficient adjudication of any proceedings brought under this section.

History: L. 2005, ch. 122, § 3; Apr. 21.

65-129d
Chapter 65.--PUBLIC HEALTH
Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129d. Same; unlawful discharge from employment. It shall be unlawful for any public or private employer to discharge an employee solely because the employee or an immediate family member of the employee is under an order of

isolation or quarantine. The violation of this section is punishable as a violation of K.S.A. 65-129 and amendments thereto.

History: L. 2005, ch. 122, § 4; Apr. 21.

65-129e

Chapter 65.--PUBLIC HEALTH
Article 1.--SECRETARY OF HEALTH AND ENVIRONMENT, ACTIVITIES

65-129e. Tuberculosis evaluation requirements for certain students; rules and regulations; evaluation criteria; treatment and monitoring of infected persons. (a) The secretary of health and environment is hereby authorized and directed to adopt rules and regulations establishing tuberculosis evaluation requirements for certain students entering college or university classrooms in Kansas having been born in or lived or traveled in countries identified by the centers for disease control and prevention as areas where tuberculosis is a health risk. Compliance with these rules and regulations, including all cost associated with the evaluation, shall be the joint responsibility of the educational institutions and the student or the parents or guardians of the student, where applicable. These rules and regulations shall establish evaluation criteria in compliance with best practice standards as recommended by the division of tuberculosis elimination of the centers for disease control.

(b) Any person found to be infected with tuberculosis infection or tuberculosis disease will be provided treatment and ongoing monitoring in accordance with K.S.A. 65-116a to 65-116m, inclusive, and amendments thereto.

History: L. 2005, ch. 122, § 5; Apr. 21.

KANSAS STATUTES ANNOTATED
CHAPTER 65.--PUBLIC HEALTH
ARTICLE 3.--CONTROL OF CONTAGIOUS DISEASES IN CITIES OF THE SECOND AND THIRD CLASS

Implementing KSA 65-129

An Act relating to public health; the procedural requirements for quarantine and isolation in order to avoid the spread of infectious and contagious diseases.

A guide for Local Boards of Health, Local Health Officers and other Local Public Health stakeholders.

Prepared by the Kansas Association of Counties

(Edited 4/26/06 to reflect enacted statute number 65-129 Formerly HB N0. 2264)

Introduction

The Kansas Legislature has modified Chapter 65, the public health section of the Kansas Statutes with the adoption of 65-129. The Act clarifies the responsibilities of the Secretary of Health and Environment and local health officers and establishes procedural requirements. The bill adopted specifically addresses the issue of isolation and quarantine by balancing the needs of public health and safety with individual rights of due process.

The role of the Board of Health and the requirement to appoint a local health officer

Nothing in 65-129 changes K.S.A. 65-201, *et. seq.*, which provides for the creation of local boards of health and the appointment of a local health officer in each county. As a review and reminder of those requirements, each county commission shall act as the board of health.[1] A county may choose to participate in a joint board of health with cities and other counties. Upon the creation of any such board of health all the jurisdiction, powers and duties now conferred by law upon any local, municipal or county board of health shall be withdrawn from such local, municipal or county board of health and conferred upon the joint board of health.[2] A joint board is required in all counties of 300,000 population or more.[3] The Attorney General has opined that because the statute is not uniform, counties may charter out of its provisions for the structure of a joint board.[4]

The appointment of a local health officer is uniform and remains the primary responsibility for the board of health, no matter what its composition.[5] The local health officer or administrator serves at the pleasure of the board of health.[6]

The local health officer must be “licensed to practice medicine and surgery” with a preference for individuals who are trained in “public health.”[7] Counties who have a population of less than 100,000 may appoint a qualified local health administrator as long as there is a medical consultant to direct the administrator on program and related medical and professional matters. The consulting medical advisor must be licensed to practice medicine, surgery or dentistry.[8]

Counties with a population of less than 15,000 may contract with the governing body of any hospital located in the county for local health officer services.[9]

65-129 does not change the authority of the local board of health and the local health officer under existing law, including those duties and powers set out in K.S.A. 65-119. However, the powers to order isolation and quarantine under 65-129 are only available to a local health officer and not the board of health.

The duties of a local health officer under the existing statutes

Once appointed as local health officer, the individual must take the oath of office and post a five hundred dollar bond.[10] The state department of health and environment must be notified with appropriate contact information.[11] Communication and coordination with the department of health and environment is key to the effectiveness of the local health officer.

The local health officer’s prescribed duties center around the monitoring and treatment of infectious

and contagious diseases.[12] The statutes provide that all health care providers and laboratories certified under the federal clinical laboratories must notify the local health officer or board of health if a patient has a contagious or infectious disease.[13] The secretary of health and environment creates the list of diseases that must be reported by regulation.[14] The diseases that require isolation and quarantine are listed in K.A.R. 28-1-6. However, K.A.R. 28-1-2 makes it clear that the list is not exclusive or complete, and the local health officer may need to act after consultation with the secretary for any diseases that appear to be infectious or contagious. As long as such reports are made in good faith and without malice, the reporting party is immune from civil or criminal liability.[15] All such reports are confidential.[16] The HIPAA Privacy Rule specifically allows the use and disclosure of Protected Health Information (PHI) for public health purposes.[17]

Until the recently passed act, the methods and procedures to implement the requirement for the local health officer to supervise a case of infectious or contagious disease were not clear. There has been some case law in Kansas supporting the concept that that a governmental agency exercising its police powers in an emergency situation for the prevention and curtailment of disease is greater than an individual's rights for a limited period.[18]

The expanded duties of the local health officer

After the passage in 2005 of 65-129, the local health officer or secretary of health and environment has clearer authority to take action for the treatment, isolation and quarantine of any individual or group when they have reason to believe one of the infectious or contagious diseases is involved. Although it is expected that compliance with the directives of the local health officer will be voluntary, the statute provides for the circumstances when an individual or group may not be cooperative.

The local health officer has the authority to issue orders for the following circumstances:

<u>When a person or persons has been exposed to a contagious or infectious disease</u>

He or she may require "appropriate and necessary evaluation and treatment."[19] In order to prevent or reduce the spread of an outbreak, he or she may order "an individual or group of individuals to go to and remain in places of isolation or quarantine until" they no longer pose a substantial risk of transmitting the disease or condition.[20]

If an adult or emancipated minor refuses evaluation or treatment, they may be ordered into isolation or quarantine until they no longer pose a substantial risk of transmitting the disease or condition.[21] In the case of an unemancipated minor, the parent or guardian would be subject to the order because they are refusing treatment on behalf of the minor.

The required content of an order issued by the local health officer

When the local health officer finds it necessary to issue an order for any of the above situations, the order shall specify in writing:

- The identity of the individual or group of individuals subject to isolation or quarantine
- The premises subject to isolation or quarantine
- The date and time at which isolation or quarantine commences
- The suspected infectious or contagious disease causing the outbreak or disease, if known
- The basis upon which isolation or quarantine is justified

- The availability of a hearing to contest the order[22]

Notice requirements of an order

The local health officer must give notice to the affected parties in writing or if that is not practical because of the geographic area they must make certain individuals are fully informed by the "best possible means available."[23] Additionally, if it is impracticable to serve every individual a copy of the written notice, it may be posted in a conspicuous place.[24]

The local health officer's order and the application of the Kansas Open Records Act

It is anticipated the order will be an open record and available to the public. 65-129 does not change the application of the Kansas Open Records Act to requests for public records. Therefore, requests for health officer orders and related documentation should be handled according to the agency's open records procedures and policies. Depending upon the circumstances, there may be statutory exemptions and sound policy reasons for denying a request for such records, or for redacting personal information from records that are disclosed.

The role of law enforcement and an order issued by the local health officer

The local health officer may order the sheriff, deputy sheriff, or other law enforcement officer of the state to assist in the execution or enforcement of any issued order.[25]

The due process hearing for an order issued by the local health officer

Any individual or group of individuals isolated or quarantined by order of the local health officer may request a hearing in district court. 65-129 provides for a due process hearing procedure that supersedes article 15 of chapter 60 of the Kansas Statutes Annotated, Habeas Corpus, if there are any conflicting sections.[26]

According to 65-129 section (3)(d)(1) the appropriate jurisdiction for the hearing is the district court in the county where the isolation or quarantine has been ordered as opposed to either the supreme court, court of appeals or local district court.[27]

Another conflicting provision is who might have standing to request such a hearing. The public health statute only allows those individuals, including a parent or guardian, who are isolated or quarantined to bring the request. Unlike K.S.A. 60-1501(a), there is no next friend standing. However, the individuals may be represented at the hearing by counsel or an authorized representative and the court may consolidate requests for hearing if the situation warrants and there is adequate representation.[28]

Also, K.S.A. 60-1503(b) and K.S.A. 60-1506 allows the court to order the person being detained to be produced in court: but 65-129 provides the request for hearing does not stay or enjoin the order for quarantine or isolation; and when coupled with the later reference to persons not able to personally appear in court, at a minimum implies recognition the court lacks the authority to order a person to be taken out of isolation or quarantine or isolation and produced in court. K.S.A. 60-1505(a) allows the court to proceed with the hearing even if the person is not present, that is consistent with 65-129.

As noted, the request for the hearing may not stay or enjoin the order of the local health official.[29] The hearing must be held within 72 hours after receipt of the request.[30] However, the court may extend the time for hearings if the local health officer demonstrates that circumstances exist that justify the extension. The court shall consider rights of the affected individual, protection of the public health, the severity of the health emergency and availability of witnesses and evidence.[31]

The burden of proof is on the local health official to demonstrate the isolation or quarantine is reasonable and necessary.[32] The court must appoint two competent physicians as a board to examine the individuals and report back to the court with their findings.[32] There is enough flexibility in 65-129 to extend the hearing until the results from the appointed board of physicians are available. If the court sustains the findings and issues its own order, it is only valid for a period of 30 days.[33] The court order follows contains the same information as the local health officer's.

The role of County Attorney or County Counselor

The enforcement of any local health officer's order falls to the county attorney.[34] The specific due process requirements of the statute must be observed. As mentioned earlier, the burden of proof is upon the local health officer. This will extend to the county attorney as they seek to enforce the order.

Immunity for acts of the local health officer

The Kansas Supreme Court has held that a board of health is not eligible to sue or be sued. The appropriate party for any action is the board of county commissioners.[35] Because the local health officer is an employee of a governmental body, either the board of health and by inference the board of commissioners, or a joint board of health, the Kansas Tort Claims Act will cover their actions.[36] This broad immunity is also specifically mentioned in Article 9 of Chapter 48 when engaged in emergency management activities.[37] "The only statutory definition for the term "emergency preparedness" is found in K.S.A. 48-904 (Ensley). In relevant part, it reads: "(a) 'Emergency preparedness' means the preparation for and the carrying out of all emergency functions, other than functions for which military forces or other federal agencies are primarily responsible, to prevent, minimize and repair injury and damage resulting from disasters.""[38]

Protection of employment

The statute protects employees from discharge by either a public or private employer when they or their immediate family are isolated or quarantined by order.[39]

End Notes

1. K.S.A. 65-201
2. K.S.A. 65-305
3. *Id.*
4. A.G. 92-62
5. K.S.A. 65-201
6. *Id.*
7. *Id.*
8. *Id.*
9. *Id.*
10. K.S.A. 65-202
11. *Id.*

12. K.S.A. 65-119

13. K.S.A. 65-118(a)

14. K.an. Admin.Regs. 28-1-2

15. K.S.A. 65-118(b)

16. K.S.A. 65-118(c)

17. 45 CFR 164.512(b)

18. *See, e.g., In re McGee,* 105 Kan. 574, 185P. 14 (1919)*; In re Irby,* 113 Kan. 5 (1923); and *Welch v. Shepard,* 165 Kan. 394, 196 P.2d 235 (1948).

19. 65-129 Section 2(a)(1)(A) (Kan. 2005)

20. *Id.* at 2(a)(1)(B)

21. *Id.* at 2(a)(1)(C)

22. *Id.* at 3(b)

23. *Id.* at 3(c)

24. *Id.*

25. *Id.* at 2(a)(2)

26. *Id.* at 3©

27. K.S.A. 60-1501

28. 65-129 Section (3)(d)(8) & (9) (Kan. 2005)

29. 65-129 Section (3)(d)(2) (Kan. 2005)

30. *Id.* at 3(d)(3)

31. *Id.* at 3(d)(4)

32. *Id.*

33. 65-129 Section (3)(d)(7) (Kan. 2005)

34. K.S.A. 65-160

35. *Lindeman v. Umscheid,* 255 Kan. 610, 628-31 (1994)

36. K.S.A. 75-6102

37. K.S.A. 48-915

38. Bradley v. Board of County Com'rs of Butler County 20 Kan.App.2nd 602 (App. 1995)

39. 65-129 Section 4 (Kan. 2005)

KANSAS ADMINISTRATIVE REGULATIONS
AGENCY 28. DEPARTMENT OF HEALTH AND ENVIRONMENT
ARTICLE 1. DISEASES

Rules and regulations are current through Kansas Register Volume 24, Number 39, September 29, 2005.

28-1-1 Definitions.

(a) "Carrier" means an infected person (or animal) that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for humans.

(b) "Chemoprophylaxis" means the administration of a chemical, including antibiotics, to prevent the development of an infection or the progression of an infection to active manifest disease.

(c) "Infectious or contagious (communicable) disease" means a disease of humans or animals resulting from an infection or an illness due to a specific agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host, either directly, or indirectly.

(d) "Communicable period" means the time or times during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to a person, or from an infected person to an animal, including arthropods.

(e) "Contact" means a person or animal that has been in association with an infected person or animal or a contaminated environment so as to have had opportunity to acquire the infection.

(f) "Contamination" means the presence of an infectious agent on a body surface, or on or in clothes, bedding, toys, surgical instruments or dressings, or other inanimate articles or substances including water, milk, and food.

(g) "Disinfection" means killing of infectious agents outside the body by chemical or physical means. Concurrent disinfection is the application of disinfective measures as soon as possible after the discharge of infectious material from the body of an infected person, or after the soiling of articles with this infectious discharge, all personal contact with these discharges or articles being minimized before that disinfection. Terminal disinfection is the application of disinfective measures after an infected person or animal has ceased to be a source of infection, has been removed from a specific site, or has died and been removed.

(h) "Disease" means a definite morbid process having a characteristic train of symptoms.

(i) "Epidemic (or outbreak)" means the occurrence in a community or region of cases of an illness clearly in excess of normal expectancy and derived from a common or propagated source.

(j) "Incubation period" means the time interval between exposure to an infectious agent and appearance of the first sign or symptom of the disease in question.

(k) "Infection" means the entry and development or multiplication of an infectious agent in the body of humans or animals. Infection is not synonymous with infectious disease; the result may

be inapparent or manifest.

(l) "Infectious agent" means an organism, chiefly a microorganism but including helminths, that is capable of producing infection or infectious disease.

(m) "Infestation" means, for persons or animals, the lodgement, development and reproduction of arthropods on the surface of the body or in clothing.

(n) "Isolation" means the separation, for the period of communicability, of infected persons or animals from others, in places and under conditions that prevent the direct or indirect conveyance of the infectious agents from those infected to those who are susceptible or who may spread the agent to others.

(1) When "Respiratory isolation" is specified, it shall consist of a private room with door kept closed, handwashing upon entering and leaving the room, and disinfection of articles contaminated with patient secretions. Persons susceptible to the specific disease must wear masks.

(2) "Enteric precautions" shall consist of handwashing upon entering and leaving the patient room, wearing of gloves by all persons having direct contact with the patient or with articles contaminated with fecal material, and wearing of gowns by all persons having direct contact with the patient. Articles contaminated with the patient's urine or feces shall be disinfected or discarded; masks are not necessary.

(3) "Blood precautions" shall consist of use of disposable needles and syringes, disposal of used needles and syringes by incineration, and decontamination and sterilization of all non-disposable equipment which is contaminated by blood.

(o) "Local health officer" means the person appointed as local health officer by the board of county commissioners in accordance with K.S.A. 65-201.

(p) "Nosocomial infection" means an infection originating in a medical facility. This includes infections acquired in the hospital but appearing after discharge; it also includes infections among staff.

(q) ***"Quarantine" means the limitation of freedom of movement of well persons or domestic animals that have been exposed to a communicable disease.***

(Authorized by and implementing K.S.A. 1981 Supp. 65-101; effective May 1, 1982.)

EDITOR'S NOTE:

Former regulation 28-1-1 was revoked May 1, 1982 and the number reassigned.

KANSAS ADMINISTRATIVE REGULATIONS
AGENCY 28. DEPARTMENT OF HEALTH AND ENVIRONMENT
ARTICLE 1. DISEASES

Rules and regulations are current through Kansas Register Volume 24, Number 43, October 27, 2005.

28-1-5 General provisions for isolation or quarantine of persons afflicted with infectious or contagious disease; examination of persons; collection of specimens.

(a) When conditions of isolation and quarantine are not otherwise specified by regulation, the local health officer or the secretary of health and environment shall order and enforce isolation and quarantine of persons afflicted with or exposed to infectious or contagious diseases. The duration and manner of isolation or quarantine so ordered shall be based upon the incubation period, communicable period, and usual mode of transmission of the infectious agent of the disease for which isolation or quarantine is ordered.

(b) Isolation or quarantine shall be ordered in conjunction with investigation of infectious or contagious disease cases and outbreaks for the examination of persons reasonably suspected of having these diseases, and to obtain specimens from these persons for laboratory evidence suggestive of infectious or contagious disease.

(Authorized by K.S.A. 65-128, K.S.A. 1981 Supp. 65-101; implementing K.S.A. 1981 Supp. 65-101; effective May 1, 1982.)

KANSAS ADMINISTRATIVE REGULATIONS
AGENCY 28. DEPARTMENT OF HEALTH AND ENVIRONMENT
ARTICLE 1. DISEASES

Rules and regulations are current through Kansas Register Volume 24, Number 43, October 27, 2005.

28-1-6 Requirements for isolation and quarantine of specific infectious and contagious diseases.

The following isolation precautions, as defined in K.A.R. 28-1-1, shall be observed: (a) Amebiasis: Infected food handlers shall be excluded from their occupation until three negative stools have been obtained. Both the second and the third specimens shall be collected at least 48 hours after the prior specimen.

(b) Anthrax: Infected persons shall be isolated until all lesions are healed.

(c) Chickenpox: Infected persons shall be isolated for six days after the first crop of vesicles appears or until lesions are crusted, whichever comes first.

(d) Cholera: Enteric precautions shall be followed for the duration of acute symptoms. Contacts shall be quarantined for five days from the date of last exposure.

(e) Diphtheria: Infected persons shall be isolated for 14 days or until two consecutive negative pairs of nose and throat cultures, and cultures of skin lesions in cutaneous diphtheria, are obtained at least 24 hours apart and not less than 24 hours after discontinuation of antibiotic therapy. Household and intimate contacts shall be quarantined for seven days from the time of last contact or until nose and throat cultures are negative. Healthy carriers shall be treated.

(f) E. coli O157:H7: Enteric precautions shall be followed for the duration of acute symptoms. Infected persons shall be excluded from food handling, patient care, or occupations involving the care of young children and the elderly, and infected children shall not attend a day care center until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

(g) Gonorrhea ophthalmia neonatorum: Infected persons shall be isolated for 48 hours following initiation of treatment with antibiotics or until two negative cultures are obtained.

(h) Malaria: Blood precautions shall be followed for the duration of hospitalization.

(i) Meningitis, meningococcal: Respiratory isolation shall be instituted for 24 hours after initiation of antibiotic therapy.

(j) Meningitis, aseptic and other: Infected persons shall be isolated until the end of the febrile period.

(k) Mumps: Respiratory isolation shall be instituted for nine days from the onset of parotid gland swelling.

(l) Pediculosis: Students infested with lice shall be excluded from school or child care

facilities until treatment with an antiparasitic drug is initiated, and until all nits have been removed.

(m) Pertussis (whooping cough): Respiratory isolation shall be instituted for three weeks if untreated, or for five days following initiation of antibiotic therapy.

(n) Plague (pneumonic): Airborne precautions shall be instituted until completion of 48 hours of antibiotic therapy and there has been a favorable clinical response. Close contacts who do not receive chemoprophylaxis shall be quarantined for seven days.

(o) Poliomyelitis: Infected persons shall be isolated for 10 days from onset; enteric precautions shall be followed for six weeks.

(p) Rubeola (measles): Respiratory isolation shall be instituted for four days after the onset of rash.

(q) Rubella (German measles): Respiratory isolation shall be followed for seven days after the onset of rash.

(r) Salmonellosis (nontyphoidal): Enteric precautions shall be followed for the duration of acute symptoms. Infected persons with diarrhea shall be excluded from food handling, patient care, or occupations involving the care of young children and the elderly until no longer symptomatic. Asymptomatic and convalescent infected persons without diarrhea may be excluded from, and return to, this work by the order of the local health officer or the department.

(s) Scabies: Children or students infected with scabies shall be excluded from school or child care facilities until treated with an antiparasitic drug.

(t) Shigellosis: Enteric precautions shall be followed for duration of acute symptoms. Infected persons shall be excluded from food handling, patient care, or occupations involving the care of young children and the elderly until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following the discontinuation of antibiotics.

(u) Staphylococcal disease: Infected food handlers shall be excluded from their occupation until purulent lesions are healed.

(v) Streptococcal disease, hemolytic (including erysipelas, scarlet fever, streptococcal sore throat): Infected persons shall be isolated for 10 days if untreated or for 24 hours following initiation of antibiotic therapy.

(w) Taeniasis (beef or pork tapeworm): Enteric precautions shall be followed until treated.

(x) Tinea capitis and corporis (ringworm): Infected children or students shall be excluded from school until under treatment by a physician.

(y) Tuberculosis: Respiratory isolation shall be instituted until three sputa obtained on consecutive days are negative by microscopic examination.

(z) Typhoid fever: Enteric precautions shall be followed for the duration of acute symptoms. Infected persons shall be restricted from food handling, patient care, or occupations involving the care of young children and the elderly until three negative stool cultures, and urine cultures in patients with schistosomiasis, have been obtained. Both the second and the third specimens shall be collected at least 24 hours after the prior specimen. The first specimen shall be collected no sooner than 48 hours following the discontinuation of antibiotics, and not earlier than one month after onset. If any one of these tests is positive, cultures shall be repeated monthly until three consecutive negative cultures are obtained.

(aa) Sexually transmitted diseases (including syphilis, gonorrhea, chlamydia, and other diseases associated with sexual transmission): Isolation or quarantine measures shall be established by the local health officer for persons who are confirmed or suspected of being infected with a sexually transmitted disease if these persons are recalcitrant to proper treatment.

(bb) Viral hepatitis type A (infectious): Blood and enteric precautions shall be followed for two weeks after the onset of symptoms. Infected persons shall be restricted from food handling, patient care, or occupations involving the care of young children and the elderly until two weeks after the onset of illness.

(Authorized by K.S.A. 65-128, K.S.A. 65-101; implementing K.S.A. 65- 101; effective May 1, 1982; amended May 1, 1986; amended Sept. 5, 1997; amended July 16, 1999.)