



Lewis & Clark
Public Health

Non-Pharmaceutical Interventions (NPI) Plan

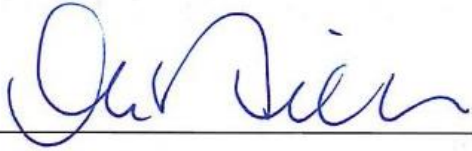
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Drenda Niemann
LCPH Health Officer

Date

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1.0 Introduction

1.1 Purpose

The Lewis & Clark County Emergency Operations Plan (EOP) indicates that Lewis & Clark Public Health (LCPH) will respond to emergencies and events that involve public health. As a focused approach to operations intended to support the EOP, this plan defines the functions of LCPH with regard to non-pharmaceutical interventions (NPI).

This plan will be referenced during routine situations where exclusion, compliance orders or other NPI's might be considered ranging from single cases of infectious disease to large-scale infectious disease outbreaks, epidemics, and pandemics. It is designed to assist decision makers in implementing containment measures, which may include the implementation of NPIs at different levels. This document will include decision matrices, reference legal authority that enables or limits the ability to implement actions, template legal orders, and guidelines for implementing NPIs.

This plan is based on the [CDC's Public Health Preparedness Capability 11](#) outlining guidance related to non-pharmaceutical interventions. This capability consists of the ability to perform the following functions:

- Engage partners and identify factors that impact NPIs
- Determine non-pharmaceutical interventions
- Implement non-pharmaceutical interventions
- Monitor non-pharmaceutical interventions

This plan is intended to support measures outlined in the LCPH All-Hazards Emergency Operations Plan and is considered a supplemental document to the LCPH Communicable Disease Response Plan.

1.2 Scope

This plan encompasses specific operations of LCPH and its response partners. Implementation is not contingent on activating the County EOP, but also may function as a core part of activation of the EOP.

This plan does not replace the day to day duties of LCPH staff or programs. It supports those activities and supplements them by defining procedures necessary when situations expand beyond the scope of day to day operations.

1.3 Policies

Montana statutes related to the prevention and control of communicable disease outline state and local responsibilities that may be implemented by DPHHS and/or local public health officials are found in [50-1-204](#), [50-2-116](#), [50-2-118](#), and [20-5-45](#) of the Montana Code Annotated (MCA). They allow potential use of NPIs in response to naturally occurring or artificially introduced biological agents in connection with significant public health events such as terror-related events. In addition, the Administrative Rules of Montana (ARM) [37.114.307](#), [37.114.308](#) and [37.115.314](#) allows for the implementation of NPIs, including isolation and quarantine. These statutes and rules encompass all levels of potential use ranging from individual cases to larger scale events such as outbreaks, epidemics or pandemics.

2.0 Situation & Assumptions

2.1 Situation

Controlling the spread of disease is a multi-faceted and complex endeavor requiring flexibility and multiple strategies. Non-pharmaceutical interventions (NPI), as defined by the US Centers for Disease Control and Prevention's (CDC) Public Health Capabilities, are steps taken to implement strategies for disease, injury, and exposure control. One benefit of NPI is that they are able to be implemented quickly and widely through crisis communications strategies, public education campaigns and using "off-the-shelf", cost-effective resources. The need to utilize NPI to control the spread of communicable diseases, and the success of such efforts, varies considerably in relation to the disease for which the approaches are being considered.

Examples of NPI strategies may include the following:

- Separation of individuals with a contagious disease from individuals who are not sick (isolation)
- Separation or restricted movement of healthy, but exposed individuals to determine if they are ill (quarantine)
- Restrictions on movement and travel advisories and warnings, such as screening at port of entry, limiting public transportation, and issuing travel precautions
- Social distancing
- School and childcare closures
- Postponement or cancellation of mass gatherings
- Closures and modifications of workplace or community events
- External decontamination
- Hygiene and sanitation
- Precautionary protective behaviors, such as personal decontamination, shelter in place, and face mask in special situations during significant public health events, such as severe pandemics

2.2 Assumptions

1. Day to day operations often involve the use of NPIs, including quarantine and isolation per the guidance provided in ARM's and the American Public Health Association Control of Communicable Diseases Manual (CCDM) adopted by the ARM. Various diseases can escalate to cluster/outbreak levels or beyond, including progressing to a significant public health event.
2. Operations involving these standard methods of action are inclusive, based on established relationships and partnerships with the public, stakeholders and partners, and contributing agencies.
3. Depending on the infectious disease and the situation surrounding the event, decisions on control measures for cases and outbreaks may be a shared decision with MT DPHHS per ARM.
4. Adjacent counties and other jurisdictions shall be included in response efforts, if necessary, and will be responses will be coordinated by MT DPHHS
5. Large-scale NPI events will require the participation of many public health resources, including workforce, as well as coordination with state authorities, multiple community entities, health care

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entities, and first responder agencies

6. LCPH will start with the implementation of the least restrictive means possible to reduce the spread of infection
7. LCPH will coordinate closely with healthcare providers and healthcare 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
9. NPI measures may require the involuntary quarantine or isolation of individuals who may pose a threat to the public's health and do not cooperate with orders from the Health Officer
10. Individuals confined under these measures will be supported by partners to the extent possible through means such as provision of food, shelter, and other necessities
11. An event triggering activation of the NPI plan is also likely to involve other emergency response capabilities.

3.0 Concept of Operations

3.1 General

LCPH has the authority to recommend or require NPI measures during cases of communicable disease. However, the health department must and does consult with MT DPHHS during significant public health events. Together, MT DPHHS and the local health jurisdiction will assess the severity of exposure or transmission at the jurisdictional level and determine the need for NPIs. Local health authorities identify NPI recommendations based on science, risks, resource availability, and legal authorities.

When instituting NPI measures, LCPH will try to start with the least restrictive means first. Additional measures will be taken if the least restrictive measures are ineffectual due to lack of compliance or recognition of other factors influencing the spread of disease in a population.

3.2 Notification

If the situation dictates that action must be taken, LCPH staff will reach out to appropriate partners and organizations to discuss and plan for implementing NPI measures as needed. Local partners may include, but are not limited to:

- MTDPHHS
 - **CDEpi 24/7 Notification Number: 406-444-0273**
- St. Peter's Healthcare, local clinics, and healthcare organizations (assisted living, nursing home, etc.)
- Local emergency medical services (EMS)
- School Districts
- Local fire departments
- City/County Administration
- City/County Attorney
- Local law enforcement
- Disaster and Emergency Services (DES)
- County Extension Agents
- Local Veterinary Offices
- Local Animal Shelter Contacts
- Mental and behavioral health agencies
- Surrounding county health departments
- Businesses
- Community and faith-based organizations
- Environmental health agency(s)
- Local public works or utilities providers

3.3 Activation

If LCPH and local leaders decide to implement various NPI strategies, they will be activated and coordinated in accordance with existing plans, policies and protocols and under the authority of the Health Officer and relevant statues, policies, and ordinances.

3.4 Direction & Control

NPI strategies may be multi-agency and even multi-jurisdictional and will likely be coordinated by either the LCPH Disease Control & Prevention and/or Environmental Health Services Divisions depending on the situation, types of hazards present and cooperating partners. Regardless of which LCPH division(s) and local partners are involved, all public health actions will likely fall under the authority of the involved County Health Officer(s) unless State or Federal agencies are involved (e.g. terrorism incident under FBI authority).

Large scale events that require multiagency or multijurisdictional cooperation may be managed using

the Incident Command System (ICS) as outlined in the LCPH All Hazards Annex and County EOP and response plans.

3.5 NPI Strategies

LCPH may consider utilization of multiple strategies for preventing the spread of disease, including NPI. Examples of NPI measures may include, but are not limited to:

- Public Information & Education on prevention measures and self-care.
- Voluntary/Involuntary isolation and/or quarantine orders
- Restrictions on activities or movement, high-risk occupations, and public events
- School and/or public venue closures

Relevant LCPH plans and protocols for disease control strategies fall under the *LCPH CD Response Plan* and include:

- LCPH Communicable Disease Response Plan
 - LCPH Pandemic Flu Plan
 - LCPH Pertussis Investigation Protocol
 - LCPH Isolation & Quarantine Protocol
 - LCPH Truck & Train Wreck Protocol

The above documents outline specific strategies and procedures for determining and implementing disease control measures within the County.

3.6 Monitoring NPIs

The incident management team will be responsible for monitoring the implementation and effectiveness of interventions, adjusting intervention methods and scope as the incident evolves, and determining the level or point at which interventions are no longer needed.

Current LCPH response plans and protocols (see 3.5 above) outline the processes, formal or informal, for monitoring.

3.7 NPI Locations & Housing Resources

It is assumed that in most instances those who need to be isolated or quarantined will be accommodated within their own homes. However, LCPH recognizes that some instances of disease outbreak or suspected infection will affect individuals or groups who do not have access to housing. 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.

If one or two individuals needs to be isolated or quarantined but do not have adequate housing, LCPH may utilize hotel resources to accommodate them. If hotel resources are not available, LCPH may coordinate with local healthcare partners and MT-DPHHS to develop appropriate housing options.

If hotel resources and medical center resources are scarce or a larger number of individuals require isolation and/or quarantine, LCPH will work with its partner organizations such as Red Cross designated shelters, schools (depending on time of year), and fairgrounds to assist with accommodations if possible.

If a large group of people (e.g. tourists) require isolation and/or quarantine, LCPH will work with MT-DPHHS to determine where such a group could be accommodated for an extended period of time.

Zoonotic Infections

If domestic animals/pets are requiring isolation and quarantine for zoonotic infections, it would be assumed that they would be accommodated within their own homes or property. However, LCPH recognizes that in some instances this may not be possible.

If needed, LCPH may coordinate with local veterinary, shelter, and/or boarding facilities for isolation and quarantine of small scale outbreaks.

When a large group of animals requires isolation and/or quarantine, LCPH will work with local land owners, extension agents and/or county fairgrounds along with the Montana Department of Livestock to determine where and how such a group could be accommodated.

3.8 Recovery

Recovery activities will vary with the situation, but essentially focus on returning to “pre-incident” conditions and identifying areas for improvement. The LCPH All Hazards Annex and County EOP both outline strategies for the recovery phase of an incident as well as the need to conduct an “after action review” and report as appropriate.

4.0 Organization & Responsibilities

4.1 Organization

Organization of incident response and management personnel will be in accordance with established plans and procedures. For the most part, larger incidents will be managed using the ICS in a “Unified Command” structure. The LCPH All Hazard Annex, CD Response Plan, and County EOP all outline organizational strategies for incident management. NPI response will fall under these existing documents.

4.2 Roles & Responsibilities

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LCPH staff roles and responsibilities with regard to NPI measures are defined clearly in the following documents as appropriate:

- LCPH Communicable Disease Response Plan
 - LCPH Pandemic Flu Plan
 - LCPH Pertussis Investigation Protocol
 - LCPH Isolation & Quarantine Protocol
 - LCPH Truck & Train Wreck Protocol

For the most part, LCPH DCP and EHS staff will decide the most appropriate NPI measures given the situation and will act under the authority of the Health Officer and relevant policies, statutes and ordinances. Activities include:

- Assess the public health threat, evaluate potential consequences based on established criteria, and determine whether isolation and/or quarantine are necessary in any given outbreak situation.
- Initiate the isolation and/or quarantine of individuals as a protective action to limit the spread of infectious agents or contaminants to others.
- Under specific circumstances, may immediately order or seek a court order to detain infected or exposed individuals and place them in isolation or quarantine.
- 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.
- Establish Epi Team to coordinate response.
- Address public concerns and disseminate information containing common message in coordination with DPHHS, CDC, Department, City and County Public Information Officers, and adjacent jurisdictional health departments.

Law Enforcement

Lewis & Clark County Sheriff's Office (LCSO) and Helena & East Helena Police Departments (HPD/EHPD) have responsibility for the following activities within their jurisdictions:

- Assist with service of notice related to involuntary isolation and/or quarantine, if needed.
- Execute arrest warrants related to isolation and/or quarantine cases, if needed.

City & County Attorney's Offices

- Petition the court ex parte to authorize involuntary detention, once need is determined by

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- LCPH.
- Represent LCPH in any petition or appeal hearings required to carry out involuntary isolation or quarantine.
 - Coordinate with LCPH, LCSO/HPD/EHPD to serve notice related to involuntary isolation or quarantine.

5.0 Plan Development & Maintenance

LCPH staff will review this plan annually to ensure currency and accuracy. The goals of this review are to

- Ensure overall plan accuracy and readiness
- Address and resolve policy, methodology, and technological issues
- Ensure this guide coordinates with related plans, procedures, and protocols
- Make necessary corrections, edits, updates, or procedural adjustments

The LCPH PHEP Coordinator is assigned as the primary person assigned responsibility for conducting this review and maintaining these procedures to ensure they remain appropriate to the goals and capabilities of the agency.

Changes are tracked in a versioning method and in the Record of Change log found at the front of this document.

6.0 Authorities & References

Montana Code Annotated (MCA)

[General Provisions, Local Boards of Health, Part 1](#)

- [MCA 20-5-405](#), Medical or Religious Exemption [Selected portion, see MCA Link for full citation]
 - (3) Whenever there is good cause to believe that a person for whom an exemption has been filed under this section has a disease or has been exposed to a disease listed in 20-5-403 or will as the result of school attendance be exposed to the disease, the person may be excluded from the school by the local health officer or the department until the excluding authority is satisfied that the person no longer risks contracting or transmitting that disease.
- [MCA 50-2-115](#), **Legal Adviser to Local Boards**
 - Legal adviser to local boards. The county attorney shall serve as legal adviser to local boards as established by [50-2-104](#) and [50-2-106](#). The county attorney shall represent the local board in those matters relating to the functions, powers, and duties of local boards.
- [MCA 50-2-116](#), **Powers and Duties of Local Boards of Health** [Selected portion, see MCA Link for full citation]
 - (1) In order to carry out the purposes of the public health system, in collaboration with federal, state, and local partners, each local board of health shall:
 - ...(f) identify, assess, prevent, and ameliorate conditions of public health importance through:
 - (i) epidemiological tracking and investigation;
 - (ii) screening and testing;
 - (iii) isolation and quarantine measures;
 - (iv) diagnosis, treatment, and case management;
 - (v) abatement of public health nuisances;
 - (vi) inspections;
 - (vii) collecting and maintaining health information;
 - (viii) education and training of health professionals; or
 - (ix) other public health measures as allowed by law;....
- [MCA 50-2-118](#), **Powers and Duties of Local Health Officers**
 - In order to carry out the purpose of the public health system, in collaboration with federal, state, and local partners, local health officers or their authorized representatives shall:
 - (1) make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the condition;
 - (2) take steps to limit contact between people in order to protect the public health

from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events;

(3) report communicable diseases to the department as required by rule;

(4) establish and maintain quarantine and isolation measures as adopted by the local board of health; and

(5) pursue action with the appropriate court if this chapter or rules adopted by the local board or department under this chapter are violated.

- **MCA 50-2-120, Assistance from Law Enforcement Officials**
 - A state or local health officer may request a sheriff, constable, or other peace officer to assist the health officer in carrying out the provisions of this chapter. If the officer does not render the service, the officer is guilty of a misdemeanor and may be removed from office.

Administrative Rules of Montana (ARM), 37.114.101 to 1016

Publications Incorporated by Reference in ARM 37.114.105:

- The "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 20th edition, 2015, which lists and specifies control measures for communicable diseases.
- The "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" published by the U.S. Centers for Disease Control and Prevention, which specifies precautions that should be taken to prevent transmission of communicable diseases for cases admitted to a hospital or other health care facility.
- The "Sexually Transmitted Diseases Treatment Guidelines, 2015" are published by the U.S. Centers for Disease Control and Prevention in the June 5, 2015, Morbidity and Mortality Weekly Report, volume 64, hereafter referred to as "Sexually Transmitted Diseases Treatment Guidelines, 2015," and specify the most currently accepted effective treatments for sexually transmitted diseases.
- The "Food Code, 2013, Recommendations of the United States Public Health Service, Food and Drug Administration" published by the National Technical Information Service.
- The Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis, published in Clinical Infectious Diseases, October 1, 2016.
- The "Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis," which provide recommendations from the National Tuberculosis Controllers Association and the U.S. Centers for Disease Control and Prevention, published December 16, 2005.

7.0 Attachments

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Attachment 2: Isolation & Quarantine Protocol 2-i

Attachment 1: Acronyms & Definitions

AAR: After Action Report.

ARM: Administrative Rules of Montana.

Case: An individual who has been diagnosed with a communicable disease or who has symptoms that fit the case definition of a communicable disease.

Case Definition: Set of symptoms, clinical or diagnostic findings that constitute a case of a communicable disease. Case classifications include suspect, probable and confirmed. The Health Officer, DPHHS, CDC is the Centers for Disease Control and Prevention, www.cdc.gov (CDC), or the World Health Organization, www.who.int (WHO) may create case definition.

CDC: Centers for Disease Control (and Prevention).

Communicable Disease: an illness due or suspected to be due to a specific infectious agent or its toxic products which results from transmission of that agent or its products to a susceptible host, directly or indirectly. ARM 37.114.101(5).

Condition of Public Health Importance: means a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or community level and that can reasonably be expected to lead to adverse health effects in the community.

Contact: an individual who has been identified as having been exposed, or potentially been exposed, to a communicable or potentially communicable disease through another individual or nonhuman source of the communicable or potential communicable disease.

DPHHS: (Montana) Department of Public Health & Human Services.

Isolation: separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local Health Officer and preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others. ARM 37.114.101 (22)

LCPH: Lewis & Clark Public Health.

Quarantine: those measures required by a local Health Officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease. ARM 37.114.101 (27)

WHO: World Health Organization.

Attachment 2: Isolation & Quarantine Protocol

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1. **Purpose:** Protect and promote the health of the public while respecting individual rights to dignity, privacy and nondiscrimination.
2. **Authorization:** The authority to order isolation or quarantine is given to the Local Board of Health (BOH) pursuant to 50-2-116 (1) (f) (iii) MCA, and authorizes Health Officers to act on the authority of the BOH pursuant to 50-2-118 (4) MCA.
3. **Definitions:**
 - a. Case – an individual who has been diagnosed with a communicable disease or who has symptoms that fit the case definition of a communicable disease.
 - b. Case Definition – set of symptoms, clinical or diagnostic findings that constitute a case of a communicable disease. Case classifications include suspect, probable and confirmed. The Health Officer, DPHHS, CDC is the Centers for Disease Control and Prevention, www.cdc.gov (CDC), or the World Health Organization, www.who.int (WHO) may create case definition.
 - c. Communicable Disease – an illness due or suspected to be due to a specific infectious agent or its toxic products which results from transmission of that agent or its products to a susceptible host, directly or indirectly. ARM 37.114.101(5)
 - d. Condition Of Public Health Importance – means a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or community level and that can reasonably be expected to lead to adverse health effects in the community.
 - e. Contact - an individual who has been identified as having been exposed, or potentially been exposed, to a communicable or potentially communicable disease through another individual or nonhuman source of the communicable or potential communicable disease.
 - f. Isolation - separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local Health Officer and preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others. ARM 37.114.101 (22)
 - g. LCPH– Lewis & Clark Public Health
 - h. Quarantine - those measures required by a local Health Officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease. ARM 37.114.101 (27)
4. **Determination of need for Quarantine or Isolation**
 - a. Upon receipt of a report of a communicable disease, the Health Officer shall confirm the diagnosis. If the case is suspect or probable, the Health Officer may handle the case as communicable until medical or laboratory information rules out the diagnosis of communicable disease.
 - b. Upon confirmation of the diagnosis or determination that the disease meets the case definition of a communicable disease, the health officer will consult the communicable disease rules (ARM 37.114.101 to 1016), the Control of Communicable Disease Manual, the Guidelines for Isolation Precautions in Hospitals and CDC’s recommendations and current guidelines released to public health officials through the Health Alert Network (HAN) or other source.

- c. The Health Officer will determine the least restrictive control measures available, including isolation of cases and quarantine of contacts for any condition of public health importance.
5. **Reports:** Upon receiving a report of an infectious disease that requires isolation or quarantine, the Health officer will notify the DPHHS Communicable Disease Control and Prevention Bureau, Epidemiology Section. Depending on the level of public health risk the Health Officer will also notify: Board of Health (BOH), County Attorney, Coroner, medical community, Disaster and Emergency Services (DES) coordinator, elected officials, and law enforcement.
6. **Implement the Public Health All Hazards Annex**
 - a. The Health Officer and the Division Administrators have authority to implement the Public Health All Hazards Annex.
 - b. Circumstances that trigger the use of the All Hazards Annex
 - (i) When a response includes staff call out after business hours.
 - (ii) When a response requires reassignment of staff for an extended period of time
 - (iii) Routine services are suspended
 - (iv) Frontline staff can't keep up with the calls for information on a specific topic
7. **Practices and Conditions:** LCPH shall adhere to the following practices and conditions when isolating or quarantining individuals or groups
 - a. Isolation and quarantine will use the least restrictive means necessary to prevent the spread of a communicable or potentially communicable disease to others and may include, but are not limited to, confinement to private homes or other private and public premises such as hotels, motels, Red Cross Shelters and fairgrounds.
 - b. Public education and voluntary compliance will be used whenever appropriate. These requests will use strategies such as:
 - (i) Voluntary home curfew
 - (ii) Suspension or restrictions on group assembly
 - (iii) Cancellation of public events
 - (iv) Closure of mass transit
 - (v) Restriction of travel
 - (vi) Snow days, shelter-in-place, work quarantine
 - c. Exposure to a communicable disease at a *public event* with unidentified contacts will be handled by issuing public service announcements and/or emergency broadcasts to provide:
 - (i) Information for disease prevention
 - (ii) Information about disease and incidence of disease
 - (iii) Information for individuals to evaluate their risk of exposure
 - d. Quarantine orders that limit personal liberties will be used only when clear and convincing evidence is shown that such an order is reasonably necessary to prevent or limit the transmission of a communicable or potentially communicable disease to others.

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- e. When issuing quarantine orders, due process rights must be recognized and satisfied. This includes:
 - (i) Adequate notice
 - (ii) Right to be heard
 - (iii) Access to legal counsel
 - (iv) Final decision a court can review
 - f. Isolated individuals must be confined separately from quarantined individuals.
 - g. The health status of isolated and quarantined individuals must be monitored regularly to determine if they continue to require isolation or quarantine.
 - h. If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or potentially communicable disease he or she must promptly be removed to isolation.
 - i. Isolation and quarantine must be immediately terminated when an individual poses no substantial risk of transmitting a communicable or potentially communicable disease to others.
 - j. Requests for provisions for those quarantined will be made to the Emergency Operations Center (EOC) Chief of Operations Section. Reference: Emergency Support Function 8, County Emergency Operations Plan, 2011.
 - (i) The needs of individuals who are isolated or quarantined shall be addressed in a systematic fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication, and medical care.
 - (ii) Cultural and religious beliefs shall be respected when addressing the needs of individuals and establishing and maintaining premises for isolation and quarantine.
 - k. Premises used for isolation and quarantine shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection to isolated or quarantined individuals.
8. **Quarantine and Isolation Orders.** The Health Officer, to prevent or limit the transmission of a communicable or potentially communicable disease, may order isolation or quarantine of individuals or groups. The Board of Health will be notified within 24 hours of action taken under this section. Isolation requirements shall be guided by the Centers for Disease Control: *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*.
- a. **Content of Order:**
 - (i) Identify the isolated or quarantined individuals or groups of individuals by name or shared or similar characteristics or circumstances;
 - (ii) Statement of authority;
 - (iii) A description of the circumstances upon which the order is based;
 - (iv) A description of the process for obtaining a hearing, and access to legal counsel;
 - (v) The premises subject to isolation or quarantine;
 - (vi) A statement of compliance with the public health practices and conditions for isolation and quarantine of § 7 of this protocol;

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- (vii) The date and time at which isolation or quarantine commences; and
 - (viii) The necessary requirements for lifting the isolation and quarantine order.
- b. **Notice.** A copy of the written order shall be given to the individual to be isolated or quarantined. If the written order applies to a group of individuals and it is impractical to provide individual copies, it may be posted in a conspicuous place in the isolation or quarantine premises.
 - c. **Relief from Isolation and Quarantine.** An isolated or quarantined individual or group of individuals may appeal to district court for an order to show cause why isolation or quarantine should not be terminated.
 - d. **Continuances.** Prior to the expiration of an order issued pursuant to § 8 of this protocol, the Health Officer may extend the isolation or quarantine order.
9. **Monitoring of Individuals in Isolation and Quarantine.**
- a. The Health Officer or the Department of Public Health and Human Services may inspect the place of isolation at any time to determine compliance with the order. [ARM 37.114.308](#)
 - b. Quarantined individuals will be **monitored** by:
 - (i) Telephone calls from LCPH staff
 - 1. The planning section of the LCPH Command Post will request additional resources if necessary.
 - (ii) Directions to the individual to call LCPH and health care provider if symptoms develop
 - (iii) Home visits as needed
10. **Release from Isolation and Quarantine Orders.** The Health Officer may authorize release of individuals or groups from isolation and quarantine when:
- a. The incubation period has passed and no symptoms of communicable disease are present.
 - b. When the period of contagion has passed, which may be longer than the symptomatic period.
11. **Enforcement.** Health Officer may request a sheriff or other peace officer to assist in carrying out the provisions of quarantine or isolation. ([50-2-120 MCA](#)).
12. **Foreign Travelers.** Ill travelers from a foreign country must be isolated and quarantined until the etiologic agent of the disease is determined. Then appropriate control measures for that etiologic agent must be implemented. ([ARM 37.114.595 \(1\)](#))
13. **Building Closures.** The Health Officer shall take steps to limit contact between people in order to protect the public health from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events. ([MCA 50-2-118 \(2\)](#)).
- a. Prior to taking such action, the appropriate elected officials, the County Attorney's office and law enforcement will be notified.
 - b. Declaration of an emergency and activation of the emergency operations center (Page 14, Section VII (F) Health Department All-Hazard Annex) will be requested when the response requires cancelation of public events or closure of public buildings.
14. **Decontamination.** The local Health Officer is authorized to make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the condition. ([MCA 50-2-118 \(1\)](#)). This can include ordering decontamination of

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places that are infected with communicable diseases. (MCA 50-2-116 (1)(g)) Decontamination of the environment will be in accordance with the Control of Communicable Disease Manual or by guidance documents from CDC that are released through the HAN or other source.



Lewis & Clark

Public Health

Helena, Montana