ISOLATION & QUARANTINE
For the Local Boards of Health
and Municipal Partners

Adapted from the Local Public Health Institute "On Your Time" Training
March 2020
This document provides an overview of isolation and quarantine purposes, history, and relevant Massachusetts General Laws (MGLs) and Code of Massachusetts Regulations (CMRs) regarding Isolation and Quarantine.

This document is designed to serve as an at-a-glance briefing for local health authorities and other relevant municipal leaders and responders. The information is adapted from the Local Public Health Institute On Your Time Training module on Isolation and Quarantine in Massachusetts.

The training link, and other relevant links, can be found within this document.

Special thanks to our colleagues from the Berkshire County Board of Health Association, who initially adapted the briefing.
Goals/Objectives of this Briefing:

- Distinguish among isolation, quarantine, and social distancing
- Offer brief historical context that led to current quarantine and isolation laws
- Promote understanding of requirements of 105 CMR 300.000 for infectious diseases investigated by the LBOH
- Explain how to obtain voluntary compliance with isolation and quarantine requirements
- Describe the administrative and legal process required for LBOH to implement isolation and quarantine with non-compliant individuals
- Understand the requirements of isolation and quarantine
Definitions

QUARANTINE:
Separates and **restricts the movement of people who have been exposed to a contagious disease to see if they become sick**. People in quarantine are not yet sick, and do not show symptoms. Quarantine lasts long enough to ensure the person is not sick (incubation period).

ISOLATION:
Prevents the spread of an infectious disease by **separating those who are sick from those who are not**. Isolation lasts as long as the disease is contagious.

SOCIAL DISTANCING:
Keeps people from interacting closely with each other or frequently enough to spread infectious disease. Social distancing may involve closing schools and other gathering places (movie theaters, malls, etc.) and cancelling sporting events and religious services.
History of Early Isolation and Quarantine Rules

- Earliest public health measures were directed toward isolation of the ill & quarantine of travelers as epidemics like the plague, cholera and smallpox swept through Europe in the 18th century.

- In 1701 Massachusetts passed laws for isolation of smallpox patients and for ship quarantine as needed.

- Large scale isolation and quarantine were common public health practices during epidemics in the 19th and early 20th century before disease transmission was completely understood.

- In the 20th century a more formal process was created in the US, and the Centers for Disease Control and Prevention (CDC) became the federal authority overseeing the control of disease.

- Although the CDC is the federal authority overseeing the control of disease including isolation and quarantine, the state, and local boards of health retain authority over their jurisdictions.
Federal Laws and Policies

1878: Federal Quarantine – National Quarantine Act. Allowed inspection and quarantine of ships, cargo or passengers if suspected of the presence of a contagious disease.

1918: last time the federal government had to enforce large-scale/mass quarantine during the flu pandemic.

1944: Authority over federal quarantine transferred to the US Public Health Service (today US Dept. of Health & Human Services). Tasked with responsibility of preventing introduction, transmission and spread of communicable diseases from foreign countries into the US.

1987: Quarantine authority delegated to the Centers for Disease Control & Prevention (CDC). CDC establishes 55 quarantine stations located at every seaport, airport and major border crossing into the US.

Today: 20 quarantine stations located at points of entry where international travelers come into the US.
Massachusetts Law:
105 CMR 300.000

• **300.110**: Case reports by the Local Boards of Health. Electronic reporting through MAVEN is now required for all LBOH. Must report full demographic, clinical and epidemiologic information to DPH for specified diseases.

• **300.160**: Must report a case of unusual illness or outbreak of disease.

• **300.200**: Isolation & Quarantine Requirements: Upon report of a case or suspected case of disease declared dangerous to the public health, the LBOH and DPH are authorized to implement and enforce the requirements outlined in 105 CMR 300.200.
  - **Minimum requirements found in 105 CMR 300.200(A)**
  - Depending on circumstances, the case and/or any contacts may be required to comply with additional control measures.

• The general Public Health Laws found in **MGL Chapter 111** will also give support for the LBOH authority.

105 CMR 300.000 can be viewed at: https://www.mass.gov/files/documents/2017/09/11/105cmr300.pdf

MGL Chapter 111 can be viewed at: https://malegislature.gov/laws/generallaws/parti/titlexvi/chapter111
Flattening the Curve

Quarantine and isolation help slow the spread of disease, which allows the healthcare system to adequately care for those who need it without becoming overwhelmed.
If You Have a Resident Who Must be Isolated or Quarantined

Because isolation and quarantine temporarily limits an individual’s right to liberty, it is important that the LBOH follow proper legal procedures and minimize the inconvenience to the individual by using the least restrictive measures while also protecting the public from harm.

- All efforts should be made to obtain voluntary compliance. Use education and persuasion to gain voluntary compliance. This can be done verbally and/or in a letter. Document all communication in the case file.

- Typically when people understand what they are being asked to do and why they comply voluntarily.

The MA State Dept. of Public Health recently issued guidance documents to assist in educating individuals and garnering voluntary compliance for COVID-19.

If Someone Fails to Voluntarily Comply with Isolation or Quarantine

If someone does not voluntarily comply or fails to remain isolated/quarantined for the defined period of time, the LBOH must issue an official written administrative order.

An order from the LBOH has the force of law and remains in effect until rescinded by the BOH or a court.

- A sample emergency isolation order in Word format can be accessed at: https://region1hmcc.org/wp-content/uploads/Emergency-SARS-Isolation-Order-08.doc
- A sample emergency quarantine order can be accessed at: https://region1hmcc.org/wp-content/uploads/Emergency-Varicella-Quarantine-Order-08.doc

These forms, as well as other isolation and quarantine resources, can also be accessed by local Board of Health via the Massachusetts Health and Homeland Alert network Board of Health group: https://www.masshhan.org/hhan/home.do
If Someone Fails to Voluntarily Comply with Isolation or Quarantine

If a delay in imposing the order would pose a serious, imminent danger to the public health, an oral order can be given, as long as a written order follows within 24 hours.

Order must state the following items:
- Identity of the individual (or group)
- Date and time when isolation or quarantine must begin
- Duration of the isolation or quarantine
- Reason for isolation or quarantine
- Location of isolation or quarantine
- Special instructions or precautions
- Legal Authority for the order
- Statement about appeals rights

Notify your town/city counsel at this time in case legal action becomes necessary.
If the Order is Violated

If the order is violated, court action will become necessary

• Town Counsel should work with LBOH/DPH to ascertain the facts of the case and fill out the complaint.

• File complaint in court and ask for same-day hearing. Obtain temporary restraining order (TRO), warrant and other documents.

• Serve documents on patient or patient’s attorney and arrange for execution of the warrant by law enforcement.

• Patient will be removed to the hospital or police officer will be posted outside the house, depending on specific court order.

• Hearing within 10 days.
Local Board of Health Responsibilities While Someone is in Isolation or Quarantine

- The health status of isolated or quarantined individuals shall be monitored regularly to determine if they required continued isolation or quarantine.

- The needs of isolated or quarantined individuals shall be addressed in a systematic and competent fashion, including, but not limited to, providing adequate food, medication, competent medical care and crisis counseling or other mental health services as needed.

- To the extent possible, cultural and religious beliefs and existing disabilities should be considered in addressing the needs of individuals.
Local Board of Health Responsibilities While Someone is in Isolation or Quarantine

In addition:

• Isolated individuals shall be confined separately from quarantined individuals

• Quarantined individuals shall be moved to isolation when and if necessary to protect the public health (i.e., they develop symptoms).

• 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.

• Health care workers, mental health workers, PCAs, parents of minor children and others shall be permitted to access individuals as necessary to meet their needs. Service animals should be allowed.

• No unauthorized person shall enter isolation or quarantine premises or they may be subject to isolation or quarantine.
Prepare Now with Your Municipal Government Partners

- **Meet now** with your Board of Health, Police Chief, Selectboard/Mayor, Emergency Management Director and other relevant town or city officials to ensure everyone knows what to do in case of quarantine or isolation.

- Ensure your **Town or City Counsel** is aware of isolation and quarantine regulations/laws.

- **Download sample forms** now.

- Have/know the procedure for calling emergency BOH meetings.

- Make sure your **Public Health Nurse** has a cell phone contact for the Board of Health, and make sure you have the Public Health Nurse’s cell phone number.
Use Reputable Information Sources

Federal

State

Region
- FRCOG website: https://frco.org/covid-19-resources/
- W MA Health and Medical Coordinating Coalition website: https://region1hmcc.org/covid-19-march-2020/
MA Local Public Health Institute
Isolation and Quarantine Online Training

TRAINING OVERVIEW

**Audience:** Public health agencies and personnel at the state and local level

**Format:** Online, self-paced

**Price:** Free

**Length:** 2 hours

**Contact hours:** Massachusetts CHO, RS, RN

**Competencies:** Basic Public Health Sciences, Health Education

**Learning level:** Awareness

**Prerequisites:** None

The Mohawk Area Public Health Coalition (MAPHCO) is a regional coalition of 24 Franklin County and two Hampshire County towns for public health emergency preparedness. Fully funded by a federal grant managed by the Massachusetts Department of Public Health, MAPHCO offers free service to 24 Franklin County and 2 Hampshire County towns. MAPHCO helps local Emergency Management Directors, Boards of Health, and volunteers with planning, training, and drills for responding to public health emergencies, such as natural disasters and outbreaks of emerging infectious diseases.

https://frcocg.org/boards-committees/maphco/