

## **Barren River District Health Department**

# **Isolation and Quarantine Support Services Attachment**



**Approved: Draft will be completed soon and approved.**

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## OVERVIEW

### Introduction

The Barren River District Health Department (BRDHD) has the primary responsibility for identifying, investigating, and testing for communicable diseases posing a threat to the citizens of the District. BRDHD is responsible for coordinating medical, municipal, and other services as necessary to control, and, when possible, eradicate communicable diseases when they occur. Isolation, Quarantine and Community Based Containment Measures are three strategies employed by BRDHD to control communicable diseases such as:

- Providing care and necessities to individuals in their homes or other facility through community volunteers, community service organizations and health and human service agencies.

### Purpose

The Isolation and Quarantine Support Services Plan provides guidance and structure to BRDHD and supporting agencies regarding support for individuals needing support to isolate or quarantine. The Plan describes the circumstances, and events that may necessitate specific leadership decisions, actions, and communications mechanisms. Specifically, the purpose of the plan is to:

1. Establish the decision-making criteria used by the Barren River District Health Department (BRDHD) to determine when isolation and/or quarantine beyond the capacities of day-to-day communicable disease practices are necessary to minimize health impacts of a disease outbreak.
2. Describe procedures and decision trees for accomplishing isolation and quarantine, both voluntary and involuntary, for a single infectious case up to a large outbreak situation.
3. Describe specific procedures for supporting isolation and quarantine of an individual.
4. Describe procedures for isolation and quarantine of persons who cannot stay at their homes or who do not have a suitable home environment.
5. Define roles and responsibilities for local health care partners and local response agencies during an outbreak event that requires isolation and quarantine of persons who cannot stay at their homes
6. Describe how communications and coordination will occur between the BRDHD and local entities during such an event.
7. Assist BRDHD and response partners with limiting the spread of infectious diseases, illness and death.
8. Provide direction for communication with the isolated and quarantined individuals, the public in general and the media.

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### Guiding Principles

It is important for people who are sick with or exposed to COVID-19 or other highly infectious disease to stay away from others. Unfortunately, some people do not have a home, and others cannot safely, or practically self-isolate from others, or have family members living with them or are vulnerable to COVID-19. To protect these residents' health and slow the spread of COVID-19, we must provide a safe place to stay. Communities should prioritize individual housing/lodging units (e.g. hotels, motels, and trailers) for individuals who can provide "self-care" and are either (1) people under investigation or (2) have a confirmed case of COVID-19.

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In providing sheltering solutions for those affected by COVID-19, the following guiding principles provide important considerations. In the absence of other doctrine or official guidelines, these principles provide support for independent decision making:

- Reinforce fundamental principles for supporting all clients, regardless of their background or personal situation;
- Adhere to public health guidance for isolation/quarantines;
- Commitment to provide accessible facilities, programs, and services;
- Maintain a safe environment through increased cleaning and disinfection of facilities;
- Follow practices that avoid transmission of the virus when providing food and supplies and handling waste removal;
- Leverage technology to provide virtual support services to clients and workers where possible;

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### Primary Agencies

- BRDHD
- Local County (Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson and Warren) Emergency Management Agency (EMA)
- Local County (Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson and Warren) Government
- Local City (Bowling Green and Glasgow) Government

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### Support Agencies

- American Red Cross (ARC)
- Hotel, Inc.
- Community Action
- BRADD AAAIL
- HEART
- Salvation Army
- Hope House
- Room at the Inn

- Local Law Enforcement
- LifeSkills
- Barren River Area Safe Space (BRASS)
- Housing Authority

### Scope

The Isolation and Quarantine Support Plan primarily focuses on the roles, responsibilities, and activities of BRDHD and partnering agencies providing support (“wrap around services”) to individuals in isolation and quarantine. Additionally, specific responsibilities for key partners are included to highlight points of coordination between agencies during situations involving isolation and quarantine support.

### Assumptions

The following assumptions have been made in the development of this plan:

1. BRDHD may utilize isolation and quarantine as one of several tools to reduce the spread of communicable diseases.
2. Isolation and quarantine planning efforts must incorporate and address the unique needs and circumstances of vulnerable populations that are economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), have special medical needs, experience cultural or geographic isolation, or are vulnerable due to age, as well as those of incarcerated persons.
3. The ability of BRDHD to implement this Plan is based not only on the number of people and type of disease suspected, but on the distribution of individuals throughout the district. There is a difference in supporting a small number of households and a large number of households, even if the total number of people affected may be the same.
4. All policies and procedures to assure the care of protected health information (PHI) apply. Policies and procedures recognize that BRDHD may make necessary disclosures to protect public health.
5. Isolation and quarantine may be necessary for residents of other counties who are diagnosed while in the BRDHD service area, BRDHD will coordinate with neighboring counties to discuss their plans, but is not responsible for planning or execution of isolation and quarantine efforts beyond county or state lines.
6. Large scale isolation and quarantine events will require the participation of many public health resources, including workforce resources, as well as coordination with multiple community, health care and first responder agencies;
7. BRDHD will coordinate closely with health care providers and health care facilities to assist with achieving voluntary compliance of ill or exposed persons.
8. An effective public communication program is essential to achieving voluntary compliance with all disease control strategies in large-scale events.

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9. Isolation and quarantine may require the involuntary detention of individuals who may pose a threat to the public's health and do not cooperate with orders.
10. An individual's cooperation with voluntary isolation or quarantine will be assumed in good faith unless there is evidence to the contrary; however, BRDHD will still check in with individuals to conduct symptom checks. Depending on the event, information collected by BRDHD during monitoring may be used as evidence of non-cooperation.
11. Emergency Medical Services (EMS) may be required to transport patients to a designated facility as opposed to a facility of a patients choosing. This is lawful but may create confusion or anger in patients.
12. Persons in BRDHD service area who are isolated or placed under quarantine should be supported by partners to the extent possible through means such as provision of temporary financial assistance, food and other necessities.
13. BRDHD will to the extent possible protect against stigmatization or unwarranted disclosure of private information, and will support placement in an appropriate facility if the home environment is unsuitable to I&Q.
14. BRDHD has the capability to activate this plan 24 hours a day, 7 days a week.
15. An event triggering activation of the Plan is also likely to involve mobilization of other public health emergency response capabilities. Consequently, access to resources (including workforce resources) may be limited.
16. Protecting workers from exposure depend on the type of work being performed and exposure risk, and contamination of the work environment. Agencies should adapt infection control strategies based on a thorough hazard assessment, using appropriate combinations of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) to prevent worker exposures.
17. The state's level of response will be determined based upon the local jurisdiction's request for assistance and the needs of the incident. If this request exceeds the state's capabilities, then interstate support may be requested through the Emergency Management Assistance Compact (EMAC) or from federal assistance;
18. Agencies will conduct emergency operations in accordance with the direction and guidance published in the County Emergency Operations Plan (EOP) and supporting Emergency Support Functions (ESF) Annexes.
19. Management and coordination of medical resources, personnel, equipment and communications will take place through the Incident Command System (ICS) using the concepts within the National Incident Management System (NIMS).

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## CONCEPT OF OPERATIONS

The Isolation and Quarantine Support Services Plan works under the main assumption that, as stated above, most people who need to be isolated or quarantined will be able to stay in their own home. However, even in those instances there may be situations where those people will still need additional wraparound support services, such as food, water, clothing, shelter, means of communication, services related to cultural and religious beliefs, services related to medical needs, and, if involuntary detention is initiated, legal representation.

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The direct provision of such services is outside the mission of BRDHD necessitating the partnership with human services agencies and community based organizations to provide these services, which may include meal or grocery delivery, provision of medications, housing and utility assistance, assistance with childcare, and accommodations related to cultural and religious customs.

### Isolation, Activity Restrictions and Quarantine

Isolation and quarantine are two of a number of measures used to stop or slow the spread of communicable disease. They may be applied to individuals and to groups, on a voluntary or involuntary basis.

Isolation is used to separate persons who are ill who have a communicable disease from those who are healthy. Isolation restricts the movement of persons who are ill to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis.

Quarantine is used to separate and restrict the movement of persons who are well who may have been exposed to a communicable disease. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

The Centers for Disease Control (CDC) and Prevention has developed guidelines and definitions for social distancing practices in conjunction with SARS-CoV-2 or pandemic influenza. These measures range from passive monitoring to widespread quarantine, and include the following (as defined by HHS):

Passive monitoring: The subject of the isolation or quarantine performs self- assessments at least twice daily and is directed to contact the LHD immediately if symptoms occur.

Active monitoring without explicit activity restriction: A / The LHD staff member evaluates the subject of the isolation or quarantine on a daily basis (or more often if needed) by phone or in person for signs and symptoms.

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Active monitoring with activity restriction: The subject is separated from others for a certain period of time depending on the suspected illness. During that time the subject is evaluated in person on a daily basis. The subject is restricted voluntarily or involuntarily, in their home or another appropriate facility.

Working quarantine: Staff members are allowed to work but are on activity restriction when not on duty. They are monitored for symptoms before reporting for work, and must use appropriate PPE while working.

Focused measures to increase social distance: Interventions targeted at specific groups who may have been exposed (for example, workers in a building) meant to decrease interactions and transmissions.

Community-wide measures to increase social distance: This is applied to the whole region or community. Think ‘snow day.’

Widespread community quarantine, including “Cordon Sanitaire”: This is a legally enforceable quarantine of a large area.

If involuntary detention is initiated, a person or group of persons has a right to be represented by legal counsel. COUNTY EM or the court will provide adequate means of communication between such persons or groups and their counsel.

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**Activating the Plan**

It is assumed that in most instances those who need to be isolated or quarantined will be accommodated within their own homes. However, BRDHD, recognizes that some instances of disease outbreak or suspected infection will affect individuals or groups who do not have access to housing, and/ or cannot safely separate themselves from other members in their household. This may include members of the homeless community as well as visitors to the area who are no longer able to stay in their hotels or with the friends and family who were accommodating their visit.

- This plan will be activated when the day-to-day resources and plans are insufficient to address the isolation and quarantine needs of an individual(s) in the community.
- The BRDHD, will authorize the use of isolation and/or quarantine as strategies to control a communicable disease outbreak.
- The BRDHD, County EM and KDPH will determine the most appropriate location for isolation and quarantine, which could include the subject’s home or a separate facility.
- If one or two individuals needs to be isolated or quarantined but does not have adequate housing, BRDHD or COUNTY EMA, will utilize LODGING/ SHELTER LOCATION listed in attachment 3 to accommodate the individuals.
- If hotel resources are not available, BRDHD or COUNTY EMA, will coordinate with relevant stakeholders to develop appropriate lodging options.
- If a large group of people (e.g. tourists visiting) require isolation or quarantine BRDHD and COUNTY EMA, will determine where such a group could be accommodated for an extended period of time.

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**Support Services Coordination**

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

## DIRECTION, CONTROL, AND COORDINATION

### General

The Isolation and Quarantine Support Services Plan serves as the operational framework for coordinating County-level response and recovery activities for operation within the jurisdiction through the following:

- Local governments are responsible under all applicable laws, executive orders, proclamations, rules, regulations and ordinances for response within their respective jurisdiction(s);
- Agencies and organizations identified within this plan should ensure the necessary personnel and resources are available to achieve the operational objectives;
- Personnel from supporting agencies should operate in accordance with the rules, regulations and capabilities of their respective agency or organization.

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#### 1. Situational Awareness

- All agencies listed within this plan will maintain the ability to communicate through use of conventional communications methods or other mutually agreed upon methods. This may include telephones, facsimile, video conferencing, E-mail, WebEOC, ReadyOp and Epi Info to share information and maintain situational awareness, as applicable;
- Agencies listed in this plan should maintain situational awareness through communication with their respective counterparts and applicable ESFs aware of current conditions in the impacted area;

**Commented [24]:** Sounds like the same thing as section a (above)\_

#### 2. Resource Management

When assistance is requested, the requests should be forwarded to the appropriate unit or partnering agency. Medical requests related to the disease in question should be addressed by the BRDHD, Medical requests not related to the disease in question may be referred to other LHD staff or to the individual's healthcare provider.

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Non-medical requests will be directed to the COUNTY EM Director or BRDHD Branch Manager for Preparedness or Support Service Coordinator to allow them to fulfill such requests. The COUNTY EM Director or BRDHD Branch Manager for Preparedness or Support Service Coordinator will document the organization to which the request was assigned (i.e. American Red Cross, local human services agency, health care provider, public health nurse), including a contact name and phone number and will follow up on the requests for assistance.

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- Requests for assistance/resources (personnel, equipment and supplies) can be requested through mutual aid from local jurisdictions and/or from the state through the KDPH SHOC or state EOC.
- Requests for assistance may be accomplished via a variety of methods including person-to-person, phone calls, E-mails, and conference calls.

- c. Resource requests and tracking should be managed throughout deployment and demobilization through the use of WebEOC or other applicable systems.
- d. Recovery of resources shall be addressed in demobilization plans as required.

### 3. Provision of Equipment and Supplies

Under most circumstances, the individual is expected to bring a full supply of required medications necessary for their health maintenance. Attempt to fill resource requests by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements). If resources are needed that cannot be obtained through existing agreements, request resources in accordance with local policies and procedures. The agencies listed below should serve as the primary contact:

- a. **Personal Protective Equipment (PPE):** COUNTY EMA or BRDHD, will ensure access to Personal Protective Equipment (PPE), such as mask, eye protection, gown, gloves, booties, and hand washing supplies for staff to use.
- b. **Food and Meals:** BRDHD will provide food, snacks and water, or will partner with an agencies to provide
- c. **Cleaning Supplies:** BRDHD will provide personal cleaning supplies for each room for whom such supplies would be appropriate. These supplies include tissues, paper towels, plastic bags, cleaners and EPA-registered disinfectants.
- d. **Education and Awareness:** BRDHD will post signs and informational posters for staff, volunteers, and clients' awareness about COVID-19, cough etiquette, and appropriate handwashing.
- e. **Waste Management:** BRDHD will coordinate and provide waste management services.
- f. **Cleaning and Disinfection:** BRDHD will coordinate and provide cleaning and disinfection services when required.
- g. **Medication, Pharmaceuticals:** BRDHD will coordinate access to, and arrange the delivery of medication and pharmaceuticals.
- h. **Interpretation Services:** BRDHD or the International Center will provide access to interpreter services.

### 4. Finance

- a. The lead supportive services provider should consult and work closely with the appropriate state and local officials in order to optimize the ability to seek reimbursement for costs.

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## ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

### Primary Agencies

#### 1. Local Health Department

- a. Serves as the coordinating agency for ESF #8;
- b. Issues Public Health Orders (PHO) and implements Active/Direct Active Monitoring for designated individuals
- c. Coordinate public health and medical-related services and resources;
- d. Provides personnel, as applicable, to coordinate public health and emergency medical services
- e. Coordinate with Local Law Enforcement to serve notice related to involuntary isolation or quarantine.
- f. Will be the lead clinical and administrative manager of any non-hospital isolation or quarantine facilities that are established.
- g. Will collaborate with partner agencies to identify an appropriate placement for individuals who are isolated or quarantined, if they cannot stay at their homes or do not have a suitable home environment, and arrange transportation to the designated facility.
- h. Will assist in providing materials in necessary languages.
- i. Will assist in addressing public concerns via the media.

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#### 2. County Emergency Management Agency

- a. Serves as the lead agency for the County
- b. Serves as a liaison with county agencies and organizations;
- c. Supports ESF #8 in coordinating public health and medical response and recovery activities with other ESFs and local, state and federal agencies;
- d. Assists in securing assets to support non-emergency medical transport.
- e. Coordinates resources and requests for assistance, to include but not limited to, Mutual Aid, State support when the capabilities of the County are exceeded to respond to an incident;

#### 3. Local Behavioral Health Agency

- a. Provides personnel, as applicable, to coordinate behavioral health services;

- b. Provide access to mental health and other psychological and spiritual support. Coordinate with Community and Human Services and local specialty providers including faith-based organizations, if needed.
- c. Coordinates the activation and deployment of behavioral health services as required;
- d. Consult with LHD and County EMA to deploy Kentucky Community Crisis Response Teams (KCCRT) to provide onsite behavioral health assessments and counseling.

4. Local American Red Cross (ARC)

- a. Serves as the lead agency for ESF #6;
- b. Provides food and various support services to those requiring support for isolation and quarantine;
- c. Provides supportive counseling and other related para-medical support.

5. Local Hospital

- a. Supports public health and medical response efforts by acting as a liaison with the LHD;
- b. Provides healthcare situational awareness by monitoring hospital, community and syndromic surveillance systems for infectious disease and injury cases;
- c. When able, assist with the provision of medical assets

6. Local EMS

- a. Provides personnel, as applicable, to coordinate emergency medical services;
- b. Provide transportation of individuals through coordination with LHD and County EMA
- c. Organizes and coordinates assets and resource mobilization and deployment;
- d. Assists in securing assets to support non-emergency medical transport.

7. Local Law Enforcement

- a. Serves as the lead agency for ESF #13;
- b. Provide escort for individuals requiring transportation for purposes of involuntary isolation or quarantine, if needed
- c. Execute arrest warrants related to I & Q cases, if needed.

Commented [34]: need law enforcement's buy-in

- d. Assists with any requested tasks such as law and order, crowd control, evidence collection and casualty assistance;

8. Community Service Organizations (MAY BE MULTIPLE ORGANIZATIONS) Hotel, Inc., Community Action, BRADD Area Agency on Aging and Independent Living (AAAIL), Salvation Army, BRASS, International Center, local churches, etc.

- a. Arrange transportation if needed to provide isolated or quarantined individuals with access to medical treatment or other critical services
- b. Coordinate access to telephone services for individuals who are isolated or quarantined, if needed.
- c. Coordinate with other local community-based organizations or public utilities to ensure the ongoing provision of basic utilities (water, electricity, garbage collection, and heating or air-conditioning) to residences of persons isolated or quarantined.
- d. Coordinate with other local human service providers to provide social amenities, as possible (television, radio, Internet access, and reading materials).
- e. Coordinate with other local community-based organizations, other human service providers, and local businesses to provide basic supplies (clothing, food, and laundry services) to individuals who are isolated or quarantined.
- f. Coordinate with education providers for continued education of children who are isolated or quarantined.

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**State Support Agencies**

The following State Agencies have a support role. Other local, state or federal agencies may provide logistical and technical support per the County EOP and supporting ESF Annexes.

1. Kentucky Department for Public Health

- a. Coordinate with LHD to provide temporary financial assistance for persons isolated or quarantined, if needed.
- b. Coordinate with LHD to provide surge support for events that exceed local capacity or when events affect multiple jurisdictions.

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**Commented [37]:** staffing and resources

2. Kentucky Emergency Management

- c. Coordinate with KDPH and LHD to provide temporary financial assistance for persons isolated or quarantined, if needed.

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- d. Coordinate with KDPH and LHD to provide surge support for events that exceed local capacity or when events affect multiple jurisdictions.

**Commented [39]:** we don't have staff for our own services, no one available for support

## SPECIAL CONSIDERATIONS

### Considerations When Providing Supportive Services

- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve.
- Discuss the active monitoring of all clients at least daily and proactively support clients to practice social distancing.
- Arrange for access to telehealth (medical and behavioral health) for all clients and protocols in place for people who may be experiencing mental health crises or complications related to substance use disorders, including symptoms and complications of withdrawal. Access to basic supplies to avoid withdrawal.
- Arrange for and assist with refilling prescriptions, including how to support individuals who need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications. Ensure clients can refrigerate medications, if needed.
- Consider providing dedicated case management (onsite) to ensure human services and healthcare needs are met as well as plan for exit from the hotel/motel setting to stable housing or return to shelter.
- Establish a procedure to identify and transport if client requires greater medical attention or treatment. Note that medical transport costs should be covered by the healthcare system or the local health department.
- Individuals with active substance use, mental health symptoms or who may be aggressive or non-cooperative will need a higher level of care.

**Commented [40]:** this is not our scope. LifeSkills

**Commented [41]:** staffing and funding

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### Considerations for Creating Isolation Rooms

- Identify locations where air intake and air outflow occur for the building and for each room. Rooms with an individual (i.e., separate) ventilation system are preferred or rooms with non-recirculating air.
- Consider rooms with an individual (i.e., separate) ventilation system or with non-recirculating air.
- If recirculation of air from isolation rooms to other rooms is unavoidable, HEPA filters should be installed in the exhaust duct leading from the isolation rooms to the general ventilation system;

- If a facility has centralized HVAC, ensuring the ventilation is set to full exhaust and intake will minimize cross contamination. Likewise, adjoining the HVAC system with a HEPA kit or standalone filter ensures minimal particulate exposure.

**ATTACHMENT 1: AGENCY CONTACT SHEET**

Isolation and Quarantine Support Contacts			
Agency	Task	Phone Number	Email
County EMA	Achieve objectives through directed strategies and execution of tactics.		
LHD Director/Lead Contact	Directs Health Department operations and staff in the provision of public health services; plans, implements goals and objectives and identifies available resources.		
Lead Epidemiologist	Manage and coordinate Investigation activities. Collect information about exposures, contacts, and other details.		
Active Monitoring Lead	Conducts one-on-one interviews with cases and contacts to collect information about exposures, symptoms, and other details.		
Lead Epidemiologist	Manage and coordinate Investigation activities. Collect information about exposures, contacts, and other details.		
EMS Liaison	Provide point of contact and coordinate activities with the Local EMS		
Local Hospital Liaison	Coordinate with LHD, and other partners for treatment and information.		
Healthcare Coalition Liaison	Coordinate with healthcare sites, hospitals, clinics, and other healthcare facilities.		
Lodging/Housing Lead			
Community Service Organization			
Community Service Organization			

