

Minnesota Isolation and Quarantine Defense Panel

Training Module

Minnesota Judicial Branch

Minnesota Department of Health

November 6, 2008

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Presenters:

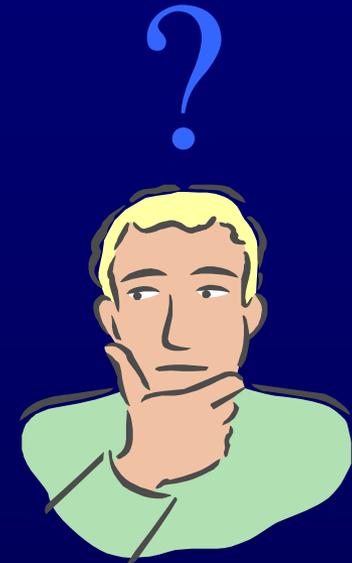
Isaac Kaufman, Contract Attorney

Kathy Como-Sabetti, Minnesota Dept. of Health

Jane Harper, Minnesota Dept. of Health

True or False:

- The state may place a person under quarantine even if that person exhibits no symptoms of a communicable disease.



Isolation v. Quarantine

“**Isolation**”: separation of a person who has **already been infected** with a communicable disease, in order to prevent the transmission of the infection to others.



Isolation v. Quarantine (cont'd)

“**Quarantine**”: restriction on the movement of an otherwise healthy person who has **been exposed** to a communicable disease, in order to prevent transmission in the event that the person has indeed been infected.

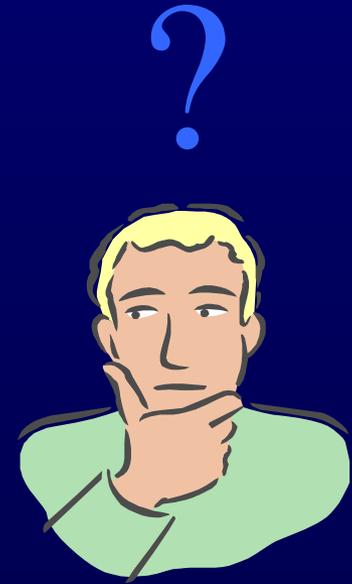


Historical Background: 2001 Anthrax Attacks

- 1st major bioterrorism attacks in U.S. history
- 5 dead, 17 sickened
- Massive evacuations, but no I/Q
- Increased attention to public health response to bioterrorism

**Q.: How many confirmed
SARS deaths were there
in the U.S.
during the 2003 outbreak?**

- (a) Zero
- (b) 8
- (c) 18
- (d) 80



Historical Background: 2003 SARS Outbreak

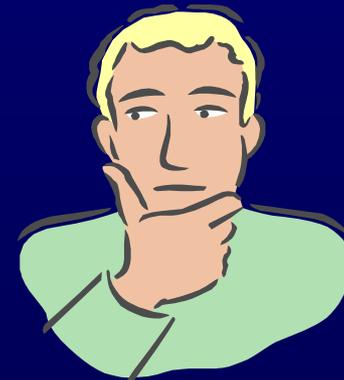
- Only 8 confirmed U.S. cases
- Worldwide: ~8,000 sick, 774 dead
- Toronto: 44 deaths; ~27,000 quarantined
- Focus on I/Q in response to pandemic outbreak

CDC Model State Emergency Health Powers Act

- Collaboration between CDC and Center for Law and the Public's Health
- ~Dec. 2001: states instructed to review public health laws for “target capabilities”
- Model statute included I/Q standards and procedures

Q.: Under Minnesota law, what is the maximum length of time that a person may be isolated or quarantined *without a court order*?

- (a) 36 hours
- (b) 48 hours
- (c) 7 days
- (d) 10 days



Minnesota's New I/Q Law

- Laws 2002, ch. 402, §§ 1-21
- Standards and procedures for I/Q, including strict timelines
- Stronger due process protections in Minnesota than under model statute – *e.g.*, shorter maximum length of I/Q by Health Commissioner's directive, without court order

Minnesota's I/Q Law: 2005 Amendments

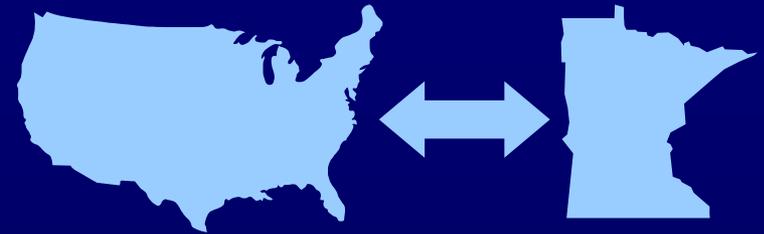
Minn. Stat. Secs. 144.419 & 144.4195

Added:

- Maximum length of temporary hold shortened to 36 hours
- Use of force by peace officers in implementing/enforcing I/Q order
- Steps to protect peace officers from communicable disease
- Temporary hold by Health Commissioner allowed only for “life-threatening” disease
- Health care facility may be directed to keep person(s) under I/Q
- Statute to be renewed/amended in 2009

Federal-State Relationship

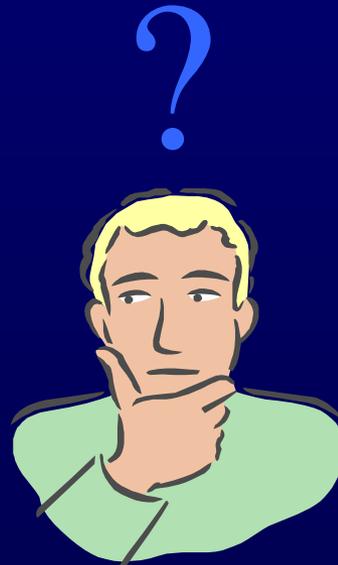
- Traditional area of state and local police powers
- Possible overlapping jurisdictions, *e.g.*, incoming flights
- When necessary, federal government may assist state in enforcing I/Q



Q: When may a federal quarantine be imposed?

- Limited to diseases listed in Executive Order
- International or interstate transmission
- Federal facilities
- Indian lands

Q.: When was the most recent federal quarantine?



Communicable Diseases Subject to the I/Q Law

- Caused by a living organism or virus
- Caused by bioterrorism or by new, previously controlled or eradicated infectious agent or toxin
- I/Q is an effective control strategy

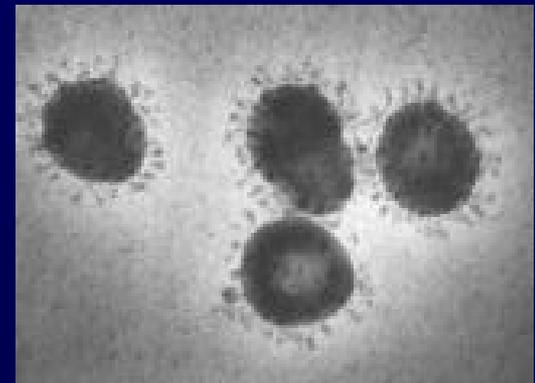


Image of SARS courtesy of CDC

Specific Exclusions from the I/Q Law:

- Sexually transmitted diseases
- Bloodborne diseases
- Diseases spread by skin contact

**Q.: What kinds of
public health emergencies
should we be prepared to face?**



Isolation and Quarantine: Minnesota Department of Health Perspective

Kathryn Como-Sabeti, MPH
Senior Epidemiologist
Minnesota Department of Health

Disease Characteristics and I/Q Implementation

- Transmissibility
- Case Fatality Ratio (CFR)
 - The proportion of people with a disease who die from the disease
- Treatment options and availability
- Vaccine availability

Minnesota Statute and Disease Characteristics

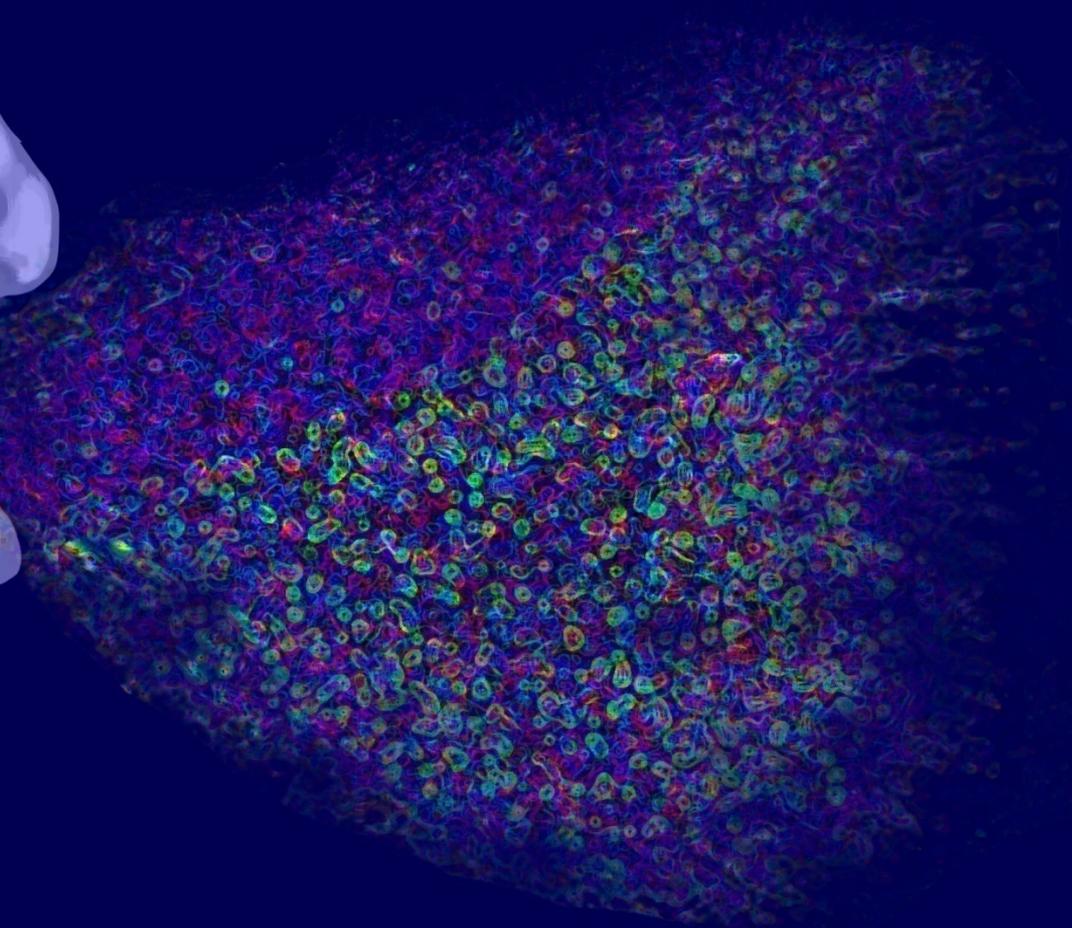
- Transmitted person to person = Transmissibility
- Isolation or quarantine is an effective control strategy = Transmissibility
- New or novel or previously controlled or eradicated agent = Characteristics associated with treatment and vaccine availability
- Not in the statute -- Case fatality ratio

Methods of Communicable Disease Transmission

- Terms used in healthcare settings:
 - droplet
 - airborne
 - contact
- Diseases can be spread by more than one route

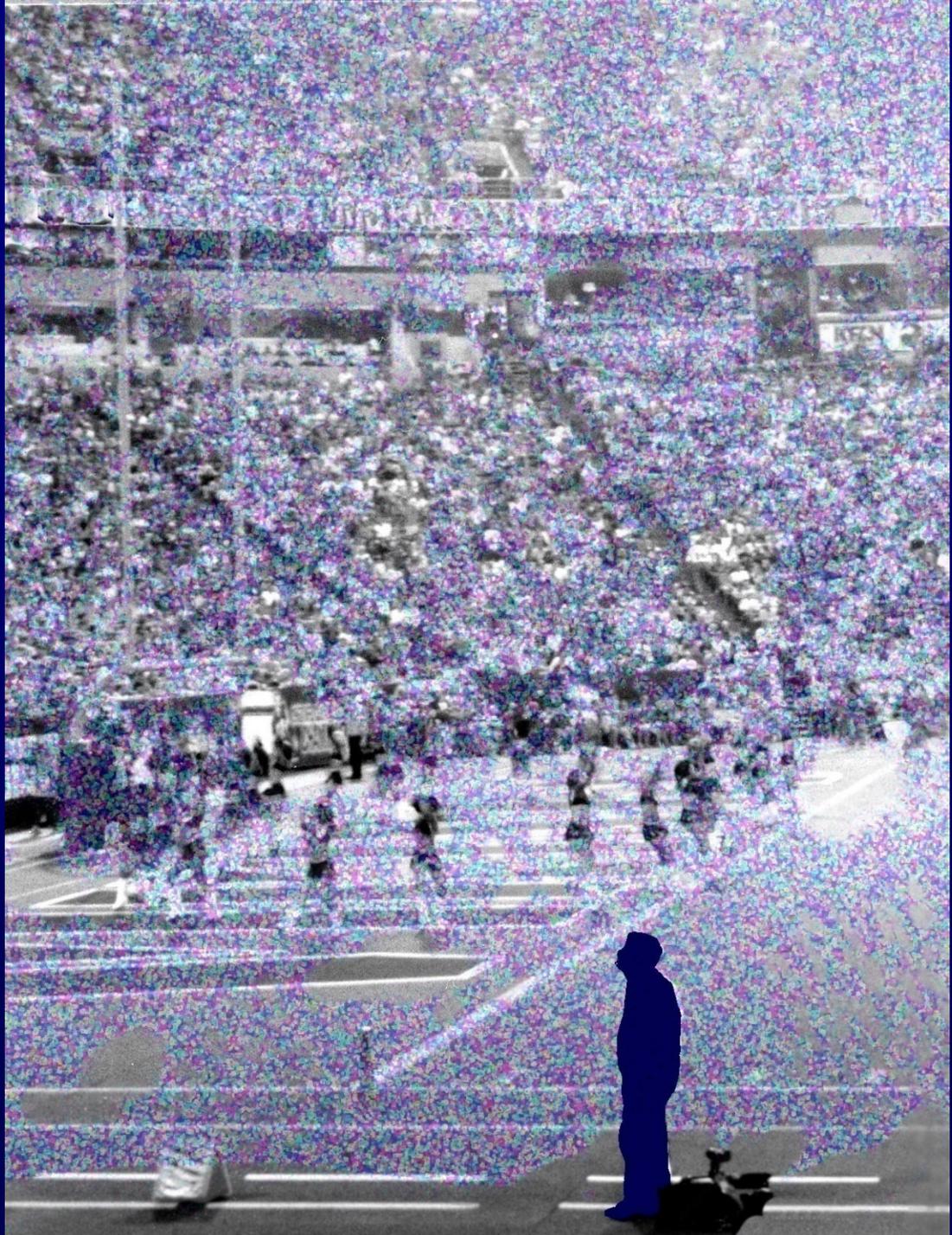
Droplet Transmission

- **Large respiratory droplets** enter the air when ill people cough, sneeze, or talk
- Generally travel **no more than 3 feet** (arm's length) and enter body through eyes, nose, or mouth
- Examples: seasonal influenza, pertussis (whooping cough)



Airborne Transmission

- **Small respiratory droplets** that enter the air when ill people cough, sneeze, or talk
- Can travel **longer distances** in the air and enter the lungs by inhalation (breathing)
- Known airborne diseases: TB, SARS, smallpox, monkeypox, chickenpox, measles





Contact Transmission

- Skin-to-skin contact or contact with body fluids or excretions
- Contact with contaminated objects
- Example: staph infections

Isolation

Isolation - informal

- Exclusion school, childcare, or work commonly recommended for infectious diseases
- No legal action or monitoring by public health

Isolation - statutory

- Rarely implemented
- Active monitoring by public health
- Supported by legal action

Quarantine

Quarantine

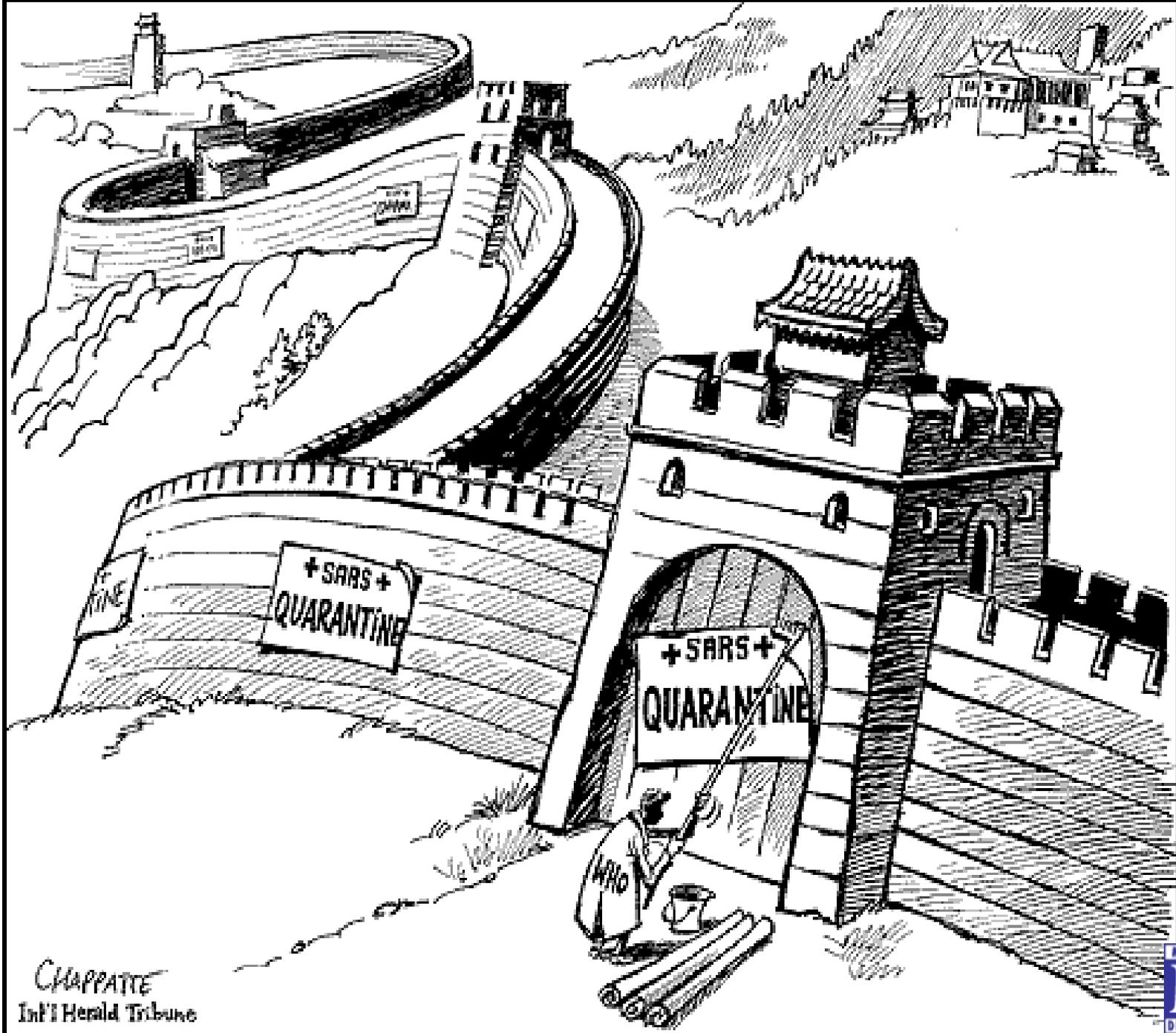
- Rarely implemented
- Active monitoring by public health
- Supported by legal action

Federally Quarantinable Disease List

- Communicable diseases for which I/Q may be federally mandated
 - cholera
 - diphtheria
 - infectious tuberculosis
 - plague
 - smallpox
 - yellow fever
 - viral hemorrhagic fevers
 - severe acute respiratory syndrome (SARS)
 - influenza caused by novel or re-emergent influenza viruses (added April, 2005)
- Additions require presidential executive order

Disease Example: I/Q Implementation

- SARS – Severe acute respiratory syndrome
 - Novel infectious disease
 - CFR: 10%
 - Transmitted by droplets
 - Contagious at symptom onset
 - No vaccine, supportive treatment only



CHAPPATTE
In't Herald Tribune

SARS Isolation/Quarantine

- Used aggressively in Ontario and Taiwan during the 2003 SARS worldwide outbreak
- Widest use of quarantine since 1918 influenza pandemic
- In Ontario
 - 249 people required isolation
 - Approximately 23,000 people quarantined at home
 - 99% voluntary quarantine
 - 27 legal orders
- Ontario was used as the model for Minnesota's I/Q monitoring protocol

Disease Example: I/Q Implementation

- Viral hemorrhagic fevers (e.g., Ebola, Marburg)
 - Novel infectious disease
 - Ebola first recognized in 1976
 - Marburg first recognized in 1967
 - CFR: Ebola 50-95%, Marburg 25-80%
 - Transmitted by contact with blood and body fluids
 - Contagious at onset of fever
 - No vaccine, supportive therapy

Disease Example: I/Q Implementation

- Measles
 - CFR: 0.3%
 - Airborne transmission
 - Contagious 1-2 days before symptom onset
 - Vaccine widely available, supportive therapy
- Immunocompromised people can not receive measles vaccine
- Pockets of non-vaccinated people among conscientious objectors
- Control of measles among non-vaccinated populations may require isolation and quarantine

Measles Transmissibility

An Outbreak of Measles at an International Sporting Event with Airborne Transmission in a Domed Stadium

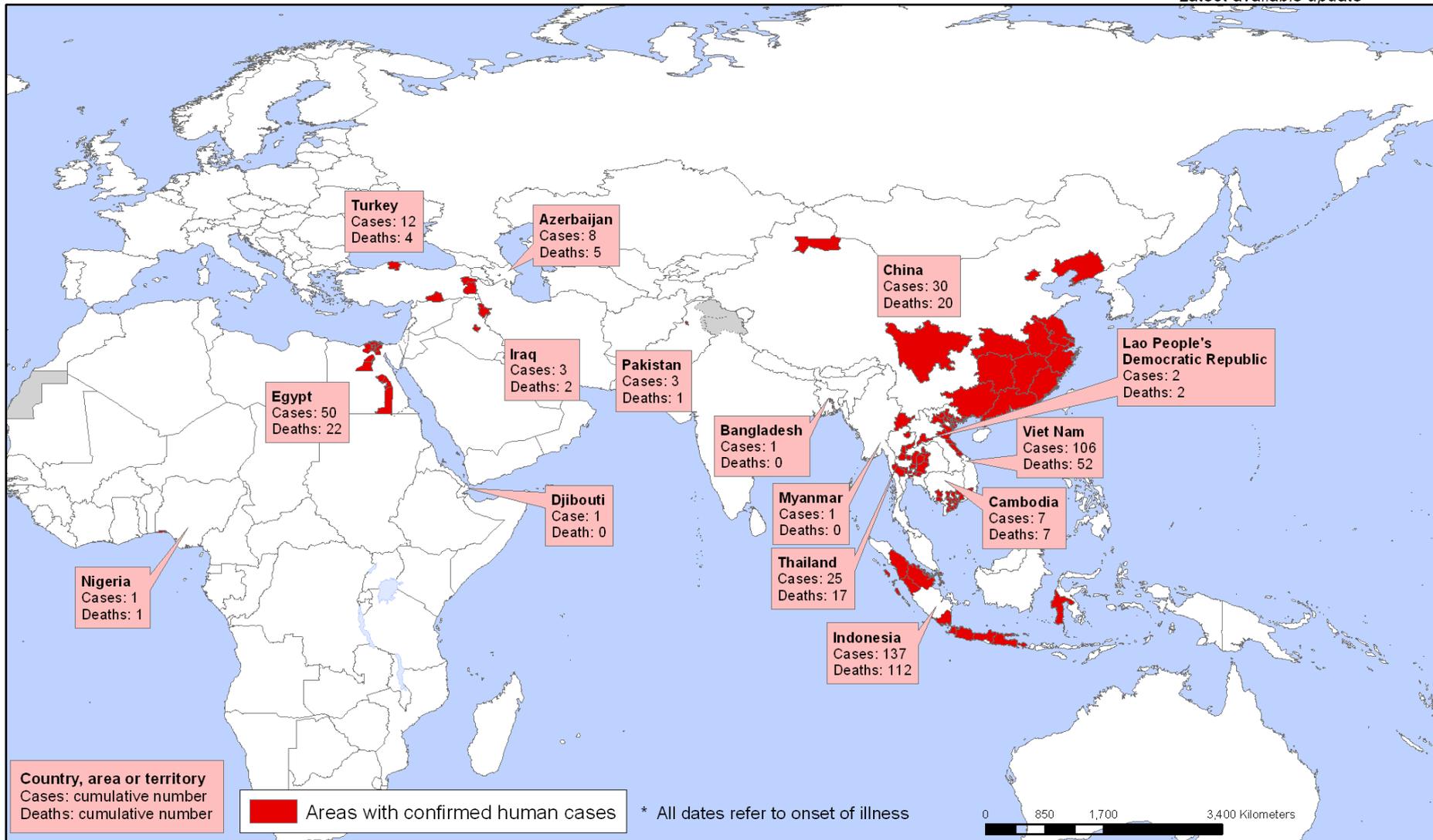
**Kristen R. Ehresmann, Craig W. Hedberg,
Mary Beth Grimm, Cheryl A. Norton,
Kristine L. MacDonald, and Michael T. Osterholm**

*Acute Disease Epidemiology Section and Acute Disease Prevention
Services Section, Minnesota Department of Health, Minneapolis*

An outbreak of measles occurred in conjunction with the International Special Olympics Games in the Minneapolis–St. Paul metropolitan area during July 1991. Sixteen outbreak-associated cases of measles were reported among US residents from seven states, with 9 additional cases resulting from subsequent transmission. The primary case was a track and field athlete from Argentina. Transmission occurred in three settings: the opening ceremonies in a domed stadium, track and field events, and first aid stations. Eight secondary cases had their only potential exposure at the opening ceremonies; 2 of these cases were unrelated spectators sitting in the same section of the upper deck >30.5 m above the athlete's entrance. These findings demonstrate that the risk of indigenous measles transmission associated with international events in the United States must be considered, even in areas without recent measles activity. Moreover, the dynamic airborne transmission of measles illustrates the potential for transmission in the absence of a recognized exposure.

Areas with confirmed human cases of H5N1 avian influenza since 2003 *

Status as of 10 September 2008
Latest available update



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2008. All rights reserved

Data Source: WHO
Map Production: Public Health Information and Geographic Information System (GIS)
World Health Organization

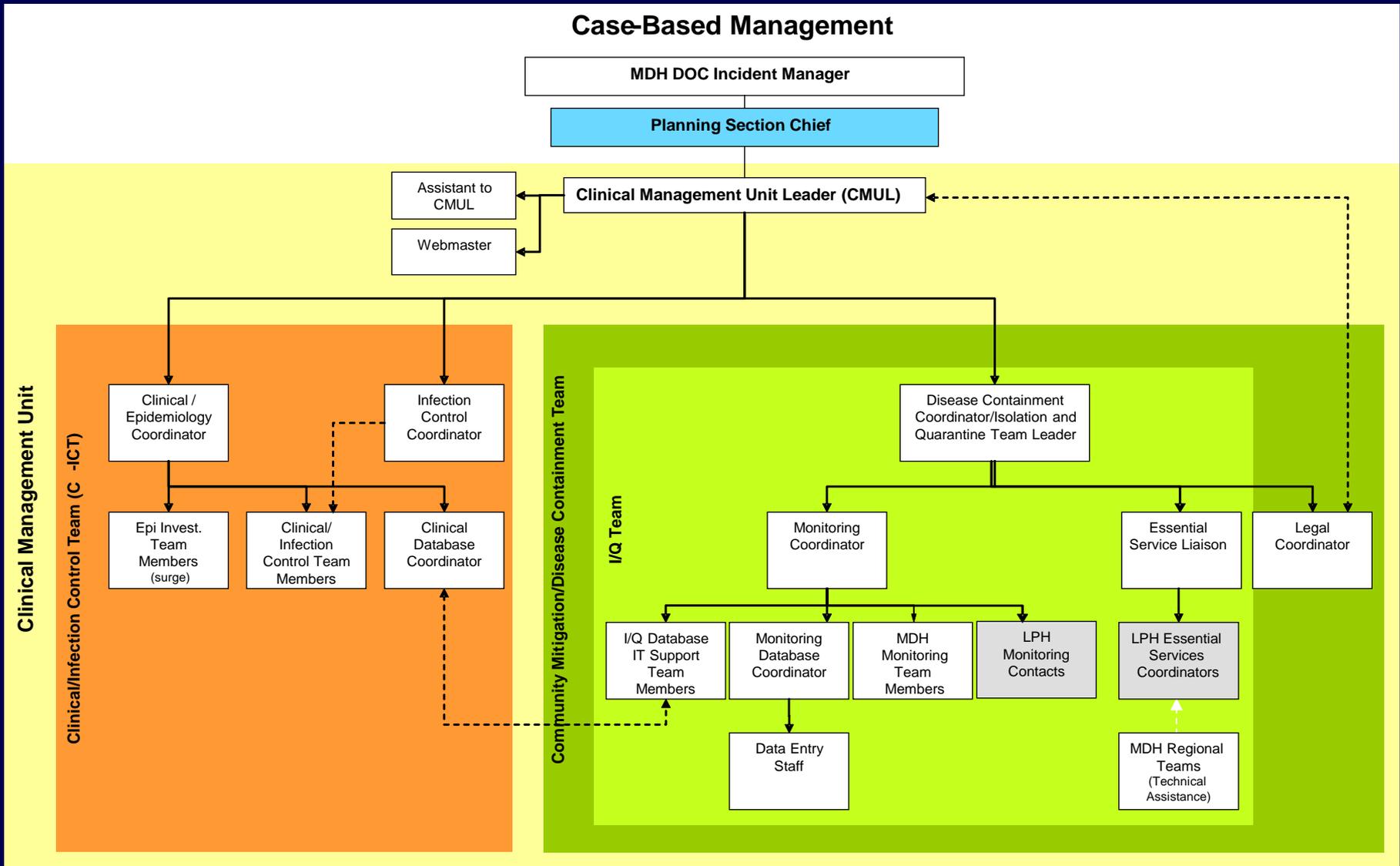
Disease Example: I/Q Implementation

- Pandemic Influenza
 - H5N1 CFR: 63% (through 9/10/2008)
 - Transmitted primarily by droplets
 - Seasonal influenza: contagious 1-2 days before symptom onset
 - Limited vaccine, limited treatment
- Currently H5N1 does not readily transmit person to person
 - Spread via fecal-oral route
 - Most cases have direct contact with infected birds

Disease Example: I/Q Implementation (cont.)

- Influenza viruses genetically re-assort
 - Season influenza – person to person transmission
 - H5N1 Influenza – high CFR
 - Novel Virus – person to person transmission + high CFR
- Specific characteristics of a pandemic influenza virus are not known

MDH Command Structure for Case-Based Management of an Infectious Disease Outbreak/Pandemic



I/Q Steps

1. Suspect case is reported to MDH by a healthcare provider
2. MDH nurse/epidemiologist obtains clinical and contact information concerning the suspect case
3. MDH nurse/epidemiologist may interview the suspect case/contacts for exposure history information and may request additional laboratory testing
4. MDH MD/nurse/epidemiologist recommends suspect case and/or contacts placed in isolation or quarantine
5. Commissioner determines isolation/quarantine

I/Q Steps (cont.)

6. Information about the person in I/Q is transferred to the Isolation/Quarantine Team
7. Person in I/Q will receive an orientation or “day zero” call. Call will be conducted with the person in I/Q and their caregiver (where applicable). The Day Zero call determine if the place of I/Q is appropriate and will inform the person of:
 - I/Q status
 - Restrictions
 - Infection control recommendations
 - Restricted entry consents needed
 - Monitoring program
 - Consequences of non-compliance

I/Q Steps (cont.)

8. Day Zero information would be mailed to the person in I/Q
9. Consents would be obtained by public health for family members who decide to remain in the place of I/Q
10. People in I/Q would typically receive 2 phone calls per day from public health to monitor their health status, essential service needs, and compliance with restrictions

Smallpox Hospital – Roseville, MN



21st Century Isolation/Quarantine Station



Monitoring Calls (for SARS, pandemic influenza)

- Two monitoring cycles per day (8am-12pm; 12pm-9pm) for people in isolation or quarantine
- For each cycle, up to 3 phone attempts will be made to contact the person being monitored
- If all 3 phone attempts fail, local public health will conduct a home check
- If 3 phone attempts and home check fail, the MDH Medical Legal Management Team will determine next steps

Monitoring Health Status

- During each monitoring call, people in I/Q would be asked their temperature and if they have new or worsening symptoms compatible with the disease
- If a temperature or new or worsening symptoms are reported the person would be referred to MDH epidemiologists/nurses for further follow-up

Essential Services

- Assurance of essential services is important for persons to comply with restrictions
- Essential services
 - specifically described in the statute
 - additions may include: thermometers, infection control supplies
- Essential services will be coordinated by local public health agencies
 - Coordination with volunteer and social service agencies encouraged

Hypothetical but Possible Situations where I/Q may be Implemented

Air Travel #1

- Clusters of H5N1 influenza are reported in Southeast Asia with person to person transmission
- A passenger from the flight from Tokyo to Minneapolis/St. Paul has a sudden onset of influenza symptoms within 2 hours of arriving at his home
- Within hours the passenger is admitted to HCMC
- CDC identifies travelers on the Tokyo to MSP flight, notifies state health departments and provides passenger contact information
- Minnesota residents are screened by MDH via phone for symptoms and are quarantined for 10 days following the flight (i.e., exposure)

Air Travel #2

- Clusters of H5N1 influenza are reported in Southeast Asia with person to person transmission
- A passenger from the flight from Tokyo to Minneapolis/St. Paul has a sudden onset of influenza symptoms during flight
- The captain contacts CDC. CDC performs an initial evaluation of the passenger upon arrival
- The passenger is admitted to a local hospital
- CDC issues a quarantine order
- Passengers are held at the airport, evaluated for symptoms and asked questions regarding their residence

Household Exposure

- Michelle recently immigrated from the Democratic Republic of Congo where a recent outbreak of Ebola has been reported and moves into an apartment with her sister, Judith
- 10 days after Michelle's arrival she has a sudden onset of a fever, fatigue, muscle aches, and headache; one day later she develops a rash, vomiting and diarrhea
- Judith has been caring for Michelle and reports that at one point Michelle's vomit that contained blood sprayed into her eyes
- Michelle is hospitalized, Judith is placed in home quarantine

Community Gathering Exposure

- Some parents who attend the same church decide to not vaccinate their children against measles because they believe it is better to get natural disease
- A group of church members travel to northern India on a mission trip to build schools
- After returning from India a family attends service and a church luncheon
- The following day, one child has the onset of symptoms compatible with early measles (cough, conjunctivitis, runny nose and fever). The child is seen by a physician who diagnoses a cold.

Community Gathering Exposure (cont.)

- A day later, the child develops a rash and is taken to the emergency room where the physician suspects measles
- MDH is notified and based on the clinical presentation, vaccine history, and exposure information determines that measles is likely. MDH recommends that all children and adults who are susceptible to measles be vaccinated in the next 24 hours
 - Post exposure vaccination is effective within 72 hours
- MDH obtains a list of church members who attended services

Community Gathering Exposure (cont.)

- The following day laboratory testing confirms measles
- The church minister calls MDH expressing concern that of most of the unimmunized children's parents have decided to not post-exposure vaccinate their children and that as many as 75 children in the congregation are susceptible
- MDH quarantines susceptible church members who were exposed during the service/luncheon

Group Quarantine

- A flight with 250 passengers from MSP to Duluth is delayed after boarding and prior to landing and arrives in Duluth approximately 5 hours later
- An ill passenger has moved throughout the cabin during the flight
- When asked about his illness the flight attendants learns he has been visiting family who are ill in China where there currently is a SARS cluster
- The flight attendant informs the captain who contacts MDH (via air traffic control)
- The plane lands 30 minutes after MDH is notified

Group Quarantine (cont.)

- MDH makes arrangements for the ill passenger to be evaluated at a local hospital
- MDH obtains a group quarantine order for passengers on the plane
 - Once person information can be obtained the group order is lifted

Conclusions

- Disease characteristics influence the likelihood of I/Q being used as a disease prevention and control strategy
- SARS outbreak in 2003 provided valuable lessons learned regarding I/Q and a model for I/Q planning
- MDH has developed plans for implementation of I/Q and monitoring people in I/Q

Acknowledgements:
Jane Harper
Franci Livingston

Thank you!

THIS AREA IS UNDER QUARANTINE

**EXTREME FORCE WILL BE USED IN
THE DEFENSE OF THIS AREA.**

**We are in the process of
cleansing the area of infection.**

**With your patience and cooperation
we will be able to accomplish this
heavy task as soon as possible.**



Conditions of I/Q

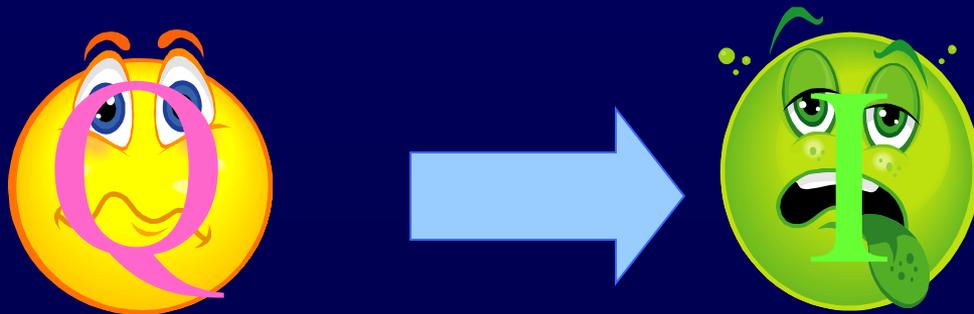
- Location of I/Q must be the **least restrictive means available** to prevent the spread of communicable disease.
 - At home whenever possible
 - Health care facilities
 - Other locations as circumstances require

Conditions of I/Q (cont'd)

- Other minimum required conditions:
 - Regular monitoring
 - Essential needs: medical care, food, clothing, shelter, contact with the outside world
 - Safety and hygiene

Reclassification from Quarantine to Isolation

- **Required** whenever person under quarantine becomes infectious
- Does not necessarily mean change in location



Right to Refuse Treatment

- Fundamental right of all persons subject to I/Q...

BUT

- ...infected person who refuses treatment may be placed under continued I/Q

Entry Onto I/Q Premises

- Family member has right to enter, but must sign consent form
- Requires **authorization by Health Commissioner**
- Person entering may be placed under I/Q
- What about lawyers?

Release from I/Q

- Upon expiration of temporary hold directive or court order

OR

- If Health Commissioner determines I/Q no longer necessary to protect the public



Questions & Answers

Lunch Break



I/Q Procedures: Right to Court-Appointed Counsel

- At all I/Q hearings and on appeal
- At Health Dept.'s expense
- For everyone, or only indigent?
- Representation of similarly situated group

I/Q Procedures: Temporary Hold Directive

- By Health Commissioner **only** – non-delegable
- When delay would **significantly jeopardize** Commissioner's ability to **prevent or limit transmission** of communicable life-threatening disease
- Expires automatically after **36 hours**

I/Q Procedures: *Ex Parte Order*

- Health Commissioner must file application **immediately** after issuing temporary hold directive
- Ramsey County District Court has statewide jurisdiction – Health Department intends to proceed there

I/Q Procedures: *Ex Parte* Order (cont'd)

- Evidence taken by phone, fax, or other electronic communication as well as live testimony
- Order issues if **probable cause exists** to believe I/Q warranted to protect the public health
- Ruling w/in **24 hours** of application
- In effect up to **21 days** from issuance

I/Q Procedures: Hearing to Have I/Q Lifted

- May be requested while temporary hold directive or *ex parte* order in effect
- Request by any means feasible
- No filing fee
- Request does not stay underlying directive or order
- Hearing w/in **72 hours** of request, in Ramsey County or elsewhere
- Evidence may be taken live or by interactive electronic means

I/Q Procedures: Hearing to Have I/Q Lifted (cont'd)

- Health Commissioner must show by clear and convincing evidence I/Q is **warranted to protect the public health**

I/Q Procedures: Hearing to Extend I/Q Beyond 21 Days

- MDH may petition by any feasible means
- Notice of hearing **served** at least 3 days prior, or posted for large group
- Notice includes:
 - date/time/place of hearing
 - reason(s) for proposed extension
 - right to appear
 - right to attorney



I/Q Procedures: Hearing to Extend I/Q Beyond 21 Days (cont'd)

- Hearing held in Ramsey County or elsewhere
- Evidence may be taken live or by interactive electronic means
- Order for extension of I/Q requires **clear and convincing evidence** that lifting I/Q would pose an **imminent health threat to others**
- Extension of up to **30 days**, w/ additional extensions as warranted

I/Q Procedures: Hearing to Challenge Conditions of I/Q

- Person under I/Q may request at any time
- Hearing w/in **seven days** of request
- Same procedures as other hearings
- Request does not affect terms of order
- Orders based on **clear and convincing evidence**, bringing conditions into compliance w/ I/Q law

Model Pleadings

Non-English Speakers

- Foreign language speakers not proficient in English
- Disabled in communication
- Qualified interpreter must be provided throughout I/Q proceeding

Native Americans

- Minnesota I/Q law is **not applicable** to Native Americans in Indian country
- Fully applicable to Native Americans outside Indian country

Minors Under I/Q

- No special provisions
- Priority: make sure child is cared for, but prevent further exposure
- Parent or guardian retains right to make medical and legal decisions
- No authority for guardians *ad litem*



Violations & Remedies

- **No specific penalties**
- Civil & criminal contempt
- Misdemeanor liability for **willful** exposure to infectious disease (Minn. Stat. Sec. 145.36)

Q: How Will Panelists Be Protected From Communicable Diseases?

A: If an attorney in an I/Q proceeding requests information regarding recommended protective measures, the Dept. of Health is required to provide that information.

Infection Prevention

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Acute Disease Investigation and Control Section
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November 6, 2008

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Basis for Infection Prevention Recommendations

- Infection prevention recommendations are based on:
 - Transmissibility
 - Routes of transmission
 - Contact
 - Droplet
 - Airborne
 - Portal of entry
 - Respiratory
 - Skin
 - Mucus membranes
 - GI tract

Basis for Infection Prevention Recommendations (cont.)

- Susceptibility of Host
 - Previous infection
 - Vaccination status
- Pathogen environmental survival factors
 - Temperature
 - Humidity
 - Porous vs non-porous surface

Methods to Prevent/Reduce Transmission

- Most effective prevention measure:

Avoid or minimize exposure to infected or potentially infectious people

- Routinely recommended infection prevention strategies
 - Hand hygiene (contact)
 - Respiratory protection (droplet, airborne)
 - Gloves (contact)
 - Environmental cleaning and disinfection (contact, droplet, airborne)
 - Respiratory hygiene and cough etiquette (droplet, airborne)
 - Cover your cough

Hand Hygiene

- Single-most effective way to prevent the spread of infection
- Use soap and water for 15 seconds
 - Liquid soap preferred over bar soap
 - Use paper towels or air dryers when possible, avoid sharing hand towels
- Alcohol-based hand sanitizer if hands are not visibly soiled



Caveat: Organic material inactivates alcohol, must wash to remove visible soil

Respiratory Protection

- Surgical mask
- Respirator

Surgical Mask



- Traps large droplets expelled by wearer
- Provides some protection from the wearer to those nearby
- Does not prevent inhalation of airborne particles
- Recommended for use by ill people when contact with healthy people is necessary

Respirators



- Designed to filter aerosols
 - Caveat: No respirator can guarantee full protection
- Effectiveness requires tight respirator-to-face seal
 - Facial hair prevents achieving adequate seal
- Must be used with other infection control measures
- Sized for adults; may not fit children adequately
- Difficult to wear for extended periods
 - Use for short-term situations where exposure is likely
- May be medically unsafe for some to wear
 - Those with some respiratory or cardiac conditions
 - Consult your healthcare provider

Fit-test vs Seal-Check

- Fit-test
 - Performed by trained fit-tester prior to use to determine best size, style, model or make to achieve acceptable fit to the wearer
 - Required by OSHA if respirator use is employer-mandated
- Seal-check
 - Self-check performed prior to each use
 - Ensures an adequate seal is achieved for each use
 - Place both hands over respirator
 - Exhale sharply
 - If air-leaks are detected, re-adjust respirator and recheck

OSHA Respiratory Protection Standard

- Employer-mandated use of respirators **requires** compliance with OSHA Respiratory Protection Standard
 - Medical evaluation prior to initial fit-testing
 - Annual fit-testing
- Medical evaluation
 - Not required for voluntary use of respirators
 - Determines employees medical ability to wear a respirator
 - Completed evaluation form is reviewed by RN or MD
 - Only those with identified concerns need to be seen

Resources

- **OSHA Respiratory Protection Standard**
www.osha.gov/SLTC/etools/respiratory/
- **MDH Respiratory Protection Resources**
www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/rpp/index.html
- **Medical evaluation: web-based or mail-in**
<http://multimedia.mmm.com/mws/mediawebserver.dyn?6666660Zjcf6IVs6EVs666HxCCOrrrrQ->
- **Fit check brochure**
www.kchealthcare.com/docs/H7393_Fit_Test_broch.a.pdf
- **NIOSH-approved disposable particulate respirators list**
www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html
- **FDA-approved respirators for use by the public during a public health emergency**
www.fda.gov/consumer/updates/respirators061107.html
 - Respirators have same properties as healthcare models
 - Packaging contains instructions for seal checking

Respirator Care

- Store in cool, dry place
- Protect from crushing
- NIOSH recommends single use
 - Consider re-use if necessary and respirator not physically damaged
 - Exterior may be contaminated; handle cautiously and wear gloves

Gloves



- Disposable, non-sterile
- Wear if contact is possible:
 - Blood or any body fluid
 - Contaminated items/surfaces
 - Open skin lesion
 - Mucous membranes (eyes, nose, mouth)
- Remove and dispose of gloves promptly after use
- Perform hand hygiene immediately
 - Glove use does not negate the need for hand hygiene

Cleaning and Disinfection

- Recommended workplace cleaning products
 - EPA-registered disinfectant
 - Follow manufacturer instructions for dilution, application and contact time
 - Bleach solution
 - 1 tablespoon household bleach: 1 quart water
 - Must be mixed fresh daily to be effective
- Wear disposable gloves during cleaning
 - Clean hands after removing gloves

Cleaning and Disinfection Procedures

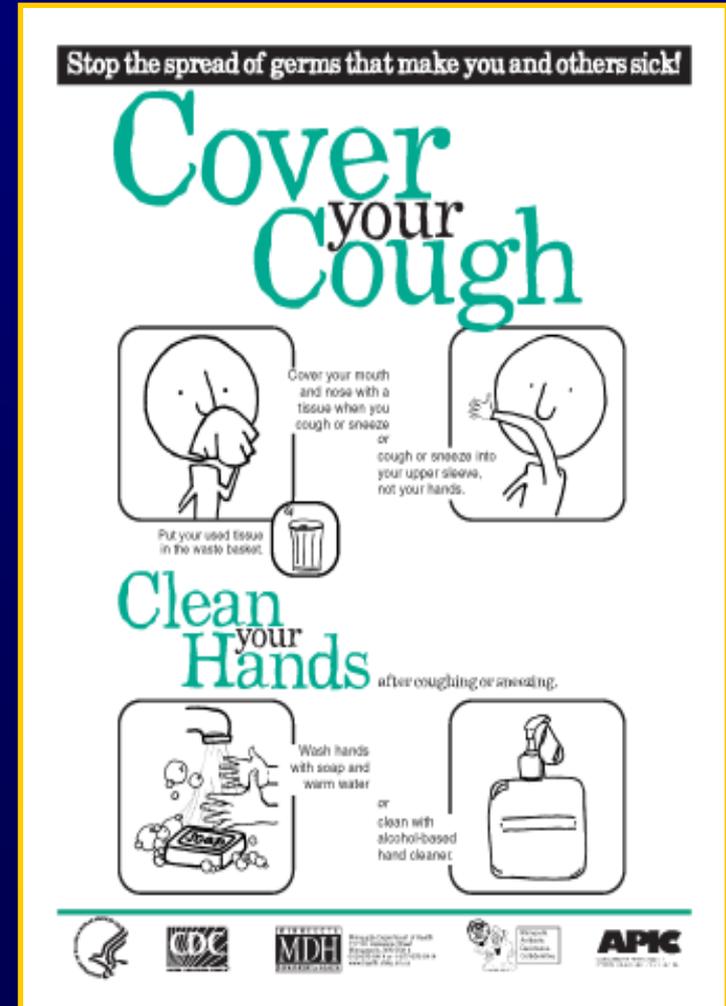
- Clean (remove visible organic material) and disinfect contaminated surfaces and items immediately
- Disinfect potentially contaminated, frequently touched surfaces and items daily
 - Desktops, door handles, stair rails, faucets, frequently touched surfaces, etc.
- Avoid sharing work areas, telephones or other equipment if possible

Cleaning and Disinfection Supplies

- Assure that the following supplies are readily available
 - Tissues
 - No-touch trash receptacle
 - Hand soap / alcohol-based hand sanitizer
 - Paper towels
 - Cleaning / disinfecting agents

Respiratory Hygiene and Cough Etiquette

- Respiratory hygiene
 - Use a tissue or your sleeve / upper arm
 - Dispose of tissue in waste can
 - Clean your hands!



Summary

- Infection prevention and control recommendations change based on:
 - Characteristics of the pathogen
 - Transmissibility
 - Infectivity
 - Routes of transmission
 - Susceptibility of the host
- MDH is available for infection prevention consultation
 - 651-201-5414, Toll-free 1-877-676-5414

Q: How Will Panelists Be Assigned?

A: When a person under I/Q requests a court-appointed attorney, the court will select and notify an attorney from the I/Q Defense Panel, and will provide that attorney with all necessary information regarding the assignment. Reasonable efforts will be made to distribute cases among the various panelists. If the person under I/Q retains private counsel at his/her expense, the court-appointed attorney will be discharged.

Q: May Medical Experts Be Retained in I/Q Cases?

A: Yes, but there is no authority for reimbursement of expert fees by the state.

Q: May A Court-Appointed Attorney Withdraw From Representation?

A: Yes, but the attorney must make a motion and obtain the court's approval to withdraw. Discharge of an attorney will be at the court's discretion, based on the facts of the public health emergency. The attorney's health or inability to provide representation will be considered valid reasons for withdrawal.

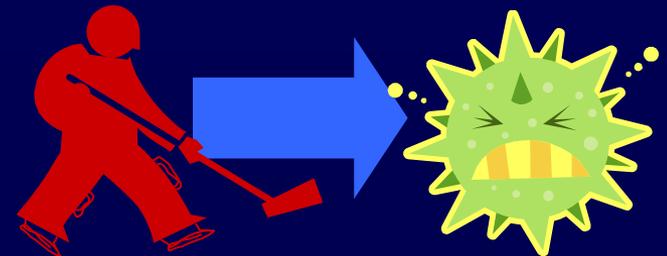
Questions & Answers

The Case of the Moorhead Hockey Team



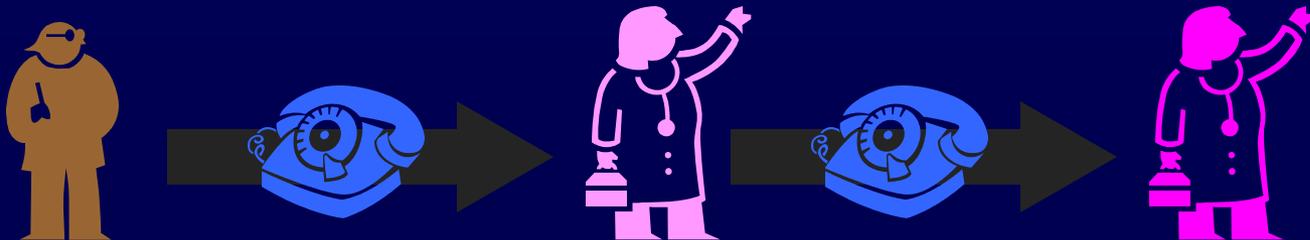
The Case of the Moorhead Hockey Team

- Following tournament in Colorado, Superintendent is informed of team's exposure to potentially life-threatening influenza virus



The Case of the Moorhead Hockey Team

- Superintendent contacts County Public Health Administrator, who contacts Minnesota Department of Health (MDH)



Hockey Team (cont'd)

- “**Communicable Disease**”
- Likely exposed, so confinement is necessary
- Delay would significantly jeopardize MDH’s ability to prevent or limit transmission



- **Temporary Hold Directive:**
Quarantine at high school athletic area

Hockey Team (cont'd)

- Notice posted in conspicuous place: right to hearing and to court-appointed attorney
- Notices to parents/guardians of minor players



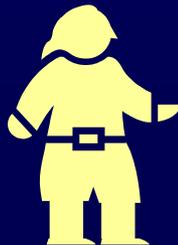
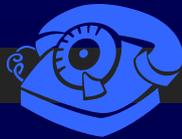
Hockey Team (cont'd)

- Public health officials authorized to enter quarantine area to supervise and to provide players' basic needs (food, medicine, clothing, hygiene)
- No one else allowed to enter
- Cell phone contact with outside world



Hockey Team (cont'd)

- AG's office immediately prepares application for **ex parte order**
- 36-hour window
- AAG contacts Ramsey County Court Administrator, who contacts on-call Judge, application submitted to judge by fax



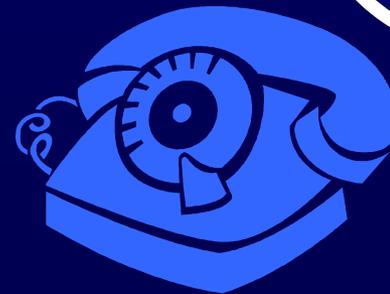
Hockey Team (cont'd)

- **Quarantine** expected to last up to 10 days
- Request for **ex parte order** to maintain quarantine up to 21-day maximum



Hockey Team (cont'd)

- Judge must rule within 24 hours
- Telcon with AAG,
Health Commissioner
and State Epidemiologist



Hockey Team (cont'd)

- Probable cause to believe quarantine is **warranted to protect public health**
- **Ex Parte Order:**
Quarantine up to 21 days, also advising players of right to hearing and to court-appointed attorney



Hockey Team (cont'd)

- *Ex parte* order posted in conspicuous place by County public health agency
- Copies delivered to parents/guardians of minor players
- Advised of anticipated length of quarantine



Hockey Team (cont'd)

- Two players develop flu-like symptoms
- Reasonable likelihood of infection



Hockey Team (cont'd)

- **New temporary hold directive:**
Players reclassified and moved to **isolation** at hospital
- **New *Ex Parte* Order:**
Maintain isolation up to 21 days



Hockey Team (cont'd)

- Legal guardians refuse treatment on behalf of minor player in isolation
- Guardians also exercise right to enter isolation area – sign consent form



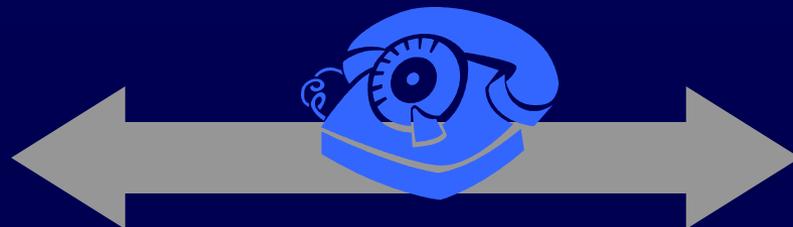
Hockey Team (cont'd)

- Parents of quarantined players petition Ramsey County District Court for hearing
- Request court-appointed attorney
- Other players and their parents/guardians agree to be parties to hearing
- I/Q Defense Panel attorney assigned to represent similarly situated group



Hockey Team (cont'd)

- Hearing scheduled within 72 hours of petition
- Court-appointed attorney communicates with clients by telephone to prepare for hearing



Hockey Team (cont'd)

- Hearing at Ramsey County Courthouse – players appear by telephone
- Interpreter provided
- Communicable disease expert retained by parents – not at MDH expense



Hockey Team (cont'd)

- **Players:**
“We’re perfectly healthy” 
- Conflicting testimony re: nature of disease and need to continue quarantine
- **Clear and convincing evidence quarantine is warranted to protect public health**
- **Petition denied—**
quarantine remains in effect



Hockey Team (cont'd)

- Petition to challenge conditions of quarantine
 - High school not least restrictive setting
- Hearing scheduled within 7 days of petition



Hockey Team (cont'd)

- Players again appear by telephone
– everyone else present in courtroom



Hockey Team (cont'd)

- **Petition granted–**

Clear and convincing evidence less restrictive setting would be sufficient to prevent transmission



Hockey Team (cont'd)

- Home setting meets quarantine area guidelines
- Players must remain home for remaining duration of quarantine



Hockey Team (cont'd)

- County public health officials authorized to enter home quarantine areas
- Caregivers for minors
- Regular monitoring of health conditions
- Other basic needs
(food, clothing, shelter, hygiene)



Hockey Team (cont'd)

- Player seen leaving quarantine area – police asked to intervene
- Recommended protective measures provided on request
- Reasonable force to apprehend and return to quarantine area
- County forgoes contempt proceedings



Hockey Team (cont'd)

- Commissioner determines:
**Quarantine no longer necessary
to protect public health**
- **Quarantine ends:**
Day 20 since initial confinement
at high school



Hockey Team (cont'd)

- For 2 players in isolation:
 - Commissioner petitions Ramsey County District Court for 30-day extension



Hockey Team (cont'd)

- Notice served 3 days before hearing: time, date and location of hearing, reasons for proposed extension, right to appear and right to court-appointed attorney



Hockey Team (cont'd)

- Attorney from I/Q Defense Panel assigned to represent players in isolation
- Recommended protective measures provided to court-appointed attorney on request



Hockey Team (cont'd)

- Motion to transfer proceeding to Clay County
- **Motion granted**
 - But same Ramsey County judge presides



Hockey Team (cont'd)

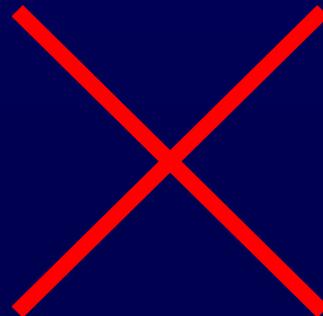


- **MDH Petition to Extend Granted:**
clear and convincing evidence release from isolation would pose imminent health threat to others
- Isolation maintained for up to 30 days from date of order
 - 2 players remain in isolation; 1 dies



Hockey Team (cont'd)

- MDH petitions for additional 30-day extension of isolation
- Court denies I/Q Defense Panel attorney's motion to withdraw
- Court grants second 30-day extension

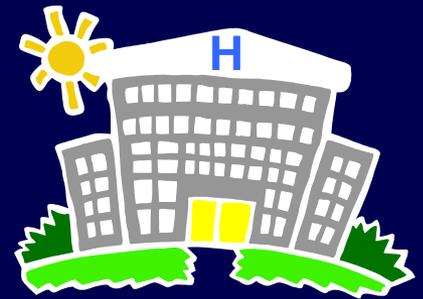


Hockey Team (cont'd)

- Commissioner later determines isolation not necessary to protect public
 - Isolation lifted



Small-Group Discussion



Conclusion





Court Administrator



judge



AG



AAG



State Epi



Health Commissioner



Court Appointed Attorney



IQ Defense Panel



School Official



Players



Ill Players



Parents



Interpreter



Public Safety



County PHN



Communicable Disease Expert



Physician