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Isolation and Quarantine Considerations for Local Health Departments 2025 Clinical Operations Presentation

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ClinOps Webinar

Mission, Vision and Values

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Mission

To protect and promote health and well-being for all, building on a foundation of health equity.

Vision

New York is a healthy community of thriving individuals and families.

Values

Public Good • Integrity • Innovation • Collaboration • Excellence • Respect • Inclusion

Health

Health is a state of optimal physical, mental and social well-being.

Statement on Health Equity

Health equity is foundational to everything we do to help all people achieve optimal physical, mental and social well-being. Everyone at the Department of Health shares responsibility for achieving health equity and eliminating health disparities.

ISOLATION AND QUARANTINE CONSIDERATIONS FOR LOCAL HEALTH DEPARTMENTS
2025 CLINICAL OPERATIONS PRESENTATION

Isolation and Quarantine Considerations for Local Health Departments

2025 ClinOps Training Series

Presented by:
NYS DOH Epidemiology Preparedness Unit
and
NYS DOH Division of Legal Affairs

The webinar will begin momentarily.

Audio will be connected directly through Webex.

This webinar will be recorded and posted to the LMS for future viewing

A Q&A document will be made available after the presentation

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HOUSEKEEPING

- Please be sure to remain on Mute
- If you are using a phone to listen, please do not go on hold
- We will be using Polling and Knowledge Checks
- Please enter questions and comments in the Chat Box
- Questions and answers will be taken at the end of the presentation
- Please complete the Post Event Survey after the webinar

Thank you!

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TRAINING OBJECTIVES

- Summarize the role that Isolation and Quarantine play in the context of communicable disease response.
- Recognize when Isolation and Quarantine is appropriate when responding to a disease outbreak.
- Summarize relevant Isolation and Quarantine laws, regulations, and guidance.
- Identify important legal elements of Isolation and Quarantine orders in public health law and how these inform public health practice.

Part 1
Isolation and Quarantine (I&Q): Basic Concepts

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READY FOR ISOLATION AND QUARANTINE?

Polling Question:

On a scale of 1 to 5, with 5 being the most knowledgeable, rate your knowledge level about isolation and quarantine in New York State.

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I&Q BASIC CONCEPTS – DEFINITIONS

Isolation refers to the separation and restriction of movement of **ill** persons who have a contagious disease to prevent transmission of the disease to others. Isolation separates sick people from people who are not sick but susceptible to infection.

Quarantine refers to the restriction of movement or separation of **well** persons who have been exposed to a contagious disease, before it is known whether they will become ill. Some people:

- may not know if they were exposed to a disease
- may know they were exposed, but don't know if they will become ill
- may have a disease but have no symptoms.

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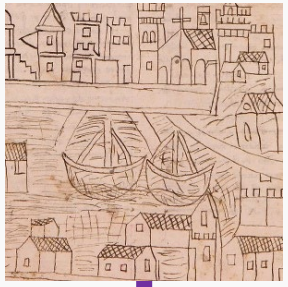
Sources:
https://www.hhs.gov/answers/public-health-and-safety/what-is-the-difference-between-isolation-and-quarantine/index.html
https://www.ncbi.nlm.nih.gov/books/NBK92450/

I&Q – RANDOM MOMENTS IN HISTORY



1300's - In Venice, trade ships from infected ports must anchor for 40 days before landing. The word quarantine derives from the Italian, ***quaranta giorni*** (meaning 40 days).

1647 - First quarantine in North America enacted by Massachusetts Bay Colony quarantines ships from Barbados due to plague threat.

1758 – City Council of New York creates yellow fever quarantine station off Bedloe's Island (now Liberty Island, home of the Statue of Liberty). **New York's first law on Isolation and Quarantine!**

1907 - Cottage on North Brother Island in New York's East River where Mary Mallon, a.k.a. 'Typhoid Mary,' isolated from 1907 to 1910, and again from 1915 until her death in 1938.

1919 – Sick during the 1918 Flu Pandemic, Edvard Munch isolates and paints *Self-Portrait with the Spanish Flu.*

1866 - 1969 – 8,000 Native Hawaiians forcibly isolated to Kalaupapa leprosy colony. Isolation laws end, but some patients remain today.

2020 – COVID-19 pandemic. Isolation and Quarantine used extensively to prevent the spread of disease especially before vaccine availability.

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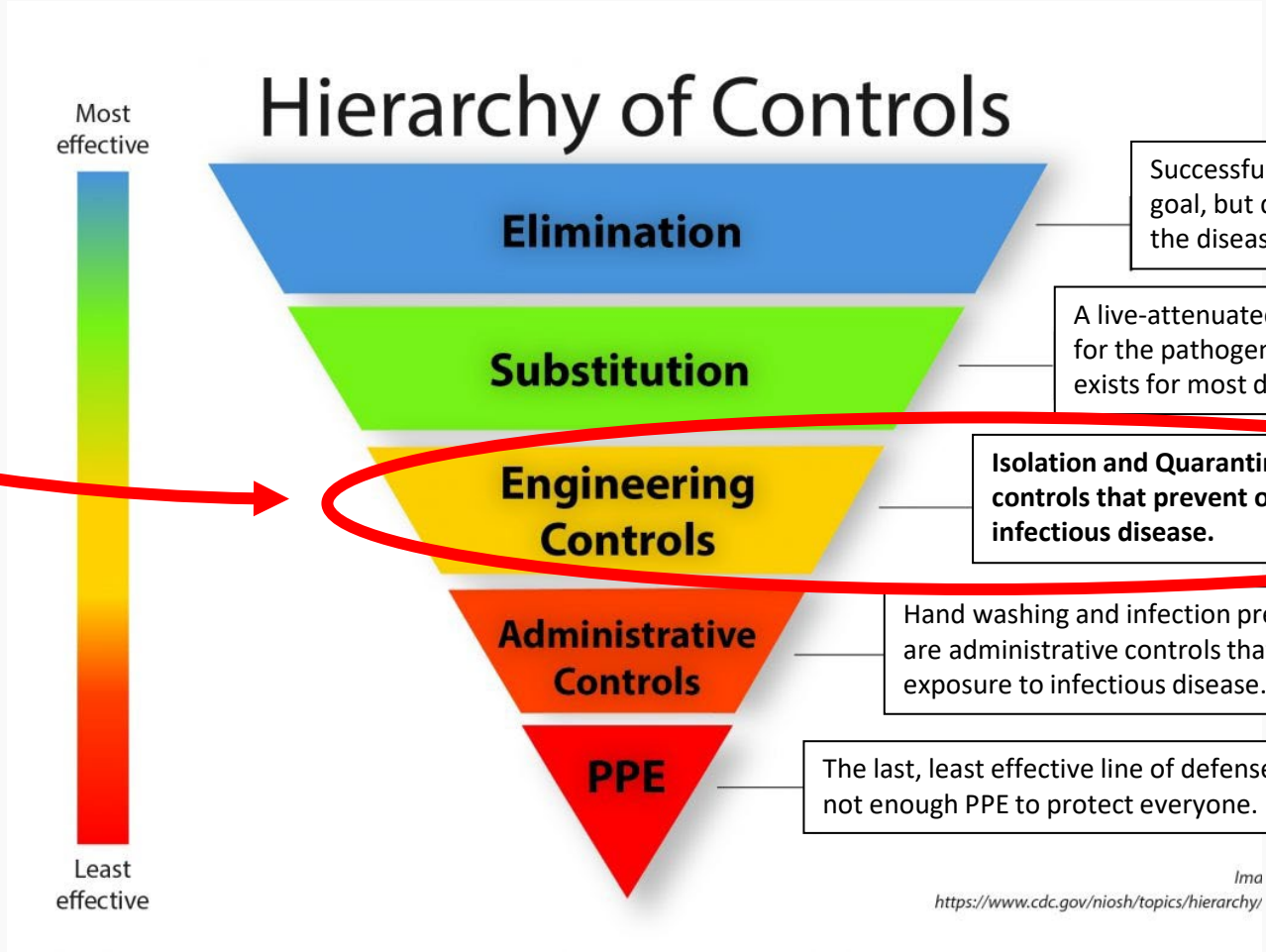
Source
https://www.smithsonianmag.com/smart-news/14th-century-illustration-venice-oldest-found-yet-180973945/
https://dash.harvard.edu/bitstream/handle/1/8852098/vanderhook2.html
https://lazaretto.site/?page_id=482
https://www.pbs.org/wgbh/nova/typhoid/quarantine.html
https://coronavirus.health.ny.gov/system/files/documents/2022/09/ct_affirmationofisolation_fillin_091322.pdf
https://www.nasjonalmuseet.no/en/collection/object/NG.M.01867
https://www.nps.gov/media/photo/gallery-item.htm?pg=5655773&id=13cee2d3-d5e2-b016-05f1-2cbd65462f9c&gid=6D4A332C-EEF0-7FB5-9583B28E8ECD3F5E

I&Q BASIC CONCEPTS IN CONTEXT

A Hierarchy of Controls to lower exposures and reduce risk of illness or injury



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Source: https://www.cdc.gov/niosh/hierarchy-of-controls/about/?CDC_AAref_Val=https://www.cdc.gov/niosh/topics/hierarchy/default.html

I&Q BASIC CONCEPTS IN CONTEXT

One Element in Array of Non-Pharmaceutical Interventions

- Included in CDC's Public Health Emergency Preparedness and Response Capabilities
  - ❖ **Capability 11: Non-pharmaceutical Interventions**

    Non-pharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat.

    Nonpharmaceutical interventions may include:

    ✓ ***Isolation***

    ✓ ***Quarantine***

    ✓ Restrictions on movement and travel advisories or warnings

    ✓ Social distancing

    ✓ External decontamination

    ✓ Hygiene

    ✓ Precautionary protective behaviors

Source: https://www.cdc.gov/readiness/media/pdfs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

I&Q BASIC CONSIDERATIONS – WHAT

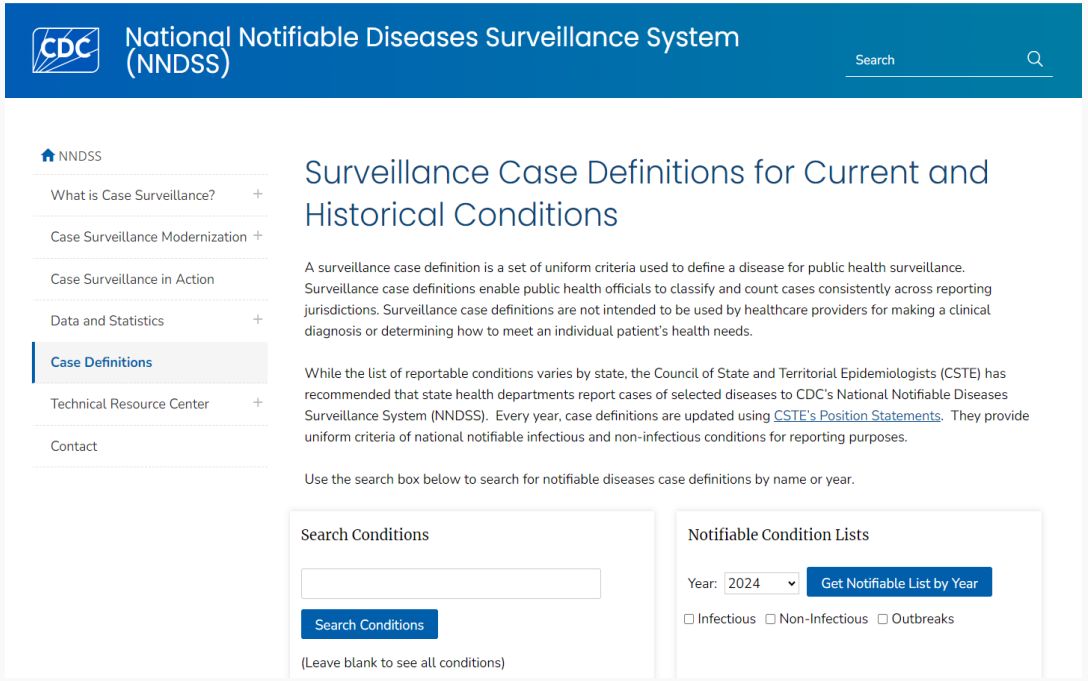
Determine transmissibility and severity of disease

- What is the disease?
  - Use correct case definitions for cases and contacts

- What is the severity of the disease?
  - sniffle v. death
  - treatment v. no treatment

- What is the transmissibility of the disease?
  - Airborne, droplet, direct contact, bloodborne
  - Can this change over course of infection
  - Vaccine (or otherwise) preventable

- I&Q yes or no? Why?



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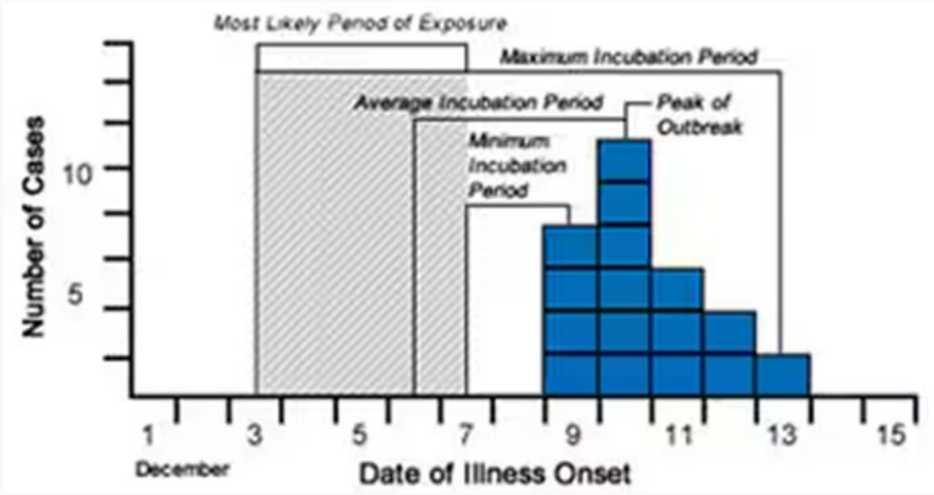
Source: https://ndc.services.cdc.gov/

I&Q BASIC CONSIDERATIONS – WHEN

Timing Matters

- Double-check most current CDC definitions of contacts and suspect/probable/confirmed cases to calculate correct I&Q time periods (including proper level of restrictions)
- Assess and make I&Q decisions quickly to minimize further exposures
- Limit I&Q period to minimum time needed to achieve goals of preventing disease spread and minimizing inconvenience
  - What is range of exposure/last date?
  - How many days required for effective I&Q?
  - Epi curve to determine incubation and infection period
  - Attend work/school/other or not?

- Know how and when to end I&Q even before starting
  - Rolling exposures (H5N1 example)



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Source: https://www.cdc.gov/training/quicklearns/exposure/

I&Q BASIC CONSIDERATIONS – WHO / WHERE

People Matter

- I&Q criteria must be used consistently and fairly for all
- Consider special circumstances
  - children living in split households, essential workers, etc.
- Protect the identity of those who should I&Q

Accommodations Matter

- I&Q criteria must consider where people live…
  - Dormitories, shelters, congregate care settings, cohorting, etc.
  - People without homes yet
- Protecting the identity of those in congregate living situations can be a challenge but is important.

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Sources:
https://www.who.int/publications/i/item/WHO_CDS_EPR_GIP_2007.2
https://ndc.services.cdc.gov/
https://commerce.health.state.ny.us/doh2/applinks/cdessdemo/cdess/caseInvestigation.do?method=doInitialize

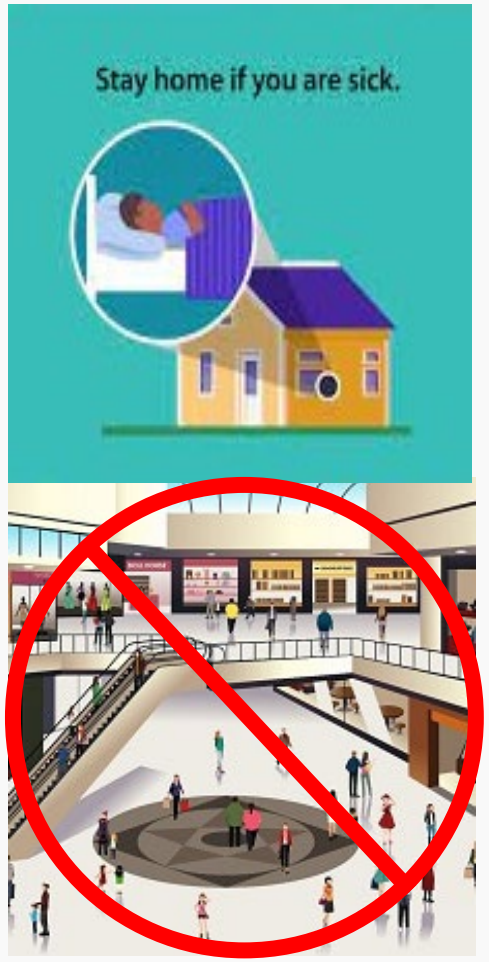
I&Q BASIC CONSIDERATIONS – HOW

Details Matter

- As with any health intervention, **Patient Education** is essential to positive outcomes!

- Promote **voluntary compliance** to the greatest extent possible
  - Have a back-up plan for if I&Q plan is impossible or doesn't work

- **Communication** is critical – Two-way communication even more critical
  - Use language translation services
  - Honor cultures, religions, preferred pronouns, and identities
  - Communicate expectations; use anticipatory guidance
    - ✓ Explain when I&Q is required; provide I&Q criteria in writing
    - ✓ Explain Do's and Don'ts of I&Q (e.g., stay at home – Yes; walk around the mall – No)
    - ✓ Explain what disease signs/symptoms to watch for and report
    - ✓ Explain I&Q monitoring process
    - ✓ Confirm willingness and ability for communication both ways

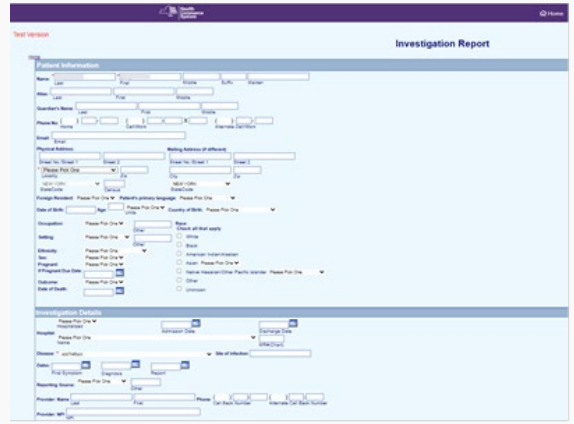


I&Q BASIC CONSIDERATIONS – HOW

Patient needs for cooperative, successful I&Q -

- Assess needs and provide wrap-around services

- Setting up for success means planning for lots of things, such as…
  - ❑ Assure all staff have adequate training and resources to protect themselves from disease before assisting those who are ill
  - ❑ Enough money! (brainstorm solutions, or at least be aware of problem)
  - ❑ Enough food
  - ❑ Adequate shelter (have housing, afford rent, separate bedroom, bath, eating, etc.)
  - ❑ Enough medicine/medical supplies (for current illness and all others - such as needles, syringes, alcohol pads, test strips, etc.)
  - ❑ Mental health, social, veterans and alcohol/substance use support
  - ❑ Childcare/elder care
  - ❑ Pet care (dog walker, pet sitter, vet care, etc.)
  - ❑ Enough supplies (such as toilet paper, diapers, formula, pet food, pads/tampons, PPE, etc.)
  - ❑ Health insurance (a great time to help someone sign up if they have none)
  - ❑ Telephone/internet; able to communicate with family, friends, providers, LHD I&Q staff, etc.
  - ❑ Entertainment
  - ❑ Many other needs??



- Document, document, document!

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Sources:
https://commerce.health.state.ny.us/doh2/applinks/cdessdemo/cdess/mainMenu.do
https://www.who.int/publications/i/item/WHO_CDS_EPR_GIP_2007.2

I&Q – WORK CONSIDERATIONS

Details count – What about employment needs?

- Essential worker
- Employer requires medical note
- Sick/annual leave availability
- Extended leave/FMLA
- Benefits resources
- Childcare needs

- Familiarity with these issues or knowing where to find out about them can help avoid problems, reduce anxiety and increase chance I&Q success

- Asking honest questions about money, work, and related issues is not about being nosy, but can build trust, promote problem-solving, and increase chance of I&Q success

I&Q – TRAVEL CONSIDERATIONS

Details count – What about travel?

- Previously planned travel -
  - To the regional wrestling competition or choral festival - Sorry, No
  - To clean out deceased relative's old barn a mile down the road - Maybe

- Emergency travel –
  - To attend deceased relative's funeral in foreign country – Sorry, No, but, Ugh…
  - To hold the hand of dying relative in neighboring town - Maybe

- CDC maintains a 'Do Not Board' list - prevents travelers with risk of spreading a contagious disease from boarding an airplane within the US. (Different from TSA's 'No Fly List')
  - DOH can assist

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Source: https://www.cdc.gov/port-health/travel-restrictions/index.html

I&Q – LEARNING FROM THE PAST

The case of Mary Mallon, aka 'Typhoid Mary'

- Born in Ireland in 1869, patient emigrated to the U.S. in 1883 or 1884.
- At that time, Typhoid fever was still fatal in 10% of cases.
- Single immigrant woman, started her career in the U.S. in 1906 as a cook.
- From August to September of 1906, 6 of the 11 people present in the house where she worked suffered from typhoid fever.
- The N.Y.S. Department of Health tested patient for *Salmonella* Typhi; samples found to be positive; patient was isolated at Riverside Hospital on North Brother Island on the East River.
- 120/163 stool samples tested positive for *Salmonella* Typhi during her isolation.
- In 1910, she was released under the condition that she no longer work as a cook, but she was never provided any training for a new job.
- She returned to cooking at Sloane Maternity Hospital in Manhattan where, in three months, she infected at least 25 people, doctors, nurses and staff. Two of them died.
- She was the first known case of a healthy carrier in the U.S.
- She infected at least 122 people, including five dead.

The cottage on North Brother Island in New York's East River where Mary Mallon, aka, 'Typhoid Mary', was isolated.

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Sources:
https://www.pbs.org/wgbh/nova/typhoid/quarantine.html
Marineli, F., Tsoucalas, G., Karamanou, M., & Androutsos, G. (2013). Mary Mallon (1869-1938) and the history of typhoid fever. *Annals of gastroenterology*, *26*(2), 132–134. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3959940/

I&Q – LEARNING FROM THE PAST

How could things go so wrong?

The Devil is in the Details!

- She was never told why she was a disease risk
  - With no symptoms, she couldn't believe she was sick
  - The asymptomatic carrier was a new phenomenon
  - 'Plenty of time to test, but no time to talk to the patient'

- Her livelihood was never seriously considered
  - She was provided no alternative means to support herself
  - Education on personal hygiene not provided

- She was singled out from among many others like her
  - We knew 4% of those infected were asymptomatic carriers
  - With hundreds just like her in NYC, why her?

- She was a Catholic, Irish-born, single, working woman
  - Health equity issues suspected

A 1909 depiction of Mary Mallon, known as "Typhoid Mary," published in the New York American

Sources:
https://www.jstor.org/stable/1635174?seq=1
https://www.gavi.org/vaccineswork/tragedy-typhoid-mary

I&Q – BUILD SUPPORT NOW

Get ready for I&Q -

- Include community in discussions on I&Q plans to build understanding, trust and support
  - PHEP Response Capability 11; Function 1: 'Engage partners and identify factors that impact nonpharmaceutical interventions'
  - include law enforcement, schools, businesses, etc. in I&Q planning

- Maintain public trust and cooperation
  - explain importance of community cooperation in minimizing the adverse impacts of I&Q
  - provide information on website, post criteria, give presentations, etc.
  - publish plans, data, reports, give presentations, answer questions, etc.

- Post information on I&Q appeals process on LHD website
  - provide written copy to those who must I&Q

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Sources:
https://www.cdc.gov/readiness/media/pdfs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf
https://regs.health.ny.gov/sites/default/files/proposed-regulations/Investigation%20of%20Communicable%20Disease%3B%20Isolation%20and%20Quarantine.pdf

I&Q – CONCLUSIONS

Ask these questions –

1. Given this disease and this situation, is I&Q the least restrictive, best way of promoting population health?
   If No - Use other disease interventions
   If Yes - Apply current guidance to develop I&Q plan

2. Does public benefit outweigh individual harm?
   If No - Use other disease interventions
   If Yes – Review I&Q patient plan with patient and partners

3. Are we communicating with our patients, so we both understand each other's needs?
   If No – Ensure patient understanding of I&Q plan and patient needs
   If Yes – Assess patient needs

4. Are patient's needs being met to assure I&Q success?
   If No – Ensure patient needs are met throughout I&Q
   If Yes – Regularly assess patient health and needs; communicate with patient and providers

Source: https://www.who.int/publications/i/item/WHO_CDS_EPR_GIP_2007.2

I&Q – HARD QUESTIONS; NO EASY ANSWERS

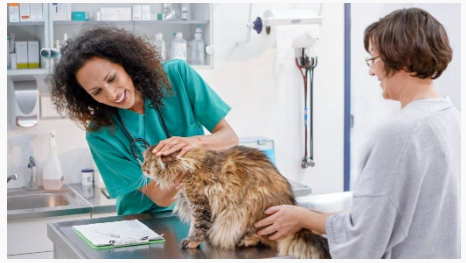
We must apply criteria for I&Q accurately, consistently, and fairly to uphold concepts of equity and justice. But…

Do we really quarantine an entire preschool?

Can we really quarantine an entire shelter?

How do we handle the ‘super-spreader’?

Conversely, should we recommend that some healthy people at high risk for severe disease seclude themselves to reduce the risk of infection?



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Source: https://phil.cdc.gov/Details.aspx?pid=11161

KNOWLEDGE CHECK – TRUE OR FALSE?

Quarantine is a non-pharmaceutical countermeasure used for persons who are infected with a contagious disease.

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Source: https://www.ncbi.nlm.nih.gov/books/NBK92450/

KNOWLEDGE CHECK ANSWER

FALSE!

Quarantine refers to the restriction of movement or separation of ***well*** persons who have been exposed to a contagious disease, before it is known whether they will become ill. Quarantine usually takes place in the home and may be applied at the individual level or to a group or community of exposed persons.

Source: https://www.ncbi.nlm.nih.gov/books/NBK92450/

Part 2
I&Q: Important Legal Issues and Other Considerations (Division of Legal Affairs)

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DISCLAIMER

This information is intended as an outline for the Department to provide guidance to local health departments (LHDs). Please note that this presentation is not intended to supplement the legal advice the LHDs need to receive from their respective county attorneys. When discussing isolation and quarantine guidance with LHDs, attorneys from both Division of Legal Affairs (DLA) and the County Attorney's office should be engaged in any discussions.

OUTLINE

- Law and Regulation
- Powers and Responsibilities
- Isolation and Quarantine
- Voluntary and Involuntary Isolation and Quarantine
- Health Orders

Laws and Regulations

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NYS LAWS AND REGULATIONS RELEVANT TO I&Q

Law/Regulation	Who it covers	What it covers
Public Health Law (PHL) § 308(d)	Local health board	Health officer duties
PHL § 324(1)(e)	Local health officer	General powers and duties
PHL § 324(3)	Local health officer	General powers and duties
PHL § 347	County/part-county health boards	Powers and duties; rules and regulations
10 NYCRR § 2.29	Health officer	Isolation judgment
PHL § 2100	Local health board and officer	Medical inspection and control of persons exposed to or infected with disease (I&Q)
PHL § 2120 – 2124	Local health officer, Hospital Chief Medical Officer, magistrates, physicians	Communicable diseases, control of patients
PHL § 309(1)(f) and PHL § 12-b	Health board	Health order enforcement, civil and criminal enforcement

LAWS AND REGULATIONS

- Public Health Law (PHL) § 308(d):
  - Local health boards direct their respective local health officers in the performance of duties.
  - They also ensure making and establishing orders and regulations as it may be necessary for the preservation of life and health, consistent with the State Sanitary Code (SSC).

ADDITIONAL LAWS AND REGULATIONS

- PHL § 324(1)(e) – local health officer; general powers and duties
  - In addition to other duties prescribed to the local health officers, they must also enforce the state sanitary code in their jurisdiction.

ADDITIONAL LAWS AND REGULATIONS

- PHL § 324(3) – local health officer; general powers and duties
  - A health officer appointed for multiple towns or villages must have the same rights, powers, duties, and obligations in each as if appointed separately by the local boards of health.

ADDITIONAL LAWS AND REGULATIONS

- PHL § 347 – County or part-county boards of health; powers and duties; rules and regulations
  - Once established, a county or district board of health will exercise the powers of local boards and may create rules and regulations for health and safety consistent the SSC.

ADDITIONAL LAWS AND REGULATIONS

- 10 NYCRR § 2.29 – other highly communicable disease
  - Whenever a case of a highly communicable disease comes to the attention of the city, county or district health officer, he shall isolate such patients as in his judgment he deems necessary.
  - This regulation gives broad authority to health officers to make determinations based on individual circumstances that he or she may seem necessary to prevent the transmission of communicable diseases.

Powers & Responsibilities

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POWERS & RESPONSIBILITIES OF LHDS

- Pursuant to PHL and the SSC, LHDs have the primary responsibility to control disease within their jurisdictions, which also includes the authority to isolate and quarantine, where applicable.

- Power to isolate and quarantine is limited to the list of diseases in the SSC. However, it is important to note that the power to isolate and quarantine may at times be broader than statutory and regulatory authorities. Such powers may include the state's police powers.

Source: https://regs.health.ny.gov/volume-title-10/content/part-2-communicable-diseases

POWERS OF THE LOCAL HEALTH COMMISSIONER

- Pursuant to PHL § 352, a county health commissioner must exercise general supervision and control of the medical treatment of patients in the institutions, public health centers, and clinics within its district.

- Enforcing and being cognizant of the SSC falls within the local health commissioner's duties.

KNOWLEDGE CHECK - TRUE OR FALSE?

Local health boards and health officers are authorized to make decisions in their judgment to prevent the transmission and spread of communicable diseases listed under the Part 2 of Title 10 of the NYCRR.

KNOWLEDGE CHECK ANSWER

TRUE!

Pursuant to Public Health Law § 2100, every local board of health and every health officer must guard against the introduction of communicable diseases set forth in the sanitary code, by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases.

Isolation & Quarantine

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ISOLATION

Pursuant to PHL § 2100, every local board of health and officer must guard against any communicable diseases listed under the sanitary code, by exercising proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases.

PHL §§ 2120 – 2124 lays out all the laws that are pertinent to communicable diseases.

QUARANTINE

PHL § 2100 has been utilized historically by local health officials to authorize the quarantine of individuals.

1) Every local board of health and officer must guard against communicable diseases designated in the sanitary code, by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases.

2) A health officer may prohibit and prevent any type of interaction and communication with or use of infected premises, places, and things.

DEFINITIONS

Isolation: the separation from other persons, in such places, under such conditions, and for such time, as will prevent transmission of the infectious agent, of persons known to be ill or suspected of being ill.

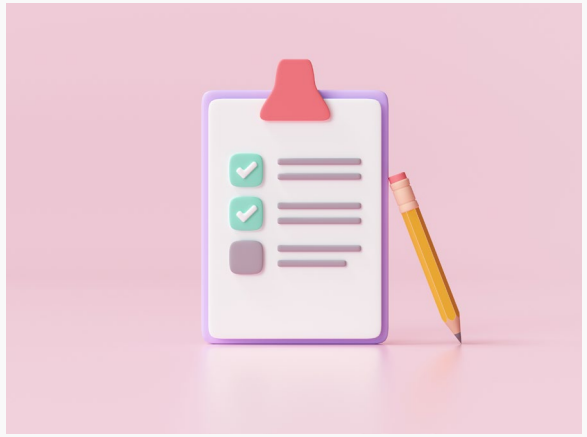
Quarantine: except as specified elsewhere in the SCC, the following are prohibited:

(1) Entry or exit from premises designated by the health officer where a communicable disease case exists, except for medical staff or those authorized by the health officer

(2) Removal of any article that may be contaminated, unless disinfected and with permission from the local health officer.

OVERARCHING I&Q CONSIDERATIONS

- **Least restrictive measures** to achieve the purpose of preventing transmission of communicable diseases.
  - This often means attempting to have the individual person(s) agree to voluntarily isolate and quarantine. However, this might not always be feasible.



- It is important to **document** the basis for seeking involuntary I&Q.
  - Should include any attempts to have the person or persons voluntarily agreeing to I&Q.

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LHDS CONSULT THEIR ATTORNEYS

Important: When contemplating use of isolation and quarantine powers, is it recommended that local health officials should obtain advice from their own legal counsel to discuss due process concerns.

CONSULT THE STATE DEPARTMENT OF HEALTH

While it is recognized that LHDs have the primary authority and responsibility for disease control in their respective jurisdictions, the Department recommends that LHDs **consult with the NYS Department of Health** before implementing I&Q measures, particularly in instances where there is a potential for a large outbreak, or an unusual disease is involved.

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KNOWLEDGE CHECK - TRUE OR FALSE?

When a patient is infected by a communicable disease, the most restrictive isolation and quarantine approach possible must always be practiced to assure public health and safety.

KNOWLEDGE CHECK ANSWER

FALSE!

Due process requires that voluntary isolation or quarantine is sought before attempting to use the most restrictive means. Documentation should be kept of evidence and notes that lead to involuntary isolation or quarantine.

Voluntary and Involuntary Isolation & Quarantine

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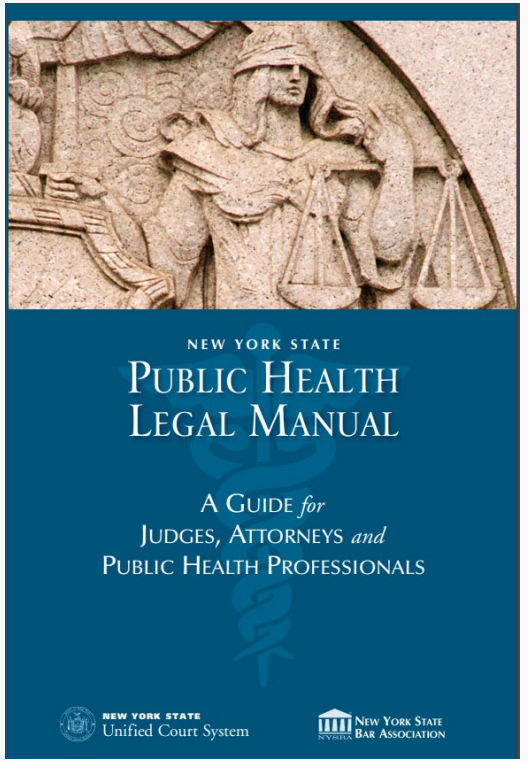
VOLUNTARY I&Q - PART OF DUE PROCESS

Due process includes the patient's right to voluntarily isolate or quarantine, which is generally preferred over involuntary measures. This can involve a notice of the requirements and consequences of non-compliance, with possible daily check-ins by the local health officer.

As mentioned in the ***New York State Public Health Legal Manual***, voluntary isolation is a practical approach that respects personal choice, avoids unnecessary detention costs, and may be constitutionally required as a less restrictive option.



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DUE PROCESS FOR NON-COMPLIANT PATIENTS

PHL § § 2120 and 2124 addresses due process requirements afforded to noncompliant individuals who are carriers or “afflicted” with a communicable disease. Specifically, to commit such an individual to a hospital or institution the:

1. Health officer is required to investigate and file a complaint with a court.
2. Individual to be provided with “due notice and a hearing.”
3. Individual may appeal to any court having jurisdiction for a review of the evidence upon which the commitment was made.

Note: *The provisions of these sections of the law do not apply to New York City.*

Health Orders

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ISSUING A HEALTH ORDER

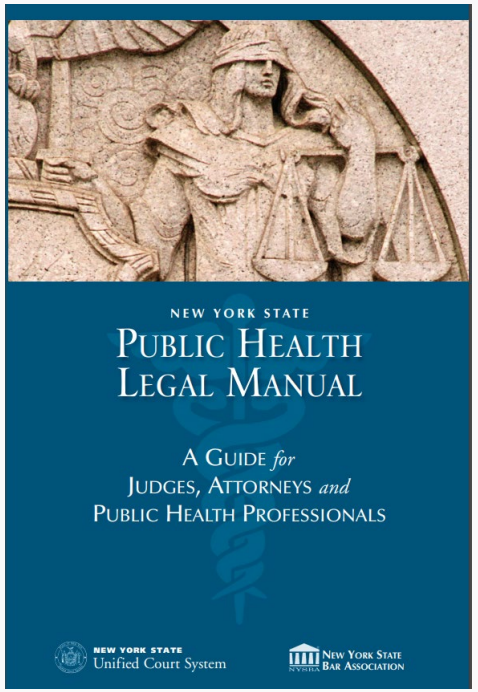
a. Authority for orders flows from the authority of the local health officer to "enforce" the PHL and SSC.

   i. PHL § 308(d): power of local boards of health to make orders consistent with the SSC, for enforcement of PHL.

   ii. PHL § 324(1)(e): power of local health officer to enforce the PHL and SSC.

ELEMENTS OF A LEGAL I&Q ORDER

- Public Health Law and the State Sanitary Code does not specify what must be contained in a health order. However, the ***New York State Public Health Legal Manual***, in accordance with procedural due process requirements established in case law for civil commitment cases, the following areas of content are recommended in a health order:
  - Reasons for the order, including by less restrictive means that were unattainable or unreasonable;
  - Conditions of I&Q;
  - Right to contact an attorney; *(*please note that the right to contact an attorney implies the right to have an attorney appointed if the affected individual cannot afford one. In this circumstance, the locality is responsible for this appointment)*
  - Procedures for administrative review of an order; and
  - Right to seek review of the order in court.



KNOWLEDGE CHECK – MULTIPLE CHOICE

Which of the following is **not** in the list as a recommendation in a health order?

A. Reasons for the order, including by less restrictive means that were unattainable or unreasonable.
B. The estimated cost of I&Q for the individual.
C. Conditions of I&Q.
D. Right to contact an attorney.
E. Procedures for administrative review of an order.
F. Right to seek review of the order in court.

KNOWLEDGE CHECK ANSWER

B!

A. Reasons for the order, including by less restrictive means that were unattainable or unreasonable.
~~B. The estimated cost of I&Q for the individual.~~
C. Conditions of I&Q.
D. Right to contact an attorney.
E. Procedures for administrative review of an order.
F. Right to seek review of the order in court.

Enforcement of a Health Order

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ENFORCEMENT OF A HEALTH ORDER

- Local jurisdictions determine how to enforce the PHL and SSC, with many enforcement procedures outlined in local ordinances. Relevant PHL provisions include:
  - **Civil enforcement**: Local boards can impose penalties up to $1,000 for violations (PHL § 309(1)(f)).
  - **Criminal enforcement**: Violating a local health officer's order is a misdemeanor (PHL § 12-b).

NON-COMPLIANCE OF A HEALTH ORDER

- Local health officers will seek a court order where they believe there will not be voluntary compliance with a health order.

- However, it is noteworthy that in many jurisdictions, local health officers may seek a court order as a matter of course without ever issuing a health order in the first place.

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Discharging an Individual from a Hospital or other Healthcare Facility/Entity

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DISCHARGE OF A PATIENT

- Pursuant to PHL § 2123, the chief medical officer of hospital or institution must sign a statement confirming the patient followed hospital rules and can be safely discharged. This includes a determination that the patient is not a danger to the health or life of others.

- The discharge, along with the reasons and proper documentation, must be reported to the local health officer and the hospital's governing board.

THANK YOU! QUESTIONS?

Polling Question:

On a scale of 1 to 5, with 5 being the most knowledgeable, rate your knowledge level about isolation and quarantine in New York State?

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THANK YOU! QUESTIONS?

Questions?

Please enter your questions and comments in the Chat Box

(Please complete the Post Event Survey following the webinar!)

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Resources

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I&Q RESOURCES

- ***** Your Local Health Department legal counsel *****
- New York State Public Health Legal Manual (first edition; 2011): https://www.nycourts.gov/whatsnew/pdf/publichealthlegalmanual.pdf
- New York State Public Health Legal Manual (second edition; 2020): https://nysba.org/app/uploads/2020/04/New-York-State-Public-Health-Legal-Manual-2nd-Ed-417920E.pdf
- Article 21 of the Public Health Law: https://law.justia.com/codes/new-york/pbh/article-21/ *(Please contact your Local Health Department legal counsel to ensure you have access to the most current law.)*
- Part 2 of Title 10 of the NYCRR (also known as the State Sanitary Code): https://regs.health.ny.gov/volume-title-10/content/part-2-communicable-diseases

I&Q RESOURCES

- Centers for Disease Control and Prevention (CDC). National Notifiable Diseases Surveillance System (NNDSS). Surveillance Case Definitions for Current and Historical Conditions. Available from: https://ndc.services.cdc.gov/

- Centers for Disease Control and Prevention (CDC). Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health. Atlanta, GA: Centers for Disease Control and Prevention; 2018. [February 19, 2020]. Available from: https://www.cdc.gov/readiness/media/pdfs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

- Centers for Disease Control and Prevention (CDC). National Institute for Occupational Safety and Health (NIOSH). About Hierarchy of Controls. Available from: https://www.cdc.gov/niosh/hierarchy-of-controls/about/?CDC_AAref_Val=https://www.cdc.gov/niosh/topics/hierarchy/default.html

I&Q RESOURCES

- Centers for Disease Control and Prevention (CDC). Port Health: Travel Restrictions to Prevent the Spread of Contagious Disease. Available from: https://www.cdc.gov/port-health/travel-restrictions/index.html

- Cetron M, Maloney S, Koppaka R, et al. ISOLATION AND QUARANTINE: CONTAINMENT STRATEGIES FOR SARS 2003. In: Institute of Medicine (US) Forum on Microbial Threats; Knobler S, Mahmoud A, Lemon S, et al., editors. Learning from SARS: Preparing for the Next Disease Outbreak: Workshop Summary. Washington (DC): National Academies Press (US); 2004. Available from: https://www.ncbi.nlm.nih.gov/books/NBK92450/

- World Health Organization (WHO). Ethical considerations in developing a public health response to pandemic influenza: Technical report. Geneva, Switzerland; 2007. Available from: https://iris.who.int/bitstream/handle/10665/70006/WHO_CDS_EPR_GIP_2007.2_eng.pdf?sequence=1

OTHER QUESTIONS

For general legal questions to NYSDOH:
Email: DLAHouse@health.ny.gov
(email not appropriate for protected health information or any other sensitive information)

For specific case/outbreak related questions to NYSDOH:
Contact NYSDOH using normal communication channels (i.e., telephone, regional Epi Reps., secure document transfer, etc.)

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