

Partnering for Preparedness: Law Enforcement & Public Health Law

Roll Call Training Module 2: Isolation & Quarantine

Prepared by the Center for Public Health Law Partnerships
A CDC Collaborating Center
www.publichealthlaw.info

Definitions

- Contagious disease: A disease that can be transmitted from person-to-person by direct or indirect contact.
 - Smallpox
 - Measles
 - HIV/AIDS
 - SARS
 - Chickenpox
 - Flu

Definitions

- Direct contact: Person-to-person contact, such as touching or kissing.



- Indirect contact: Person-to-object-to-person contact, such as touching shared surfaces or mutual contact with an animal.



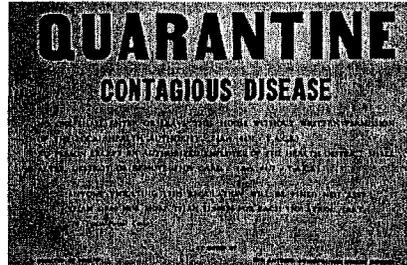
Definitions

- Isolation: Separation of persons that are *sick or known to be infected* with a contagious disease from the general population.



Definitions

- Quarantine: Separation of *healthy persons* who may have been exposed to a contagious disease from the general population.



Use of Isolation & Quarantine



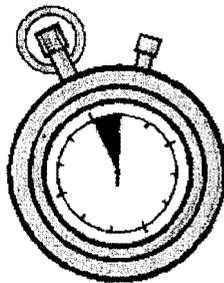
- To control the spread of *dangerous and contagious* diseases in a community.
 - Plague but not the common cold
 - Smallpox but not anthrax
 - Doctors and public health personnel are able to identify diseases requiring isolation and quarantine

Use of Isolation & Quarantine

- Some laws specifically list the diseases for which isolation and quarantine may be used.
 - For example, the federal government's isolation and quarantine power is limited to cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, and SARS.
(Exec. Order No. 13295, 68 Fed. Reg. 17255 (Apr. 4, 2003))
- Some laws simply provide that isolation and quarantine may be used "as necessary" to control contagious diseases.



Use of Isolation & Quarantine



- Limited to the period of time for which the disease remains contagious.
- This is disease-specific:
 - Smallpox: ~24 days
 - SARS: ~10 days
 - Measles: ~8 days



Practical Considerations

- Isolated and quarantined individuals must be placed in appropriate facilities.
 - Sick individuals are frequently confined in hospitals.
 - Quarantined individuals are frequently confined at home.
- In the event that extremely large numbers of people must be isolated and quarantined, alternative facilities, such as hotels and dormitories, may be used.
- Special facilities are required for certain populations, such as the homeless and mentally ill persons.



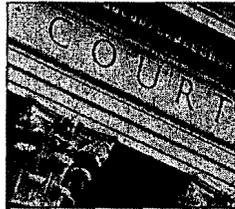
Practical Considerations

- Persons placed in isolation and quarantine are worried about:
 - Loss of their jobs
 - Care of their families
 - Consequences of lost income
 - Access to medical treatment
 - Delivery of needed food and medicines
 - Community perceptions
- These concerns may create tension and panic within affected communities.



Isolation & Quarantine Orders

- Many individuals will voluntarily submit to isolation and quarantine upon the request of doctors and public health officials.
 - 2003 Toronto SARS outbreak: Court orders required for only 27 of 23,103 quarantined individuals (0.1 percent)
- In all other cases, court orders will be needed to compel isolation and quarantine.



Who Issues Isolation & Quarantine Orders?

- The *federal government* if any of the following are involved:
 - Interstate trade or travel
 - Foreign borders
 - War
 - Terrorism
- Otherwise, each *state* controls all isolation and quarantine decisions within its borders.



Who Issues Isolation & Quarantine Orders?



- If under federal jurisdiction:
 - The Director of the Department of Health and Human Services.
(42 C.F.R. § 71.32(a) (2004))



Who Issues Isolation & Quarantine Orders?

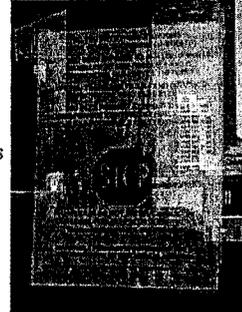


- If under state jurisdiction:
 - The state Board of Health or state Health Officer.
(IND. CODE § 16-9-3-9 (2003))
 - A local Board of Health or local Health Officer.
(IND. CODE § 16-20-1-21 (2003); IND. ADMIN. CODE tit. 410, r. 1-2.3-51(6) (2003))



Role of Law Enforcement in Isolation & Quarantine

- Example: 2003 SARS Outbreak in Toronto, Canada
 - 23,103 quarantined individuals (approximately 100 per every SARS case)
 - *But recall:* High voluntary compliance rate; court orders required for less than 1 percent of individuals
 - Extreme public concern:
 - 316,615 calls to Toronto SARS Hotline (41,789 in single day)
 - SARS found in 58 percent of Toronto's acute care hospitals



Role of Law Enforcement in Isolation & Quarantine

- Toronto law enforcement officers:
 - Served notice of isolation and quarantine orders;
 - Monitored noncompliant individuals;
 - Investigated criminal charges of noncompliance;
 - Enforced disease control precautions at area hospitals;
 - Monitored SARS in correctional facilities; and
 - Assisted public health personnel with contact tracing and investigation of SARS transmission.

SARS: Law Enforcement's Response to Outbreak of Infectious Disease, S&P UPDATE (Int'l Asm. of Chiefs of Police, Alexandria, Va.), Oct. 2003, at 1; Susan Allan, *Quarantine, Isolation & Other Legal Issues from the SARS Experience*, available at www.bnaccho.org; Ann Lukits, *Hospitals Virtually Shut Down*, KINGSTON WHIG STANDARD, Apr. 2, 2003, available at www.kgh.on.ca.

Role of Law Enforcement in Isolation & Quarantine



- If under federal jurisdiction:
 - Federal law enforcement and military personnel will be in control.
 - Local law enforcement will provide available support as requested by the Department of Health and Human Services.

(42 U.S.C. § 243(a) (2004))



Role of Law Enforcement in Isolation & Quarantine



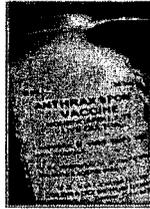
- If under state jurisdiction:
 - Apprehension of any individual believed to be infected with a dangerous, contagious disease who has escaped from a facility where he/she was being detained for examination.
 - Apprehension and transport of an individual to an appropriate facility when a court issues an isolation or quarantine order.
 - Apprehension of an individual who fails to comply with a court isolation or quarantine order (class B misdemeanor).
 - Protection of state Health Department property.

(IND. CODE §§ 16-41-1-3(b), 16-41-9-6(c), 16-41-9-11(a), 16-19-11-4 (2003))



Officer Protection

- Potential exposure to dangerous, contagious diseases:
 - Infection control measures (hand washing, gloves, etc.)
 - First responder vaccination programs
 - Pre- or post-exposure treatment, depending on disease
 - Personal Protective Equipment (PPE)
 - Isolation and quarantine



Officer Protection

- Use of Force
 - Violation of isolation and quarantine orders is not a felony in most jurisdictions.
 - Use of force must always be *reasonable under the circumstances*.
 - Relevant considerations include:
 - Nature of the disease involved
 - Availability of protective measures (e.g., pre- or post-vaccination)
 - Intentional acts by individuals (e.g., terrorism)
- The next lesson is dedicated to addressing the use of force in detail.



- Law enforcement officers will be called upon to assist public health by implementing and enforcing isolation and quarantine orders.
 - Individuals in isolation and quarantine pose threats to the health of officers and the public, but the use of deadly force to maintain isolation and quarantine is rarely justified.
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Discussion re: Lesson Content

- Customized by state?
 - Customized by rank?
 - Inclusion of scientific disease information?
 - Contribution of law enforcement officers to the factual content of isolation and quarantine petitions?
 - Other comments?
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