



Directed Health Measures Handbook

Implementation Guidance for Local
Health Departments for the Prevention
of Spread of Communicable Disease,
Illness, or Poisoning

Preface

This handbook was developed for Nebraska local health department directors by five scholars from the inaugural class of the Great Plains Public Health Leadership Institute:

- Chad Abresch - Program Manager, University of Nebraska Medical Center
- Joyce Crawford - Director, South Heartland District Health Department
- Terry Krohn - Director, Two Rivers Public Health Department
- Sue Medinger - Administrator, Nebraska Department of Health and Human Services Regulation and Licensure (NHHS R&L)
- Rebecca Rayman - Director, East Central District Health Department

In addition to these scholars the project team included two people who provided invaluable guidance and education on Nebraska public health law:

- Darrell Klein - Attorney, Nebraska Department of Health and Human Services Finance and Support, Legal Services
- Sarah Helming – Senior Law Student & Law Clerk with the Nebraska Department of Health and Human Services Finance and Support, Legal Services

We would like to acknowledge the public health workers who have traversed this path before us and left us with invaluable insight into directed public health measures. This handbook benefits from the lessons learned in previous public health emergencies such as the lessons that Toronto gave us in their outbreak of SARS, which is perhaps the most modern example of large scale human quarantine and isolation in the western world.

The handbook was developed in response to the Nebraska local public health departments' need for guidance and accurate information on how to prepare for and implement quarantine and isolation quickly. The handbook, like most public health emergency preparedness documents, is a living document in which resources can be added and shared as they are developed. We look forward to your input and welcome your comments on this handbook.

Questions, comments and additional information about this handbook should be directed to the Public Health Association of Nebraska (PHAN), PublicHealthNE@cs.com

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Implementation Guidance for Local Directives for the Prevention of Spread of Communicable Disease, Illness, or Poisoning

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I. Local Health Department Regulation Adoption

This section provides a road map and sample documents for adoption of public health regulations by the local health department board of health and county commissioner/supervisor boards.

Road Map for Public Health Regulation Adoption at the Local Health Department (LHD) and with Counties

1. Use the draft regulations that have been approved by the Nebraska Department of Health and Human Services Regulation and Licensure (NHHS R&L) shown as document I-B, page 6.
2. If possible request review and assistance from each County Attorney in the jurisdiction.
3. The following entities should see a draft of the regulations somewhat early in the process to avoid surprises:
 - a. Jurisdiction's Board of Health.
 - b. County Boards of Commissioners/Supervisors.
 - c. Director of the NHHS R&L. (This is completed if using the draft regulations shown as document I-B, page 6.)
4. Hold a public hearing on the draft regulations:
 - a. Minimum 10 days prior notice of public hearing by publication at least once in a newspaper(s) having general circulation in the county or district.
 - i. Sample newspaper public notice, see document I-C, page 14.
 - ii. Receive affidavits of publication from newspapers; see document I-D, page 15.
 - b. Display and follow the Open Meetings Act, Neb. Rev. Stat §§ 84-1407 to 84-1414.
 - c. Public hearings must be meaningful.
 - d. The Local Health Department must accept input from the public and be open to changing its draft regulations.
5. After updating the regulations based on the public hearing(s), the following entities approves/enacts/adopts the regulations. The order in which these events occur is not critical. There should not be any differences between the versions each adopts.
 - a. Jurisdiction's Board of Health (BOH) – documentation should be a written resolution passed by the BOH or a record made in the minutes that a roll call vote was taken and the regulations approved. See sample BOH Resolution, document I-E, page 16.
 - b. County Boards of Commissioners/Supervisors – documentation should be a written resolution or a record in the minutes that a roll call vote was taken and the regulations approved. See sample County Board Resolution, document I-F, page 17. See sample Board Motion, document I-G, page 18.
 - c. Director of Nebraska Dept. of Health and Human Services Regulation and Licensure – documentation will be a signed certificate by the Director of the Nebraska Department of Health and Human Services Regulation and Licensure. See sample certificate, document I-H, page 19.

DRAFT

May 2006 Draft

[Insert Name of Local Public Health Department]

Title ___ Chapter ___

Prevention of Spread of Communicable Disease, Illness, or Poisoning

001 Scope and Authority

These regulations are enacted pursuant to Neb. Rev. Stat. § 71-501, and 71-1626 *et seq.* and apply to the exercise of authority by the Department to order Directed Health Measures necessary to prevent the spread of communicable disease, illness or poisoning.

Nothing in these regulations precludes the Department from requesting voluntary compliance with beneficial health measures.

Nothing in these regulations precludes the Department from referring a matter covered by these regulations to the State Public Health Department at any time.

002 Definitions

Chief Medical Officer: means the state Chief Medical Officer appointed pursuant to Neb. Rev. Stat. § 81-3201, if the State Public Health Department Director is not a Medical Doctor.

Communicable Disease, Illness, or Poisoning: means an illness due to an infectious or malignant agent, which is capable of being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host or vector, or through the inanimate environment.

Decontamination: means the removal or neutralizing of contaminating material, such as radioactive materials, biological materials, or chemical warfare agents, from a person or object to the extent necessary to preclude the occurrence of foreseeable adverse health effects. Decontamination includes remediation or destruction of sources of communicable disease or biological, chemical, radiological or nuclear agents.

Department: means the [Insert Name of Local Public Health Department]

Directed Health Measures: means any measure, whether prophylactic or remedial, intended and directed to prevent or limit the spread of communicable disease or to prevent or limit public exposure to or spread of biological, chemical, radiological or nuclear agents.

Director: means the Director of the [Insert Name of Local Public Health Department], or a person acting on behalf of the Director as his or her designee.

Health Care Facility: means any facility licensed under the Health Care Facility Licensure Act, and shall include such additional clinics or facilities not licensed under that act as may be identified in specific orders issued pursuant to these regulations.

Health Care Provider: means any credentialed person regulated under the Advanced Practice Registered Nurse Act, the Emergency Medical Services Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Licensing Law, or Neb. Rev. Stat. §§ 71-3702 to 71-3715.

Isolation: means the separation of people who have a specific communicable disease illness or poisoning from healthy people and the restriction of their movement to stop the spread of that disease, illness or poison. In circumstances where animals are agents of spread of communicable disease, illness or poisoning, isolation may apply to such animals.

Local Public Health Department: means a local public health department as defined by Neb. Rev. Stat. § 71-1626 and its governing officials.

Personal Protective Equipment (PPE): means equipment ordered or used to protect an individual from communicable disease, illness or poisoning.

Premises: means land and any structures upon it.

Public Health Authority: means any individual or entity charged by law with a duty or authority to enforce or carry out a public health function.

Quarantine: directed to identified individuals or defined populations means the restriction of, or conditions upon, the movement and activities of people who are not yet ill, but who have been or may have been exposed to an agent of communicable disease, illness, or poisoning and are therefore potentially capable of communicating a disease, illness, or poison. The purpose is to prevent or limit the spread of communicable disease, illness or poison. Quarantine of individuals or defined populations generally involves the separation of the quarantined, from the general population. In circumstances where animals are agents of spread of communicable disease, illness or poisoning, quarantine may apply to such animals.

Quarantine and isolation: These terms *both* include restriction of, or conditions upon, the movement and activities of people to prevent or limit the spread of communicable disease, illness or poisoning. In circumstances where animals are agents of communicable disease, illness or poisoning, either term may apply to such animals.

Quarantine Officer: means the statutorily established quarantine officer for a municipality or county, usually the chief executive or top law enforcement officer.

Quarantine of premises: means restriction of the movement of all people and animals upon, into or out from those premises to prevent or limit the spread of communicable disease or illness or to prevent or limit public exposure to or spread of biological, chemical, radiological or nuclear agents.

State Public Health Department: means the Nebraska Department of Health and Human Services Regulation and Licensure or its successor.

003 Findings

A. When the Director receives information from:

1. The United States Department of Health and Human Services Centers for Disease Control and Prevention;
2. The State Public Health Department;
3. Any other Local Public Health Department;
4. Communicable disease surveillance conducted by the [Insert Name of Local Public Health Department]; or
5. Treating health care providers or health care facilities

that a member or members of the public have been, or may have been exposed to a communicable disease, illness or poisoning by biological, chemical radiological or nuclear agents, the Director will review all information under the following provisions to determine if any Directed Health Measure should be ordered.

B. Before ordering a Directed Health Measure, the Director:

1. Must find both:
 - a. that a member or members of the public have been, or may have been exposed; and
 - b. that Directed Health Measures exist to effectively prevent, limit or slow the spread of communicable disease or illness or to prevent, limit or slow public exposure to or spread of biological, chemical, radiological or nuclear agents; and
2. Must find one or more of the following:
 - a. that the exposure presents a risk of death or serious long-term disabilities to any person;
 - b. that the exposure is wide-spread and poses a significant risk of harm to people in the general population; or
 - c. that there is a particular subset of the population that is more vulnerable to the threat and thus at increased risk; and
3. May make further finding, in assessing the nature of the risk presented:
 - a. Whether the threat is from a novel or previously eradicated infectious agent or toxin;
 - b. Whether the threat is or may be a result of intentional attack, accidental release, or natural disaster; or
 - c. Whether any person(s) or agent(s) posing the risk of communicating the disease are non-compliant with any measures ordered by a health care provider.

C. If affirmative findings are made pursuant to subsection 003 B. and the Director further finds that a delay in the imposition of an effective Directed Health Measure would significantly jeopardize the ability to prevent or limit the transmission of a communicable disease, illness or poisoning or pose unacceptable risks to any person or persons, the Director may impose any of the Directed Health Measures set out in section 004.

The Director's findings will be reported to the State Public Health Department Communicable Disease Control program.

The Director may refer the findings to the Director of the State Public Health Department and defer to that Director for the imposition of measures under the State Public Health Department's authority.

004 Directed Health Measures

A. Directed Health Measures which may be ordered by the Director are:

1. Quarantine:
 - Of individuals,
 - Of defined populations,
 - Of buildings and premises, or of defined areas, public and private, or
 - Of animals

The methods of quarantine may require the individual or population to remain within or outside of defined areas (*cordon sanitaire*) or to restricted activities, which may include "work quarantine" restricting individuals or defined populations to their residence or workplace.

In the event that the quarantine of affected premises posing an immediate threat to the public health and safety is determined to be incapable of effective enforcement, the Department may act alone or in concert with any local jurisdiction having condemnation or nuisance abatement authority, to carry out measures effective to remove the threat, including safe demolition of the premises.

2. Isolation of individuals:
 - At home,
 - In a health care facility, or
 - In another designated area.
3. Decontamination.
4. Such other protocols or measures as may be identified as effective against public health threats by the American Public Health Association, the United States Department of Health and Human Services Centers for Disease Control and Prevention or other similar public health authority.

B. Any of the Directed Health Measures may include, and are not limited to, any of the following:

1. Periodic monitoring and reporting of vital signs.
2. Use of PPE for the performance of specified tasks or at specified premises.

3. Specific infection control measures including cleaning and disposal of specified materials.
- C. Any Order of the Director may include temporary seizure or commandeering of personal or real property for public health purposes.
- D. Directed Health Measures may be directed to an individual, group of individuals, or a population, or directed to the public at large with regard to identified premises or activities and may also include health care providers, health care facilities, health care authorities and public and private property including animals.

005 Procedure

A. In making the finding under subsection 003 and determining the measures under subsection 004, the Director will consult with the medical director of the [Insert Name of Local Public Health Department], and with the state's Chief Medical Officer or other medical and communicable disease control personnel of the State Public Health Department. The Director may make use of the expertise and observations of any health care provider who has treated a person for whom a Directed Health Measure is being considered. The Director will also consider the directives and guidelines issued by the American Public Health Association and the United States Department of Health and Human Services Centers for Disease Control and Prevention, or their successors, and may consider the directives and guidelines issued by similar public health authorities.

B. In determining the nature, scope and duration of the Directed Health Measure ordered, the Director, based on the information available at the time of the determination, will:

1. Assess the situation and identify the least restrictive practical means of isolation, quarantine, decontamination or imposition of other directed health measures on persons or property that effectively protects unexposed and susceptible individuals.
2. When isolation or quarantine is ordered, select a place that will allow the most freedom of movement and communication with family members and other contacts without allowing disease transmission to others and allow the appropriate level of medical care needed by isolated or quarantined individuals to the extent practicable.
3. For communicable diseases, order that the duration of the Directed Health Measure should be no longer than necessary to ensure that the affected individual or group no longer poses a public health threat.
4. Give consideration to separation of isolated individuals from quarantined individuals. However, if quarantine or isolation is possible in the affected individual's (s') home, individuals may be isolated with quarantined individuals.
5. Give consideration to providing for termination of the Order under the following circumstances:

- a. If laboratory testing or examination is available to rule out a communicable condition, the Order may provide that proof of the negative result will be accepted to terminate a Directed Health Measure; or
- b. If treatment is available to remedy a communicable condition, the Order may provide that proof of successful treatment will be accepted to terminate a Directed Health Measure.

006 Order

- A. Upon a finding pursuant to subsection 003 and determination pursuant to subsection 004, the Director will issue an Order directed to the affected individual, individuals, entity or entities.
- B. Prior to issuing any Order, the Director will, as required by Neb. Rev. Stat. §71-1631(10), obtain approval of the Directed Health Measure by the State Public Health Department.
- C. Orders of the Director imposing Directed Health Measures are effective immediately.
- D. Orders will contain the finding and determination and will order the affected person or persons to comply with the terms of the Order, and will also include the following:
 - 1. Orders of Isolation will contain the following:
 - a. Name and identifying information of the individual(s) subject to the order;
 - b. Brief statement of the facts warranting the isolation;
 - c. Conditions for termination of the order;
 - d. Duration of isolation period;
 - e. The place of isolation;
 - f. Prohibition of contact with others except as approved by the Director or designee;
 - g. Required conditions to be met for treatment;
 - h. Required conditions to be met for visitation if allowed;
 - i. Instructions on the disinfecting or disposal of any personal property of the individual;
 - j. Required precautions to prevent the spread of the subject disease; and
 - k. The individual's right to an independent medical exam at their own expense.
 - 2. Orders of Quarantine will contain the following:
 - a. Name, identifying information or other description of the individual, group of individuals, premises or geographic location subject to the order;
 - b. Brief statement of the facts warranting the quarantine;
 - c. Conditions for termination of the order;
 - d. Specified duration of the quarantine;
 - e. The place or area of quarantine;
 - f. Prohibition of contact with others except as approved by the Director or designee;
 - g. Symptoms of the subject disease and a course of treatment;
 - h. Instructions on the disinfecting or disposal of any personal property;
 - i. Precautions to prevent the spread of the subject disease; and,
 - j. The individual's right to an independent medical exam at their own expense..

3. Orders of Decontamination will contain the following:
 - a. Description of the individual, group of individuals, premises, or geographic location subject to the order;
 - b. Brief statement of the facts warranting the decontamination;
 - c. Instructions on the disinfecting or disposal of any personal property; and,
 - d. Precautions to prevent the spread of the subject disease, illness or poison.

007 Notice

- A. Orders directed to individuals will be delivered in a manner reasonably calculated to give the individual actual notice of the terms of the Order consistent with the threat of communicable disease. Service may be made by law enforcement personnel or any other person designated by the Director. Personal delivery may be attempted, except in cases when personal delivery would present a risk of spread of disease or exposure to agents that cannot be avoided by measures reasonably available. Electronic transmission by e-mail or telefacsimile will be sufficient, provided that any available means of determining and recording receipt of such notice will be made. If electronic transmission is impossible or unavailable under the circumstances, oral communication by telephone or direct transmission of voice will be sufficient, and such communication will be memorialized at the time it is delivered.
- B. Orders directed to groups of individuals or populations may be disseminated by mass media.
- C. Orders directed to quarantine premises or geographic locations may be disseminated by mass media and will be posted at or near the premises or geographic location in order to be visible and effective to achieve the intended purpose. Copies of the Orders will be delivered to the owners or others in control of the premises, if known, in the same manner as Orders directed to individuals.
- D. Copies of all Orders will be provided, if reasonably possible, to the chief elected official(s) of the jurisdiction(s) in which the Order is implemented.
- E. The [Insert Name of Local Public Health Department] will send a copy of the Order to the State Public Health Department Communicable Disease Control program by telefacsimile, e-mail or the Health Alert Network system.

008 Enforcement

- A. The Department may seek the assistance of the appropriate quarantine officer to enforce any Order.
- B. Department personnel assigned to enforcement of any Order will promote the need for the Directed Health Measure and encourage individuals to comply with all aspects of the Order.
- C. Any individual subject to an Order may at any time present evidence to the Director to show that the Order should be modified or terminated. The Director may or may not modify or terminate the Order at his or her sole discretion.

D. Any person subject to an Order under these regulations who does not comply may be referred to the County Attorney for prosecution or injunctive action under Neb. Rev. Stat. § 71-506 or § 71-1631.01.

009 Cooperation and Coordination

The Department may assist or seek the assistance of the State Public Health Department, quarantine officers, other Local Public Health Departments and other public health authorities authorized or required by law to carry out Directed Health Measures in carrying out those measures.

The Department may enter into Inter-local Cooperation agreements in furtherance of the provisions of this chapter, however, the absence of any such agreement will not preclude the Department from exercising its authority pursuant to these regulations.

Treating Health Care Providers must follow and aid affected individuals and populations in compliance with ordered Directed Health Measures.

010 Reporting

Treating Health Care Providers, Health Care Facilities and other persons must report any information known to them concerning any individual or entity subject to an Order of quarantine, isolation or other Directed Health Measure that is not in compliance with the Order. The report must be made to the State Public Health Department and local law enforcement.

| |
|--------------------------------|
| Sample Newspaper Public Notice |
|--------------------------------|

Note: The local health department needs to determine if it should hold a public hearing in each county or one for the district as a whole.

[insert name of local health department]
 Public Hearing on the
 Prevention of the Spread of Communicable Diseases, Illness, or Poisoning Regulations
 [Insert time of hearing]
 [Insert date of hearing]
 [Insert location of hearing]

The purpose of the portion of the meeting on the Prevention of the Spread of Communicable Diseases, Illness, or Poisoning regulations is to present the draft regulations and receive public comment on the regulations proposed pursuant to Neb. Rev. Stat. §71-501, and 71-1626 et seq. that apply to the exercise of authority by the Department to order Directed Health Measures necessary to prevent the spread of communicable disease, illness or poisoning which includes Quarantine, Isolation and Decontamination.

The agenda for the meeting and copies of the proposed regulations will be available at the meeting or available prior to the meeting by calling: ###-###-####.

Note: The agenda does not need to be published in the newspaper.

Sample Agenda

- I. Open the Meeting
- II. Open the Public Hearing
- III. Avian Flu Presentation
- IV. Passing out regulations
- V. Comment period on regulations
- VI. Testimony ceases
- VII. Hearing Closed

COLUMBUS TELEGRAM

P.O. Box 848 Columbus, NE 68602-0848 (402)564-2741 (800)279-1123

NOTICE of Public Hearing

This notice is to lay out all the Best Control District Health Department Board of Health will hold a public hearing on January 24, 2006 at East Central District Health Department Board of Health, Room 202 East 82nd Avenue, Columbus, NE 68602-0848.

Purpose of Public Hearing: To gather input from the public regarding the Quarantine and Isolation regulations that health regulators are proposing. Multiple amendments to the regulations are being considered. The regulations proposed by the Nebraska Department of Health and Human Services, Regulation and Licensure, Review and Discussion of Quarantine and Isolation Regulations. All interested parties are invited to attend and participate in the hearing of a public hearing with written comments. All comments must be submitted or received by January 24, 2006 and should be sent to East Central District Health Department, Attention: Rebecca Beggs, Executive Director, 8202 East 82nd Avenue, Columbus, NE 68602-0848. Fax 402-564-2744.

To request a copy of the regulations you may call Amy Anderson at (402) 564-2744 Ext. 209, or fax your request to amy.a.anderson@nebraska.gov.

Copies will also be available at the printing plant.

AFFIDAVIT OF PUBLICATION

State of Nebraska } ss
Platte County

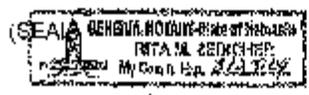
Robert Blackman, being first duly sworn, deposes and says that he is the Publisher of the Columbus Telegram, a legal newspaper, having a bona fide subscription list and circulation of more than three thousand copies each day; that said newspaper is printed in whole or in part in an office maintained in Columbus, in said county; that the whole of the printed matter therein is in the English language; that same has been published for more than fifty-two consecutive weeks immediately prior to the first date of publication stated in this affidavit; that the advertisement, or notice, a true and correct printed copy of which is hereto attached was printed in each, and in all of each of the regular editions; (and not in supplement) of said paper for successive weeks, more particularly stated as follow:

In the issue of
January 12

Printer's Fee \$ 19.98

Robert C. Black
Subscribed and sworn to before me this
13th day of
January, 2006

Rebecca M. Beggs
Notary Public



[Insert the name of local health department]

RESOLUTION ADOPTING RULES AND REGULATIONS FOR THE PREVENTION OF SPREAD OF COMMUNICALBE DISEASE, ILLNESS OR POISONING

WHEREAS, the *[insert name of the local health dept.]* was established pursuant to Neb. Rev. Stat. § 71-1626, *et. seq*; and

WHEREAS, pursuant to Neb. Rev. Stat. § 71-1631 the Board seeks to enact rules and regulations for the Prevention of Spread of Communicable Disease, Illness, or Poisoning; and

WHEREAS, the Nebraska Department of Health and Human Services Regulation and Licensure has provided the original draft regulations on the Prevention of Spread of Communicable Diseases, Illness, or Poisoning for consideration by this Board; and

WHEREAS, a public hearing was held to consider the enactment of these regulations on *[insert date]* prior to the Board considering this action; and

WHEREAS, public notice of that hearing was made by publication in newspaper(s) having general circulation in *[insert the names of all counties in the LHD jurisdiction]* Counties more than 10 days prior to the hearing.

NOW THEREFORE, BE IT RESOLVED BY THE *[INSERT THE NAME OF THE LOCAL HEALTH DEPARTMENT]* that the attached rules and regulations are enacted as official rules and regulations of the Department.

Dated: *[insert date]*

YEAS:

NAYS:

ABSENT:

ABSTAIN

Sample County Board Resolution

I-F

[Insert identifying # from the County's regulation numbering system]

BOARD OF COUNTY COMMISSIONERS (or SUPERVISORS)
[INSERT COUTY NAME]

RESOLUTION APPROVING THE ADOPTION OF RULES AND REGULATIONS FOR THE PREVENTION OF SPREAD OF COMMUNICABLE DISEASE, ILLNESS, OR POISONING BY THE [INSERT NAME OF THE LOCAL HEALTH DEPT]

WHEREAS, the [insert the name of the local health dept.], hereafter "Department" was established pursuant to Neb. Rev. Stat. § 71-1626, *et seq*; and,

WHEREAS, the Nebraska Department of Health and Human Services Regulation and Licensure has provided the original draft regulations on the Prevention of Spread of Communicable Diseases, Illness, or Poisoning; and

WHEREAS, pursuant to Neb. Rev. Stat. § 71-1631 the Department has adopted rules and regulations for the Prevention of Spread of Communicable Disease, Illness, or Poisoning by resolution on [insert date]; and

WHEREAS, the Department is seeking approval from the [insert county name] County Board of Commissioners (*or Supervisors*) for the adoption of these rules as required by Neb. Rev. Stat. § 71-1631.

NOW, THEREFORE, BE IT RESOLVED, by the [insert county name] Board of Commissioners (*or Supervisors*) that the attached rules are approved for adoption and enforcement by the [insert the name of the local health department] with the assistance of the [insert county name] Sheriff and the [insert county name] Attorney's Office.

Dated: [insert date]

MOVED by _____, seconded by _____

that the above resolution be adopted. Motion carried.

YEAS:

NAYS:

ABSENT:

ABSTAIN:

Approved as to form:

County Clerk

Deputy County Clerk

BARBARA E. WOHLERS
 CASS COUNTY CLERK
 345 MAIN STREET
 FLATSMOUTH, NE 68048-1664
 TEL: (402) 296-3610 FAX: (402) 256-3332
 E MAIL: barbw@cassco.org



Teresa E.E. Redding
 DEPUTY CLERK

January 17, 2006

Sarpy/Cass Department of Health & Wellness
 Huntington Plaza
 701 Olson Drive
 Suite 101
 Papillion, Nebraska 68046

The following is a true and exact copy of the motion as it appears in the minutes of January 17, 2006 meeting of the Cass County Commissioners:

New Business:

Diane Kelley, Sarpy/Cass Health and Wellness Director along with Michael Polk, Attorney for Sarpy/Cass Health and Wellness, came before the Board for approval on the Prevention of Spread of Communicable Disease, Illness or Poisoning regulations. Both County Boards will proceed with approval on the Prevention of Spread of Communicable Disease, Illness or Poisoning regulations.

Motion by Clancy, seconded by Nielsen, to approve the Sarpy/Cass Health and Wellness, Prevention of Spread of Communicable Disease, Illness or Poisoning policy.

Ayes: Nielsen; Nolte, Allgayer, Clancy, Baroni Nays: None Motion Passed

Witness my hand this 17th day of January 2006

Barbara E. Wohlers
 Cass County Clerk

bew/tcc

Form that will be used by the NHHS Regulation
and Licensure

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION
AND LICENSURE

CERTIFICATE OF REVIEW AND APPROVAL

I, Joann Schaefer, M.D., Director of Regulation and Licensure, certify that the attached regulations, *[insert name of the local health dept]* Health Department, Regulation ####-##, Prevention of Spread of Communicable Disease, Illness or Poisoning, were reviewed and approved by the Department of Health and Human Services Regulation and Licensure pursuant to Neb. Rev. Stat. § 71-1631 on this date.

Dated this ____ day of _____, 20__.

Joann Schaefer, M.D., Director
Department of Health and Human Services
Regulation and Licensure

II. Relationships with Municipalities

This section provides a road map and sample documents that can be used with municipalities within your health department jurisdiction to allow the local health department to exercise control over public health regulations within the jurisdiction of the municipality.

Road Map for Exercise of Control Over Public Health Regulation Acceptance within Municipalities

1. Prior to requesting the municipality's acceptance of the local health department's exercise of control over public health regulations within a municipality, each local health department Board of Health, the Nebraska Department of Health and Human Services Regulation and Licensure, and the County of the municipality must approve the regulations.
2. If there is an attorney who represents the municipality try to meet with him/her to request review and assistance.
3. Contact the municipal authorities (mayor's office, city council/village board of trustees) to arrange a time to present the regulations for their review.
4. Documentation of acceptance can be a signed Memorandum of Understanding, the passage of an Ordinance, or a record in the minutes of a roll call vote that the municipality will allow the local health department to enforce the regulations within the municipality. See II-B, page 22 for a sample MOU and II-C, page 24 for a sample Ordinance.

Sample MOU with a Municipality

MEMORANDUM OF UNDERSTANDING
Between
THE CITY [or Village] OF [insert municipality name], NEBRASKA
And
[insert health dept name]

WHEREAS, the [insert name of the local health dept] (the “Department”), pursuant to Neb. Rev. Stat. §§ 71-501 and 71-1626 *et seq.*, is the lead agency responsible for protection of the public with respect to the spread of communicable disease, illness and poisoning in [insert name(s) of counties] Counties, except for incorporated cities and villages within such counties;

WHEREAS, the City [or Village] of [insert name of municipality], Nebraska (the “Municipality”) desires the assistance of the Department and agrees to give control over the protection of its citizens against the spread of communicable disease, illness and poisoning to the Department, pursuant to Neb. Rev. Stat. § 71-1635 and the Interlocal Cooperation Act, Neb. Rev. Stat. §§ 13-801 through 13-827;

WHEREAS, the Municipality is willing to support and assist the Department in its disease prevention and control efforts, to the extent of the Municipality’s ability to do so;

WHEREAS, the Department is willing to accept control over protecting the Municipality’s citizens against the spread of communicable disease, illness and poisoning, as set forth in Neb. Rev. Stat. §§ 71-501 and 71-1626 *et seq.*;

WHEREAS, the Department has enacted regulations [add the full title], pursuant to Neb. Rev. Stat. §§ 71-501 and 71-1626 *et seq.*, relating to the Department’s authority to order directed health measures necessary to prevent the spread of communicable disease, illness and poisoning (the “Regulations”);

WHEREAS, the Regulations have been approved by the Nebraska Department of Health and Human Services Regulation and Licensure, and by [insert name of county in which the municipality resides] County; and

WHEREAS, in order to carry out the understandings of the Municipality and the Department with respect to the Department’s disease prevention and control efforts, including isolation, quarantine and other directed health measures within the Municipality, the Municipality and the Department have agreed to enter into this Memorandum of Understanding.

NOW, THEREFORE, in consideration of the foregoing, the Municipality and the Department agree as follows:

1. Delegation of Disease Prevention and Control Authority by the Municipality. The Municipality hereby delegates control over the protection of its citizens against the spread of communicable disease, illness and poisoning within the Municipality’s jurisdiction by authorizing the Department to enforce the Department’s Regulations, including isolation, quarantine or other directed health measures, within the jurisdiction of the Municipality.

2. Acceptance of Authority by the Department. The Department hereby agrees to accept the control delegated by the Municipality and to enforce its Regulations within the jurisdiction of the Municipality with respect to and for the benefit of the citizens of the [*insert City or Village*].

3. Further Assistance of the Municipality. The Municipality agrees to assist the Department in the enforcement of the Regulations, to the extent of the Municipality's ability to provide such assistance, and the Municipality agrees that it shall cause its agencies, departments, employees and officers to take all steps reasonably required to fulfill and carry out the purposes of this Memorandum of Understanding.

4. Waiver of Claims and Indemnification. The Municipality and the Department each agree to waive all claims against the other party for any loss, damage, personal injury or death occurring as a result of that party's performance of this Memorandum of Understanding, provided that such claim is not a result of gross negligence or willful misconduct by either party or its respective personnel. The Municipality and the Department further agree to hold the other party harmless and to indemnify and defend the other party and its personnel from any and all claims, demands, liability, losses, suits in law or in equity which are made by a third party, including reasonable attorneys' fees and costs that may arise from the party's provision of services pursuant to this Memorandum of Understanding.

5. Term. This Memorandum of Understanding shall be in effect for a term of one (1) year from the date of the last signature hereof and shall automatically renew for successive one-year terms, unless terminated by either party by giving written notice to the other party at least ninety (90) days prior to the expiration of the current term.

6. Counterparts. This Memorandum of Understanding may be executed in multiple counterparts or duplicate originals, each of which shall constitute and be deemed as one and the same document.

IN WITNESS WHEREOF, the parties hereby execute this Memorandum of Understanding as of the date set forth below.

THE [*insert City or Village*] OF [*insert name of city or village*], NEBRASKA

By: _____

Name: _____

Title: _____

Date: _____

[*insert name of local health dept*],
a political subdivision of the
State of Nebraska

By: _____

[*insert name of Director*], Executive Director

Date: _____

*Sample Ordinance of a Municipality***ORDINANCE No. __**

AN ORDINANCE OF THE CITY [or VILLAGE] OF _____, NEBRASKA, RELATING TO CONTROL OF THE PREVENTION OF SPREAD OF COMMUNICABLE DISEASE, ILLNESS, OR POISONING AND ADOPTION OF RULES AND REGULATIONS FOR THE PREVENTION OF SPREAD OF COMMUNICABLE DISEASE, ILLNESS, OR POISONING]; ESTABLISHING AN EFFECTIVE DATE; AND REPEALING ANY ORDINANCES OR OTHER PROVISIONS IN CONFLICT HEREWITH.

BE IT ORDAINED BY THE MAYOR AND COUNCIL OF THE CITY [or Village Board] OF _____, NEBRASKA:

SECTION 1. THE PREVENTION OF SPREAD OF COMMUNICABLE DISEASE, ILLNESS, OR POISONING REGULATIONS.

The City [or Village] hereby adopts the [use proper title of adopted regulations, e.g. Regulations for the Prevention of the Spread of Communicable Disease, Illness, or Poisoning] as adopted by the [insert name of health dept] and shown as attachment [##].

SECTION 2. CONTROL AND ENFORCEMENT.

The City [or Village] hereby authorizes the [insert name of local health department] to exercise control over the health matters covered by these regulations and to enforce the same within the jurisdiction of the City [or Village].

SECTION 3. FURTHER ASSISTANCE OF THE CITY.

The City [or Village] agrees to assist the [insert name of local health department] in the enforcement of the regulations, to the extent of the City's [or Village's] ability to provide such assistance, and the City [or Village] shall cause its agencies and departments to take all reasonable steps to fulfill and carry out the purposes of this Ordinance.

SECTION 4. REPEAL.

That the current _____ City [or Village] Code and all other ordinances or provisions in conflict with this ordinance are hereby repealed.

SECTION 5. SEVERABILITY.

The provisions of this ordinance are separable, and the invalidity of any phrase, clause or part of this ordinance shall not affect the validity or effectiveness of the remainder of this ordinance.

SECTION 6. EFFECTIVE DATE.

This ordinance shall take effect and be in full force from and after its passage, approval [and publication or posting as required by law, in its entirety, or in pamphlet form, as the case may be,] said effective date being _____, 20__[, and Section ___ of this ordinance shall be included in the _____ City [*or Village*] Code Book].

PASSED AND APPROVED this _____ day of _____, 20__.

Mayor

ATTEST:

City Clerk

City Council Members:

APPROVED AS TO FORM:

City Attorney

Note: if a Village, it would be the Board of Trustees that would sign.

III. Legal Authorities

The purpose of this section is to present the legal authorities for the local health departments, counties and various categories of municipalities to make and enforce regulations/ordinances to prevent the spread of communicable diseases, illness and poisoning.

State of Nebraska Statutes For Local Control of Communicable Diseases

Further information on state statutes can be found at:

<http://www.unicam.state.ne.us/laws/>

Local Health Department

Section 71-501

Contagious diseases; local public health department; county board of health; powers and duties.

(1) **The local public health department** as defined in section 71-1626 or the county board of a county that has not established or joined in the establishment of a local public health department shall make and enforce regulations to prevent the introduction and spread of contagious, infectious, and malignant diseases in the county or counties under its jurisdiction.

...

Section 71-506

Violations; penalty; enforcement.

Any person violating any of the provisions of sections 71-501 to 71-505, 71-507 to 71-513, or 71-514.01 to 71-514.05 or section 71-531 shall be guilty of a **Class V misdemeanor** for each offense, except that any person who willfully or maliciously discloses, except as provided by law, the content of any reports, notifications, or resulting investigations made under section 71-502 and subject to the confidentiality provisions of section 71-503.01 shall be guilty of a Class III misdemeanor. The Attorney General or the county attorney may, in accordance with the laws of the state governing injunctions and other process, maintain an action in the name of the state against any person or any private or public entity for violating sections 71-501 to 71-505, 71-507 to 71-513, or 71-514.01 to 71-514.05 or section 71-531 and the rules and regulations adopted and promulgated under such sections.

Section 71-1626

Terms, defined.

For purposes of sections 71-1626 to 71-1636:

(1) **Core public health functions** means assessment, policy development, and assurance designed to protect and improve the health of persons within a geographically defined community by (a) **emphasizing services to prevent illness, disease, and disability**, (b) promoting effective coordination and use of community resources, and (c) extending health services into the community, including public health nursing, disease prevention and control, public health education, and environmental health services;

...

(3) Local public health department means a county, district, or city-county health department.

Note: ... indicates missing text for the reference

Section 71-1628.04

Core public health functions; contract authorized.

...

(2) Each local public health department shall include the essential elements in carrying out the core public health functions to the extent applicable within its geographically defined community and to the extent funds are available. The essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems, (e) developing policies and rules that support individual and community health efforts, (f) enforcing laws, rules, and regulations that protect public health and the environment and ensure safety, (g) linking people to needed medical and mental health services and assuring the provision of health care when not otherwise available, (h) assuring a competent workforce within the health care industry and the public health departments, (i) evaluating effectiveness, accessibility, and quality of services within the health care industry and the public health departments, and (j) researching to gain new insights and innovative solutions to health problems.

Section 71-1631

Local boards of health; meetings; expenses; powers and duties; rules and regulations; . . . :

. . . The board of health shall, with the approval of the county board. . . :

...

(7) Enact rules and regulations, subsequent to public hearing held after due public notice of such hearing by publication at least once in a newspaper having general circulation in the county or district at least ten days prior to such hearing, and enforce the same for the protection of public health and the prevention of communicable diseases within its jurisdiction, subject to the review and approval of such rules and regulations by the Department of Health and Human Services Regulation and Licensure;

...

(9) In counties having a population of more than three hundred thousand inhabitants, enact rules and regulations for the protection of public health and the prevention of communicable diseases within the district, except that such rules and regulations shall have no application within the jurisdictional limits of any city of the metropolitan class and shall not be in effect until (a) thirty days after the completion of a three-week publication in a legal newspaper, (b) approved by the county attorney with his or her written approval attached thereto, and (c) filed in the office of the county clerk of such county;

10) Investigate the existence of any contagious or infectious disease and adopt measures, with the approval of the Department of Health and Human Services Regulation and Licensure, to arrest the progress of the same;

Section 71-1631.01

Local boards of health; rules and regulations; violations; penalty.

Any person violating any rule or regulation, authorized by the provisions of either subdivision (7) or (9) of section 71-1631, shall be guilty of a Class III misdemeanor, and each day's violation shall be considered a separate offense.

Section 71-1635

Health department; establishment; other health agencies abolished; exception; city-county health department; control by department.

When the county board of any county or counties creates a health department as provided by sections 71-1626 to 71-1636, every other local, municipal, or county public health agency or department, except city or county hospitals, may be abolished, and such county or district health department may be given full control over all health matters in the county or counties, including all municipalities in the county in conformity with the rules, regulations, and policies of the Department of Health and Human Services, the Department of Health and Human Services Regulation and Licensure, and the Department of Health and Human Services Finance and Support. When a city has joined in the establishment of a city-county health department, such city-county health department may be given such control over all health matters in the city as may be provided by agreement between the county and the city with the approval of the Department of Health and Human Services Regulation and Licensure. If the health department in a county or city is changed, any lawful ordinance, resolution, regulation, policy, or procedure relating to any of the functions conferred by sections 71-1626 to 71-1636 of the former health department shall remain in full force and effect until it is repealed or replaced or until it conflicts with a subsequently enacted measure.

Section 28-106

Misdemeanors; classification of penalties; sentences; where served.

(1) For purposes of the Nebraska Criminal Code and any statute passed by the Legislature after the date of passage of the code, misdemeanors are divided into seven classes which are distinguished from one another by the following penalties which are authorized upon conviction:

.....
Class III misdemeanor Maximum –three months imprisonment, or five hundred dollars fine, or both; Minimum – none

.....
Class V misdemeanor Maximum – no imprisonment, one hundred dollars fine; Minimum – none

(2) Sentences of imprisonment in misdemeanor cases shall be served in the county jail, except that in the following circumstances the court may, in its discretion, order that such sentences be served in institutions under the jurisdiction of the Department of Correctional Services:

- (a) If the sentence is for a term of one year upon conviction of a Class I misdemeanor;
- (b) If the sentence is to be served concurrently or consecutively with a term for conviction of a felony; or
- (c) If the Department of Correctional Services has certified as provided in section 28-105 as to the availability of facilities and programs for short-term prisoners and the sentence is for a term of six months or more.

Counties

Section 23-174.10

Public health, safety, and welfare regulations; county board may adopt.

In any county which has adopted county zoning regulations, the county board, by resolution, may make regulations as may be necessary or expedient to promote the public health, safety, and welfare, including regulations to prevent the introduction or spread of contagious, infectious, or malignant diseases; to provide rules for the prevention, abatement, and removal of nuisances, including the pollution of air and water; and make and prescribe regulations for the construction,

location, and keeping in order of all slaughterhouses, stockyards, warehouses, sheds, stables, barns, commercial feedlots, dairies, junk and salvage yards, or other places where offensive matter is kept, or is likely to accumulate. Such regulations shall be not inconsistent with the general laws of the state and shall apply to all of the county except within the limits of any incorporated city or village, and except within the unincorporated area where a city or village has been granted zoning jurisdiction and is exercising such jurisdiction.

Metropolitan Class Cities (Omaha) Population: >300,000

Section 14-102

Additional powers.

...

(3) To provide all needful rules and regulations for the protection and preservation of health within the city; and for this purpose they may provide for the enforcement of the use of water from public water supplies when the use of water from other sources shall be deemed unsafe;

...

Section 14-103

City council; powers; health regulation; jurisdiction.

The council shall have power to define, regulate, suppress and prevent nuisances. The council may create a board of health in cases of a general epidemic or may cooperate with the boards of health provided by the laws of this state. The council may provide rules and regulations for the care, treatment, regulation, and prevention of all contagious and infectious diseases, for the regulation of all hospitals, dispensaries, and places for the treatment of the sick, for the sale of dangerous drugs, for the regulation of cemeteries and the burial of the dead. The jurisdiction of the council in enforcing the foregoing regulations shall extend over such city and over all grounds and property within three miles thereof.

Section 14-219

Mayor; executive powers; jurisdiction outside corporate limits.

The mayor shall be the chief executive officer and conservator of the peace throughout the city. He shall have such jurisdiction as may be vested in him by ordinance over all places within three miles of the corporate limits of the city, for the enforcement of any health and quarantine ordinance or the regulations thereof.

Section 71-1631

...

(9) In counties having a population of more than three hundred thousand inhabitants, enact rules and regulations for the protection of public health and the prevention of communicable diseases within the district, except that such rules and regulations shall have no application within the jurisdictional limits of any city of the metropolitan class and shall not be in effect until (a) thirty days after the completion of a three-week publication in a legal newspaper, (b) approved by the county attorney with his or her written approval attached thereto, and (c) filed in the office of the county clerk of such county;

...

Primary Class Cities (Lincoln) Population >100,000 < or = 300,000

Section 15-236

Contagious diseases; control; board of health; hospitals.

A primary city may make all such ordinances, bylaws, rules and regulations not inconsistent with the general laws of the state as may be necessary or expedient to promote the public health, safety and welfare, including ordinances, bylaws, rules and regulations as may be necessary or expedient to prevent the introduction or spread of contagious, infectious or malignant diseases. This power and authority is granted to such city in the area which is within the city or within three miles of the city and outside of any organized city or village. It may create a department of health, make laws and regulations for that purpose, and enforce all ordinances, bylaws, rules and regulations made as authorized herein as provided in section 15-263.

Annotations:

The city of Lincoln enacted Municipal Code s. 8.44.040, which regulates the disposition of refuse pursuant to a grant of authority found in this section. The court held that the authority to enforce ordinances is granted to an area within the city or within three miles of the city and outside any organized city or village. State v. Austin, 209 Neb. 174, 306 N.W.2d 861 (1981).

Section 15-403

Ordinances; form; publication; when operative.

The style of ordinances shall be: Be it ordained by the city council of the city of All ordinances shall be published within fifteen days after passage thereof, such publication to be sufficient if published in one issue of a daily or weekly newspaper of general circulation in the city, or posted on the official bulletin board of the city at the city hall, or in book or pamphlet form, as may be provided by ordinance, to be distributed or sold in the city. Ordinances fixing a penalty or forfeiture for the violation thereof shall not take effect until fifteen days after passage, and in no case before one week after the publication thereof in the manner above prescribed; PROVIDED, in case of riots, infectious or contagious diseases or other impending danger or other emergency requiring immediate operation of the ordinance, the same shall take effect immediately upon the publication thereof as above prescribed. All ordinances, except as hereinabove prescribed, shall take effect fifteen days after passage.

Section 71-1630

This section provides specific duties when the county board of any county having a population of more than two hundred thousand inhabitants and the city council of any city located in such county have executed an agreement for maintaining a city-county health department on or after January 1, 1997.

First Class Cities Population >5,000 < or = 100,000

Section 16-238

Spread of disease; regulation; board of health; creation; powers; duties.

A city of the first class may make regulations to prevent the introduction and spread of contagious, infectious, or malignant diseases into the city. In cities with a commission form of government as provided in Chapter 19, article 4, and cities with a city manager plan of government as provided in Chapter 19, article 6, a board of health shall be created consisting of

five members: The mayor, who shall be chairperson, a physician, who shall be medical adviser, the chief of police, who shall be secretary and quarantine officer, and two other members. In all other cities, a board of health shall be created consisting of five members: The mayor, who shall be chairperson, a physician, who shall be medical adviser, the chief of police, who shall be secretary and quarantine officer, the president of the council, and one other member. A majority of such board shall constitute a quorum and shall enact rules and regulations, having the force and effect of law, to safeguard the health of the people of such city and prevent nuisances and unsanitary conditions, enforce the same, and provide fines and punishments for the violation thereof.

Section 16-314

Mayor; legislative recommendations; jurisdiction.

The mayor shall, from time to time, communicate to the city council such information and recommend such measures as in his opinion may tend to the improvement of the finances of the city, the police, health, comfort, and general prosperity of the city, and may have such jurisdiction as may be invested in him by ordinance over all places within two miles of the corporate limits of the city, for the enforcement of health or quarantine ordinances and the regulation thereof.

Section 16-405

Council; ordinances; style; publication; emergency ordinances.

The style of ordinances shall be: "Be it ordained by the mayor and council of the city of, " and all ordinances of a general nature shall, within fifteen days after they are passed, be published in some newspaper published within the city, or in pamphlet form, to be distributed or sold, as may be provided by ordinance; and every ordinance fixing a penalty or forfeiture for its violation shall, before the same takes effect, be published for at least one week in some manner above prescribed; PROVIDED, in cases of riots, infectious diseases or other impending danger, or any other emergency requiring its immediate operation, such ordinance shall take effect upon the proclamation of the mayor immediately upon its first publication as above provided.

Second Class Cities Population > 800 < = 5,000

Section 17-114

Mayor; territorial jurisdiction.

The mayor shall have such jurisdiction as may be vested in him by ordinance, over all places within five miles of the corporate limits of the city, for the enforcement of any health or quarantine ordinance and regulation thereof, and shall have jurisdiction in all matters vested in him by ordinance, excepting taxation, within one-half mile of the corporate limits of said city.

Section 17-121

Health and sanitation; rules and regulations; board of health; members; powers.

(1) A city of the second class shall have power to make regulations to prevent the introduction and spread of contagious, infectious, or malignant diseases into the city, to make quarantine laws for that purpose, and to enforce the same.

(2) In cities with a commission form of government as provided in Chapter 19, article 4, and cities with a city manager plan of government as provided in Chapter 19, article 6, a board of health shall be created consisting of five members: The mayor, who shall be chairperson, and four other members. One member shall be a physician or health care provider, if one can be found who is willing to serve. Such physician or health care provider, if appointed, shall be the board's medical advisor. If the city manager has appointed a chief of police, the chief of police shall serve on the board as secretary and quarantine officer.

(3) In all other cities, a board of health shall be created consisting of four members: The mayor, who shall be chairperson, the president of the city council, and two other members. One member shall be a physician or health care provider, if one can be found who is willing to serve. Such physician or health care provider, if appointed, shall be the board's medical advisor. If the mayor has appointed a chief of police, the chief of police shall serve on the board as secretary and quarantine officer.

(4) A majority of such board shall constitute a quorum and shall enact rules and regulations, which shall have the force and effect of law, to safeguard the health of the people of such city, may enforce them, and may provide fines and punishments for the violation thereof. The board of health shall have power to and shall make all needful rules and regulations relating to matters of sanitation of such city, including the removal of dead animals, the sanitary condition of the streets, alleys, vacant grounds, stockyards, cattle and hog pens, wells, cisterns, privies, waterclosets, cesspools, stables, and all buildings and places not specified where filth, nuisances, or offensive matter is kept or is liable to or does accumulate. It may regulate, suppress, and prevent the occurrence of nuisances and enforce all laws of the state and ordinances of the city relating to the same or to matters of sanitation of such city. The board shall also have control of hospitals, dispensaries, places for treatment of sick, and matters relating to the same under such restrictions and provisions as may be provided by ordinance of such city.

Section 17-123

Public health; regulations; water; power to supply.

A second-class city shall have power to make regulations to secure the general health of the city, to prevent and remove nuisances, and to provide the city with water.

Villages (Population <800)

Section 17-207

Board of trustees; powers; restrictions.

The board of trustees shall have power to pass ordinances to prevent and remove nuisances; to restrain and prohibit gambling; to provide for licensing and regulating theatrical and other amusements within such village; to prevent the introduction and spread of contagious diseases; to establish and regulate markets; to erect and repair bridges; to erect, repair, and regulate wharves and the rates of wharfage; to regulate the landing of watercraft; to provide for the inspection of building materials to be used or offered for sale in such village; to govern the planting and protection of shade trees in the streets and the building of structures projecting upon or over and adjoining, and all excavations through and under, the sidewalks of such village; and in addition to the special powers herein conferred and granted, to maintain the peace, good government, and welfare of the town or village and its trade, commerce, and manufactories, and to enforce all ordinances by inflicting penalties upon inhabitants or other persons, for the violation thereof, not exceeding five hundred dollars for any one offense, recoverable with costs.

Nothing in this section shall be construed to apply to bingo, lotteries, lotteries by the sale of pickle cards, or raffles conducted in accordance with the Nebraska Bingo Act, the Nebraska Lottery and Raffle Act, the Nebraska Pickle Card Lottery Act, the Nebraska Small Lottery and Raffle Act, or the State Lottery Act.

Section 17-208

Appointive officers; police officer; removal or disciplinary action; procedure; board of health; members; duties.

(3) The village board of trustees shall also appoint a board of health consisting of three members. The chairperson of the village board, who shall be chairperson, and two other members. One member shall be a physician or health care provider, if one can be found who is willing to serve. Such physician or health care provider, if appointed, shall be the board's medical advisor. If the village board of trustees has appointed a marshal, the marshal may be appointed to the board and serve as secretary and quarantine officer. A majority of the board of health shall constitute a quorum and shall enact rules and regulations, which shall have the force and effect of law, to safeguard the health of the people of such village and prevent nuisances and unsanitary conditions. The board of health shall enforce the same and provide fines and punishments for violations. The appointees shall hold office for one year unless removed by the chairperson of the village board with the advice and consent of the trustees.

Legal References to Payer of Quarantine and Isolation Costs

Section 71-502

Communicable diseases; rules and regulations; control; powers of Department of Health and Human Services Regulation and Licensure.

The Department of Health and Human Services Regulation and Licensure shall have supervision and control of all matters relating to necessary communicable disease control and shall adopt and promulgate such proper and reasonable general rules and regulations as will best serve to promote communicable disease control throughout the state and prevent the introduction or spread of disease. In addition to such general and standing rules and regulations, (1) in cases of emergency in which the health of the people of the entire state or any locality in the state is menaced by or exposed to any contagious, infectious, or epidemic disease, illness, or poisoning, (2) when a local board of health having jurisdiction of a particular locality fails or refuses to act with sufficient promptitude and efficiency in any such emergency, or (3) in localities in which no local board of health has been established, as provided by law, the department shall adopt, promulgate, and enforce special communicable disease control rules and regulations such as the occasion and proper protection of the public health may require. All necessary expenses incurred in the enforcement of such rules and regulations shall be paid by the city, village, or county for and within which the same have been incurred. All officers and other persons shall obey and enforce such communicable disease control rules and regulations as may be adopted and promulgated by the department.

Section 20-148

Deprivation of constitutional and statutory rights, privileges, or immunities; redress.

(1) Any person or company, as defined in section 49-801, except any political subdivision, who subjects or causes to be subjected any citizen of this state or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the United States Constitution or the Constitution and laws of the State of Nebraska, shall be liable to such injured person in a civil action or other proper proceeding for redress brought by such injured person.

(2) The remedies provided by this section shall be in addition to any other remedy provided by Chapter 20, article 1, and shall not be interpreted as denying any person the right of seeking other proper remedies provided thereunder.

Definition: Tort - A wrongful act, omission, or violation of the duty of care resulting in injury or damage to a person or property.

Section 81-8.209

State Tort Claims Act; purpose.

The State of Nebraska shall not be liable for the torts of its officers, agents, or employees, and no suit shall be maintained against the state, any state agency, or any employee of the state on any tort claim except to the extent, and only to the extent, provided by the State Tort Claims Act. The Legislature further declares that it is its intent and purpose through such act to provide uniform procedures for the bringing of tort claims against the state or an employee of the state and that the procedures provided by such act shall be used to the exclusion of all others.

Section 13-903

Political Subdivisions Tort Claims Act; Terms, defined.

For purposes of the Political Subdivisions Tort Claims Act and sections 16-727, 16-728, 23-175, 39-809, and 79-610, unless the context otherwise requires:

(1) Political subdivision shall include villages, cities of all classes, counties, school districts, public power districts, and all other units of local government, including entities created pursuant to the Interlocal Cooperation Act or Joint Public Agency Act. Political subdivision shall not be construed to include any contractor with a political subdivision;

(2) Governing body shall mean the village board of a village, the city council of a city, the board of commissioners or board of supervisors of a county, the board of directors of a public power district, the governing board or other governing body of an entity created pursuant to the Interlocal Cooperation Act or Joint Public Agency Act, and any duly elected or appointed body holding the power and authority to determine the appropriations and expenditures of any other unit of local government;

(3) Employee of a political subdivision shall mean any one or more officers or employees of the political subdivision or any agency of the subdivision and shall include members of the governing body, duly appointed members of boards or commissions when they are acting in their official capacity, volunteer firefighters, and volunteer rescue squad personnel. Employee shall not be construed to include any contractor with a political subdivision; and

(4) Tort claim shall mean any claim against a political subdivision for money only on account of damage to or loss of property or on account of personal injury or death, caused by the negligent or wrongful act or omission of any employee of the political subdivision, while acting within the scope of his or her office or employment, under circumstances in which the political subdivision, if a private person, would be liable to the claimant for such damage, loss, injury, or death but shall not include any claim accruing before January 1, 1970.

Section 13-910

Act and sections; exemptions.

The Political Subdivisions Tort Claims Act and sections 16-727, 16-728, 23-175, 39-809, and 79-610 shall not apply to:

(1) Any claim based upon an act or omission of an employee of a political subdivision, exercising due care, in the execution of a statute, ordinance, or officially adopted resolution, rule, or regulation, whether or not such statute, ordinance, resolution, rule, or regulation is valid;

(2) Any claim based upon the exercise or performance of or the failure to exercise or perform a discretionary function or duty on the part of the political subdivision or an employee of the political subdivision, whether or not the discretion is abused;

(3) Any claim based upon the failure to make an inspection or making an inadequate or negligent inspection of any property other than property owned by or leased to such political subdivision to determine whether the property complies with or violates any statute, ordinance, rule, or regulation or contains a hazard to public health or safety unless the political subdivision

had reasonable notice of such hazard or the failure to inspect or inadequate or negligent inspection constitutes a reckless disregard for public health or safety;

...

(6) Any claim caused by the imposition or establishment of a quarantine by the state or a political subdivision, whether such quarantine relates to persons or property;

Case Law

Directed Health Measures Orders – Financial Responsibility

Shidler v. York County

95 Neb. 652, 146 N.W. 949

Neb. 1914.

Apr 03, 1914

Overview: In 1909 there was a large number of cases of what is commonly called "infantile paralysis" in York county. Mr. John L. Dorsey, the then chairman of the county board of health, expressed himself as opposed to a quarantine, and failed and refused to call a meeting of the county board of health, or to take any other measures relative to the disease. The state board of health, acting under its power, on information of the condition of affairs in York county, and by reason of the authority contained in section 2738, Rev. St. 1913, met and made an order that said disease be quarantined in York county, and by its order instructed the state health inspector to communicate its order to Doctor Shidler, and to require him to establish and maintain a rigid quarantine of said disease throughout that county.

Question: The doctor, Shidler, presented his claim to the county board, and asked for its approval and allowance. The board of supervisors rejected the claim, and the doctor appealed from its order to the district court of York county. Was the plaintiff entitled to recover on the claims filed against the county?

Opinion: A duly licensed physician, pursuant to Rev.St.1913, § 2738, acting under the order of the state board of health in quarantining and suppressing a highly contagious disease, may recover of the county, where such disease was prevalent, the actual expenses incurred by him and the reasonable value of his services.

IV. Local Health Department Policies

This section provides one example of three different internal health department policies for the prevention of spread of communicable disease, illness, or poisoning that could be adopted by local health departments. It also provides a sample letter that could be sent to an employer of a quarantined or isolated person, and the translation of the words quarantine and isolation into many languages.

Sample Department Quarantine Policy

SUBJECT: Risk Management

SUB-SUBJECT: **Quarantine (Directed Health Measures)**

AUTHORITY: The *[insert local health dept name]* pursuant to Neb. Rev. Stat. § 71-501, is the lead agency responsible for protection of the public with respect to the spread of communicable disease, illness and poisoning in *[insert names of counties in health dept jurisdiction]*. The *[insert local health dept name]* has enacted regulation *[insert health dept's regulation number]* in *[enter date regulations were adopted by the local health dept]*, pursuant to Neb. Rev. Stat. §§ 71-501 and 71-1626 *et. seq.*, relating to the Department's authority to order directed health measures necessary to prevent the spread of communicable disease, illness and poisoning. The *[insert local health dept name]* is in the process of having *[insert the health department's regulation number]* regulation approved by the above listed counties. The Department is also working with incorporated cities and villages within such counties in the *[insert # of counties]* county service area to authorize the Department to enforce those regulations within the municipalities. This delegation of authority and responsibility is pursuant to Neb. Rev. Stat. § 71-1635.

PURPOSE: Directed Health Measures means any measure, whether prophylactic or remedial, intended and directed to prevent or limit the spread of communicable disease or to prevent or limit public exposure to or spread of biological, chemical, radiological or nuclear agents. Quarantine is one of several directed health measures. Quarantine is directed at identified individuals or defined populations as a means of ***restriction of, or conditions upon, the movement and activities of people who are not yet ill, but who have been or may have been exposed to an agent of communicable disease, illness, or poisoning and are therefore potentially capable of communicating a disease, illness, or poison.*** The purpose is to prevent or limit the spread of communicable disease. Quarantine of individuals or defined populations generally involves the separation of the quarantined, from the general population. In circumstances where animals are agents of infection, this term may apply to such animals.

DEFINITIONS:

Communicable Disease, Illness, or Poisoning: means an illness due to an infectious or malignant agent, which is capable of being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host or vector, or through the inanimate environment.

Quarantine Officer: means the statutorily established quarantine officer for a municipality or county, usually the chief executive or top law enforcement officer.

Quarantine of premises: means restriction of the movement of all people upon, into or out from those premises to prevent or limit the spread of communicable disease or to prevent or limit public exposure to or spread of biological, chemical, radiological or nuclear agents.

POLICY:

- I. Prior to initiation of an order pursuant to this policy, the need for Quarantine must have been identified in one of the following ways:
 - a. By the United States Department of Health and Human Services Centers for Disease Control and Prevention;
 - b. By the state public health department;
 - c. By the [insert health dept name] for [insert names of counties] counties, this order may or may not be related to communicable disease surveillance conducted by [insert health dept name];
 - d. By the treating health care provider or by a treating health care facility.

- II. A team approach should be used to formulate the quarantine measure. This team will include the Chief Medical Officer for the state of Nebraska and or individuals from the state public health department working under the direction of the Chief Medical Officer, the district's communicable disease medical authority, [insert health dept name] Director and [insert health dept name] staff as directed. The Local Emergency Control Center (LECC) for the district may be activated in full or part to plan or carry out the directed health measure.

- III. The level of restriction for Quarantine must be identified, based upon the least restrictive directive which will protect the public from a person **who is not yet ill**, but who has been or may have been exposed to an agent of communicable disease, illness, or poisoning and therefore is potentially capable of communicating a disease, illness, or poison. Epidemiological data available at the time of the quarantine shall make up the basis for this directed health measure. Such quarantine may be of several types:
 - a. Quarantine may be partial or total in the restriction of movement of an individual. Quarantine may limit an individual to specific venues such as work and home or limit an individual to a home or a specific geographic area.
 - b. All consideration should be given to usual family units and preferences during quarantine whenever such arrangements do not endanger the safety of the general public.

- IV. The type of Quarantine must be determined:
 - a. Individual – a quarantine involving only one or more individuals.
 - b. Defined Populations (family, individuals belonging to a group which shares common risk factors). Quarantine may include an entire populace of a town or county.
 - c. Premises (public and private): restriction of all persons in or out of a defined area. This is done to prevent the spread of communicable disease or to prevent or limit public exposure to, or spread of a biological, chemical, radiological, or nuclear agent.

- V. The length of Quarantine: Quarantine length must be specific to the epidemiology of the communicable disease, illness or poisoning. Length of quarantine should be sufficient to protect the public, yet consider the maximum number of days possible for incubation of disease.

- VI. The measures to be addressed within the quarantine directive must be determined:
 - a. The need for medical care for pre-existing conditions that require monitoring should be assessed.

- b. When Quarantine of multiple individuals occurs there should be a system to separate individuals who become symptomatic.
- c. Shelter needs to include adequate space between individuals who may be infected with a communicable disease, illness or poisoning.
- d. Food and Water needs appropriate for each person for the defined period of quarantine.
- e. Resources needed to work with individuals with non-traditional forms of communication.
- f. Regular communication streams should be established with quarantined individuals and groups.

VII. Once the team has identified the need for quarantine, the level of restriction and type of quarantine, then the following procedures should be begun:

- a. Determine the identity of the Quarantine officer. Quarantine Officer is usually the chief executive or top law enforcement officer in the municipality or the county. This Quarantine Officer should be identified in the Quarantine Order.
- b. Determine with the appropriate legal entity with input from the Quarantine officer on how violations of the Quarantine Order will be handled (criminal prosecution or injunctive action). This information may be conveyed in the Quarantine Order as necessary.
- c. Determine the best way to convey the quarantine order.
 - i. Individual, family or a small group of individuals:
 - a) A Quarantine order specific to that individual, family or group may be drafted based on specific epidemiological data. The Health Director or another designated staff member should notify the individual or individuals in person if possible or by telephone.
 - b) Quarantine checklist should be completed on these individuals, family members or small group.
 - c) Educational materials on the specific type of public health threat should be given to each individual, family unit or group to help them understand the importance of compliance with the order.
 - d) Basic needs for water, shelter and medications should be discussed at the time checklist is completed.
 - e) Copy of the medical or other records or information that support the need for quarantine should be maintained with a copy of the order.
 - f) Communication flow-sheet for each individual, family or related group to record written and verbal interactions between physicians, individuals under quarantine and other authorities.
 - g) If communications with the individual, family or group indicate that compliance with the specific directed health measure is in doubt, the Local Health Director may request help from the Quarantine officer and other local officials, including the county attorney to enforce the order.
 - ii. Larger population group or geographic region:
 - a) A general quarantine order should be drafted for distribution to the public.

b) Educational materials on the specific type of public health threat should be accompanying the order to underscore the importance of compliance with the order.

c) The order should contain information about how basic needs for water and shelter may be handled.

d) Distribution to the public should occur in one or more formats as available and feasible at the time of the order to include;

(1) Blast fax of quarantine notice to all hospitals, nursing homes, physician clinics, law enforcement, businesses and schools within the [*insert number of counties*] county area.

(2) Electronic posting of the quarantine order on Health Alert Network.

(3) Electronic posting of the quarantine order on the [*insert health dept name*] website.

(4) Written posting of order on borders of quarantine area or on the quarantine facility.

(5) Radio announcements of the quarantine order- read in full content.

(6) Posting announcements on public access cable network channels or emergency broadcast network system.

(7) Distribution of the quarantine order via call-down lists for volunteers

e) If individuals, family units or small groups indicate an unwillingness to comply with the order an individual directive may be issued and the Local Health Director may request help from the Quarantine officer and or other local officials, including the county attorney to enforce the order.

(1) Individuals placed on Quarantine may need to be placed in Isolation if signs and symptoms of the specific communicable disease, illness or poisoning occur.

Sample Department Isolation Policy

SUBJECT: Risk Management

SUB-SUBJECT: **Isolation (Directed Health Measures)**

AUTHORITY: The [insert local health dept name] pursuant to Neb. Rev. Stat. § 71-501, is the lead agency responsible for protection of the public with respect to the spread of communicable disease, illness and poisoning in [insert names of counties in health dept jurisdiction]. The [insert local health dept name] has enacted regulation [insert health dept's regulation number] in [enter date regulations were adopted by the local health dept], pursuant to Neb. Rev. Stat. §§ 71-501 and 71-1626 *et. seq.*, relating to the Department's authority to order directed health measures necessary to prevent the spread of communicable disease, illness and poisoning. The [insert local health dept name] is in the process of having [insert the health department's regulation number] regulation approved by the above listed counties. The Department is also working with incorporated cities and villages within such counties in the [insert # of counties] county service area to authorize the Department to enforce those regulations within the municipalities. This delegation of authority and responsibility is pursuant to Neb. Rev. Stat. § 71-1635.

PURPOSE: Directed Health Measures means any measure, whether prophylactic or remedial, intended and directed to prevent or limit the spread of communicable disease or to prevent or limit public exposure to or spread of biological, chemical, radiological or nuclear agents. Isolation is one of several directed health measures. *Isolation is the separation of people who have a specific communicable disease* from healthy people and the restriction of their movement to stop the spread of that disease. Isolation of individuals or defined populations generally involves the separation of the isolated individuals in a separate medical or non-medical facility (home or temporary facility for medical surge capacity) from the general population. In circumstances where animals are agents of infection, this term may apply to such animals.

AFFILIATIONS for RESPONSIBILITY: The Medical Response System has requested and agreed to be the primary planning agent for the surge capacity for local hospitals in the event of a large scale public health emergency. The Medical Response System has been planning with the local area hospitals to meet the increase in demands for isolation and treatment of patients during such an emergency.

DEFINITIONS:

Communicable Disease, Illness, or Poisoning: means an illness due to an infectious or malignant agent, which is capable of being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host or vector, or through the inanimate environment.

Quarantine Officer: means the statutorily established quarantine officer for a municipality or county, usually the chief executive or top law enforcement officer.

Quarantine of premises: means restriction of the movement of all people upon, into or out from those premises to prevent or limit the spread of communicable disease or to prevent or limit public exposure to or spread of biological, chemical, radiological or nuclear agents.

POLICY:

- I. Prior to initiation of an order pursuant to this policy, the need for Isolation must have been identified in one of the following ways:
 - a. By the United States Department of Health and Human Services Centers for Disease Control and Prevention;
 - b. By the state public health department;
 - c. By the *[insert health dept name]* for *[insert counties in jurisdiction]* counties, this order may or may not be related to communicable disease surveillance conducted by *[insert health dept name]*;
 - d. By the treating health care provider or by a treating health care facility
- II. A team approach should be used to formulate the isolation measure. This team will include the Chief Medical Officer for the state of Nebraska and or individuals from the state public health department working under the direction of the Chief Medical Officer, the district's communicable disease medical authority, *[insert health department name]* Director, *[insert health department name]* staff as directed, Medical Response System personnel and local representatives from the local hospital. The Local Emergency Control Center (LECC) for the district may be activated in full or part to plan or carry out the directed health measure.
- III. Isolated individuals are isolated because it is believed that they have ability to communicate a disease, illness, or poisoning to members of the general public. Epidemiological data available at the time of the isolation shall make up the basis for this directed health measure. Such isolation may be of several types.
 - a. Isolation restricts the movement of an individual, family or group that is ill already. All consideration should be given to usual family units and preferences during isolation balanced with the need to protect any family members who are not yet ill. Family members who have contact with an individual in isolation may be quarantined from the general public as the situation warrants based on epidemiological data available at the time of such order.
- IV. The type of Isolation must be determined:
 - a. Individual – an isolation order involving only one or more single individuals.
 - i. These individuals will most likely be isolated in hospital settings according to the existing infection control policies of such facilities.
 - b. Defined Populations (family, individuals belonging to a group which shares common signs and symptoms of illness).
 - i. A larger number of isolated individuals may require isolation in family home, movement of infected individuals to a nearby in-patient medical facility or conversion of a non-medical facility into a temporary mass treatment facility.
 - ii. Venue for treatment will be dependent upon several factors to include; severity of symptoms, number of individuals involved in outbreak,

availability of medical resources to include supplies and staff and specific epidemiology of the communicable disease, illness or poisoning.

- iii. The Medical Response System is developing plans to address surge capacity issues for the local health departments and hospitals in their service area. It is our understanding that such plans will be specific to our service area and available in the near future.
- V. The length of Isolation: Isolation time length should be specified based upon the epidemiology of the communicable disease, illness or poisoning. Length of isolation should correspond to specific signs and symptoms, patient's response to treatments as well as the communicability of the specific disease. The team should consider the length of time based on the need for maximum protection of the community to the disease, illness or poisoning.
- VI. The measures to be ordered for the individual subject to isolation must be determined. When isolation of multiple individuals occurs there should be a system to maximize care and resources to treat the greatest number of individuals effectively while protecting health care workers and the general public from the communicable disease, illness or poisoning. Matters to be considered include:
- a. The input from the primary care physician under whose care the patient has been prior to this episode of illness. Whenever possible the previous primary care provider should be the provider of choice.
 - b. The specific treatment for this communicable disease, illness or poisoning recommended by the Centers for Disease Control, state epidemiologist, [*insert health department name*] infectious disease medical director or other credible sources.
 - c. The need for medical care for pre-existing conditions that require monitoring and or treatment.
 - d. Isolation precaution recommendations for suspected communicable disease cases.
 - e. Resources needed to work with individuals with non-traditional forms of communication.
 - f. The Medical Response System developed hospital surge capacity emergency plans should be reviewed in the planning for isolation directives from the [*insert the health department name*]. The [*insert the health department name*] isolation directive must take into account the availability of medical supplies and medical staff during a communicable disease, illness or poisoning event.
- VII. The measures to be addressed to protect the health care workers and ancillary staff must be determined:
- a. The World Health Organization has provided infection control guidance for health care workers in health care facilities who evaluate or provide care for patients with suspected or confirmed avian influenza infection, including H5N1. These guidelines can be found at http://www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol1/en/ and provide information on:
 - i. Use of personal protective equipment (PPE)...page 3
 - ii. Prioritizing use of PPE when supplies are limited.....page 22
 - iii. Standard infection control precautions for health care facilities....page 5
 - iv. Recommendations for Health care workers providing carepage 19-20

- b. Simplified charting and records may be required for large numbers of patients in isolation with limited medical and nursing staffing.
- c. Regular daily communication should be established between the health department, local hospitals and the Medical Response System during the periods where individuals are isolated with communicable diseases, illnesses or poisonings.

VIII. Once the team has identified the need for isolation, and the facility to be used for isolation of patients the Local Health Department should identify a Quarantine officer. Quarantine Officer is usually the chief executive or top law enforcement officer in the municipality or the county. This Quarantine Officer should be identified in the event that a patient or family refuses isolation that is deemed necessary to protect the health of the community. In the event that non-compliance with voluntary isolation request occurs, an order for isolation can be issued by the Director of [*insert health dept name*]. If such an order does not result in compliance than the Health Director and Quarantine Officer shall determine with the appropriate legal entity how violations of the Isolation Order will be handled. This information may be conveyed in the Isolation Order as necessary. Note: The Quarantine Officers of the relevant entities could be identified in advance. The statutes identify the “Quarantine Officer” or at least who is in charge of quarantine for the various jurisdictions.

- a. Determine the best way to convey an isolation order. This policy assumes that persons ill with a communicable disease will not generally need an individual order for isolation. Such order will only be issued in the case of non-compliance with isolation that would negatively affect the health of the community. In the case of non-compliance such order could be:
 - i. Individual, family or a small group of individuals:
 - (a) An Isolation order specific to that individual, family or group may be drafted based on specific epidemiological data. The Health Director or another designated staff member should notify the individual, family members and health care staff of such an order by telephone, fax or in person.
 - (b) Educational materials on the specific type of public health threat should be given to each individual, family unit or group to help them understand the importance of compliance with the order.
 - (c) Copy of the medical or other records that support the need for isolation should be maintained with a copy of the order
 - (d) Communication flow-sheet for each individual, family or related group to record written and verbal interactions between physicians, health care workers, individuals under isolation and family member communications as well as communication with Quarantine Officer and other authorities.
 - (e) If communications with the individual, family or group indicate that compliance with the specific directed health measure is in doubt, the Local Health Director may request help from the Quarantine officer or other local officials, including the county attorney to enforce the order.
 - ii. Larger population group or geographic region:
 - a) In the event that there are no local hospitals or facilities to care for the isolated ill who have a communicable disease, illness or poisoning. A

general isolation order to care for the ill at home may be drafted for distribution to the public after all other avenues have been exhausted.

b) Educational materials on the specific type of public health threat should be accompanying the order to underscore the importance of compliance with the order.

c) The order should contain information about how to care for those who are ill and should include:

(1) Signs and symptoms of the communicable disease, illness or poisoning.

(2) How to contact the health department, hospital personnel or medical providers. Web sites for further information on home care.

(3) Infection control recommendations for home care providers.

(4) Family member and visitor recommendations.

(5) Waste disposal of potentially infectious items.

(6) Care of dishes and other eating utensils.

(7) Care of linen and laundry.

(8) Environmental cleaning recommendations to prevent the spread of disease.

(9) Care of the deceased, and how to make arrangements for removal of the body from the home.

d) Distribution to the public should occur in one or more formats as available and feasible at the time of the order to include:

(1) Blast fax of notice to all hospitals, nursing homes, physician clinics, law enforcement, businesses and schools within the [*insert # of counties*] county area.

(2) Electronic posting on Health Alert Network.

(3) Electronic posting on the [*insert health department name*] website.

(4) Written posting of information in public areas to include grocery and hardware stores.

(5) Radio announcements of the order- read in full content.

(6) Posting announcements on public access cable network channels or emergency broadcast network system.

(7) Distribution of the order via call-down lists for neighborhood volunteers.

Sample Department Decontamination Policy

SUBJECT: Risk Management

SUB-SUBJECT: Decontamination (Directed Health Measures)

AUTHORITY: The [insert local health dept name] pursuant to Neb. Rev. Stat. § 71-501, is the lead agency responsible for protection of the public with respect to the spread of communicable disease, illness and poisoning in [insert names of counties in health dept jurisdiction]. The [insert local health dept name] has enacted regulation [insert health dept's regulation number] in [enter date regulations were adopted by the local health dept], pursuant to Neb. Rev. Stat. §§ 71-501 and 71-1626 *et. seq.*, relating to the Department's authority to order directed health measures necessary to prevent the spread of communicable disease, illness and poisoning. The [insert local health dept name] is in the process of having [insert the health department's regulation number] regulation approved by the above listed counties. The Department is also working with incorporated cities and villages within such counties in the [insert # of counties] county service area to authorize the Department to enforce those regulations within the municipalities. This delegation of authority and responsibility is pursuant to Neb. Rev. Stat. § 71-1635.

PURPOSE: Directed Health Measures means any measure, whether prophylactic or remedial, intended and directed to prevent or limit the spread of communicable disease or to prevent or limit public exposure to or spread of biological, chemical, radiological or nuclear agents. Decontamination is one of several directed health measures. *Decontamination means the removal or neutralizing of contaminating material such as radioactive materials, biological materials, or chemical warfare agents, from a person or object to the extent necessary to preclude the occurrence of foreseeable adverse health effects. Decontamination includes remediation or destruction of sources of communicable disease or biological, chemical, radiological or nuclear agents.* In circumstances where animals, buildings, or objects are agents of infection, this term may apply to such.

AFFILIATIONS for RESPONSIBILITY: The responsibilities for decontamination during a **Crisis Situation** are defined in each County's Local Emergency Operations Plan (LEOP), which is initiated by the County's Emergency Manager and will utilize the policies, procedures and personnel accordingly. The [enter local health dept name] will advise and/or participate when requested to assist in the process. During the **Rehabilitation Phase** following an incident, a team approach will be used to determine if there is a need to issue a public directed health measure from Health Department for decontamination of a place (building), object (clothing), animals or other affected areas if it is deemed necessary by the team.

DEFINITIONS:

Crisis Situation: The immediate event in which a substance(s) has been released in an uncontrolled manner which can be harmful to people, animals, property or environment.

Communicable Disease, Illness, or Poisoning: An illness due to an infectious or malignant agent, which is capable of being transmitted directly or indirectly to a person from an infected

person or animal through the agency of an intermediate animal, host or vector, or through the inanimate environment.

Decontamination: The removal or neutralizing of contaminating material such as radioactive materials, biological materials, or chemical warfare agents, from a person or object to the extent necessary to preclude the occurrence of foreseeable adverse health effects. Decontamination includes remediation or destruction of sources of communicable disease or biological, chemical, radiological or nuclear agents. In circumstances where animals, buildings, or objects are agents of foreseeable adverse health effects, this term may apply.

Decontamination Officer: The person appointed by the Rehabilitation Phase Decontamination team that will oversee the decontamination process according to written guidelines.

Rehabilitation Phase: The non-emergency, non-crisis phase during which the removal or neutralizing of contaminating material such as radioactive materials, biological materials, or chemical warfare agents, from a person or object may be necessary to preclude the occurrence of foreseeable adverse health effects. Decontamination may apply in circumstances where animals, buildings, or objects are agents of foreseeable adverse health effects. A team approach will determine if Health Department involvement is necessary in this phase.

POLICY:

1. Prior to initiation of an order pursuant to this policy, the need for Rehabilitation Phase Decontamination must have been identified in one of the following ways:
 - By the United States Department of Health and Human Services Centers for Disease Control and Prevention;
 - By the state public health department;
 - County LEOP in which the incident has occurred;
 - Local HAZMAT teams or Fire Departments;
 - The County Emergency Manager;
 - By the [*insert local health dept name*], this order may or may not be related to communicable disease surveillance conducted by [*insert local health dept name*];
 - By the treating health care provider or by a health care facilities;
 - Other qualified agencies;
2. A team approach should be used to formulate the Rehabilitation Phase Decontamination procedures. This team of may include the Chief Medical Officer for the state of Nebraska and or individuals from state public health department working under the direction of the Chief Medical Officer, the County Emergency Manager, the district's communicable disease medical authority, [*insert local health dept name*] Director, [*insert local health dept name*] staff as directed, Medical Response System personnel, local representatives from the local hospital, or other professionals that may be deemed necessary by the team. The Local Emergency Coordination Center (LECC) for the district may be activated in full or part to plan or carry out the directed health measure.
3. Individuals, buildings, objects and/or animals are decontaminated because it is believed that they have ability to communicate a disease, illness, or poisoning to members of the general

public. Epidemiological data available at the time of the decontamination shall make up the basis for this directed health measure.

4. The type of decontamination must be determined:
 - Individual – a decontamination order involving only one or more single individuals
 - Defined populations (family, individuals belonging to a group which shares common signs and symptoms of illness)
 - Places, buildings, land, etc
 - Items such as clothing, equipment, etc
 - Animals
5. Decontamination would be required to be accomplished according to guidelines for the specific agent and object that is identified. Decontamination should be specified based upon the epidemiology of the communicable disease, illness or poisoning.
6. The measures to be addressed to protect the people performing the decontamination must be determined:
 - a. Decontamination guidelines that have been established for the identified agent will be followed and may include, but are not limited to:
 - i Use of personal protective equipment (PPE).
 - ii Prioritizing use of PPE when supplies are limited.
 - iii Standard infection control precautions.
 - iv Recommendations for decontamination workers.
 - b. Written documentation of the decontamination process is required.
7. Once the team has identified the need for decontamination during the rehabilitation phase, the team should appoint a Decontamination Officer. This Decontamination Officer should be identified in the event that decontamination is refused when it is deemed necessary to protect the health of the community. In the event that non-compliance with voluntary decontamination request occurs, an order for decontamination can be issued by the Director of [insert local health dept name]. If such an order does not result in compliance then the Health Director and Decontamination Officer shall determine with the appropriate legal entity how violations of the Decontamination Order will be handled (criminal or injunctive action). This information may be conveyed in the Decontamination Order as necessary.
 - a. Determine the best way to convey a Decontamination Order. In the case of non-compliance such order could be:
 - i. A Decontamination Order specific to the identified person, place, object, or animal of contamination may be drafted based on specific epidemiological data. The Health Director or another designated staff member should notify the necessary individuals of such an order by phone, fax or in person.
 - ii. Educational materials on the specific type of public health threat should be given to each the identified persons/group to help them understand the importance of compliance with the order.

- iii. Copy of the medical or other records that support the need for decontamination should be maintained with the order.
- iv. Written documentation of the procedures should be recorded and kept with the order.
- v. If communications with the individual, family or group indicate that compliance is in question in executing the specific directed health measure, the Local Health Director may request help from the Decontamination Officer and or local county attorney to execute the order.

Sample Letter to Employer

Letter Head

Date

Addressee

Re: Quarantine/Isolation of Employee(s): 1st Person's Name, 2nd Person's Name, etc.

Dear Addressee:

The [HEALTH DEPARTMENT] is responsible for protecting the health of citizens pursuant to the statutes 71-501 and 71-1626 *et seq.* This authority serves to prevent and control communicable diseases, illnesses, or poisonings and authorizes directed health measures, including isolation and quarantine if necessary to control the spread of disease. More information on the department's legal authority is available upon request.

In keeping with this responsibility, the [HEALTH DEPARTMENT] has determined that the following employee(s) of your organization shall be subject to quarantine/isolation to protect the health of the public: [EMPLOYEE NAME(S)].

[HEALTH DEPARTMENT] is working directly with the individual(s) named above, along with local law enforcement to carry out the quarantine/isolation. It is recommended that you be in telephone or electronic contact with [EMPLOYEE NAME(S)] to determine any additional specifics or the anticipated course of this action.

[HEALTH DEPARTMENT] assures [NAME OF ORGANIZATION] that this quarantine/isolation action has been ordered to safeguard the health and vitality of the community and its industries.

Sincerely,

LHD Director's Name

I _____ hereby give consent for the release of this information to the addressee of this letter.

 Signature of employee

 Date

Language Translations for Quarantine & Isolation

Source: <http://www.answers.com>

Translations for Quarantine

Dansk (Danish)

n. - karantæne

v. tr. - holde i karantæne, isolere

Nederlands (Dutch)

in quarantaine plaatsen, quarantaine

Français (French)

n. - quarantaine

v. tr. - mettre en quarantaine

Deutsch (German)

n. - Quarantäne

v. - unter Quarantäne stellen

Ελληνική (Greek)

n. - απομόνωση, καραντίνα

v. - απομονώνω, βάζω σε καραντίνα

Italiano (Italian)

mettere in quarantena, mettere in isolamento, isolare, quarantena, isolamento

Português (Portuguese)

n. - quarentena (f)

v. - colocar de quarentena

Русский (Russian)

держать в карантине, карантин

Español (Spanish)

n. - cuarentena

v. tr. - poner en cuarentena

Svenska (Swedish)

n. - karantän

v. - hålla i karantän, hålla isolerad

中文 (简体) (Chinese (Simplified))

隔离, 隔离区, 检疫, 检疫所, 使隔离, 使孤立, 使受检疫, 与...断绝关系

中文 (繁體) (Chinese (Traditional))

n. - 隔離, 隔離區, 檢疫, 檢疫所

v. tr. - 使隔離, 使孤立, 使受檢疫, 與...斷絕關係

한국어 (Korean)

n. - 격리, 고립화 검역소, 교통차단

v. tr. - 격리하다, 검역하다, 절교하다

日本語 (Japanese)

n. - 隔離, 検疫, 隔離期間, 隔離所

v. - 隔離する, 検疫する

هبرع (Arabic)

لبق براوقلا ص ح ف هل ح رم , ي ح ص ر ج ح م , ي ح ص ز ج ح , موي ني ع برأ ة دم , ان يت نرك (مسال ا)
اي ح ص ا ر ج ح ر ج ح (ل ع ف) ان ي م ل ا ا ل و خ د

תירבע (Hebrew)

n. - יאופר) רגסה וא דודיב -

v. tr. - דודיבב וא רגסהב קיזחה -

Translations for: Isolation

Dansk (Danish)

n. - isolation, isolering, afsondring, udskillelse, adskillelse, rendyrkning

idioms:

- in isolation i isolation
- isolation ward epidemifdeling

Nederlands (Dutch)

isolement

Français (French)

n. - isolement, solitude

idioms:

- in isolation dans l'isolement
- isolation ward (GB) salle des contagieux

Deutsch (German)

n. - Isolierung, Absonderung, Abgeschlossenheit

idioms:

- in isolation isoliert
- isolation ward Isolierstation

Ελληνική (Greek)

n. - απομόνωση

idioms:

- in isolation σε απομόνωση
- isolation ward θάλαμος μεταδοτικών νοσημάτων

Italiano (Italian)

isolamento

idioms:

- in isolation in isolamento
- isolation ward reparto di isolamento

Português (Portuguese)

n. - isolação (f)

idioms:

- in isolation em isolamento (m)
- isolation ward pavilhão (m) de isolamento (em hospitais)

Русский (Russian)

изолирование, изолированность

idioms:

- in isolation в уединении
- isolation ward палата-изолятор

Español (Spanish)

n. - aislamiento, aislamiento por cuarentena

idioms:

- in isolation por separado, aislado, en cuarentena
- isolation ward sala de aislamiento, sala de infecciosos, en cuarentena

Svenska (Swedish)

n. - isolering

中文 (简体) (Chinese (Simplified))

隔绝, 隔离, 孤立

idioms:

- in isolation 孤立着, 脱离中

- isolation ward 隔離病房

中文 (繁體) (Chinese (Traditional))

n. - 隔絕, 隔離, 孤立

idioms:

- in isolation 孤立著, 脫離中
- isolation ward 隔離病房

한국어 (Korean)

n. - 고립, 격리, 절연

idioms:

- in isolation 고립하여

日本語 (Japanese)

n. - 孤立, 分離

idioms:

- in isolation 孤立して
- isolation ward 隔離病室

هيبرعلا (Arabic)
لازعا, ملزع (مسالا)

תירבע (Hebrew)

n. - גודיב

V. Public Health Directives

This section reviews the steps a local health department would take to issue a directed health measure and provides sample forms.

Notice Model For Quarantine, Isolation or Decontamination

1. If the directed health measure is an order that affects a large group of people, Public Service Announcements are to be made to provide reasonable notice including radio, newspaper, TV, posted and the web and document methods used and information delivered.
2. Individual notices should be given directly to the individual in written format if it is possible to do so safely. Electronic transmission by fax or e-mail may be used if the individual's receipt of the communication is verified and recorded. Oral communications, directly or by telephone may be used and the communication should be immediately memorialized.
3. The Local Health Department should document the notice method using a written and notarized Affidavit of Service and, if noncompliance occurs, provide a written and notarized Affidavit of Noncompliance to the County Attorney with the Affidavit of Service.
4. The following model applies to groups and individual orders.

Local Health Department completes the following:

1. Issue the Directed Health Measure Order, see pages 60 & 62
2. Document issuance on the Directed Health Measure Order Log, see page 64
3. Document delivery on an Affidavit of Service, see page 65
4. Review the checklist on page 66 with the person(s) to whom the health measure is directed.

Non-Compliance

Refer to the County Attorney

1. Provide the notarized Affidavit of Service, see page 65
2. Provide a notarized Affidavit of Noncompliance, see page 67

Court Procedures

1. County Attorney files a Motion
2. Court issues an Order
 - a. Injunctive – “you shall not”, similar to a domestic restraining order
 - b. Mandatory Injunction – similar to contempt of court – you shall ___ and if you don’t you go to jail until you meet the conditions.

Compliance

Provide follow up care and monitoring

[Insert LPHD name]

Directed Health Measure Order No. ____

Pursuant to Neb. Rev. Stat. § 71-501, and 71-1626 et seq. the [insert name of LHD] may exercise its authority to order Directed Health Measures necessary to prevent the spread of communicable disease, illness or poisoning. The Director of the [insert name of LHD] has received information that a member or members of the public have been, or may have been exposed to a communicable disease, illness or poisoning by the following:

[Source of information #1 (e.g. the FBI) informed the Department that [infectious agent e.g. anthrax] was released at or near [location Fremont-Blair basketball game] on [date & time]. [Source of information #1 (or #2 e.g. ticket office/athletic department)] informed the Department that [John Doe] was or may have been at that place at that time. Accordingly, the Director finds that [name] has been, or may have been exposed to a communicable [disease, illness or poison] by [biological, chemical, radiological or nuclear agent(s)].

The following Directed Health Measure(s) exist to effectively prevent, limit or slow the spread of _____ and is hereby ordered for _____:

- Quarantine
- Isolation
- Other _____

The Director finds: [Pick one of these three]

- ___ The exposure presents a risk of death or serious long-term disabilities to any person;
 - ___ The exposure is wide-spread and poses a significant risk of harm to people in the general population; or
 - ___ A particular subset of the population [identify it] is more vulnerable to the threat and thus at increased risk;
- [and optionally add:]

The threat is from a novel or previously eradicated infectious agent or toxin;

- ___ The threat is or may be a result of intentional attack, accidental release, or natural disaster; or
- ___ If any person(s) or agent(s) posing the risk or communicating the threat are already known to be non-compliant with any measures ordered or prescribed by a health care provider.

The Director further finds that a delay in the imposition of the Directed Health Measure would significantly jeopardize the ability to prevent or limit the transmission of a communicable disease, illness or poisoning or pose unacceptable risks to any person or persons.

The Components of this Directed Health Measure include:

1. Your movements are restricted to _____.
2. The Directed Health Measure will last until:
 - _____ [date] at _____ [time].
 - until laboratory testing or examination is available to rule out a communicable condition or once successful treatment has been given to remedy the communicable condition.

You have a right to obtain an independent medical exam at your own expense.
3. If you need food or other necessities during the duration of this order, and you are not allowed to shop, the _____ will assist you in obtaining necessities.
4. The [insert name of LHD] will communicate with you and your physician of choice on a _____ basis, if you do not have a regular physician you may choose from a list of local providers.
5. If your condition worsens or you develop any of the following symptoms:

_____ call your physician or _____ immediately.

6. During the period of the Directed Health Measure visitors, besides health care professionals:

- are not allowed
- are limited to the following: _____

To help protect your family and the community a sign or placard may be placed upon your entry door with instructions for the precautions, including PPE, that all visitors, including health care professionals must follow. Whether a sign or placard is placed or not, all visitors must comply with the following precautions:

[list]

7. In order to prevent the spread of infection to others you must follow these measures:

____ *[the "attached sheet" for instructions on disinfecting or disposal of soiled personal items and household wastes would be an option to include here]* _____

8. Failure to comply with this order may require *[insert name of LHD]* to refer the matter to the County Attorney.

[insert name], Director

Date

[Insert LHD Name]

Directed Health Measure: Quarantine Order No. _____

The [insert LHD name] and Dr. _____ have determined that it is necessary for the health of the community to place _____ residing at _____ in quarantine. Quarantine is a public health measure to protect the health of the community from a potential or actual public health threat. Quarantine has been ordered in accordance with [insert LHD name] Regulations passed on _____ and Nebraska statues 71-501 and 71-1626 et seq. This quarantine is ordered for the following health reason: [Source of information #1 (e.g. the FBI) informed the Department that [infectious agent e.g. anthrax] was released at or near [location Fremont-Blair basketball game] on [date & time]. [Source of information #1 (or #2 e.g. ticket office/athletic department)] informed the Department that [John Doe] was or may have been at that place at that time. Accordingly, the Director finds that [name] has been, or may have been exposed to a communicable [disease, illness or poison] by [biological, chemical, radiological or nuclear agent(s)].

[Insert Location where quarantine will occur] is to be the place of quarantine.

The components of this public directed health measure include:

1. Your movements are restricted to _____.
2. The Quarantine will last until _____ (date) at _____ time.
3. [Insert LHD name] personnel will call your home and communicate with the physician of your choice. If you do not have a regular physician you can choose one from the list of local providers or choose to be followed by the [Insert LHD name] provider.
4. If you do not have enough food or other necessities for the duration of the order, and the order does not allow you to shop, _____ will assist in making the arrangements.
5. Your physician has requested that follow-up be made by a _____ every _____ days. This will be provided by _____ with the first visit on _____.
6. If you develop any of the following symptoms call your physician or _____.

7. During this period, your visitors are restricted. Only the following individuals may visit:

- _____
- _____
- _____

Visitors must follow these requirements: _____

8. To help protect your family and the community a sign or placard may be placed upon your entry door with instructions for the precautions, including PPE, that all visitors, including health care professionals must follow. Whether a sign or placard is placed or not, all visitors must comply with the following precautions:
[list]

9. In order to prevent the spread of infection to others you must follow these measures:
[the "attached sheet" for instructions on disinfecting or disposal of soiled personal items and household wastes would be an option to include here].

10. Failure to comply with this legal order may require [Insert health dept name] to refer the matter to the County Attorney.

[Insert Name of Health Director], Director

Date:

This page is to be printed on the back of the previous page.

Pursuant to Nebraska Revised Statutes 71-501 and 71-1626 *et seq.* the (insert name of LPHD) may exercise its authority to order Directed Health Measures necessary to prevent the spread of communicable disease, illness or poisoning.

The Public Health Directed: Quarantine Order is to prevent, limit or slow the spread of disease, illness, or poisoning by:

- Quarantine**
- Isolation**
- Decontamination**

Failure to comply with this Order may require [*insert name of LHD*] to refer the matter to the County Attorney.

Directed Health Measure Order Log
(Insert LPHD name here)

V-D

| Order # | Description of Entity | Type of Order Issued | Date Order Issued | Date Order Expired |
|---------|-----------------------|----------------------|-------------------|--------------------|
| 2006-1 | | | | |
| 2006-2 | | | | |
| 2006-3 | | | | |
| 2006-3 | | | | |
| 2007-1 | | | | |
| 2007-2 | | | | |
| 2007-3 | | | | |

Sample – for illustration only. The actual form used would be one familiar to the County Attorney and Judge

[Insert the Local Health Department’s Name or Court where it will be filed]

IN THE MATTER OF THE AFFIDAVIT OF SERVICE
DIRECTED HEALTH MEASURE ORDER
FOR QUARANTINE/ISOLATION/DECONTAMINATION
ISSUED TO:

STATE OF NEBRASKA)
COUNTY OF _____) ss

[Insert name of person who delivered the order], first being sworn on oath, deposes and states:

1. He/she is employed by the *[insert health dept name or law enforcement dept.]*.
2. He/she gave notice and served the attached Directed Health Measure Order to *[insert name of person or group of persons]* on the ____ day of _____, 2006 by (check all that apply):
 - ___ Personal delivery (handing it to the person)
 - ___ Electronic method: ___ e-mail ___ fax
 - ___ Orally in person
 - ___ Orally by telephone phone
 - ___ Mass media: ___ TV ___ Newspaper ___ Radio
 - ___ Posted at: _____
 - ___ Other: _____

Further Affiant sayth not.

Signature of affiant

Subscribed and sworn before me this ____ day of _____, 20__.

Notary Public

Quarantine & Isolation Review & Check List

Demographics

Primary Name _____ Others at residence _____
 Address _____ Phone: _____ Available 24/7 _____
 Name of Physician _____ Phone _____

General Quarantine Information

Number in Quarantine at this residence: _____
 Date and time Initiated: _____ Terminate on: _____
 Number of days of food on hand for household: _____
 Who could deliver food to your doorstep? Name & Phone: _____
 Do you have funds to pay for food on hand? Yes _____ No _____
 Do you feel you are able to care for yourself? _____
 How & who will get your medications? _____
 Can you take medication independently? Yes _____ No _____
 Is individual able to: Cook _____ Dress _____
 Are there any special needs that you or your family have? _____
 Do you work? _____ Do you have sick leave benefits? _____
 Information on disposal of household waste reviewed with the family Yes _____ No _____
 Patient's physical status at onset of quarantine _____
 What type of PPE is needed for staff? _____
 What precautions need to be followed for this family to prevent transmission? _____

 Does family understand the precautions? _____
 What type of PPE is needed for any required caregivers? _____
 Person assigned to follow-up on household needs _____

| Name | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Physician | | | | |
| Medication Name, Number of days available | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature of Person Completing the form

Date

Sample – for illustration only. The actual form used would be one familiar to the County Attorney and Judge

V-G

[Insert the Local Health Department’s Name or Court where it will be filed]

IN THE MATTER OF THE AFFIDAVIT OF NON-COMPLIANCE
DIRECTED HEALTH MEASURE ORDER
FOR QUARANTINE/ISOLATION/DECONTAMINATION
ISSUED TO:

STATE OF NEBRASKA)
COUNTY OF _____) ss

[Insert name of person who witnessed or has knowledge of the non-compliance], first being sworn on oath, deposes and states:

1. He/she is employed by the *[insert health dept name or law enforcement dept.] as a [insert job title only if this has relevance to why the affiant witnessed or has knowledge of the matter].*
2. At *[insert date and/or time and name of person/group served]* was served the attached Order to comply with quarantine/isolation.
3. *[Insert what happened to violate the Order, example: Jane Doe was seen at the shopping mall on December 24, 2006 within the timeframe the DHM required quarantine/isolation].*
4. The above is contrary to the statutes of the State of Nebraska.

Further Affiant sayth not.

Signature of affiant

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public

Sample – for illustration only. The actual form used would be one familiar to the County Attorney and Judge.
This type of document is written by the County Attorney to the Judge

V-H:
Court
Motion

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

| | | |
|--------------------|---|----------------------------|
| STATE OF NEBRASKA, |) | |
| |) | CASE NO. |
| COMPLAINANT, |) | |
| |) | |
| V. |) | MOTION FOR ENFORCEMENT OF |
| |) | DIRECTED HEALTH MEASURE OF |
| |) | [QUARANTINE, |
| |) | ISOLATION, |
| RESPONDENT, |) | DECONTAMINATION OR |
| |) | _____] |

COMES NOW _____ County Attorney for the State of Nebraska and moves this Court an order enforcing a Directed Health Measure of 1.) quarantine, 2.) isolation, 3.) decontamination, or 4). (other directed health measure – i.e. monitoring), pursuant to §§71-501 and 71-1626 *et seq.* of Nebraska Revised Statutes.

In support of this motion, the State shows by the attached Affidavit of Service that on _[date]_____, *[insert name of LHD]* Department issued the attached Directed Health Measure Order and Affidavit of Service for _____ to comply with the terms of that order, necessary to protect the public’s health.

The State further shows via the attached Affidavit of Non-compliance that the subject of the order is non compliant and that a delay in the imposition of the Directed Health Measure would significantly jeopardize the ability to prevent or limit the transmission of a communicable disease, illness or poisoning or pose unacceptable risks to any person or persons.

WHEREFORE, the state prays the Court mandate that _____ comply with the terms of the Directed Health Measure order of quarantine, isolation, decontamination, or _____ pursuant to Nebraska Revised Statutes §§71-501 and 71-1626 *et seq.* and for such other and further relief as the Court deems just and equitable.

Attorney’s name and contact information

Sample – for illustration only. The actual form used would be one familiar to the County Attorney and Judge.
The County Attorney usually has this type of document prepared for the Judge to sign and will be served to the person by the court.

V-I:
Court
Order

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA

| | | |
|--------------------|---|---------------------|
| STATE OF NEBRASKA, |) | CASE NO. |
| |) | |
| COMPLAINANT, |) | |
| |) | ORDER OF |
| V. |) | 1.) QUARANTINE |
| |) | 2.) ISOLATION |
| |) | 3.) DECONTAMINATION |
| |) | 4.) _____ |
| RESPONDENT, |) | |

THIS MATTER having come before the Court on the State’s motion for an order of enforcement of Directed health measure of quarantine, isolation, decontamination, or _____ and the Court being fully apprized in the premises herein, finds that there are just and reasonable grounds to issue such order; that there are just and reasonable grounds to believe the following:

1. [e.g.] that the findings of the [LHD name] Directed Health Measure (dated) are valid and the Directed Health Measure(s) ordered therein is necessary to protect the public’s health; and
2. [Individual’s name] is non-compliant with said Directed Health Measure Order.

WHEREFORE, the Court finds that Directed Health Measure order for quarantine, isolation, decontamination, or _____ is necessary to protect the public’s health and hereby adopts those directed health measures and orders _____ to obey all of the terms of the [date] Directed Health Measure order including quarantine, isolation, decontamination, or _____ pursuant to Nebraska Revised Statutes §§71-501 and 71-1626 *et seq.*

IT IS SO ORDERED AND ADJUDGED.

Dated: _____

BY THE COURT:

District Judge

Prepared and submitted by:
County Attorney signature and contact information

VI. Costs

This section identifies some potential costs that may result from a Directed Health Measure Order.

Potential Costs to Consider

1. Determination of need to quarantine, isolate and/or decontaminate.
2. Delivery of the order(s).
3. Health and compliance monitoring of quarantined and/or isolated individuals.
4. Personal Protective Equipment (PPE).
5. Coordination of services (health care, behavioral health, sustenance and sanitation).
6. Provision of vaccine or medication.
7. Security and enforcement.
8. Transportation of people to quarantine and/or isolation facilities.
9. Medical services provided to ill isolated patients that may be non-recoverable.
10. Special accommodations for special needs populations.
11. Hot lines.
12. Cleaning and disposal of specific materials and locations.
13. Lost revenue including tax receipts and burden on employers in regards to operations, sick leave and overtime pay.
14. Documentation of cost for possible recovery from the state or FEMA.
15. Loss of income and possible loss of employment for those quarantined and or isolated.
16. Medical costs not covered elsewhere.
17. Decontamination costs not covered elsewhere.

VII. Collaboration

This section presents information on the collaborations necessary to achieve effect control of the spread of communicable disease, illness or poisoning.

Working with Local Authorities to Promote Social Distancing

Why collaboration is necessary:

Certain infectious outbreaks may require the closure of public institutions such as schools and other places of public gatherings. The individuals with the authority to close such gathering places are likely to rely on public health officials to inform them when closure is an appropriate course of action as well as when it is safe to reopen to the public.

With upfront communication and developed working relationships, lead officials responsible for public institutions and placing of public gatherings can provide an authoritative means to close such gatherings and communicate the closure to the public.

Frequently Asked Questions:

1. Who has the authority to close schools?

The Governor has this authority under the Nebraska Emergency Management Act to close schools. The NHHSR&L Chief Medical Officer and the Nebraska Department of Education Commissioner have discussed school closures for protection against pandemic influenza or other overwhelming communicable disease. Decisions about the closing of schools statewide will be made after consultation between the NHHS R&L Chief Medical Officer and the Nebraska Department of Education. The decisions to close schools in a community or region will likely be made by the local health officials in cooperation with local school officials and in collaboration with the NHHSR&L Chief Medical Officer. Local health departments that have had the Prevention of Spread of Communicable Disease, Illness, or Poisonings regulations approved within the jurisdiction the school resides have the authority to quarantine the school building, as does the NHHS R&L.

2. Who has the authority to call off school sponsored sporting events to control the spread of communicable diseases?

All of the entities mentioned in #1 above and other entities that have legal authority.

3. Who has the authority to call off non-school sporting events or other community gatherings to control the spread of communicable diseases?

The Governor has this authority under the Nebraska Emergency Management Act, the NHHSR&L and local health departments that have rules, regulations or ordinances enacted locally to allow them this authority. Also other entities that have legal authority.

4. What is the definition of “Social Distancing”?

The *National Strategy for Pandemic Influenza Implementation Plan* defines this as “Infection control strategies that reduce the duration and/or intimacy of social contacts and thereby limit the transmission of influenza. There are two basic categories of intervention: transmission intervention, such as the use of facemasks, may reduce the likelihood of casual social contacts resulting in disease transmission; contact interventions, such as closing of schools or canceling large gatherings, eliminate or reduce the likelihood of contact with infected individuals.”

Legal Authorities:

The Nebraska Emergency Management Act, Neb.Rev.Stat. sections 81-829.36 to 81-839.75. NHHS R&L, statutes: Neb. Rev. Stat. sections 71-502 and 81-601; Regulations 173 NAC 3. Local Health Department statutes: Neb. Rev. Stat. sections 71-501 and 71-1626 *et seq.*: and regulations for the Prevention of Spread of Communicable Diseases, Illness, or Poisoning adopted pursuant to those statutes.

Working with Law Enforcement

Why collaboration is necessary:

Quarantine, isolation, and decontamination may require law enforcement agencies to become involved during the enforcement phase. The law enforcement agency might involve the City or Village Police Department, the County Sheriff's Department, or even the State Patrol. The person, place or thing being quarantined, isolated, or decontaminated determines which law enforcement agencies would become involved.

The role of local law enforcement that may be needed to enforce quarantine, isolation and/or decontamination is determined by the issue to be handled.

Frequently Asked Questions:

1. Who has authority to order a directed health measure to quarantine or isolate an individual, group of people, and/or large public gatherings such as county fairs, parades, church services?
 - The Governor during a declared emergency.
 - The Nebraska Department of Health and Human Services Regulation and Licensure.
 - Local health departments in jurisdictions where authorizing regulations have been enacted.
 - Municipalities where authorizing regulations or ordinances have been enacted.
2. What are the steps a local health director should take if they have passed regulations in an area and another government official refuses to support a request for quarantine?
Call NHHS R&L.
3. Who informs the public that they are under quarantine?
NHHS R&L, the local health department and/or municipalities.
4. Who is the Quarantine Officer?
The statutorily established quarantine officer for a municipality or county is usually the chief executive or top law enforcement officer.
5. When you have a multi-county area do you use just one quarantine officer or do you need one in every jurisdiction?
The statutes suggest that each acts in their own jurisdiction.
6. Who has the authority to send out the Quarantine Officer to deliver a quarantine order?
The Governor, the NHHS R&L Chief Medical Officer and local health departments that have enacted regulations in the applicable jurisdiction providing this authority.
7. What penalties are there for people who do not comply with the quarantine or isolation order?
The penalty can be an injunction or a misdemeanor or criminal prosecution. How it is handled is decided by the jurisdiction's attorney, i.e. County Attorney, City Attorney.

8. Will law enforcement be given instructions and personal protective equipment to protect them when enforcing quarantine and isolation orders?
The local health department has the responsibility to provide information to law enforcement on how to protect them from the communicable disease.

Legal Authorities:

Neb. Rev. Stat. 71-501; 71-502; 71-506; 71-1631.01; 71-1608; 17-114; 17-121; 17-208; 16-238; 15-236; 14-103; 14-219;

Working with Hospitals and Medical Response Systems

Why collaboration is recommended:

Quarantine, isolation, and decontamination may require an overflow of patients in specific hospitals. In order to handle the potentially large number of patients requiring hospitalization during the time of crisis, local health departments must collaborate with their Medical Response System (MRS) as well as assist hospitals in the district.

The role of hospitals and Medical Response System (MRS) organizations is to determine surge capacity and identify alternate locations and staffing for acutely ill patients.

Frequently Asked Questions:

1. Is a Memorandum of Understanding (MOU) between hospitals suggested?
Yes, see the next page for sample MOU between hospitals.

Legal Authorities:

**Memorandum of Understanding
(MOU)
(Name of Organization)**

The following Memorandum of Understanding (MOU) is between and among [*insert hospital names and cities of location*]. The purpose of the MOU is to establish a process and procedure for the provision of formal assistance in the event of an emergency situation that calls for assistance beyond that of the hospitals as individual entities.

The hospitals agree to incorporate such policies and procedures as are necessary to ensure that the sharing of resources and communications is timely, efficient, and effective.

The following items are agreed upon:

1. The hospitals will develop a process within their internal/external plan that initiates communication between and among the three hospitals in the event of an emergency calling for resources beyond the ability of the hospital to provide.
2. Each of the hospitals agrees to allow both licensed and non-licensed personnel from the other hospital that are a party to this MOU to work under the control of any hospital in the insistence of an emergency event. The personnel will be under the direction of the hosting hospital's incident command system. The hospitals will develop any appropriate policies or procedure necessary for this event.
3. Based on each hospital's corporate structure, the hospital's senior management retains the final authority regarding the scope of participation in any emergency situation.

Agreed to by:

Date

Date

Working with the Media

Why collaboration is necessary:

Quarantine, isolation and decontamination could cause concern among the public and strike the interest of local and even national media. It is important to be prepared for the media and take advantage of their ability to get the message out to the public. Consider radio, television, web pages, newspapers and magazine publications.

With preparation and already built good working relationships, media can provide a means to communicate to the public the reasons for directed health measures such as quarantine and/or isolation, in general who it affects, and what the public can do to assist and protect themselves.

Frequently asked questions:

1. Are there suggestions on how to work with the media?

First – it is important to know reputable sources of information you can get to quickly to provide you with background information such as:

- NHHSS resources include: general web site, Guardian web site, Health Alert Network messages, and news releases;
- The Centers for Disease Control web site; and,
- The World Health Organization web site.

Second – Brainstorm possible questions that journalist may ask and develop responses. See the NHHSS Guardian web site:

<https://guardian.ims.state.ne.us/Guardian/Cerberus>

Within the HAN/PHIN block on this site click on Communications Resources Files then scroll to and click on Message Development for a number of resources to help you develop response to questions that may be asked.

Third – Interaction with media can include:

- A Newsroom link on your web site that journalist can go to find background information on your health department such as the Director's name and bio and picture and the latest information on the situation. This page can include a link to the NHHSS news room site: <http://www.hhss.ne.gov/newsroom/>

- News Releases

- Media briefing, news release and interviews

See the NHHSS Guardian web site: <https://guardian.ims.state.ne.us/Guardian/Cerberus>

Within the HAN/PHIN block on this site click on Communications Resources Files then scroll to and click on Media Information

Legal Authorities:

1. Neb. Rev. Stat §71-503.01
2. State:
Privacy Rights:

- Neb. Rev. Stat § 81-673. Patient and patient's family; privacy rights
- No person who seeks information or obtains registry data . . . shall contact a patient on the registry or such patient's family unless the registry has first obtained the permission of such patient or patient's family

Public Records Law:

- Most states, including Nebraska, have a law similar to the FOIA.
- Records held by the state and local public health departments are public and required to be disclosed *unless* a specific statute exempts the information.
See Neb. Rev. Stat. § 84-712 *et seq.*

Nebraska medical records exception:

- a. Neb. Rev. Stat. Sec. § 84-712.05. Identifies records which may be withheld from the public. Medical records are included.

3. Federal:

Privacy is guided by many laws, including:

- The Federal Health Insurance Portability and Accountability Act (HIPAA)*
- Freedom of Information Act (FOIA)
- Public Health Service Act

* HIPAA does not apply to public health authorities authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury, or disability including for the purposes of emergency response.

Activating Hot Lines

Why collaboration is recommended:

The resources necessary to provide a sufficient number of phone lines to respond to public inquiry in the event of a large scale public health emergency will be enormous. The coordination of resources and collaboration with other community responders becomes necessary to meet the need. The Nebraska Department of Health and Human Services (NHHS), County Emergency Managers and other providers of phone call-in services can be assistance to locate and assist with coordination.

Public Health needs to coordinate with NHHS R&L, Emergency Management and local providers of phone call-in services to ensure sufficient phone lines are available and activates as the need requires.

An example of one provider of phone call-in services is the United Way of the Midlands 2-1-1 service. If the County, local health department or other entity that has an agreement with United Way for 2-1-1 services the attached protocol can be used to request such services.

Activating Hot Lines

Protocols and Procedures for Requesting 2-1-1 Disaster Services

1. The 2-1-1 partner(s) shall identify and designate at least two (2) persons in their organization/agency or community, who have the authority to be the 2-1-1 Partner Designated Point of Contact (POC) for a disaster situation.
2. It is the responsibility of the 2-1-1 partners to send the contact information for all of their authorized disaster POCs to the Vice President, Volunteer and Community Services, United Way of the Midlands and to keep this information current.
3. The 2-1-1 partners shall have an understanding with their local Emergency Management Agency and others as appropriate on how they will coordinate the request for disaster services from 2-1-1, so 2-1-1 only receives one request for service from an authorized representative for the community.
4. The 2-1-1 Partner Designated POC will be the person 2-1-1 provides reports to and contacts for further information.
5. The 2-1-1 Partner Designated POC shall have the authority to requests services and has access to and authority to share information about the disaster with 2-1-1.
6. To request 2-1-1 Disaster Services, use the contact list below. The first contact is the **Vice President of Volunteer and Community Services**. In the event, the Vice President cannot be reached on her landlines or mobile phone, the **Director of Information and Referral** should be contacted. If she is not available, the **2-1-1 Data and Outreach Manager** should be contacted. If she is not available, the **2-1-1 Supervisor on Duty** should be contacted.
7. The following information should be provided to 2-1-1:
 - a. Name and contact information for the 2-1-1 partner Designated POC who is making the request.
 - b. Name of 2-1-1 partner requesting service.
 - c. Nature of the disaster, detailed information about the situation, and specific information 2-1-1 is to disseminate to callers.
 - d. In addition to phoning the information, it will be e-mailed to www.uwmidlnds.org/211 or faxed to 402.522.7991.
8. 2-1-1 will keep their partners apprised of any change in 2-1-1 contact information.

2-1-1 Contact Information

Jamesena (Jamie) Moore
Vice President,
Volunteer & Community Services
402.522.7930 – Office
402-522.7991 – Fax
402.981-7502 – Mobile
402-291-4922 – Home

Lindsay Paulsen
2-1-1 Data and Outreach Manager
402.522.7940 – Office
402.522.7991 – Fax
402.505.6145 – Home

Penny Weber
Director
Information & Referral Service
402.997-7010 -- Office
402.522.7991 -- Fax
402.981.7504 – Mobile
402.493.4674 – Home

2-1-1 Supervisor on Duty
402.342.8232 (ask for supervisor
between 8 am – 5 pm, Mon. – Fri.)
Dial 402.444.6666 (ask for super-
visor between 5 pm – 7pm)
Between 7 pm and 7 am dial
402.290.2897

March 2006

Working with Community Organizations to Provide Needed Services

Why collaboration is necessary:

Quarantine and/or isolation restrict the movement and ability of the individual or group of people to acquire necessities and services for themselves. The local health department needs to work in collaboration with the County Emergency Manager, Red Cross and community organizations to ensure the following is available:

- Health and compliance monitoring of quarantined and/or isolated individuals;
- Coordination of services (health care, behavioral health, sustenance and sanitation);
- Provision of vaccine or medication;
- Enforcement;
- Medical services;
- Special accommodations for special needs populations.

The role that County Emergency Managers, Red Cross and other community organizations will be to assist quarantined and isolated individuals and/or groups obtain basic supplies and services.

Frequently Asked Questions:

1. Will the State pay for some or all of the costs related to quarantine and/or isolation?
If a state of emergency has been declared by the Governor or President it is possible some of the costs can be recovered through the Nebraska Emergency Management Agency or the Federal Emergency Management Agency. This needs to be discussed with your County Emergency Manager. Specific protocol and documentation will be required.

Costs incurred by the individual or group for medical care, sustenance and sanitation is usually borne by that individual or group and/or voluntary groups who may provide goods and services.

Costs incurred by political subdivisions may be recovered if a state of emergency has been declared by the Governor or President. This needs to be discussed with your County Emergency Manager. Specific protocol and documentation will be required.

2. How are the needs of special populations and individuals with non-traditional forms of communication met?
Local health departments are encouraged to work with organizations that serve special populations to develop a plan to take care of their needs when a directed health measure has been ordered for them.

Legal Authorities:

Nebraska Emergency Management Act, specifically Neb. Rev. Stat. §81-829.42