COVID -19 RESPONSE

Ingham County Health Department:

Isolation & Quarantine Plan

Record of Revisions:

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I. Introduction:

Community containment strategies including isolation, contact tracing and monitoring, and quarantine, are basic infectious disease control measures that have historically proven to be critically important in controlling some of the most severe outbreaks in recent decades (SARS, 2003 for example). However, in a country founded on the principles of individual civil rights, restrictions imposed upon individuals and populations on behalf of public health need to be well justified and documented. Public awareness of the risks inherent in an infectious disease outbreak and knowledge of the factors considered in making decisions on behalf of the public are critical to maintaining the credibility necessary for impactful outcomes when isolation and quarantine orders are deployed. This planning document seeks to lay out the decision making process for isolation and quarantine for Ingham County in the event of an outbreak. It also defines roles and responsibilities for operationalizing isolation and quarantine plans during a communicable disease outbreak. The terms 'isolation' and 'quarantine' in the sense they are used in this planning document are briefly defined as follows.

Isolation is defined as separation of infected persons to prevent transmission of the disease to others during the period of communicability. Isolating patients separates them from healthy persons thereby preventing healthy persons from becoming ill. It also allows for the focused delivery of specialized health care to ill persons.

Quarantine is defined as restricting movement of persons who are suspected to have been exposed to SARS-COV2 but are not currently ill. Quarantine is intended to prevent further transmission in the event that such individuals develop COVID-19 disease by reducing the interval between the onset of symptoms and the institution of appropriate precautions. It allows prompt identification, isolation and treatment of new cases as they develop, thus minimizing the risk of community transmission. Quarantine duration is based on the incubation period of the infectious agent, which in the case of SARS-COV2 is 14 days.

This plan assumes that the clinical aspect of operations will be managed according to protocols specified by the Medical Director and the Director of Communicable Disease at the Ingham County Health Department.

II. Rationale:

Rapid identification of exposed persons (contacts) and prompt isolation of contacts if they become ill has been shown to be a highly effective control strategy in an outbreak. Quarantine of contacts is often a critical part of contact management and should be performed selectively, carefully, and with respect for human dignity. Isolation and quarantine are optimally performed on a voluntary basis, but many levels of government (local, state, federal) have the basic legal authority to compel mandatory isolation and quarantine of persons and communities when necessary to protect the public's health. Broader community containment through “snow day” measures, such as cancellation of public gatherings and closure of school and businesses, can also be used to reduce transmission by limiting social interactions at the population level. The rationale for such measures, as well as mechanisms to ensure due process and prevent stigmatization of affected persons, need to be clearly articulated.

Goal:

The goal is to prevent transmission of COVID-19 through use of a range of community containment strategies chosen to provide maximum efficacy based on the characteristics of the outbreak while minimizing the adverse impact on civil liberties.

Priority Activities

- Identify, evaluate, and monitor contacts of COVID-19 patients, and consider quarantine of contacts if needed.
- Continually monitor the course and extent of the outbreak, and evaluate the need for community containment measures.
- Establish the infrastructure to deliver essential goods and services to persons in quarantine and isolation.
- Develop tools and mechanisms to prevent stigmatization and provide mental health resources for those in isolation and quarantine.
- Work with community partners to ensure that implementation and communication plans address the cultural and linguistic needs of affected persons.

III. Roles & Responsibilities

Role	Responsibility
Public Health Officer	-The Ingham County Health Officer may require isolation or quarantine for any case of contagious, infectious, or communicable disease when this action is necessary for the protection of the public health. -The health officer supervises the work of the Communicable Disease Director in investigating and monitoring communicable disease cases.
Medical Director	-Provides clinical guidance for the conduct of case identification and monitoring and the need for isolation/quarantine.
Communicable Disease Director	-Investigates and gathers documentation regarding cases which will potentially require I/Q of individuals within the County. -Notifies management staff about potential cases under investigation and maintains records of the investigation in the Outbreak Management System (MDHHS).
Public Health Nursing Staff	-Assists with the investigation of patients and their contacts during community investigations for I/Q events.
Law Enforcement	-Provides security and enforcement for orders issued by the Health Officer under Health and Safety Code XXXXX
County Counsel	-Civil enforcement of a Health Officer's order may require obtaining a court order in the form of an injunction ordering the person or business to comply with the Health Officer's order.
Community Agencies	-Multiple community agencies will be integrated into the community response, based upon the details of the event and the pathogen involved.

IV. Management of COVID-19 Patients in Isolation/Quarantine

Indications for Quarantine:

A person under quarantine must be asymptomatic, with a:

- History of contact with a laboratory confirmed COVID19 case or
- History of travel to COVID19 geographically affected area

An individual who lives with a household member who is positive for COVID19 should be in quarantine for 14 days after that person's last symptoms or until the case meets non-test based strategy for discontinuing isolation.

An individual who has a household member who is deemed a high risk for complications should be encouraged to aggressively employ all CDC recommended prevention measures and does not need to be quarantined.

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.

Isolation and quarantine planning for individuals experiencing homelessness:

Ingham County will provide hotel rooms for individuals who do not require hospitalization and are unable to self-isolate or quarantine in their own homes. It is anticipated that many of these individuals will be residents of homeless shelters. The following considerations have been made in planning for isolation and/or quarantine of shelter residents:

A. Every effort will be made to prevent moving residents between shelters and other locations, in order to prevent the spread of illness across shelters.
B. The Health Department is able to provide individual infection control recommendations for each shelter based on shelter lay out, space, and procedures.

Current recommendations include screening staff and residents daily for temperature and symptoms. The health department is providing each shelter with infrared thermometers for monitoring.

C. Shelter directors have been advised to contact ICHD's COVID-19 hotline to refer residents to the Isolation and Quarantine Coordinator for potential hotel placement as needed.
D. Community Health Workers are assigned to help coordinate supportive services needs for homeless shelter residents in hotel isolation/quarantine, working closely with the resident, shelter director, and supportive services providers as described below.

Isolation and Quarantine site planning

Ingham County will provide hotel rooms for individuals who do not require hospitalization and are unable to self-isolate or quarantine in their own homes.

1. **The Ingham County Health Department will coordinate hotel rooms for isolation and/or quarantine needs for any residents who are unable to self-isolate or quarantine at home.** Providers with patients who indicate they are unable to self-isolate or quarantine at home for any reason are advised to call the ICHD COVID-19 Hotline to refer the patient to hotel isolation/quarantine. The call will be answered by ICHD's Isolation/Quarantine Coordinator. The protocol for the Isolation/Quarantine Coordinator can be found in Appendix A.

2. **ICHD will coordinate transportation and support for residents in hotel rooms booked specifically based on isolation and quarantine measures.**

   While in I/Q, specific attention will be paid to the following:

   a. Meal delivery
   b. Support services (faith, behavioral health, special population needs)
   c. Staffing and security needs

d. Supplies and any other needs (medications, childcare, social diversion, laundry services)

e. Symptom monitoring based on ICHD guidelines.

These services will be coordinated by the I/Q Coordinators upon confirmation of necessary I/Q and by Community Health Workers (CHWs) who support residents throughout the duration of their I/Q. Community Health Workers speak daily with residents to ensure any support services arranged are sufficient, provide any additional support and resources residents need, and monitor compliance with I/Q protocol. For a list of anticipated support services and community partners, see Appendix B.

Isolation/Quarantine Facility Locations:

A. Hotels

Two hotels have been located to be used in the initial isolation/quarantine phase. Hotels were chosen as an ideal location based on the ability to isolate or quarantine effectively within a single room/single bathroom setting. The Red Roof Inn on West Saginaw Highway in Lansing provides exterior doors that allow the least amount of shared space for residents to move into the isolation/quarantine space. The Best Western in Okemos is able to provide a single wing on the first floor so resident can bypass the lobby or elevators, using an external door with all isolation/quarantine rooms in the same hallway to minimize any risk to staff or any other hotel residents. Other hotels are available if the need for hotel room isolation/quarantine expands.

B. Other sites

In the event that demand for self-isolation or quarantine sites exceeds the availability of hotel rooms, other sites are currently being considered for mass isolation/quarantine operations. These sites include schools, dorms, and larger conference/event spaces. Appendix C includes considerations for selection of mass sites. Mass site arrangements will require additional precautions to prevent the spread of illness within shared bathroom and open spaces.

The following should be considered in selecting a mass quarantine/isolation site:

- Safety and accessibility
- Prioritize individual rooms for infection control
- Restroom and shower access should prioritize not sharing bathroom/shower space

- Heating/cooling, lighting, refrigeration, Wi-Fi access
- Availability of furnishings, services, and essentials
- Capacity and cost

The participation of many public health resources, including workforce resources, as well as coordination with multiple community, health care and first responder agencies may be required for large scale isolation and quarantine events. ICHD will coordinate closely with health care providers and health care facilities to assist with achieving voluntary compliance of ill or exposed persons. An effective public communication program is deemed essential to achieving voluntary compliance with all disease control strategies in large-scale events.

V. Management of Contacts of COVID-19 Cases

The Epidemiology team in conjunction with CD department of ICHD will engage in contact tracing and monitoring of individuals with COVID-19 exposure. Individuals will be monitored for a 14 day period and all pertinent data entered into the Oubreak Management System (OMS).

VI. Community-Based Control Measures

COVID-19 Outbreak Community Containment Measures

Consider measures such as:

- Fever/Symptom Monitoring
- Community-wide "shelter-in-place" strategies
- Community-wide triage system for persons with fever (e.g. call centers to screen outpatients prior to an office visit; fever evaluation centers; triage to designated centers).
- Cancellation of public events

- Closing of public places / schools
- Restriction of mass transit
- Social distancing at places of employment
- Distribute educational materials on hand washing and covering your cough
- Distribute masks for selected essential personnel
- Disseminate information on restrictions in the quarantine zone (print/broadcast media, posters, leaflets, flyers)
- Coordinate orders for community-wide restrictions
- Enforcement criteria including fines, penalties, barricades, visible signs of boundary enforcement
- Identify alternative means of supplying essential services
- Provide focused community-wide reassurance regarding restoration of these services

VII. Enforcement of Community Containment Measures

It is assumed that most of those who are requested to remain isolated or in quarantine will be compliant and follow the instructions of ICHD. However, it is understood that there will be instances when people choose not to comply with ICHD directives.

The CD team will make reasonable efforts to obtain cooperation and compliance with the request for isolation or quarantine from person(s) so requested. They will:

a) Document efforts on a standardized form and enter into a database.
b) Alert the Local Health Officer and the Prosecuting Attorney's Office about situations where a person or group indicates unwillingness to comply.
c) Recommend to the Local Health Officer whether involuntary detention should be initiated.

VIII. De-escalation of Control Measures

1. The duration and date of release of an isolation or quarantine order will be included with the original order.
2. Termination of an isolation or quarantine order should be accomplished by the same authority from which the original order originated.

Appendix A: ICHD Isolation/Quarantine Coordinator Process

I/Q Flow sheet

1. Callers call into main ICHD COVID-19 phone number (887-4517) and select option 4, which says, "If you are calling from a shelter or provider's office about someone who cannot stay in their current shelter or place of residence, press 4."

2. The Isolation/Quarantine (I/Q) Coordinator will answer these calls from 8-5 each day. If unavailable during that time, the caller will leave a voicemail and the person assigned will return the call in a timely manner.

3. The I/Q Coordinator on call will ensure that the patient meets one of the following referral criteria, which include:
    a. Patient has tested positive for COVID-19
    b. ICHD Communicable Disease Staff have identified the individual through contact tracing and are recommending quarantine
    c. Patient has seen a provider and the provider recommends isolation based on symptoms that are consistent with COVID-19
    d. Individual has not seen a provider but has all of the following symptoms:
        i. Fever
        ii. Cough
        iii. Shortness of breath

    e. NOTE: If the patient has not been seen by a provider, they must be assessed before placement in a hotel by ICHD Communicable Disease staff or the Medical Director.

4. Once the patient has met the referral criteria, the I/Q Coordinator will complete an intake/ assessment to glean additional information. Note specific items such as translation, substance use, and other information to coordinate future efforts on behalf of the patient.

5. The ICHD I/Q Coordinator will then:
    a. Assist with transportation to the hotel, as necessary
    b. Communicate with the hotel to alert them about the arrival and likely arrival time
    c. Arrange meal delivery with TCOA (note if individual is 60+ years of age)
    d. Contact an ICHD Supervisor to set up drop off time at the hotel
    e. Communicate with the ICHD Community Health Worker (CHW) for follow up
    f. Contact the shelter director if individual is a shelter resident

6. Upon notification of the transport of a patient to a hotel, the I/Q Coordinator will contact an ICHD Supervisor to make arrangement for timely drop off of materials and an initial check in phone call. The Supervisor will:
    a. Check-in with the hotel staff to obtain the room key card.

b. Find the hotel room, and place the bag of essential items in the door, placing the key card on top.
c. Return to their car and wait for the patient to be dropped off.
d. Watch for the patient to enter their room and close the door.
e. Call the patient at the hotel phone number provider to check in. They will go over:
    i. The Isolation or Quarantine forms
    ii. Temperature taking requirements
    iii. CHW calls that will be made each day
f. Return home and confirm to the I/Q Coordinator that the patient is settled into their hotel room.

7. The CHW will contact the patient at the hotel phone number, preferably at the same time each day (10am, 12pm, and 2pm; but that can be arranged individually). Each day, they will ask:
    a. Check in with client; how are they doing?
    b. Are their prescriptions managed?
    c. What time did they take temp?
    d. What was temp?
    e. What else might they need?
    f. List referrals here
    g. Remind them of call tomorrow
    h. Other notes

8. CHW will document progress in a daily log and follow up with their supervisor on a regular basis. If health conditions worsen, they will reach out to their supervisor within the hour.

9. Four days prior to release (on day 10), the I/Q Coordinator will contact the Shelter Director to remind them that their resident will be returning to the shelter.

Appendix B: Support Services for Residents in I/Q

Service	Provider	Considerations
Transportation	Mobile Medical Response, Inc.	• Familiarity with and availability of personal protection equipment for driver protection • Familiarity with decontamination process • Capacity and demand of medical services • Distance to the I/Q site • Wheelchair accessibility
Meal Delivery	Tri-County Office on Aging	• Type of meals delivered (shelf stable, refrigerated, frozen) • Space of available storage for meals • Frequency of meal delivery • Meal preparation at I/Q site (kitchenette, microwave) • Dietary restrictions and allergies
Incidentals Comfort Packs	Red Cross of America	• Materials provided in incidentals comfort pack • Materials provided by I/Q site
Laundry Services	TBD (Baryames?)	• Pick up and drop off of clothes and linens with minimal contact • Availability of laundry services at I/Q site • Quantity of clothes brought by residents
Opioid Use Disorder Treatment	Victory	• Ability to deliver methadone to I/Q site • Difficulty and risk of transporting I/Q residents to treatment site
Substance Use	TBD (Care Free Medical?)	• Severity and risk of withdrawal symptoms • Residents' adherence to I/Q measures • Similarity of withdrawal symptoms to COVID19
Additional Supports	Ingham County Health Department – Community Health Workers	• Explanation of I/Q, symptom monitoring, services provided to residents. • Coordination of translation services • Connection to resources (formula, diapers, clothing, prescription medication) • Connection to Medicaid/Medicare services or healthcare and mental healthcare providers

Appendix C: Considerations for Mass Isolation/Quarantine Sites

Site	Benefits	Challenges
Hotels	• Ideal setting for infection control: less shared space and already set up with most needs. • Lots of capacity – many hotels in area have rooms available.	• Even at a discount, cost may still be prohibitive to do this large scale or for a very long time. • Some people may have support needs beyond what we are able to provide in a hotel setting.
Churches	• Churches may be willing to assist with support services or other donations /volunteers	• People feeling welcome/safe • Unknown capacities, layout, set up needs and bathroom/shower facilities.
MSU Spartan Village or Dorm	• Individual rooms and some individual bathrooms with furniture set up is ideal for infection control.	• Not available
Eastern High School	• Could be easily made available to us at no cost. • Classrooms could be set up as rooms to prevent mass shelter in one space, such as gymnasium. • Located near Sparrow	• Classrooms are not emptied out yet, but could be. • Would require a full shelter-type set up with equipment and supplies. • Bathrooms and shower facilities are not separate.
Fairgrounds	• Free large space. May have showers.	• Located far away from hospital, Would require full shelter set up. Shared space not ideal.
Sparrow St. Lawrence	• Separate rooms in old wing that was used for medical care	• Uncertainty about the space layout, capacity or availability.
Lansing Center	• Already identified as potential alternative care sites	• Bathroom facilities not separate, unsure if shower facilities, other shared space not ideal. Would require full shelter set up.
Hill Academy	• Already identified as potential alternative care sites	Bathrooms and shower facilities are not separate, other shared space not ideal. Would require full shelter set up.

Non-residential setting considerations

Procedures/protocols to consider

- Procedure for people coming in and out of the building (including staff, handling deliveries, and initial intake process)
- Safety/security
- Cleaning practices/infection control
- Monitoring symptoms
- PPE guidelines
- Medical and mental health care needs that may be unrelated
- When people bring their own meds
- Injury or death
- Smoking
- Cleaning/replacing cots between people (assuming people are rotating in)
- Service animals
- Pest control
- Laundry
- Health assessment frequency (on admission, daily, on transfer or release)

Basic Equipment and Supplies

- Cots, bedding/blankets
- Towels
- Cases of water, maybe other hydration
- Food (prepackaged, limit food sharing)
- Toilet paper
- Disposable cutlery and dishes
- Paper, pens , intake forms
- Books, magazines, TV, games etc
- Lockers/locks for personal items?
- Power strips, charging capacity

Hygiene needs

- Toiletries
- Hand sanitizer
- Soap
- Diapers (adult and kid?), feminine products, incontinence pads

Cleaning/disposal Equipment and Supplies

- Trash cans and bins
- Trash bags, Ziploc bags
- Sharps container
- Disinfectant, other cleaning supplies and equipment
- External garbage/dumpster (Public Works or Granger)

Medical/Infection control equipment and supplies

- Thermometers
- Meds
- Hand sanitizer
- Soap and hand washing area
- Tissues
- Masks for people with symptoms?
- Gloves
- PPE (see recommendations from documents)
- First aid supplies
- Privacy screens/curtains
- Medication storage for other meds that people bring with them (refrigeration)

Information/service connection needs

- Referrals to community orgs
- Infection control, disease specific, and handwashing info
- Dialysis, oxygen tanks, catheters, other chronic health needs , Rx refills
- Braille and translated info materials
- Financial resources
- Legal resources (LSEM)
- Childcare
- Work/employer arrangement assistance
- Pet care (check with CAHS)
- Transportation (also, accessible transportation)
- Access to computer/tablet/phone to make calls, skype, check email etc

Specific supportive special population considerations

- Interpreters and translated materials
- Accessibility and service animal/emotional support animal accommodation
- Proactive positive communication about safety/welcoming environment
- Consider prioritizing more isolated placements for people with who are more medically vulnerable (immunocompromised, respiratory conditions, older adults etc)
- Have plan for how to accommodate adults with children or adults with caregivers

Recommendations and considerations specific to respiratory illness in a non-residential shelter facility:

From CDC and **Infection Prevention and Control for Shelters During Disasters**

- Food-service and laundry should be provided from external sources.
- Need for frequent (hourly) and supervised cleaning and maintenance of sanitary facilities.
- Increased need for hand-sanitizing because sinks not as conveniently located.
- Increased need for staff to monitor

Infection Prevention and Control for Shelters During Disasters has specific recommendations for specific shelter set ups and procedures.

Resources:

- APIS Infection Prevention and Control for Shelters During Disasters
- HUD Infectious Disease Toolkit for Shelters
- King County Isolation and Quarantine Plan
- New York Non-hospital Quarantine and Isolation
- Napa County EOP Outbreak Response Plan

Specific Site Plans:

I. Lansing Center

II. Hill Academy

I. Lansing Center

Lansing Center
333 E. Michigan Avenue
Lansing, MI 48933

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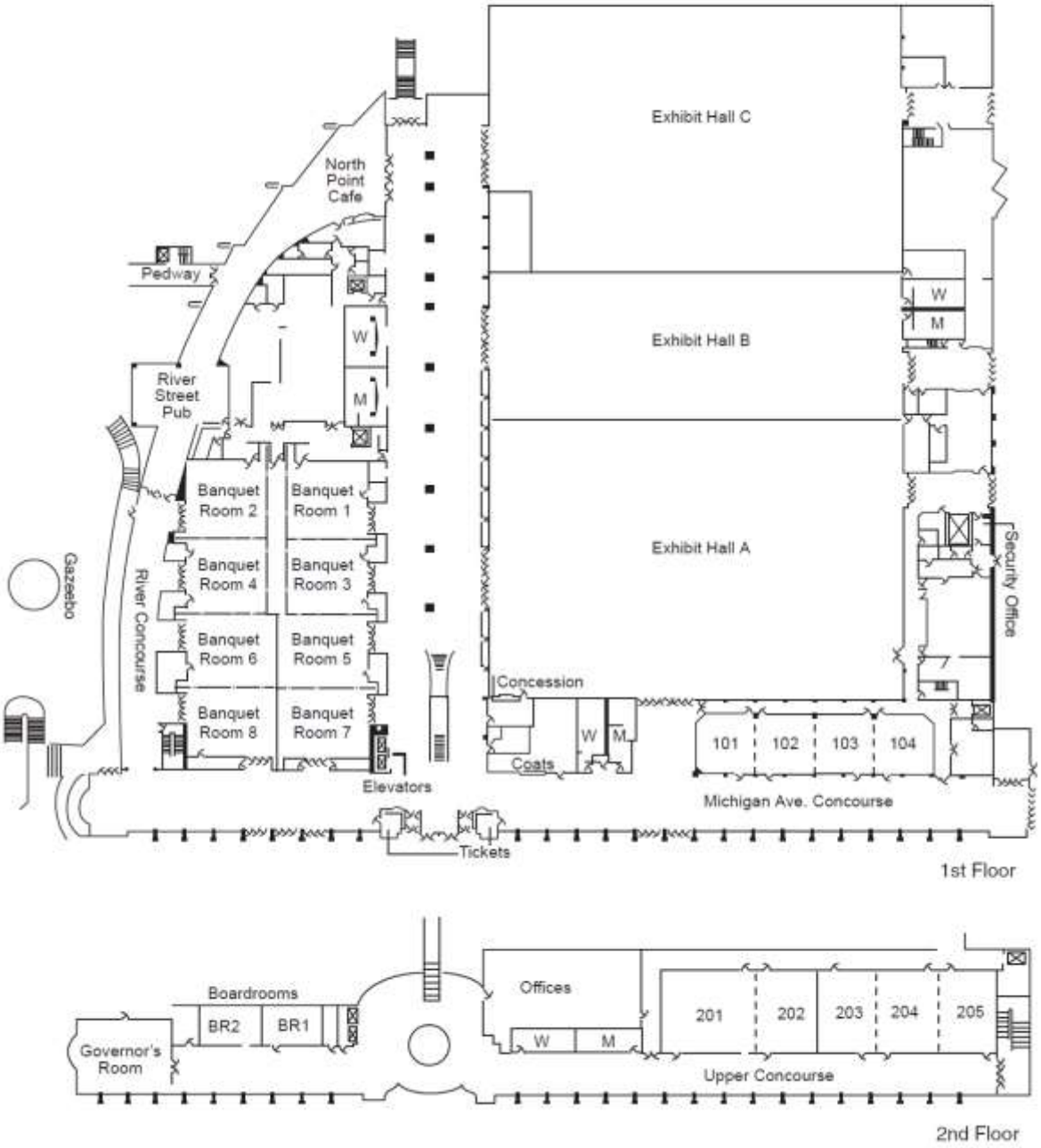
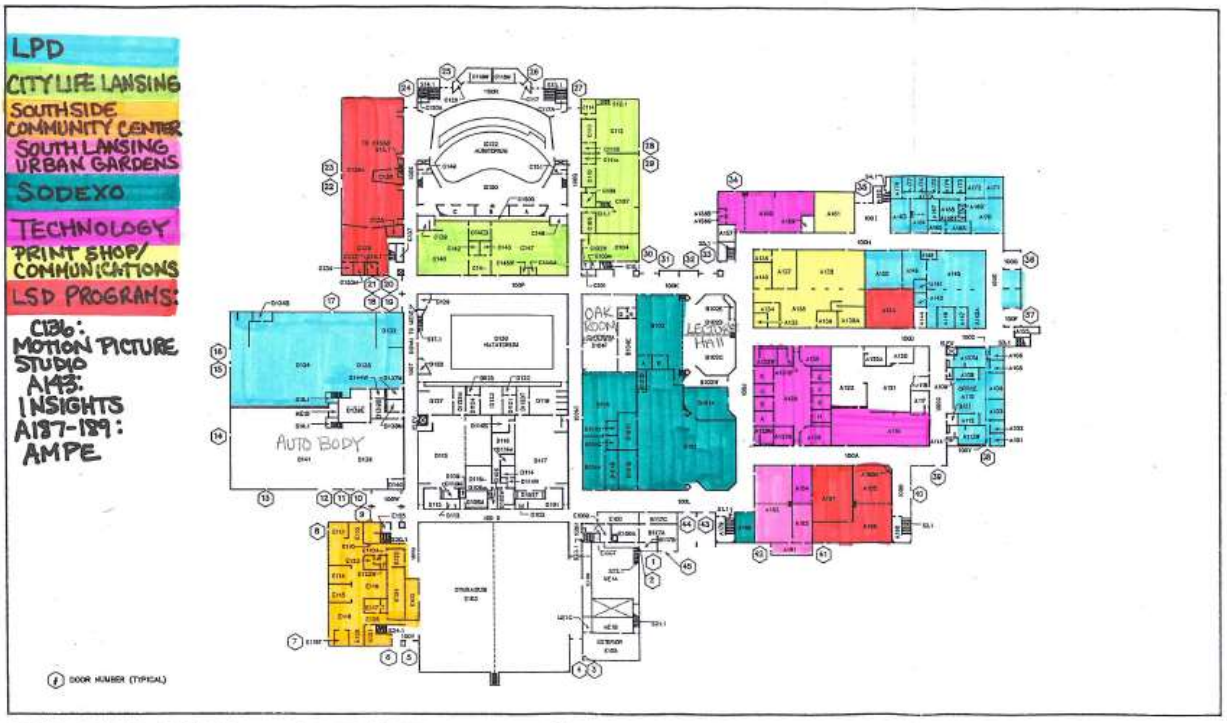
Fax: (517) 483-7439
www.lansingcenter.com



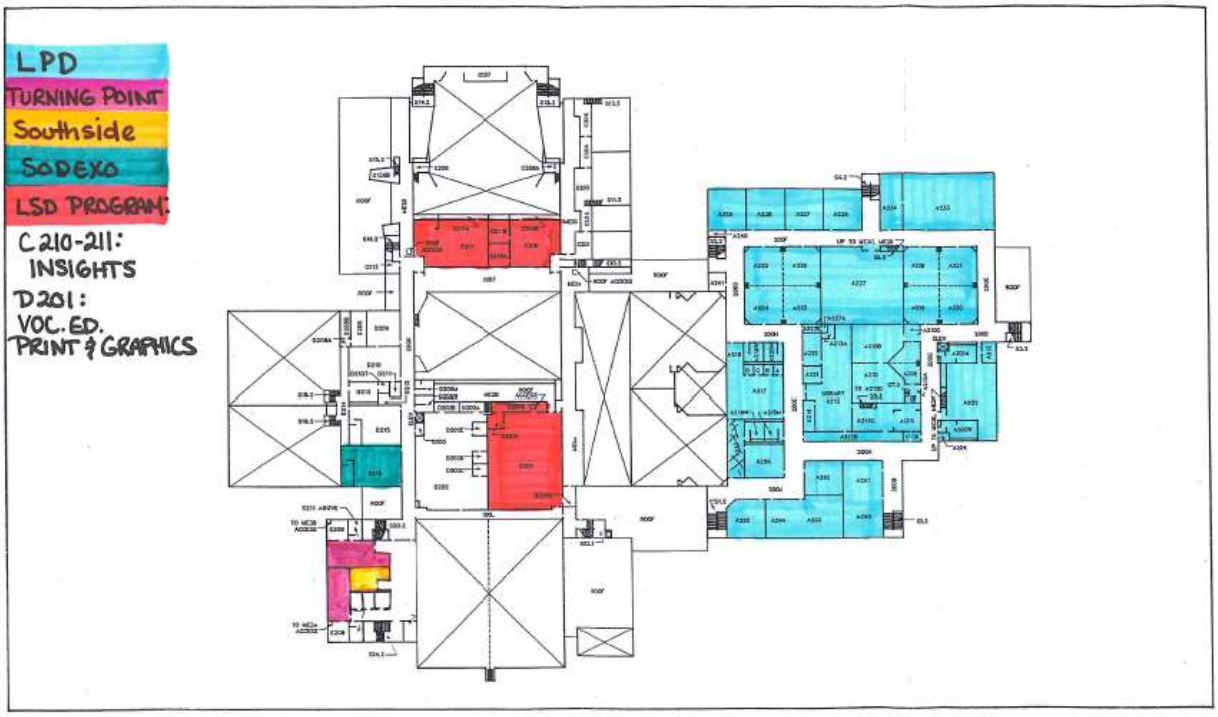
II. Hill Academy



HARRY W. HILL CENTER FOR ACADEMICS & TECHNOLOGY
5815 WISE ROAD
LANSING, MICHIGAN 48911

GROUND LEVEL PLAN
60 120
0 30
FILE # 9020HA01 08/16/93

NORTH



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SECOND LEVEL PLAN
60 120
0 30
FILE # 9020HA01 08/16/93

NORTH

Appendix D: Instructions for Cases Involving Airborne or Droplet Transmission

- The patient shall wear a surgical mask when in the same room as any person not subject to isolation. The patient shall cover his/her nose and mouth with a disposable tissue when coughing or sneezing. Used tissues shall be placed in a paper or plastic bag for disposal.
- The persons caring for the patient shall thoroughly wash their hands with soap and hot water after handling the patient or any object the patient may have contaminated. The use of disposable gloves is recommended for persons caring for the patient; however, immediately after using gloves for any direct contact with body fluids, gloves should be removed and discarded and hands should be washed. Gloves shall not be washed or reused.
- Persons caring for the patient shall wear surgical masks when in the same room as the patient, unless the patient is wearing a surgical mask.
- Persons caring for the patient shall wear eye and face protection in any situation where there is a chance for exposure to droplets or splashing of body fluids.
- Objects, such as eating and drinking utensils, clothing, towels, and bedding used by the patient shall be washed with soap or detergent and hot or warm water before being used by any other person.
- Environmental surfaces in rooms used by the patient shall be cleaned and disinfected once each day and when soiled with respiratory secretions, blood or other body fluids of the patient. It is recommended that the person performing the cleaning wear gloves.

Appendix E: Quarantine & Isolation Fact Sheets

Understand Quarantine and Isolation

Fact Sheet

Quarantine is used when:

- An individual or a well-defined group of people has been exposed to a highly dangerous and highly contagious disease,
- Resources are available to care for quarantined people, and
- Resources are available to implement and maintain the quarantine and deliver essential services.

Quarantine is part of a range of public health disease control strategies that may be used individually or in combination, including:

- Short-term, voluntary home curfew.
- Restrictions on the assembly of groups of people (for example, school events).
- Cancellation of public events.
- Suspension of public gatherings and closings of public places (such as theaters).
- Restrictions on travel (air, rail, water, motor vehicle, pedestrian).
- Closure of mass transit systems.
- Restrictions on passage into and out of an area.

Quarantine is typically used in combination with other public health tools, such as:

- Enhanced disease surveillance and symptom monitoring.
- Rapid diagnosis and treatment for those who fall ill.
- Preventive treatment for quarantined individuals, including vaccination or prophylactic treatment, depending on the disease.

Quarantine is more likely to involve limited numbers of exposed persons in small areas than to involve large numbers of persons in whole neighborhoods or cities. The small areas may be thought of as "rings" drawn around individual disease cases. Examples of "rings" include:

- People on an airplane or cruise ship on which a passenger is ill with a suspected communicable disease for which quarantine can serve to limit exposure to others.
- People in a stadium, theater or similar setting where exposure to a communicable disease has occurred.
- People who have contact with an infected person whose source of disease exposure is unknown.

In the aftermath of a disease outbreak there may be dozens of small "rings," each one including the people exposed to a single case of disease.

Implementation of quarantine requires the trust and participation of the public, who must be informed about the dangers of communicable diseases subject to quarantine before an outbreak as well as during an actual event.